Samanta Annada Charan
Sathiea Prakasam. K
Sarma Surendra Nath
Sharan Lall Bihari
Shriwastaw Siyabar Sharan
Shah Subhas Chandra Chunilal
Singh Ambika Prasad
Singh Mahendra
Singh Tarlochan
Sinha Jamadar
Sinha Janardan Pd.
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HOMŒOPATHY IN THEORY AND PRACTICE

DR. D. M. BORLAND

It is interesting to look at the history of medicine from the earliest days of which we have any knowledge. This shows that there has been a constant endeavour by the physicians to correlate their practice to the prevailing philosophical beliefs or scientific pronouncements of their days. In the early days the accepted beliefs consisted almost entirely of philosophical speculations. Since the dawn of scientific investigation the accepted beliefs of the day have tended more and more to be tested by the evidence of proved fact. Throughout the centuries the endeavour of the physician has been to adapt his practice to the prevailing dogma of the scientist or philosopher. This has, to a large extent, accounted for the ever changing practice of medicine, and accounts, very largely, for the constant changes which we see taking place in medical practice to-day. One has but to consider how, in the dawn of medicine, medical practice was founded on the philosopher's dicta about the influence of the liver and spleen on the various disturbances from which the patient suffered to realize how the treatment by the physician endeavoured to follow the teaching of his philosophical mentor. In the middle ages one sees the heroic measures adopted

to clear the theoretically poisoned fluids of the body, which again were postulated in theory. Later one sees the dawn of morbid pathology, and the dawn of operative surgery in the endeavour to eliminate the diseased organ. And later still one sees the discovery of the microbic infection and the steps taken by the physician to correlate his practice to this new discovery. The microbic theory of disease is, of course, still the accepted belief, but one sees less and less stress being placed on the infecting organism and more and more recognition being given to the infected host, with corresponding modifications in treatment. Latterly one has watched the discovery and exploitation of the existence of vitamins and the influence that they exercise in human health, and again one sees medical practice modified to conform to this latest discovery. A short time ago the place of vitamins was taken by the ductless glands with their endless internal secretions, and these two influences are still fighting for first place in scientific medicine of to-day. Recently some of the American workers have been advancing the theory that vitamin deficiencies in the patients are due not to the lack of intake of vitamins but to constitutional failure of the patient to be able to utilize such vitamins as are necessary for his well being. Theories are endless as fresh facts are discovered, and practice endeavours to keep up to date. Only by the discovery of the homœopathic principle was it possible, for the first time, to enunciate a theory of practice which was applicable to any and every disease. This rule of practice was based on accurate observation and has been verified endlessly over the last hundred and fifty years. It is in no way dependent on the varying beliefs or fashions of the day but it remains constant and governs the treatment undertaken by every homœopathic physician. Just as through the centuries the physician has endeavoured to make his practice conform to the theory of the day, so the homœopath tries to make his prescribing conform to the homœopathic rule. The difficulty for the orthodox

throughout the ages has been to make art correspond with theory. The difficulty for the homœopath is to make his art conform to homœopathic law. What I should like to examine is how the homœopath can most easily and most accurately make his practice conform to the homœopathic principle.

Before one can master the art of homœopathic prescribing one must first accept Hahnemann's dictum that all illness is recognizable by the signs and symptoms which it produces, and which can be reported by the patient or observed by the physician. In other words, that a diseased state is recognizable not by a label, or in modern phraseology a diagnosis, but only by the signs and symptoms to which it gives rise. Hahnemann has discarded theory and confined himself to the observation of definite facts. It follows from this that in order to employ the homœopathic art, or make a homœopathic prescription, one must first obtain a complete and accurate record of the signs and symptoms of which the patient is complaining. Over the years definite advance has been made in the art of getting such a record, and this technique is now commonly known as the art of Case Taking. To that I will return in a moment.

The next point which has to be grasped is that from the point of view of the homœopathic physician all the symptoms and signs produced by a patient, as indicating his departure from complete health, are not of equal degrees of importance when one is deciding upon the most appropriate remedy to use in the treatment of the particular case. This has given rise to what one terms for convenience the Relative Value of Symptoms from the point of view of Homœopathic prescribing.

Having obtained the complete and satisfactory record, and having decided which of the symptoms in the case are of the maximum importance, one has to decide which drug in the homœopathic Materia Medica most accurately corresponds in symptomatology to the record obtained from the

patient. The inevitably necessitates facility in handing a complete Repertory of the Materia Medica.

Finally, one has to decide in what form the remedy chosen will best suit the individual case which one is attempting to cure.

Just as, when one is approaching any case with the object of making a diagnosis, there are certain signs and symptoms which, when present, will inevitably clinch the diagnosis and make it certain, so in approaching a case from the point of view of making a homœopathic prescription there are again certain signs and symptoms which, when present, will clinch the selection of the correct remedy. One was taught what were the cardinal points which must be present in order to make an accurate diagnosis, one also has to learn what are the important differentiating features in making a homœopathic prescription.

The first thing that one always has to remember is that in homœopathic prescribing one is endeavouring to discover the manner in which the patient when ill has departed from his normal. Having that idea clearly in mind one then has to consider which of the signs of departure from normal one is to take as determining the medicine to be prescribed, in other words, what is the relative value of the different symptoms presented by the patient.

From this point of view, the most valuable symptoms one can get are the symptoms of any deviation from the patient's mental normal.

These mental symptoms fall into several groups. From our point of view the most important and the most valuable are any symptoms indicating departure from the patient's normal equilibrium, that is to say, any alteration in what one would describe as the patient's character. For example, if one had a normally placid patient who since the onset of his illness had become nervous, fidgety and irascible, one would consider that that fact was one of the greatest possible importance in deciding what medicine ought to be administered.

There is a point which arises here which has caused not a little difficulty, namely, how much weight should one attach to a report on the patient's normal character as opposed to a change of character coincident with the onset of his illness. In the treatment of a chronic case, where one comes across mental characteristics which are so marked as to make the patient appear to be abnormal compared with the average then such abnormality would have to be taken into consideration in prescribing for his case, although there is no departure from what is accepted as his own individual normal state. Where you are dealing with subacute or acute conditions it is much more important to confine one's attention to departure from the patient's normal rather than departure from the average of humanity. Where mental symptoms of this type are encountered these are the most valuable from a prescribing point of view and they must be covered by the drug which is selected for the treatment of the case.

The next large group of mental symptoms which are of maximum importance are what one classifies under the headings of disturbances of the Primary Instincts. First of all there are disturbances of the instinct of self preservation. For instance, if a patient suddenly develops a loathing of life, or a desire for self destruction, that is a disturbance which one considers must be of fundamental importance and so must be covered by the remedial agent. Coupled with the primary instinct of self preservation one groups any phobias which the patient may have. These are fundamentally dependent on the same instinct and are classified as of the same degree of importance. In the same class, although of slightly lesser importance, one places any symptoms which refer to disturbances of the Social Instinct, that is to say, anything that has to do with racial preservation, such as, for example, disturbance of the affections, alteration of family relationships, lack of the normal desire for company or sympathy, in fact anything that shows a departure from the ordinary social instincts.

There is a third class of mental symptoms which one has to take into consideration and which one can, for convenience, call disturbances of the Understanding or Intellect. Under this heading one would consider disturbances such as illusions, or delusions, or symptoms occurring in delirium. Also under the same heading one tends to place constantly recurring dreams.

Lastly under the mental section one gives consideration to symptoms indicative of general mental capacity, such as power of concentration, capacity for work, difficulty in finding the appropriate words or phrases, and disturbances of memory.

Mental symptoms as a whole, when found, are the deciding factors in the choice of the appropriate remedy, and under the heading of mental symptoms the degrees of importance are first the character, second the disturbances of the primary instincts, third disturbances of the understanding or intellect, and lastly disturbances of general mental capacity and memory.

Passing now to the physical symptoms complained of by the patient, from the prescribing point of view one again grades them as of different degrees of importance. One considers that the most important physical symptoms are those which refer to the patient as a whole, as opposed to symptoms referring to one or other organ or part. These one considers the Physical Generals, meaning to imply that the patient generally, or as a whole, is better or worse under certain circumstances, or that he has a general feeling as oposed to a sensation felt in some particular part.

In practice it has been found that these general symptoms are again not all of equal value, with the result that there has been a tendency over the years to group them under different headings according to their degree of importance. Looked at from this point of view, once considers that the general symptoms which express physical desires and aversions are of the greatest importance. By

physical desires and aversions one tries to express first of all any sexual disturbances, and secondly any aversions to or cravings for any particular articles of food or drink.

Of second degree of importance one considers the patients' reactions as a whole to external stimuli, that is to say, their response to heat and cold, fresh air or stuffiness, wet or dry, thunder or snow, and so on. In addition to that one brings under this heading any tendency to periodicity in their complaints. And finally one places under this heading any foods which disagree and any marked allergic manifestations.

There is a third group of general symptoms which are most easily described as the General Sensations or Reactions of the patient in response to specific actions, or in response to definite physiological states, for example, whether the patient is better when in motion or at rest, whether he is better or worse from sleep, better or worse when fasting or after eating, always provided these reactions are general and expressed by the patient's saying that he himself feels better or worse. Under the heading of physiological states one places the feeling of well-being or illness in such conditions as after stool, during menstruation, after sexual intercourse, in other words the response to any normal physical activity.

There are some other general symptoms which one places as of the same degree of importance, although not quite covered by the heading that I have already given you. These consist of symptoms which are general to the patient, for instance, if all the pains are of the same character, no matter where felt, one considers that there is a general governing factor and that weight must be given to this point when prescribing. Again, if a patient is suffering from a painful condition and the pains tend to develop or depart in the same manner on all occasions, that one considers a matter of general importance. Or again, if all the patient's complaints tend to be entirely, or predominant-

ly,confined to one side of the body, that one-sidedness one considers to be of great importance.

Next one takes into account anything in the patient's past medical history which may have a bearing on the present disturbance, and one gives the same degree of weight to that in deciding on the remedial measures to be taken. Under this heading one finally places anything in the family history which may indicate family tendency or a hereditary dyscrasia.

Of less importance, but what one considers still as general in character, are the symptoms referring to haemorrhages and discharges, provided the haemorrhages and discharges, no matter from what part of the anatomy, are constant in character.

The foregoing embrace all the general symptoms, and the degrees of value from a drug selection point of view are in the following order, first disturbances of the physical appetites, second general responses to external stimuli, third general reactions in response to physical activity or physiological states, coupled with pains of a general character, past personal history and family history, and of least importance haemorrhages and discharges.

Finally, one takes up symptoms which are referred to one or other organ or system, in other words, the symptoms of which the patient usually complains in the first instance. Again, from the prescribing point of view, one does not consider all these symptoms as of the same degree of importance. One considers that where a symptom refers to a vital organ it is of more importance than where it refers to a superficial organ or the skin. Symptoms referring to the heart, lungs, digestive tract and central nervous system one considers of the greatest importance. Symptoms referring to the skeleton, muscles, joints or peripheral nerves one considers of lesser importance, and finally symptoms referring to the subcutaneous tissue or the skin one considers of least importance of all.

In a small proportion of cases one comes across instances where the symptoms, or a particular symptom, complained of by the patient strike one as peculiar. The peculiarity may be dependent on the fact that in one's experience of the disease from which the patient is suffering one would expect that the patient's complaint would be the opposite of what it is. For instance, where one has an obviously red, inflamed joint one's experience is that that joint is sensitive to pressure and to movement, if, however. one comes across a case in which the opposite occurs, that is to say, the affected joint is relieved by manipulation and pressure, one considers that that peculiarity must be taken into account in the choice of the appropriate medicine. Another type of oddity which one sometimes comes arross is the case in which a perfectly ordinary and common symptom appears only under peculiar and restricted circumstances. For instance, it is quite common to meet with patients suffering from diarrhœa, but where that diarrhœa is brought on by anticipation of any unusual activity that fact has to be taken into account. Or, for instance the opposite, constipation, is all too common these days, but where one comes across a case in which the patient is unable to defecate in the presence of the nurse in attendance that, again, is a symptom of which one would have to take note. Or there is the more common instance still in which difficulty of micturition is felt only when there is someone in the immediate vicinity. Where one comes across these odd symptoms they should always be carefully noted and an endeavour made to cover them by the medicine which is administered. In many cases it is possible to be led direct to the most appropriate remedy by a consideration of these odd symptoms alone, but great care has to be taken in this as the record of the production of these odd symptoms is by no means complete, and, further, where the mental or well-marked general symptoms produced by the drug are at variance

with the mental or well-marked general symptoms of the individual patient exhibiting these odd peculiar symptoms no curative result will follow the administration of the apparently indicated medicine. In other words, these peculiar symptoms, although sometimes of the greatest possible help when there are no contra-indications, cannot be held to override all other considerations.

Having a clear picture of the relative values of the symptoms from the point of view of homœopathic prescribing, one has then to approach the problem of how one can be certain of obtaining all the necessary information about any particular case. One finds that, taking a case from the ordinary medical standpoint, one will have a record of all the relevant features which enable one to make a diagnosis. In many cases, however, the diagnosis will not help in the choice of a remedy. This will be determined almost entirely by the symptoms which the patient gives indicating that he is out of health, in other words, that he has departed from his normal. *(To be continued)*

motions of her right hand without any control, no speech, and often a wicked cry. Her intellect had not come to normal. Except speech almost all her organs came to normal. I gave her Causticum 200 1 dose. Sac Lac 15 powders T.D.S.

On October 3rd she was brought to me. The patient herself told me that she didn't want any more medicine. She wanted to take either coffee or tea. She was completely normal. Again I gave her Sac Lac 20 powders more to be taken twice daily.

On 14th her parents came to me saying that she was cured completely and was now going to school daily.

HOMŒOPATHY IN THEORY AND PRACTICE

DR. D. M. BORLAND

(Continued from page no. 40)

The whole of one's success in the art of homœopathic prescribing depends on one's power of individualizing every case which one has to treat. With this object in view, what one is always endeavouring to do is to find in what way any symptom of which the patient complains is modified by any external circumstance, or any action on the part of the patient, or is in any way influenced by time. For instance, it is a common experience that a patient will come along with some indefinite rheumatic symptoms, consisting of a certain amount of stiffness, pain, difficulty in movement. These symptoms will help in no way in the selection of your drug as they might well be covered by a hundred or more different remedies. What one endeavours to do is to find out from the patient exactly what circumstances in any way modify the complaint, that is to say, is it influenced by any action of the patient such

as movement or rest, is it affected by weather changes, or does it tend to be worst at any definite hour of the twenty-four hours. From the ordinary diagnostic point of view these facts may be of little or no importance; from the homœopathic prescribing point of view they are the determining factors in the case.

The next point which emerges in one's consideration of this problem is that from the homœopathic standpoint one takes note of many factors which from a diagnostic point of view one may listen to with patience but does not consider worth while to record. For instance, from a diagnostic point of view it is of very little importance that a patient has become very irritable and trying, that he has no longer been interested in his wife and family since the onset of his particular complaint. From the homœopathic point of view, on the other hand, this is of cardinal importance. There is another practical point which one always has to bear in mind, namely, that the patient will come complaining of some definite disability and is very unlikely to volunteer any statement about any of the concomitant disturbances which have appeared at the same time as, or since, the start of his illness. For example, the patient with the rheumatic complaint is unlikely to tell you that since the onset of this he has developed some strange aversion to particular articles of food, or that he has had digestive disturbances, or a skin eruption. These are not the things for which he wants help and so they tend to be ignored, and yet from the point of view of the homœopathic prescriber they have got to be discovered. For these, or similar, reasons it has been necessary to evolve a systematic scheme of case-taking in order that all the relevant facts will be on record and that nothing which is of value has been overlooked. Various case-taking schemes have been elaborated, but all have the same object in view. When one looks at any of them one is appalled by the seeming impossibility of applying them rapidly. As a matter of fact, in practice the use of such a scheme saves

one endless time and labour, and ensures that one's case is adequately recorded.

The plan on which I personally work is somewhat as follows. First of all make a note of the patient's story, dealing first of all with the local conditions, then a careful, accurate description of the sensations of which he complains, with any circumstances which individualize these sensations, then the situation of the disturbance, and then any facts that he has noted which tend in any way to modify the complaint. Next anything which he can report as to the cause, duration, method of onset, and progress of the complaint. Then his past personal history and his family history. That, one will see is practically case-taking as it is ordinarily learned in medicine.

After having dealt with that, one takes up the patient's general reactions, starting off first with the time, day or night, or season of the year, during which there is an aggravation. Then any general reaction to weather, temperature, atmospheric disturbances. Then any general reaction of the patient to activities on his own part. Then any general reactions to external stimuli, for example, sensitiveness to noise, to music, to touch, etc. And lastly any general sensations such as weariness, faintness, giddiness, chilliness.

Then one rapidly runs through the various organs or systems, in every case enquiring for any alteration of function or any disturbance of sensation. For instance, under the digestive system one enquiries into alterations of appetite, alterations of sensation of taste, hunger in general, effects of eating or fasting, disturbances of the bowels, and their effects on the patient as a whole. Under the generative organs one asks into any disturbance of function, any general reactions that take place in connection with sexual relations, or menstruation, and the character of menstrual flow. Under the urinary organs, again, it is a question of enquiring into any difficulty that there is, pain or discomfort, and any alterations in the appearance of the urine.

Under the respiratory organs one enquires, again, into the disturbances of respiration, the type of disturbance, what is liable to affect it, any cough, with the modalities modifying it, and its character, any alteration in the voice, again differentiated by when and how these disturbances take place, and the character of the sputum if present.

Similarly, under the circulation one enquires into any sensation which the patient experiences, such as precordial pain, palpitation, sensations of general heat and cold, and again the circumstances which modify them. Then taking up the special senses, one enquires into any increased sensitiveness, any loss of sensation, any disturbances of function, again with the modalities which modify these symptoms. Under the nervous system one enquires into any hyperaesthesia, paraesthesia, or anaesthesia, any loss of power, or paralysis, any tendency to tremor, spasm or pain, in each instance enquiring carefully into the modalities of the individual symptoms.

Under the heading of the skin one enquires into the state of the skin and any tendency to sweat, whether it is general or local, the character of the sweat, any effect produced by sweating, any tendency to eruptious or suppuration, and any disturbances of appearance, such as colour, or local redness, or swelling. Finally in this group of symptoms one considers any disturbances of sleep, sleepiness occurring at definite times or under definite circumstances, sleeplessness caused by mental over-activity, pain, or any other physical disturbance, and the effects produced by sleep. And under the same group one considers any dreams which are constant in character.

Lastly, one takes up the examination of the mental symptoms of the case. First of all one enquires as to any change of the patient's character, next into any disturbances of his primary instincts, or his intellect or understanding, and then as to any sign of alteration of his general mental capacity or his memory.

Having run through these various points, one then

carries out a very careful physical examination. There are two important objectives one has in so doing. First of all, it is essential to make an accurate diagnosis, otherwise it is impossible to know what would be the normal progress of the disturbance from which the patient is suffering, or to advise the patient what regimen to adopt in order to help his recovery. Secondly, without an accurate physical examination it is impossible to decide what medicine can be prescribed not merely with benefit but even with safety to the patient, and in what potency the medicine should be administered.

When recounting such a scheme of case taking it sounds as if it would be impossible to apply this in ordinary practice. As a matter of fact, after a very short time working on these lines becomes purely automatic, one simply thinks has one checked this, that and the other essential. Where the reply to our queries has been negative the time taken is negligible, whereas if the query does elicit some positive information that positive information must be taken into account in deciding on one's treatment and may well prove to be the deciding factor between success and failure.

Some such scheme must be followed in detail in the treatment of any chronic case. The more acute the disease the more one finds that the acuteness of the disturbance tends to limit the field over which one gets any positive record. For that reason, in the treatment of acute disease it is seldom necessary to record much more than the symptoms of the actual locality, with the modalities which control them. But even in acute disease one finds that there is a very marked tendency for a change to take place in the patient's mentality, and also in his general reactions to his surroundings. For that reason, even in acute disease these ought carefully to be enquired into. For instance, take a case of pneumonia, one will find the patient with a certain amount of pain in the chest, one enquires into the character of the pain and the circumstances

which modify it. One finds that at certain times of the twenty-four hours the patient tends to be better or worse, one finds that since the onset of the disease the patient has developed a thirst, then one enquires into the character of the thirst and the nature of the fluid desired.

With the developing of the pneumonia the patient will show some characteristic appearances of the tongue, which again have to be recorded and considered. And then one finds that every pneumonia has its own reaction to heat and cold, fresh air and stuffiness. One finds that some pneumonias are intensely restless, while others are toxic and sleepy. One finds that some cases desire to be left undisturbed, while others are never at peace unless someone is about. One patient will be worrying about his business, while the next will be made ill by any mention of business responsibilities. One patient will tend to sweat profusely, while another is hot and burning. Lastly, certain remedies have a tendency to produce more pneumonic disturbances in one part of the chest than another. All these factors have to be taken into consideration. By having a general scheme at the back of one's mind these points are run through and noted in no time at all, whereas without a scheme of this sort on which one always works one is at a loss to note the individualizing characteristics of the case which one is attempting to treat.

Having obtained a complete record of a patient's symptoms one has next to consider the problem of matching the symptom picture of the patient with the recorded symptoms produced by some homœopathic remedy. It is quite impossible for anyone to memorize all the symptoms recorded in the Materia Medica, and to attempt to examine the records of provings in order to find which drug will most accurately correspond with the patient's symptom picture is like hunting for a needle in a haystack. That, however, is the problem one has to face.

This difficulty has been faced since the earliest days of

homœopathic practice, and has resulted in the production of Repertories of various types. A Repertory is simply an index to the Materia Medica. Just as the symptoms in the Materia Medica have been grouped as mental, or referring to one or other organ or system, so the Repertory, or the index, has been arranged on a similar plan. In the earlier Repertories sufficient care was not taken to distinguish between modalities which affected a patient as a whole and those which applied to one specific symptom. It was not until the time of Kent that a clear differentiation between the two was attempted in the Reperory. For that reason Kent's is the most accurate Repertory we possess to-day.

There has been considerable disagreement as to what symptoms should be included in the Materia Medica, and so in the Repertory. Some homœopaths maintained that only symptoms which have been experimentally brought out by the administration of the drug to a number of healthy people, and which appeared in a majority of these people, should be accepted as reliable. Others maintained that it was permissible to include in the Materia Medica, and hence in the Repertory, symptoms which had been cured by, or had disappeared after, the administration of the drug to a patient. Others, again, maintained that symptoms developing in patients after the administration of the drug might also be included as evidence of the drug effect.

An attempt has been made to show the extent to which any particular symptom was characteristic of an individual drug, and also to show that the accuracy of this drug effect had been repeatedly confirmed. This has been done by the employment of different types in the printing of the Repertory. Where the heaviest type is employed this is meant to convey that the symptom recorded under the particular drug has been produced experimentally and has appeared many times in the healthy persons to whom the drug was given. Where the second type is used it is meant

to convey that the purely experimental evidence is less conclusive, but that the record of the curative value of the drug is absolutely convincing. Where the lowest type is used it implies that the evidence of the action of the drug is much more restricted, it may rest on an individual experiment, or it may have appeared in the course of treatment, or again it may be entirely clinical.

From the practical point of view the important thing to stress is that the first and second type drugs can be relied on absolutely. When employing the lowest type drugs one has to use a certain amount of discretion. When a patient is being treated with a drug that patient is certainly sensitive to that particular stimulus so it is not surprising that in response to the drug administered he should produce fresh symptoms of the drug which has been given. Among the provers it was the sensitives who produced the most valuable symptoms. It is obvious that anyone giving well-marked indications for a drug will automatically be in a sensitive state. Theoretically, therefore, those symptoms appearing in the course of treatment should be valuable. Again, where one is considering local symptoms these low type drugs are immensely useful. In the majority of cases provings have not been pushed to the extent of producing all the effects of which the drug is capable, and in the case of many of the less well-proved drugs the evidence of their ability to produce, or remove, these local symptoms is almost entirely clinical.

It follows from this that where one has well-marked general, or mental symptoms in a case one's tendency is to seek for the drugs which are recorded in the first or second types, but where one's case record shows only local symptoms one does get great help from the lower type drugs which are recorded under the appropriate headings.

It must always be clearly understood that a Repertory is nothing more than an index to the Materia Medica. To confine oneself to the study of the Repertory and to neglect the study of the Materia Medica is just about as sensible

as to study the catalogue of a reference library and never to look at the volumes to which the catalogue refers.

Having considered how to arrive at a decision as to the most appropriate drug for any given case, the next problem with which one is faced is in what form, and how frequently, the appropriate medicine should be administered.

There are several factors which govern one's choice of the form in which the medicine should be administered, or in other words, the potency which should be used. Hahnemann's experience was that actual material doses administered to a sensitive patient produced an undue aggravation, he therefore diminished his dose, and finally discovered that by his special method of preparing his medicines he could reduce the dose to infinitesimal proportions and still keep the specific action of the drug constant. In his day potentization was not normally carried beyond the 30th centesimal: since his day there are practically no limits to which potentization has not been carried. My personal experience is that all ranges of potencies have their uses, but that in certain instances one potency is to be preferred to another.

Where one is endeavoring to treat a purely local condition one's tendency is to consider those drugs only which have a definite affinity for that organ or tissue. There is no doubt that very beneficial effects can be produced by working along these lines, and when this is done only the lower potencies are found to be effective in the vast majority of cases. When a higher potency has been found to be effective in such a case it has always been found that in addition to the local similarity there has also been a general similarity present, even if it has not been recognized. By a lower potency what I intend to convey is a potency from the mother tincture to the 12*x* or 9th centesimal.

Where treatment is based on a general similarity in addition to the local indications my experience has been that the medium or higher potencies are much more effica-

cious. By the medium potencies I intend to convey anything from the 9th centesimal to the 200th.

There are certain well-marked guides which I have found to be very helpful in deciding when one of the medium potencies should be employed, and when one can safely and with benefit use one of the higher potencies. The first and most important, of these is the gravity of the pathological condition from which the patient is suffering in the more chronic cases. Where there is danger which may result from any reactive process set up by the medicine it is advisable to commence treatment with one of the lower of the medium potencies, say a 12 or a 30 centesimal. A second type of case in which the administration of the higher potencies is undesirable, although not perhaps dangerous, is the one in which one is treating a very sensitive, highly strung, finely balanced patient. In such a case the administration of a high potency does produce a very marked reaction which is needlessly painful and from which the patient may take weeks or even months to recover. If in such a case one starts with a lower potency—in my experience a 30 is perfectly safe—one avoids these unnecessary and very undesirable reactions and starts the curative process right away.

A striking contrast to this is the case in which one is dealing with the lethargic, phlegmatic patient, of slow reaction time, as in these cases one finds that little or no effect is produced by the lower potencies and only the higher produce any satisfactory curative reaction.

There is another lead as to the most desirable potency to employ. This is the acuteness of the disease from which the patient is suffering. It may be taken as a reliable rule of practice that the more acute the disease the higher should be the potency which is administered. From experience I can say that this rule is of universal application, and my opinion is based not on theory, but on actual personal experience.

Finally, let us consider the question of administration,

in other words, having decided on the potency, how often the medicine should be given. There is one universal rule which can be applied to every case, namely, allow the dose of medicine to act as long as it will.

When dealing with chronic cases the duration of action of the medicine is a very variable quantity and one's success or failure in treating chronic cases depends almost entirely, apart from selecting the right medicine, on one's capacity to assess whether the reaction to the initial dose is still continuing or has ceased. In my experience, no harm ever results from waiting too long, but many, many cases are spoiled by too early repetition. When repetition has been too early it is exceedingly difficult to straighten out the case again and it will often take months, during which one may have to wait for the harmful reaction to subside or may have to attempt to counteract the unfavourable reaction which has taken place.

The same principle of letting the drug act as long as possible applies in every case. In the subacute one finds that the duration of improvement will be materially less than in the chronic, lasting only a week or two at the outside, whereas in acute disease the duration of action, again, is very much shortened, the length of time during which the action will continue being proportional to the acuteness of the disease from which the patient is suffering. In the average acute febrile condition one finds that one has to repeat every hour or two hours, to begin with, increasing the interval as the curative reaction improves. In very acute conditions, such as biliary or renal colic, one may have to repeat every ten or fifteen minutes; in cases such as acute ptomaine poisoning one may have to repeat at first, every quarter-of-an-hour or every half-hour, then as the duration of action lengthens one spaces out one's administration. In all these cases it is obvious that one is working on the same principle of letting the drug act as long as possible.

There is one other practical point which is of great im-

portance, namely, what to do when the action of the first dose is coming to an end in a chronic case. In my experience it is inadvisable to change the potency of the drug at the time of the second administration. If the symptoms of the case are still covered by the original prescription one should repeat the same drug in the same potency. A very important practical point arises here. If a patient comes back and reports that he is suffering from some fresh symptoms which have not been noted in the original case record and if these symptoms are symptoms which are covered by the original drug, even if they have not been present at the time of the first prescription, the indications are that the original drug was correct, and is still acting so no further medication is required. Of course, where the symptoms have changed entirely a fresh prescription will have to be made. In the event of the indications still pointing to the same drug, how often one can with benefit repeat the same potency depends very largely on the time over which the drug is acting. Kent says that one can repeat once only without changing the potency. In my experience, if the drug is holding for a long time one can repeat much oftener than once and each time the same potency holds longer and longer. If a repetition of the same potency does not produce such a marked improvement as the first prescription, or if the duration of the improvement is tending to lessen, then it is advisable to raise the potency.

My experience of prescribing for local pathological conditions with low potencies is very limited, the reason being that it is only in a very small minority of cases that one is unable to find any symptoms in addition to those of the local condition on which to prescribe. In the vast majority of cases the local pathological lesion is covered by the remedy which is selected on general principles and will respond to the administration of this remedy. From such experience as I have had of pathological prescribing I conclude that one has to administer several doses over some days and then stop. It would appear that where one is

prescribing in this way there is not a general symptom similarity and that by the administration of several doses over a length of time one is sensitizing the patient to the action of the drug, very much as the insensitive prover eventually produces symptoms if the drug administration is kept up long enough. The difference is that in cases requiring treatment one particular organ has been rendered to some extent sensitive by the disease processes, therefore the drug tends to pick out this sensitized organ before it begins to produce constitutional symptoms.

Ladies and Gentlemen, as I said at the beginning of my paper, the practice of Homœopathy is a combination of art and science. There are certain fixed rules which govern homœopathic practice. The application of these rules to practice is an art. Just as there are certain laws which govern all musical production and yet the playing of any musical instrument is an art which can be acquired and developed only by practice, so it is with Homœopathy. I have tried to show how, over the years, I have come to employ the tools of Homœopathy and to use them in accordance with the homœopathic principles. It has been said that "There are nine and sixty ways of constructing tribal lays, and every single one of them is right" so I am sure that every one of you has his or her own method of putting into practice the principles on which we are all agreed.

DISCUSSION

Dr. FRANK BODMAN said the Congress was grateful to Dr. Borland for a most important and authoritative paper on the art of case-taking. It had been the "pure milk" of Hahnemann—one might say the "cream"—unadulterated and unpasteurized ; and it left little room for discussion.

There was, however, one point. In the *Organon* it was stated that clinical disease was always recognizable by the signs and symptoms which it produced. Dr. Bodman said his own observations did not necessarily confirm this. At one end of the scale was the patient with multifarious symptoms—the hypochondriac with no pathological signs.

He wondered whether what such a patient said was of use for prescribing. At the other end there was the severe organic disease in which there were no signs or symptoms. Every doctor had experience of the young recruits, apparently quite healthy, who were turned down for the Services because it had been discovered at the routine medical examination that their blood pressure was 200-140. Or there was the person with the cancer in a silent area, whom one treated for high blood pressure and perhaps did not see for a few months, when he turned up with a large carcinoma of the liver.

Therefore it could be disputed whether every disease had recognizable symptoms. It was necessary to get back to the conditions in which Hahnemann was living to see why he made that statement. He was living in an age of speculative pathology. There were so many conflicting postulations that Hahnemann decided to make a clean sweep and have no pathology at all. In Hahnemann's day there was no thermometer, and Laennec had not invented the stethoscope, which came only in 1819. What would the modern homœopathic physician do without a thermometer? With the stethoscope they were able to recognize for instance, bronchial breathing. So the homœopathic doctor did use modern instruments in diagnosis.

They had all had patients who had been referred after having had mass miniature radiography. Dr. Bodman said he had had cases of early phthisis in nurses found in this way, where he defied anybody to find any visible symptoms. In homœopath they had their own special techniques which had been devised to help them, such as the work of Paterson on the alteration of the bowel flora. The results of the emanometer researches by Boyd and McCrae were of great value; this instrument was giving help in the use of drugs. One could not rely merely upon symptoms.

The "totality of symptoms"—valuable as it was in its time—must not be regarded as other than a means to an

end, not as an end in itself. The homœopaths must go beyond this. They had already done so—in the work, for example, of Tyler on drug pictures. These had been built up as much from clinical experience as from provings. They had built up their types and used these also as indications for the presence of disease. When faced with the young patient, with high blood pressure and early phthisis but no symptoms, one relied on one's clinical types—on one's drug pictures—and used them as well.

DR. PIERRE SCHMIDT said: I thank Dr. Borland very much indeed for the masterpiece he has presented to us. It will be a classic upon this subject which every young practitioner ought to know and apply.

On this important question it is well to remember § 7 of the immortal *Organon* which states that "*in each case of disease, only the totality of symptoms is to be recognized and removed, by the art of healing, that it may be cured and converted to health.*" This article rests on the previous one, number 6, which has not been understood in its essence until now; it relates to symptomatology.

The science of symptomatology is difficult and very deep. Its perfect knowledge depends on the art of the physician to recognize at the same time *the disease* and the *patient*. Kent used to recommend to his students in the course of their case-taking to divide the page where the symptoms ought to be recorded into two parts, writing the pathognomonic symptoms on the left and the non-pathognomonic ones on the right.

It is essential that these two great classes or categories are accurately determined because the homœopathic physician, contrary to his allopathic colleague, has to establish not one but two diagnoses. First is *the diagnosis of the disease*, the ordinary diagnosis, based on the pathognomonic symptoms. This will enable him to know approximately the course of the disease to establish its prognosis, to give practical directions about hygienic measures in case of contagion, for example advice as to diet, programme of life,

etc. Then there is the second diagnosis pertaining especially to Homœopathy : *the diagnosis of the patient,* namely how *he* is making up his disease, i.e. all the circumstances and modalities characterizing the malady in this individual being, because, in Homœopathy, we do not give ready-made prescriptions like suits or gowns ; we do not apply a remedy from general considerations, giving to anyone bearing the same diagnosis the same prescription ; no, we make our prescription to measure like a bespoke suit. Here Homœopathy deserves the privilege, thanks to its strict individualization of discovering the *"medicine of the person"*. Homœopathy considers every case as different from every other, even if it pertains to the identical nosological groups.

I am sorry to be in complete contradiction with Dr. Bodman, who said that there were "diseases without symptoms" ! *This does not exist,* otherwise it is a state of health. Hahnemann in his 6th § clearly stipulates that any morbid manifestations find their expression through three sorts of symptoms :

(1) by signs, i.e. objective symptoms.
(2) by symptoms, i.e. subjective symptoms.
(3) by casualties i.e. accidental, unexpected and sudden symptoms.

It is possible for an objective sickness not to manifest itself by any subjective symptoms. It is also possible for subjective troubles not to be revealed by any objective materialization, either external or internal, visible to the naked eye, but only through instruments or reagents ; nevertheless the symptoms found will always be evidence pertaining to the disease.

A positive Wassermann, for example, a latent or ignored syphilis can very well find no expression whatsoever through any external sign, but the very fact of a positive serologic reaction constitutes a solid objective symptom brought about by laboratory findings and nevertheless *a symptom* !

It will be the same with perinephritic collection, certain interlobular pleurisy, certain latent T.B. tumours or calculi or even certain allergies, but X-rays, laboratory findings or certain appropriate tests enable them to be elicited even if those affections did not materialize through subjective or objective symptoms.

Diseases without visible symptoms are numerous but *there exist no diseases without symptoms.* So you see that symptomatology is a very broad question, but in Homœopathy remember that each and every symptom has its value, no matter what it is. Nevertheless some symptoms are essential for making a good prescription while others are of secondary value, sometimes very secondary. To choose accurately the characteristic symptom of a case is the privilege of a true homœopath.

It is not rare that very common and general symptoms such as sleeplessness, constipation or irritability may become useful for the prescription, but only in the very last analysis where, on reviewing the symptoms, we come to two, three or more remedies out of which the simillimum must be selected. In this case we would give preference to the remedy showing in addition to the characteristics of the case, constipation, sleeplessness or irritability.

But a successful prescription does not depend entirely on the full and elaborate knowledge of symptomatology.

In order to obtain a fruitful list of symptoms it is essential to be well acquainted with the six essential headings for any approach to a patient and it is our famous Hering to whom we are indebted for his remarkable article, published in 1833 in the *Bibliothèque homoéopathique de Genève.* I completed it in this way: "For a successful homœopathic prescription the physician ought constantly to bear in mind the six following rules:

(1) To observe.
(2) To listen.
(3) To write.
(4) To question.

(5) To examine.
(6) To co-ordinate.

As I had the honour, in this very room, to develop it in 1932 in a lecture on the Art of Interrogation.

(Let us amplify these rules as follows.)

(1) *To observe* without saying a single word, but with eyes wide open to notice the gait, behaviour, gestures, the smallest changes of expression etc.

(2) *To listen* to all noises, respiratory, digestive, articular etc.... and, of course, listen without interrupting. If a patient talks let him do so freely, otherwise he will reproach you for not having been able to utter a single word or, at the end of the consultation, he will come out with a long array of symptoms written in his notebook. Put him off until to-morrow if necessary but let him talk. First because to listen is a sign of politeness and, besides, you will let him do the extraversion so preached by the psycho-analysts. To be able to narrate one's ailments and feel that somebody is listening with interest and benevolence, constitutes a great relief. You know it.

(3) *To write* and in the exact terms of the talker in order to be able later on to recollect his own personal expressions.

(4) *To question*, bearing constantly in mind that all questions that can be answered by "yes" and "no" are badly put. Please read with rapt attention §§ 84 to 104 in the *Organon* concerning taking the case. About this it is certain that if Hahnemann had been alive to-day, knowing his love for detail, for accuracy and his extreme conscientiousness, he would have adapted his methods to the most modern way of investigation and adopted the last word in modern diagnosis, as applied by all good homœopaths.

But having examined the question of homœopathic pres-

cribing on the part of the physician, we must not overlook the point of view of the patient, the approach of the patient towards the physician.

What should one say to a patient going abroad asking how to recognize a good homœopath ?

My reply would be :

(1) He asks questions.

(2) He does not rely solely on his memory, but takes notes.

(3) He prescribes few, generally a single, remedy.

To conclude, I would like to remind myself never to forget this famous sentence written by Hahnemann in 1813 about the spirit of the homœopathic doctrine.

"Imitate me, but imitate me well, frankly and loyally and you shall see at each step the confirmation of what I advance !"

Dr. BORLAND replied to Dr. Bodman. Dr. Bodman had said that no information of value as to symptoms was obtained from a hypochrondriac. Dr. Borland's point of view was that when one was dealing with a hypochondriac in listening to him one saw that his disease was all imaginary and that was a very important point. The discovery of the type of patient one was dealing with was a very important factor in deciding what medicine to use.

With regard to modern methods of investigation, Hahnemann said that the physician should note all the symptoms of which the patient complained, all the facts which could be obtained from his relations and friends, and all the facts that could be discovered by the physician. Hahnemann used all his faculties. The modern homœopathic practitioner should use all his faculties with the addition of any other ones put at his disposal by science. Dr. Bodman had mentioned nurses whose tuberculosis had been discovered by mass radio-graphy. But that disease had been discovered by the physician—a point which had to be taken into consideration in prescribing.

Dr. Schmidt had stressed the importance of observa-

tion. Dr. Borland said that when he used to teach students in the Royal London Homœopathic Hospital, he used to try to stress the importance of observing patients as they came into the room. From the way they put down their feet, the way they acted, the tidiness or slovenliness of their clothing, one could almost decide what medicine they required, before they opened their mouths. Many a patient had seemed to be a straight-forward *Pulsatilla* case, but when observed it was obvious that he had never been a *Pulsatila* case in his life. Listing to the very talkative patient—the one who had *diarrhœa verborem*—Dr. Schmidt said one must not interrupt. Dr. Borland recalled that one of his "chiefs" had said that if the doctor never opened his mouth, that type of patient was bound to "dry up" at least at the end of forty minutes. If the doctor did open his mouth, of course the patient would start all over again.

Dr. Borland concluded his reply by repeating the stress which Dr. Schmidt had laid on the importance of the patient's record. It was very helpful to read to him what he had said last time. One asked him : "What about this ?" and was told : "Oh, that has gone now." The patient might even get to the point of denying he ever had it. Records were most important—and the more completely they were, the better.

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HIGHEST DILUTION

DR. KURT HOCHSTETTER, PHARMACIST, CHILE

Besides the well known high potencies 30x, 30, 200, etc., there can be found, especially in English and North American publications, some references to the highest potencies, labeled 10M, 50M, CM, etc.

The subject of this investigation was to establish by personal visits, what methods and machines are employed