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## NOTA BENE FOR OUR READERS

"MORBID PHENOMENA, ACCIDENTS, SYMPTOMS" Dr. S. M. BHATTACHERJEE, M.A., P.R.S.M., BERHAMPORE

In the 6th line of Sec. 6 of the Organon (Dudgeon's 5th & Bæricke's 6th), we find the bracketed words, 'morbid phenomena, accidents, symptoms'. One wonders and says to himself, 'what is the utility of these terms'? Either 'morbid phenomena' or 'symptoms' would have been sufficient to express what Hahnemann wanted to tell e.g., of the 'totality of symptoms'. And what can be the exact meaning of the term 'accidents', in the context that is given? Frankly speaking, the three words had been a source of puzzle to me for full 19 years, since my first reading of the Organon, until the clue came, as if from heaven, in 1954, when our learned colleague Dr. Pierre Schmidt M.D. of Geneva gave us the three original German words used by Hahnemann in this context.

The German words used by Hahnemann had been "Kran-kheitzeichen, Zufälle, (und) Symptomen", the true knowledge of the meanings of which dispel all doubts and wonderings, to confirm one's faith in the wonderful sagacity and integrity of the genius that Master Hahnemann had been. Now, let us examine the true meanings of the said three terms:

(A) Krankheitzeichen=Krankheit (disease) + Zeichen (sign): Sing. or Plural. Therefore, 'Krankheitzeichen' means 'disease signs' or 'morbid signs', to invalidate the translation of the term as 'disease phenomena', as is found in the present translations of the Organon, and that for two-fold reasons:

- (1) 'Phenomena' is equivalent to German 'Erscheinungen' and not to 'Zeichen'.
- (2) Where-as 'Zeichen' means only 'marks' or 'signs', that are effects and observable external occurrences, 'phenomena' may mean many things more, for instance, 'causes', 'effects', accompaniments or concomittants of causes and effects, and observable external occurrences as well as perceptible, internal incidents.
  - (B) Zufälle ('e' for Plural).

Zufälle means 'casual events'; 'accidents'.

(C) Symptomen means 'Symptoms' ('e' for Plural).

Hahnemann accepted and used the said terms in their proper meanings, and by them divided his Totality-complex, classifying it into three distinct types or categories of symptoms, which by their inner difference in sense justify the classification. Really, the symptom—totality of any individual case of disease may be divided into three distinct categories, e.g., (1) of objective symptoms, (2) subjective symptoms, and (3) casual, incidental, or accidental symptoms, which do not properly belong to the disease in question, but may arise outside or out of it. Hahnemann's 'Krankheitzeichen' (morbid signs) stands for objective symptoms, 'Zufälle' (casual events, accidents) for incidental, casual or accidental symptoms, and 'symptomen' for subjective symptoms. Take for instance, a case of Small-Pox. What may you find in it? (1) The eruption, (2) a sensation or a pain, (3) a Pneumonia or a Nephritis. Of these, the first is observable by the common eye, and is an objective symptom; the second is felt by the patient himself and is a subjective symptom; and the third; happening to appear casually, incidentally, not being characteristically related to Small-Pox, is observed by the physician only, and is a casual, accidental symptom. Besides, the same case of Small-Pox may be further complicated by other casual events or accidental symptoms, not related to it per se, e.g., of physical injury, poisoning, mental trauma (shock, upset, anxiety) etc., (may or may not be observable by the attendant or physician), which may weave a new pattern in the normal, traditional complex of the disease.

Hahnemann amply elaborated the idea in lines 10 & 11 of the same Sec., by the attributive clauses, 'felt by the patient himself', 'remarked by those around', and 'observed by the physician'. They are the attributes of the term 'deviations' in line 8, but in the final analysis, they belong to 'morbid phenomena' ('signs', correctly speaking), 'accidents', 'symptoms', in line 6. To clarify the idea more, let us set out the subjects and predicates in their formal order, but elucidating them to certain extent:

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SUBJECTS 1. Morbid Signs	Copula which are	PREDICATES  (a) remarked by those around, e.g., the attendants, the physician, and in certain circumstances the patient himself, when he himself can observe and the signs are observable by him;  (b) observed by the physician (only).
2. Accidents, casual events	which are	(a) remarked by those around, e.g., the attendants, the physician, and the patient himself as in the previous case; (b) observed by the physician (only); (c) felt (only) by the patient himself.
3. Symptoms	which are	felt (only) by the patient himself.

The attributes of the 1st item prove it to be purely objective in character; of the 2nd prove it to be entirely casual, but subjective as well as objective; of the 3rd distinguish it as purely subjective. This is what Hahnemann wanted us to know and learn by heart. At this stage, a few clarifications become necessary concerning the points 1 & 2. For, all objective and casual symptoms are not observed or observable by all those that be around. For instance, an enlarged tonsil or

a diphtheric patch is not observed by the patient or the attendant at first, but is so by the physician; a squint is not observed by the patient, but is by the attendant; a grinding of teeth during sleep at night is not observed by the physician or the patient, but is by the attendant; pangs of grief arising as an accidental symptom in a given disease are not observed at first either by the physician or by the attendant, but are felt firstly by the patient; a pneumonia, i.e., an inflamed or consolidated lung during the course of a small-pox is not noticed by the patient or by the attendant, but is observed by the physician.

What a wealth of ideas accumulates round the words 'Krankheitzeichen', 'Zufälle' (und) 'symptomen'! What a store of knowledge Hahnemann wanted to bequeath us by them!

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## UP-TO-DATE WITH NOSODES—A REVIEW

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My paper is a review of an address given by Dr. John Paterson to the Glasgow Homœopathic Hospital faculty shortly before he died in 1953. It was later reprinted in the *British Homæopathic Journal*. Dr. Paterson pioneered with the bowel nosodes for many years. His obituary, given in the *British Homæopathic Journal*, would be an honor to any doctor when his earthly work is done.