

## THE IMPORTANCE OF KENT'S REPERTORY IN THE CLINIC AND PRACTICE

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Lovers of homœopathics,

It seems to me that true Homœopathy will not be practised on a mass scale for a very long time. Its practice, at present, is the privilege of a few only. The degree of vitality present in *Homœopathic* today can be judged by the extent to which we have been able:—

- (a) to grasp the principles discovered and recorded by the founder of Homœopathy in his *Organon* in difficult and condensed form but fortunately explained by Kent in his "*Lectures on Homœopathic Philosophy*";
- (b) to understand Kent's two discoveries: "*Series and Degrees*" and "*Remedy-Reactions*";
- (c) to comprehend the doctrine of "*Chronic Miasms*" discovered by Hahnemann but explained and developed by Kent in his *Philosophy* and Dr. J. H. Allen in "*Psora, Pseudo-Psora and Sycosis*";
- (d) to practise correctly the art of *Repertorising* in our daily work.

There are physicians who try to practise Homœopathy without the use of a Repertory. A self-made artisan may be a useful man although ignorant of the theory and most advanced methods obtaining in his line of work, but he can not measure up to the man whom education and thoroughness of method have made an expert. It was Hahnemann who said that when we have to do with an art whose end is the healing of the sick, any neglect to make ourselves the thorough masters of it becomes a crime. It is necessary to remember that Homœopathy, from first to last, is an art of individualising both of patients and remedies; and such individualisation should be carried out

with the greatest possible completeness by *the only* individualising method known to us, i.e., the use of the comprehensive Repertory for each patient. To achieve this end as well as to apply the *Similia* in its length and breadth, the use of a Repertory which is comprehensive as well as which is constructed on the principles set forth in the *Organon* becomes not just a matter of personal choice but one of necessity; it is simply indispensable if we aim to attain and maintain the most precisely accurate homœopathic prescribing. That the science of Homœopathy becomes clinically exact, when applied by the correct use of a comprehensive Repertory, has been proved many times.

Since the discovery of Homœopathy many different repertoires have been compiled. I have come to know from Dr. Pierre Schmidt of Geneva, under whom at the present time I have the good fortune of studying that he possesses no less than one hundred and ten of them. Hahnemann himself compiled a Repertory first in Latin consisting of about three hundred pages published in Leipzig and later on a very large Repertory in German; about his Repertory in German he wrote that the homœopathic world should not feel regret that it had remained unpublished because it was imperfect and contained only an alphabetical record of the symptoms; he added that had he been forty years younger he would have made a Repertory entirely to his satisfaction.

During Hahnemann's lifetime knowledge of Homœopathy had started to spread to the United States of America having been brought to New York in 1825 by Dr. Hans Burch Gram. A decade later, in 1835, the first homœopathic medical college in the world was started in Allentown, near Philadelphia, by Dr. Hering. Thirty years later, in 1865, a homœopathic medical college for women was established in New York by Dr. Clemence Sophia Lozier—it was the first of its kind in the world. This college had been opened two years earlier in 1863, as an allopathic medical college for women—also the first of its kind in the world. Both Hering's Allentown college as well as the homœopathic college for women in New York have long gone out of existence. During Hahnemann's lifetime a student

of Hahnemann, Dr. John Martin Honigberger, practised Homœopathy in India and later, an institution was started in Calcutta to impart the teaching of Homœopathy. This was "*The Calcutta Homœopathic Medical College and Hospital*" and it still exists today at 265-266, *Upper Circular Road, Calcutta*, where a student of Kent, *Professor Doctor B. K. Bose*, has been devoting his life to the teaching of Kent's interpretation of Hahnemannian Homœopathy and endeavouring to demonstrate the efficiency of it. This he has continued inspite of the opposition of many homœopathic teachers and government homœopathic controlling bodies who are trying to retard the teaching of Kent's method of Hahnemannian Homœopathy in India. Mention must also be made, of course, of another truly great physician of the present homœopathic world—Dr. Sir John Weir in London who each year gives a series of lectures in Homœopathy. He is the only other pupil of Kent who is still teaching. It has been my good fortune to study under both of these great prescribers.

Within some thirty years after the death of Hahnemann the outlook for Homœopathy in the United States was far from favourable. At the time of the International Homœopathic Congress which was held in the U.S.A. in 1876 and was combined with a meeting of the American Institute of Homœopathy, a separate small meeting was held in the office of Hering pertaining to the reduced amount of interest being shown in Homœopathy. It was decided that a survey should be made to determine the number of homœopathic physicians who still adhered to the principles of Homœopathy as laid down in the *Organon*; the result was a total of some one hundred doctors only, for both the U.S.A. and Europe. It was at this meeting that the foundation was laid for the International Hahnemannian Association which was to come into being just before the death of Hering in 1880. Its purpose was to disseminate the teachings of the *Organon*.

The homœopathic physicians had been most concerned for some time because there was not enough material in the *Reper-tories* which existed to fulfill the requirements for the most accurate homœopathic prescribing. Although Constantine Lippe

in his Repertory had included selections from Boenninghausen, Jahr, Hering, Adolph Lippe, Bell, H. N. Guernsey, etc., the number of symptoms recorded in it was very limited and comprised a total of only 318 pages as opposed to the present sixth edition of Kent's Repertory which contains 1423 pages. Even the famous *Encyclopaedia of Allen* was so limited that it lacked half of the symptoms. The homœopathic practitioners seeking the most similar remedy were handicapped because of their difficulty to find the symptom. Kent suffered with the rest. But when Kent was able to find the desired symptom in the scattered literature of Homœopathy he recorded it for future use in his copy of Lippe's Repertory. He continued to do this for a number of years until his copy was not only interleaved but *doubly* and *trebly* interleaved, with the pages so closely written upon that nothing more could be inserted. Thereafter, he used loose leafnotes. A time came when Kent began to teach Materia medica and then it became quite apparent that much more material was needed. Soon, his loose leafnotes became so voluminous that he decided to prepare a compilation. I say "compilation" because he contended that the reliable symptoms were the property of all and the Repertories were only compilations from the Materia medicas; they did not belong to the author. In this work of compilation his original plan was as follows:—

- (a) to gather together all that had so far appeared in the existing Repertories;
- (b) to add the notes he had made over the years;
- (c) to go to the Materia medicas for adding more symptoms and remedies;
- (d) to add only those clinical symptoms of remedies which on comparison with their *provings* were found not contradictory to but consistent with them;
- (e) to check and examine everything which had been gathered from (a) to (d), mentioned.

Kent was able to collect a good deal of material for various sections of his Repertory; the sections on "Urinary organs", "Chill", "Fever" and "Sweat" were especially very full.

At a later date, Kent complied with a desire which had

been expressed by Constantine Lippe in that he assisted *Dr. E. J. Lee* of Philadelphia to make improvements on Lippe's abridged form of a new Repertory. Dr. Lee published the section *Mind* and Kent helped him in publishing the *Head* section. But Kent remarks that these sections were very incongruous; the modalities in each rubric in *Mind* were given at the end of the book, and later the modalities of *Head* and the *Generalities* were placed at the end of the book; this was done according to the understanding of Boenninghausen's idea of *Generals*. It soon became apparent that the plan started by Lee was not what Kent had expected it would be; Kent informed him of this and subsequently abandoned his efforts to help Lee improve the Repertory. Later, Lee's eyesight began to fail and he was unable to continue with the work.

Kent, however, continued with the work of compilation of the Repertory. He called on his students for help with the copying of the symptoms; among them may be mentioned Dr. Milton Powel, Dr. Mary Ives, Dr. Arthur Allen and *Dr. F. E. Gladwin*. Also, he was greatly helped by his wife, Dr. Clara Louise Kent.

As this work progressed, Kent became increasingly dissatisfied because he met with certain inaccuracies in the existing Repertories. For example:—

(1) Boenninghausen in his famous "*Therapeutic Pocket Book*" did much guess work and made certain serious mistakes in his enthusiasm for making homœopathic prescribing easy. Some of these may be mentioned here. The first mistake was that he *Generalized* all the "*Particular Modalities*". Kent writes:—

"There are books in existence that seem to foster the idea of pure Homœopathy which have done much harm along with much good. Boenninghausen's *Therapeutic Pocket Book* has rendered all our old men a grand service, yet it is *Most Defective* and has caused many good men to shun Repertories . . . . Two sets of *Aggravations* and *Ameliorations* must come into view, viz., those that apply to the whole being and those that apply to his parts. These are often the opposite in parts or organs from what they are in general bodily states of the patient and they must be looked up in the Repertory in sections that relate to the part mentioned. A woman consulted me for a violent rheumatic pain

in the shoulder. She came into my office with her arm bound to her side to prevent moving the arm as the motion of the arm increased the pain in the shoulder, yet the patient walked the floor constantly. The pain in the shoulder was worse before a storm. *Dulcamara* cured at once. This shows how a part may have an opposite modality from the whole body . . . . It should be understood that a circumstance that makes the whole being feel better or worse is of much greater importance than the same circumstance which only affects the painful parts, and these are often quite opposite . . . . the modalities of the parts affected, and frequently these will be found to be the very opposite of the modalities of the patient himself. A patient who craves heat for himself generally and for his body, may require cold to his head, to his stomach, to the inflamed parts, hence the same rubric will not fit him and his parts. Hence, to generalise by modalities of isolated particulars leads to the incorrect remedy or confounds values placed upon certain remedies . . . . Nothing has harmed our cause more than books that generalise modalities, viz., by making a certain aggravation or amelioration fit all parts as well as the general bodily states. Cold air may aggravate the patient but ameliorate the headache. Stooping seldom aggravates headache, backache, cough and vertigo in the same degree, yet Boenninghausen compels you to look in one place for all of them, and they are marked with the same gradings. The patient is often better by motion but his parts, if inflamed, are worse from motion. Lying aggravates backache, headache and respiration in different degrees, and the patient in still another manner. If each symptom is not inspected and considered with a view to its own circumstances, the result will be widely different. Parts are better by heat when the patient is better from cold, and vice versa. The headache is better from cold and the body is better by heat. If we do not consider these circumstances, we do injustice to the patient and to his parts. Therefore, the circumstances that relate to the general bodily states and the circumstances that relate to the parts and organs must be considered separately, or the view of a given case will be vastly changed . . . . Boenninghausen's first idea was that the modalities were satisfactorily arranged in connection with the symptoms to which they belonged. But finally he put out that condensed form, the Therapeutic Pocket Book . . . . the modalities of the parts and those of the patient himself were all mixed together . . . . This was not proper Homœopathy. We found it very unwise for us to think of a patient worse from lying down confounded with the modality of all the particulars throughout the book, whether headache, pain in the eyes, pain in the back, difficulty in breathing, pain in the stomach after eating, not specifying whether the modality referred to this, that or

the other thing, or whether it was the patient himself . . . . When we see the circumstances of lying, shall we conclude that lying applies to vertigo, to dyspnoea, to palpitation and backache in the same degree? Shall we take "Mag-mur." aggravation of liver symptoms when lying on the left side as applicable to headache, to vertigo, to dyspnoea, etc., and all in the same degree? Must we have all our circumstances in the same degree in generals as in particulars? . . . . When we really stop to think it over, we know we ought to have the general aggravation or amelioration by lying down recorded in one place with its causes apart from all else. The entire Boenninghausen's Therapeutic Pocket Book is arranged with modalities, general and particular, all together . . . . Boenninghausen was a grand old man, but that was simply his idea and it was defective. I soon grasped the idea that Hahnemann considered the mental symptoms and the physical symptoms. He took the patient himself and other modalities that are related to each of his individual parts by itself . . . . put them . . . . and let them come out as they will".

In connection with this very important point a physician has written, "Boenninghausen argued that modalities should not be confined to this and that particular symptom but that, *'like the red thread in the cordage of the British Navy,* they should apply to all the symptoms of the case. This seemed to Hering as an instance of unwarranted generalisation of modalities, as it was noted in connection with some drug proving that the modalities of the symptoms of one part of body did not correspond with those of other parts; rather they were contradictory in some cases, e.g., Arsenicum album is a chilly patient, many complaints are relieved by heat whereas head complaints are ameliorated by cold. But this may be an instance of *'exceptions prove the rule.'*" I would like to point out that it is not a case of the exception proving the rule for the following reasons:—(a) It is not in *a few* nor in *some cases* but in innumerable instances that the remedies have shown in their *proving*s that the modalities of the symptoms of one part of the body do not correspond with those of other parts. (b) The different symptoms pertaining to the same part may have different modalities. (c) The different symptoms of the same part and of different parts may have contradictory modalities. (d) The different symptoms of the part or parts and those of the patient

himself may have contradictory modalities. Even Boger, a staunch follower of Boenninghausen and translator of several of his works, criticised Boenninghausen and considered this method as defective that in the last translation, namely, "*Boenninghausen's Characteristics and Repertory*", he discarded it. This is also borne out by the writings of another follower of Boenninghausen, H. A. Roberts who in his introduction to "*Boger's Boenninghausen's Characteristics and Repertory*" says, "Boger's criticism of the Therapeutic Pocket Book was the arrangement of the sections devoted to aggravations and ameliorations which he felt were too generalised to be of the greatest value." We have no doubt whatsoever that if the *Therapeutic Pocket Book* had been published before Hahnemann's death, Hahnemann himself would most certainly have criticised Boenninghausen much more than did either Hering, Boger or Kent in the cause of preserving the true principles of Homœopathy. It is true that Hahnemann requested Boenninghausen to take the trouble of compiling a repertory for the homœopathic world but never gave sanction to produce a book based on guess work; it is interesting to note that Hahnemann later on encouraged *Jahr* to make a Repertory and helped him in many ways. Homœopathy does not rest on the *opinions of so-called learned writers* but solely on the bedrock of demonstrable facts.

The second mistake which Boenninghausen made was that he broke a symptom of the *Materia medica* into several pieces and these broken pieces were then recorded in his Therapeutic Pocket Book. Further, in working out a case he again broke a symptom reported by the patient into several pieces and then he searched to find the similar remedy. Let us take for example, "*coldness of the head in the morning*". According to Boenninghausen this symptom must be broken into several pieces and search made under the following sections:—(a) under "head"; (b) under "coldness of special parts" which in turn is to be found under "fever" and (c) under "aggravation in the morning". This gives us three lists of remedies. Each list comprises 140 to 180 remedies. The remedies found in each of these three lists are the remedies which cover the broken pieces of this symptom. *But you may be surprised to find*



that many of these remedies do not show this symptom of "*coldness of head in the morning*" at all in the *Proving*s of these remedies nor it is shown as a clinical symptom. Send a symptom broken into pieces in this Therapeutic Pocket Book and it comes back bringing remedies based on imagination and guess work against which Hahnemann fought throughout his life.

The third mistake was that the symptoms belonging to a part were mixed with the symptoms of the patient as a whole. Let us take the sensation of "*intolerance of clothing*". Under this rubric the Therapeutic Pocket Book gives (a) the remedies that have intolerance of clothing about the neck only; (b) about the stomach only; (c) about the abdomen only; (d) the remedies that are sensitive to clothing everywhere. By this Boenninghausen teaches that among the characteristic symptom of a remedy what was true of a part was also true of the whole but logically and effectively it is not so.

The fourth mistake was that a good deal of guess work was done by Boenninghausen on the plea that our *Proving*s were not complete. The Therapeutic Pocket Book teaches that if a remedy had nausea in the stomach, it could have distension of the stomach also; if it had one kind of pain in the head it could have also any other kind of pain in the head; that if a sensation had appeared in one part it could also appear in another; that if one symptom could be aggravated at one time, all symptoms of that remedy could be aggravated at the same time; if one symptom could be aggravated by one thing; if it had an aggravation in one part, it could have the same aggravation in any part or all parts.

The fifth mistake was that his idea of "*symptom in general*" was defective; it was also quite different from that of Jahr and Lippe. Please note that I am not referring to "*General Symptom*" which is something totally different from "symptom in general". Boenninghausen's idea of "*symptom in general*" was that any remedy having a symptom that affected a part belonged to that *part in general*; he groups under a part or region all the remedies that affect that part or having anything to do with that part—For example, "stomach in general" contains any remedy that affects stomach and he let another rubric

decide whether the disturbance was nausea, distension or pain; "head in general" has under it all the remedies which produce any kind of symptom in any part of head and therefore his "head in general" does not mean remedies that have any kind of a headache, etc., but simply means remedies that affect the "head" in any way. Any remedy which produced a sensation wherever it appeared belonged to that "sensation in general"—For instance, all the remedies having "burning pain" anywhere he placed under "burning pain in general". No matter what the modifications may be as to time, place or circumstance, any remedy having the symptom was placed under that "symptom in general". But to Jahr and Lippe "*symptom in general*" meant (a) that symptom which the provers had reported mentioning its several modifications and (b) it was also that symptom which the provers had reported without mentioning modifications leaving the physician to infer that it has many or any modification. It is important to note here that a symptom which was reported having only one modification was *not placed* under "symptom in general" by Jahr but he placed it under "*symptom in particular*" (this "*symptom in particular*" is quite different from "*Particular Symptom*").

From the above five points we see how the Therapeutic Pocket Book of Boenninghausen has done great harm to our cause.

(2) In some of the Repertories the symptoms logically belonging to a certain part were placed somewhere else. For instance, "*headache after breakfast*" which belonged to the chapter of *Head* was placed under "*complaints after meals*". Things that logically should appear under *Throat* were placed under *Oesophagus*, etc.

(3) In certain repertories, including Lippe's, "*Symptoms*" were confused with "*Modifications*". For example—"burning", "shooting", "boring", etc., are kinds of pains and therefore they are *Modifications* which should be classified as such, i.e., they should be classified as "*character and kind of pain*" but were wrongly given as individual symptoms.

(4) After Hempel had finished the translation of the "*Symptoms Codex of Jahr*" he wanted a repertory for the symptoms

contained in this book. He was unable to use Boeninghausen's method of breaking a symptom into pieces because he also considered it dangerous and most defective; he could not translate Jahr's repertory because it appeared that Jahr wrote in terms of "diagnosis" and names of diseases (in reality, Jahr had treated both the names of diseases and the symptoms of the patient, as we shall see later). So, Hempel himself made a repertory and it took him four years to prepare it. He kept symptoms strictly in the words of the provers. If one prover said "*tearing in the stomach*" and the next prover said "*tearing pain in the stomach*" it went down as two different symptoms. If one had "*vertigo on rising from sitting*" another "*vertigo on rising from a chair*" Hempel would not put the two remedies down for the one symptom; it had to go into his repertory as two symptoms. The symptoms generally do not have more than one remedy and with a change in just one word, but no change in meaning, the remedy was different. Kent believed in keeping the symptoms as nearly as possible in the words of the provers but there were patients inconsiderate enough to express their symptoms in other terms and therefore such repertories did not assist in changing the combination.

(5) Just as Hempel's is the repertory of "*Symptomen Codex of Jahr*", Knerr's is the repertory of "*Guiding Symptoms of Hering*". Knerr like Hempel did not believe in breaking a symptom into pieces or changing it in any way. It is very important to mention here that Kent discovered certain mistakes in the "*Guiding Symptoms of Hering*", the corrected copy of this work, by Kent, is now in possession of Dr. Pierre Schmidt in Geneva. I have endeavoured to note down these mistakes.

(6) Some compilers of repertories repeated the symptoms many times. Gentry, for instance, records a symptom as many times as there are prominent nouns, verbs and adjectives in that symptom. For example—the symptom, "*aberration of mind, singing, performing the most grotesque during dancing steps and shouting*" appears *Eight* times in Gentry's Concordance Repertory. Gentry took six volumes to carry out this idea. He did not believe in changing the words of the provers even though a synonym was used.

(7) We have been told that Jahr's repertory was made primarily to suit those allopathic students who showed an interest in and a tendency to take up Homœopathy. Jahr, being a gifted teacher, used as a basis the knowledge which his students already possessed and from there led them on to new knowledge. The one thing they did know was so-called "diagnosis". So, he gave the remedies found useful in the diagnosed diseases; then he gave the symptoms of the patient, each with the remedies that covered it. In the preface he emphasised that the symptoms of the patient were of primary importance in finding the correct remedy. Later on, he discovered that his French students were dividing the symptoms of the patient into different diagnostic groups and calling them different diseases. Somewhat reluctantly, he was persuaded to make a repertory for the German physicians; this he called the *Hand-Book*. In order to save them from the pernicious practice being followed by his French students, in the *Hand-Book* he divided the symptoms into as many diagnostic groups as possible and told the German physicians that they must find a remedy that would cover all the diseases that the patient had, thinking that in this way he would compel them to cover the totality of the symptoms. Poor Jahr, even yet he has been accused of teaching heresy! He was only trying to make a repertory that his students could comprehend. However, it was very limited and thus not adequate. Moreover, Kent wanted a repertory to suit not only the allopathic students and physicians but to suit every physician.

We see from the above mentioned seven points how serious inaccuracies existed in the Therapeutic Pocket Book—a product of guess work and speculation; we also see that the arrangement of the symptoms in the existing repertories was illogical and the way in which the various authors differed in their meaning of a certain class of symptoms. Therefore, Kent could not rely on them for accuracy and *was unable to combine their various rubrics*. What Kent was striving for was a Repertory which would aid the physician in working out a remedy for a patient, based on Hahnemann's concept, i.e., a remedy suitable for a patient who is disordered from his centre

to circumference and from his innermost to the outermost ; a Repertory with every modification, including modality of each and every symptom, differentiated in its most minute detail, as a whole separated from his individual parts. It was to be a Repertory logical in the arrangement and classification of the symptoms and at the same time as comprehensive and practical as possible. At last, he realised that it was impossible for him to continue. He set aside the voluminous manuscript to which he and his students had devoted so much valuable time. His efforts in this direction taught his two most valuable lessons. They were:—

- (1) that he must *himself* check and trace each and every symptom in the most reliable literature of Homœopathy and
- (2) that every symptom thus checked and traced must be arranged logically in a manner that would conform to the instructions laid down in the *Organon* regarding (a) keeping "*general symptoms*" separate from "*particular symptoms*"; (b) keeping "*Man-Symptoms*" separate from "*Body-Symptoms*"; (c) keeping those symptoms which pertain to the body as a whole separate from those symptoms pertaining to only a part of the body only ; (d) keeping all the *Modalities* of each symptom pertaining to a part of the body separate from the *Modalities* of each symptom pertaining to the body as a whole, as well as keeping them separate from the *Modalities* of each "*Man-Symptom*"; (e) the important precaution that the *modalities* of each symptom would be recorded together with its other six varieties of modifications and *not separated from them*; and also (f) adhering to the *Organon* regarding the procedure which is described as defined as working from "*more broad and undefined things*" to "*less broad and more minutely defined things*", i.e., to proceed from "*symptom in general*" to "*symptom in particular*".

(To be continued)

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## THE IMPORTANCE OF KENT'S REPERTORY IN THE CLINIC AND PRACTICE

DR. K. C. MITTAL, GENEVA

(Continued from page 16)

These two lessons, however instructive, were not easy to put into practice. But Kent with a strong conviction in the guidance of the *preserver* of human life started once more from the beginning, *on blank paper*. It is extremely difficult, if not impossible, for the homœopathic world of to-day to comprehend what this work which Kent was now starting upon, entailed. It meant a thorough sifting of the symptoms in the most reliable literature which had appeared since the birth of Homœopathy in 1796. The founder of Homœopathy himself felt the need of confirming and revising many obscure symptoms in our *Materia medica*; he writes, "Among the available symptoms so far recorded there are still many obscure . . . which greatly need confirmation and revision. Who would wish to draw positive results from these in their present state? Have pity on the great maiden science! One single individual could not possibly put it in its final form". T. F. Allen, the author of the famous *Encyclopaedia*, wrote that there were errors which to some extent marred his *Encyclopaedia* and added that the errors had been perpetuated from year to year in our SYMPTOMATOLOGY and stressed the absolute necessity of the sifting of the symptoms. Some mistakes were also discovered by Kent in the "Guiding Symptoms of Hering", as already mentioned. In addition, Kent discovered many clinical symptoms of remedies which were contradictory to their provings and hence unreliable. This time, in this work of sifting and checking every symptom, Kent did not take the help of his students. He and his wife experienced great suffering especially in their eyes and head but he was so humble when he said that we need not hear about this. Typed pages were revised *many many* times

in order to ensure reliability. The price quotation which Kent received was nine thousand dollars merely for setting the type. About two hundred physicians subscribed for it at the rate of thirty dollars per copy; subsequently, all but ninety failed to keep their pledge and withdrew their subscription. However, Kent provided the balance of over six thousand dollars from his own pocket in the hope, as he humbly said, "*that it might prove useful to the world*". After the first edition had appeared Kent continued to collect notes until he had sufficient to warrant a second edition but he was still not satisfied. With some four hundred copies of the second edition still unsold he went ahead with the work of preparing the *third* edition to which he devoted the latter part of his life. In the last days of his life Kent was very frail. His life was eased by homœopathic remedies. Even when his health was failing and death was drawing near, he struggled to continue this work, writing a little and then lie down to take a rest for a while before he was able to write again. His magnificent courage kept him at work all the time. It was wonderful to think that a man should do so much in order to leave a work by which humanity should benefit. Very few people could have any conception of what is meant to make such a repertory. In 1914 Kent said, "I do not know how there will ever be a third edition; neither myself nor my wife could read the proof, and I do not know who would". Shortly before he died Dr. Gladwin visited him. Mrs. Kent said, "The Repertory is perfect now". Kent replied, "*Well it is about as perfect as I can make it. My work is almost over; if it is to go on my students must take it up*". Dr. Gladwin said, "how can we?" and he replied, "it is your duty. . . ." Here is an echo of the words of Hahnemann who two days before his death said to his wife, "*I leave you my scientific heritage which is of much importance to humanity. Continue to work as we have done for such a long time, carry on my mission*". She replied, "but I am a woman, my body has grown tired, my hair has become white under the strain of this difficult work. I have well earned a little rest". "*Rest!*", said Hahnemann, and raised himself up in his bed, "*Have I ever rested? Forward, ever forward against the wind, struggle*

*against the strain, always cure and everywhere, and by constant curing you will compel justice to be done to you".*

Just as, at the end of his life, Hahnemann had completed but not seen in print his *sixth* edition of the *Organon* so also Kent had to leave to others the publication of the third edition of his Repertory. He had prepared three copies of his manuscript. One of these was received by Dr. Gladwin from Kent himself. It was this copy about which Gladwin remarked on one occasion, "*How many of these repertories am I willing to dispose of? Not one: if my office were on fire and we had to run for our lives I would snatch up my unprinted third edition of Kent's Repertory . . . somebody is going to want it very much some day*".

In my address to last year's meeting of this Congress in Holland I referred to this manuscript which is now in possession of Dr. Pierre Schmidt of Geneva. Under his guidance and with his help, I am endeavouring to prepare the Seventh edition of Kent's Repertory by going over, word for word, this original manuscript, which is becoming daily more dear to me when I see how conscientiously and painstakingly Kent has prepared it. It contains a wealth of valuable material for alleviating the sufferings of humanity. If it was not for the careful guard of Gladwin, Austin and Pierre Schmidt we might have lost this original manuscript. If there is any publisher in any country who is willing to take pains to publish the seventh edition he will be doing a great service to the homœopathic world; he may kindly correspond with me at 17, Rue Toepffer, Geneva. The present demand of Kent's Repertory is being met by the three recently published Indian editions; the sixth American edition being exhausted.

To ensure reliability of the symptoms in his Repertory Kent did the following:—(1) He made the Repertory free from the mistake discovered by him in the "Guiding Symptoms of Hering", already mentioned. (2) He rejected all those clinical symptoms of remedies which he had found to be contradictory to their provings. (3) He discarded many decidedly doubtful symptoms. (3) He made his Repertory free from every trace of the guess work done by Boenninghausen on the plea that our



provings were not complete and it is free from the five mistake of the Therapeutic Pocket Book which have already been mentioned. (5) He collected those symptoms of remedies which had passed through the final examination of being thoroughly tested first by *provings* and then cured extensively by their respective remedies and these will be found recorded among the Black Heavy Type. (6) Above all, he checked and traced each and every symptom and each and every remedy under each and every symptom, mentioned in his Repertory, by making a thorough search in the reliable literature which had appeared since 1796—the year of the birth of Homœopathy, i.e., *Uncured Pathogenetic Symptom and the Clinical Symptom* have all been checked, traced and examined thoroughly.

It is necessary to mention that when Kent says that he has verified every symptom of his Repertory, he *does not mean* that every symptom has been found cured by the remedy recorded under it, i.e., Kent does not mean that every symptom in his Repertory has been clinically verified. Some physicians have made this mistake. It is important to refer to Kent's "*Lectures on Homœopathic Philosophy*" pages 251 and 252 in this connection. Kent's Repertory contains three kinds of symptoms, namely, *uncured Pathogenetic, cured Pathogenetic and Clinical* symptoms, and all these have been checked and traced in the most reliable literature of Homœopathy. It is important to understand that the word "*verified*" has two meanings—the one meaning is that which I have just mentioned; the other meaning is—when a pathogenic symptom of a remedy has been found cured by that remedy, then this pathogenic symptom is said to be verified. We should not confuse these two meanings.

I may also point out another *mistake made*, even by very eminent physicians, i.e., they correspond the three types, under which the remedies are recorded in Kent's Repertory, with the various degrees of the intensity of a symptom. I shall again request that the same pages of Kent's Philosophy mentioned above should be read to remove this mistake. Three types in Kent's Repertory are not based on the three degrees of intensity of a symptom as also explained in Kent's journal, *The Homœopathician*, Remember that the "*Italics*" and "*Ordinary*

*Roman Type*" can be raised to "*Black Heavy Type*" as the symptoms are first confirmed by provers and then cured extensively by their respective remedies. Therefore, do not think that in doing so, their wrongly supposed degrees of intensity of the symptom will change. Further, Mrs. Kent pointed out that much proof-reading was done to include the remedies which are in the ordinary Roman type and that it would have been much easier to leave them out than to include them. If the remedies in plain Roman are omitted because of their having *wrongly supposed* less degree of intensity of a symptom, we may be discarding from our study the very remedy which the patient needs. Kent, in working out his cases, used to write down all the remedies appearing in all the three types in his Repertory. One may find that peculiar and prominent symptoms may have ordinary Roman type in the needed remedies.

Following the directions of the Organon Kent in his Repertory has divided all symptoms into two chief categories, i.e., "*Man-symptoms*" and "*body-symptoms*". "*Man-symptoms*" are placed under the section known as Mind (some are recorded under Sleep also). "*Body-symptoms*" are divided into two kinds, i.e., "*physical generals*" and "*particular symptoms*". The "*physical generals*" are those symptoms which pertain to the body as a whole as opposed to "*particular symptoms*" which pertain to a portion of the body only. These "*physical generals*" are recorded under sections Generalities, Chill, Fever and Sleep (some are reflected through certain organs, e.g., desires and aversions in food and sex, together with menstruation and also symptoms reflected through special senses, etc., and therefore they should be looked for in their appropriate sections such as Stomach, Genitalia and Special Senses, etc.) The "*particular symptoms*" are recorded under sections Head, Extremities, Back, etc. The arrangement of symptoms in each section is the same and uniform throughout. The symptoms are arranged alphabetically.

Each symptom has all of its modifications recorded immediately under it. These modifications fall into six varieties; they are (1) side, (2) time, (3) modalities, circumstances and conditions, etc., (all arranged alphabetically), (4) extending to

(5) parts of or localisation (this in turn is modified by the four foregoing modifications), (6) kind and character of (this also in turn is modified by all the foregoing modifications, i.e., by the preceding five modifications). It is important to make ourselves very clear that these six varieties may be further modified by items from (1) to (6). Not only that, we may find that the modifications of the modifications may again be "modified" by these six varieties. This process of modifying may be repeated several times until the most minute details have been recorded under a symptom.

It does not matter at all whether a symptom belongs to "*Man-symptoms*" or "*Body-symptoms*", whether it belongs to this section or to that, the method of recording a symptom is uniform and is the same throughout. It is as follows:—A symptom is recorded as "*symptom in general*" (i.e., without details of modifications) followed by "*symptom in particular*" (i.e., with details of modifications). Please note that this "*symptom in particular*" will be of six varieties according to the six varieties of modifications already mentioned, i.e., this "*symptom in particular*" may refer to side; time; modalities, circumstances and conditions; extending to; parts of localisation; kind and character of. In this Repertory we see that "*symptom in general*" and "*symptom in particular*" are found from the beginning to the end and from cover to cover and control the whole book. A remedy may be found (a) under "*symptom in general*" only or (b) under "*symptom in particular*" only or (c) under both, i.e., under "*symptom in general*" as well as under "*symptom in particular*". In other words:—

- (a) If the provers of a remedy reported a symptom mentioning only one modification, then this remedy was recorded only under "*symptom in particular*" in its one variety according to the modification concerned.
- (b) If the provers of a remedy reported a symptom without mentioning modifications so that the physician was left to infer that this symptom has many or any modification, then this remedy was recorded under "*symptom in general*" only.

(c) If the provers of a remedy reported a symptom mentioning several modifications, then this remedy was recorded as follows:—

- (i) This remedy was recorded under "*symptom in general*" as well as
- (ii) this remedy was recorded under "*symptom in particular*" in its various varieties according to its modifications.

Let us take for example: "*Pain in the lower limbs*" on page 1062 of the sixth edition—here, we find those remedies during the provings of which, the provers reported this symptom mentioning its several modifications and it also contains remedies during the provings of which the provers reported this symptom without mentioning its modifications leaving us to infer that this symptom may have many or any modification. Further take "*Pain in hip*" on page 1067—here we find that all of the remedies that appear under "*Pain in the lower limbs*" are not present because the omitted remedies might have this symptom of Pain in other parts of lower limbs and not in Hip, or the provers of the omitted remedies might have reported this symptom of "*Pain in the lower limbs*" without mentioning its modifications. Please note that all of the remedies that are under "*Pain in hip*" do not appear under "*Pain in the lower limbs*" because the Hip is only one part and a remedy may affect the Hip and no other part of the lower limbs. If a remedy produced pain in Hip, Thigh and Knee then this remedy would be placed under "*Pain in the lower limbs*". The remedies which are under Hip are here because in their provings, the provers reported "*Pain in Hip*" mentioning its several modifications; those remedies are also present here, in the provings of which the provers gave the symptom of "*Pain in Hip*" without mentioning its modifications. Of course, we find that there are remedies which are present in both, i.e., under "*Pain in the lower limbs*" as well as under "*Pain in Hip*".

Thus we see that "*symptom in general*" contains that remedy during the proving of which, the provers reported this symptom with several modifications and it also contains that remedy during the proving of which the provers reported this symptom

without mentioning its modifications, leaving the physician to infer that this symptom has many or any modification. "*Symptom in particular*" contains that remedy during the proving of which the provers reported this symptom mentioning one or more modifications; and therefore this "*symptom in particular*" will be of various varieties according to its six varieties of modifications.

It is necessary to exercise caution to avoid confusing "*symptom in general*" with "*General symptom*"; also we must not confuse "*symptom in particular*" with "*particular symptom*".

"*General symptom*" is that symptom which pertains to "*Man-symptoms*" and it is also that symptom which pertains to the Body as a whole; in other words "*General symptom*" is the symptom which is either a "*mental symptom*" or a "*physical general*"; we might also say that "*General symptom*" is that symptom which pertains to the patient as a whole and pertains to the whole economy. "*Particular symptom*" is that symptom which does not belong to "*Man-symptoms*" nor does it belong to the body as a whole but it pertains only to a part of the body or an organ.

"*General symptom*" is recorded as "*symptom in general*" as well as "*symptom in particular*". Similarly "*Particular symptom*" is recorded as "*symptom in general*" as well as "*symptom in particular*":

It is necessary to bear in mind:—(1) The word "*particulars*" may refer to a part of the body or to a portion of some part of the body. For example: fingers are particulars of hand; hands are particulars of arm; arms are particulars of the whole body. This word "*particulars*" also means "*details*", i.e., "*more particulars*" means "*giving more details*". (2) *General rubric or group*"; when we proceed from "*general rubric*" to "*particular rubric*" we mean that we are working out our cases from a more "*broad rubric*" to a more and more "*minutely differentiating rubric*". (3) When we say that in Kent's Repertory the symptoms are arranged from "*generals to particulars in each section*" we mean that, *first of all*, a broad rubric is given *and then* under it are recorded its details in regard to its various modifications. (4) "*Generals of a remedy and generals of a case*" mean general symptoms. (5) The word "*side*" which appears under the divi-

sions of the *Fifth variety of modification* should not be confused with "*side*" which is the *First variety of modification*. For example, one might say why in Kent's Repertory, sixth edition, page 132, we do not find the first variety of modification, i.e., "*side*" under the symptom of Pain in the head. The reason is that we have only one head (we have two eyes, two ears, etc., but only one head). Further, one may ask why on page 166 we find the word "*sides*" under the symptom of Pain in the head. The reason is that here the word "*sides*" refers to the fifth variety of modification, i.e., here the word "*sides*" is a part of the head; we have several parts of the head, e.g., forehead, occiput, temple, etc. and along with other parts of the head the "*sides*" is also a part of the head.

In this Repertory the Key-word of the symptom is close to the marginal line and is printed in capital letters and in heavy black type. The modifications of this symptom are placed *two* spaces to the right. The remedy lines are placed *four* spaces to the right of the marginal line. The modifications of the *modifications* are placed four spaces to the right of the marginal line. This was Kent's plan. This plan has not been strictly followed by the printers but I hope to include this instruction of Kent carefully in the Seventh edition which I am preparing, as already mentioned. Now let us consider the following:—

(1) Sixth edition, page, 1299: "*Perspiration ; pains, from*" should read "*Perspiration ; from pain*". It means that (a) there is perspiration and that (b) this perspiration comes from pains. Please note that it *does not mean* that there are pains which come from perspiration.

(2) Sixth edition, page 7: "*Mind ; Anxiety ; rail road ; when about to journey by, amel. while in train.*" It means (a) that mind is affected and (b) that there is anxiety in the mind and (c) that this anxiety although comes when one is about to start a journey by railroad yet it is ameliorated while in train. (It may be said in passing that there is a printing error in this rubric, i.e., the " , " which is printed before "while" should be removed).

(3) Sixth edition page 361: "*Face ; discoloration ; red ; right*". It means (a) that face is affected and (b) that there is

discoloration on the face and (c) that this discoloration is red and (d) that this redness is on the right side of the face.

The rubrics in this Repertory bearing the names of the disease came into existence only through clinical findings. The prescriber who first used Baptisia as a curative agent against Typhoid, knew that his patient presented the common or diagnostic symptoms of Typhoid *plus* symptoms peculiar or *characteristic of that patient*. It often occurred also, that a remedy was given only on the peculiarities of the case, irrespective of the symptoms diagnostic of the disease. At any rate, no remedy could ever have cured the sick, unless it *covered the characteristics of the patient*: that is, those symptoms quite outside the opinion or judgment of the diagnostician. Pathological rubrics have limited use to the experienced prescriber, but *too often are detrimental* to the innocent novice-prescriber, who blindly relies upon them as guide.

Kent has used synonyms, e.g., cutting pain represents stabbing pain (sometimes cutting pain represents lancinating pain); stitching pain represents sticking pain; pulsating pain represents throbbing pain (please note that there is a "*painless pulsation*" also).

Kent has differentiated "*symptoms*" from their "*modifications*" carefully. For example, Kent said that "burning", "shooting", "boring", etc., are a kind of pains. Therefore, he placed them under "*Character and kind of Pain*"; that is, he placed them under modifications; I have already mentioned that "*character and kind of*" belongs to the last, i.e., the sixth variety of modification; we must remember that "burning", "shooting", "boring", etc., are not *individual "symptoms"* but they are simply a kind of "*modifications*". Please note that "*pulsating pain*" (throbbing pain) is a modification and *is not an individual symptom*; also note that "*painless pulsation*" is an *individual symptom* and *is not a modification*.

We should also remember that "hammering", "pulsating", "radiating", "spasmodic", "rheumatic" and "wandering" pains are all recorded under the third variety of modification; they should not be confused with the sixth variety of modification.

Now I would like to draw your attention to the following:—

(1) The use of this Repertory as taught by its author gives the most clear practical demonstration of the "*inductive method*" set forth in the Organon. Hering writes, "If our school ever gives up the strict inductive method of Hahnemann we are lost and deserve only to be mentioned as a caricature in the history of Medicine."

(2) This Repertory stresses the maxim "*Law directs and experience confirms*", i.e., the "Experience" of man does not make Truth but confirms it only. Kent said, "Truth is not of man ; he is only the imperfect vehicle of its expression". Hahnemann stood, for a sure guide, on the "*Pathogenetic Symptoms*". This is the reason that Kent in his Repertory has excluded these "*Clinical Symptoms*" of remedies which were found contradictory to their provings. This procedure is a shield against Empiricism to which we are so easily tempted and which will shake the very foundation of certainty. Whenever we violate the Law, we take a stone out of our foundations. I would like to mention here that we should not repeat the mistake made by our early educators such as Hering and Lippe, who placed Experience prior to Law. Many students of Hering were convinced of the efficacy of Homœopathy when they saw the cures made by him but they themselves failed in their practice because they could not see, through the spectacles of Hering, how the cures were effected. They were taught Experience. To convince pupils, first, by the clinics is incorrect. The correct method, Kent writes, is to teach, first, the Science of Homœopathy and convince the mind that the doctrines are true ; then the ART may be taught by the clinics. Therefore, let me repeat that we stand for the "*Pathogenetic symptoms*" as a sure guide, and not for the "*Clinical symptoms*" of remedies which are contradictory to their provings.

(3) There are certain higher faculties which distinguish man from beast. These faculties give evidence of innumerable differences between one individual and the next even in health ; in this Repertory these are very well presented and in considerable detail as a counterpart of man's sickness. This presentation gives the correct field for the highest application of the "*Law of similars*", i.e., for those inherited chronic miasmatic ten-



dencies and taints which are constantly progressing and which today are threatening the degeneration of mankind. In fact, the treatment of chronic miasmatic taints is the field of greatest importance of the Similia as well as of the use of this valuable Repertory, while other advantages derived from them are only secondary. This is the highest ambition to which a conscientious physician can aspire and fulfill in an age of spiritual bankruptcy, when moral and physical sickness have increased and have been complicated by the use of non-homœopathic drugs which are today dispensed on a much larger scale than in the times of Hahnemann or Kent. It took Hahnemann twelve years to discover and make known the cause of mischief done by the chronic miasmatic forces affecting mankind while Kent in turn spent thirty-five years to give us the final version of his most comprehensive Repertory, *which he had completed but was not able to publish it before his death*, in order to combat them. But alas! how many care to think, how few know the procedure and how rarely one actually does put it into action. All the beautiful *sentiments* in the world weigh less than a single lovely action. That Similia shall really flourish among us it must grow through the power given to us from a knowledge and use of this Repertory. For the most exact application of the Similia in its length and breadth, this Repertory has no equal.

Both the fifth and sixth editions state, "In all cases of disease we are called on to cure, the states of the patient's disposition is to be particularly noted . . . this holds good to such an extent, that the states of the disposition of the patient often chiefly determines the selection of the homœopathic remedy. The creator of the therapeutic agents have also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind. . . In order to effect the homœopathic cure of the disease, a medicine capable of producing . . . especially an analogous disorder of mind, must be sought for".

This Repertory recites the passion of man from the cradle to the grave, and from the garden of paradise to the consuma-

tion of centuries. Take this Repertory, turn over its pages and read the holographic testament of the son of Adam. From it we will learn that he does not think, will and feel as was intended in the "secret design of the Providence". Was Aurum, with his despair of salvation, his hatred and misanthropy, his lack of confidence in himself and others, and the loathing of life (too often made concrete) the creature of God? Did profane Anacardium come from the hands of the Revealer of sacred history? Who breathed into Baryta Carb the fear of men and of strangers, the dwarfishness of mind and organs, the cowardice and irresolution? Who gave Sulphur his filthy skin and ways, his itching and burning sores, his stooped shoulders, and his false philosophy? Where did Lachesis get his insane jealousy, her perseverance in nothing, her dipsomania, her indolence and her lust, her congestion and her loquacity? How can Crocus be so affectionate and so moody? Pulsatilla so selfish and so tearful; Sepia so indifferent and so obscene; Platina so proud and so amorous; Ignatia so silly in her loves and silent grief; Thuja believes she is made of glass. Kali Brom is selected for divine vengeance. Natrum Mur sees robbers even in her dreams. Aurum Mur has every disease. Everything has the appearance of being new to Hellbore. Lycopodium is averse to looking at anything new. The children of Graphites are impudent; those of Nat. Mur appear never able to talk or walk Hyoscyamus goes naked; Belladonna tears his clothes; Tarentula acts as a devil; Euphorbia prays at the tail of his horse; Nux Vom burns his child alive; Mercurius kills his fellow-men; Fluoric Acid lives the life of a mormon; Antimonium Crude and Chamomilla cannot tolerate being looked at or touched; Lyssin becomes wild if he sees or hears running water, or cannot void urine unless the faucet is turned open; ARS has the odour of the dead, is sad and cold as a tomb-stone; Phos is heavy as lead; Calc Ars glides in the air as though as an aeroplane.

Strange beings of a strange race, whence do you come where do you go? For what good are you? Did you come from the hands of the Divine Wisdom? Who was your architect? But the above named are only a few of the caricatures of the heavenly man. Call up the roll and see, defile before you,

the degenerated army of men: one and all bear the stigma of disgrace and the seed of pain and death. Can this fallen phalanx not regain its former rank? Stop lawlessness—moral, physical and organic—in man, apply to him the Law of Similars, and the Prodigal Son will, from the trough of the swine, return to the table of his Father. The Spanish fly that chirps; the oak that defies the storm; the rattlesnake that advances slyly; the snow-rose that blooms; the cuttlefish in the sea; the lichen on the tree; the various metals of the earth—one and all things correspond, in the provings, to the throes and laments of man.

(4) This Repertory develops and sharpens the sense of discrimination which is essential for a healing artist. Kent writes that the inexperienced in our art trains his mind to lump, condense and concentrate and this leads in a direction which is opposite to the one required. We have large rubrics or groups in this Repertory but these are next split up into conditions, circumstances and modalities, etc., until every minute difference in time, place, degree and manner is brought before the mind so that distinction and individualisation may appear. For example, the sixth edition on pages 1348, 1349 and 1350 gives various forms of cold which are to be differentiated from each other: they are also to be discriminated from "*lack of vital heat*" appearing on pages 1366 and 1367 because a patient who cannot keep warm and craves warmth is cold but the symptoms may be ameliorated by cold and aggravated by warmth. Further, many physicians make the mistake of considering some normal features as if they are morbid symptoms to be treated, e.g., a patient reports that he is "better in wet weather". Kent points out that this is a normal feature; the true modality "*aggravation from dry weather*" or "*aggravation from cold dry weather*" found in his Repertory, sixth edition, pages 1357 and 1349 respectively.

(To be continued)

## THE IMPORTANCE OF KENT'S REPERTORY IN THE CLINIC AND PRACTICE

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(Continued from page 79)

To make homœopathic prescribing easy some so-called "short cuts" have been invented, such as the "card system" and the "key-note system". Regarding the "card system" Kent says that it is like readymade shoes that must fit everybody, regardless of the misery they cause. The first and the highest thought in Homœopathy is the individual. Our work is individualisation. A "card system" makes mediocres of good men as it prevents advancement, growth and maturity. It destroys the development and progress that must come from working out the case. Give a beginner the "cards repertory" and that is the end of him. He will not develop, he will not learn and he will not master the Materia medica. We must work out every case and every patient on his own merits making use of the fullest Repertory accessible—the only individualising method known to us, viz., the Repertory for each patient; curtailing nothing lest we miss something important and this means a life charged against our conscience. Dr. Grimmer writes, "card repertory is a time waster rather than a time saver because it frequently leads away from the remedy. Do not be cajoled with make-shifts or so-called short cuts. They are like the sirens of old; enticing but leading on to ship-wreck and destruction". Concerning the "keynote system" Kent says that it is the cultivation of memory instead of the understanding. It is not the man who remembers much that makes the artist, but the one who knows and understands his art. To know and to use is to become wise; to memorize is to become contracted. The artist knows how to meet every emergency, but the memorizer has forgotten what he has memorized and never understood. I must emphasize that this "parrot-fashion" keynote system is not only wrong but dangerous, e.g., a patient who has the lead-

ing keynotes of SECALE, except that he is cold and can not find anything to keep him warm, will not be benefitted by it. If it is thus given in a condition tending toward death, unless the needed ARSENICUM ALBUM is administered death may be victor. A patient with diphtheria, in whom the distribution of the membrane resembles that of APIS, and in whom the pain is aggravated by cold drinks, will not be cured by APIS. *Kent says it is the duty of every true man to oppose this fragmentary shortcuts to prescription making.* The rubrics in Kent's Repertory are so arranged that one is compelled to discriminate minutely. This way of discrimination aids in developing the genius of men and women in the art of prescribing. The accuracy of the discriminative procedure is the chief essential and in proportion as this quality obtains will curative results follow.

(5) This Repertory is our chief instrument of reliability. It is (a) free from the mistakes discovered by Kent in the "Guiding Symptoms of Hering"; (b) free from every trace of guess work done by Boenninghausen on the plea that our provings were not complete and it is free of the five mistakes of the Therapeutic Pocket Book which were the cause of many good men to shun our repertories; (c) free of those clinical symptoms of remedies which he had found to be contradictory to their provings; and (d) free from many decidedly doubtful symptoms. Not only that, *Kent has checked each and every symptom and each and every remedy under each and every symptom, mentioned in his Repertory, by making a thorough search in the reliable literature which had appeared since 1796—the year of the birth of Homœopathy.* Moreover, he collected those symptoms of remedies which had passed through the final examination of being thoroughly tested first by provings and then cured extensively by their respective remedies and these will be found recorded among the Black Heavy Type.

(6) This Repertory is our chief instrument of precision because this is the only unabridged repertory extant which gives the most minute individualising detail in all its six varieties of modifications of a symptom and all these are recorded immediately under the very symptom itself. This Repertory gives

the totality of a symptom in its six fold complex as well as it individualises each and every symptom by "modifying" the modifications several times as already explained. The highest ideal is to find neither "a similar" nor "a more similar" remedy but to endeavour to seek "the most similar" remedy possible. A master prescriber may surprise often by hitting the nail on the head the very first time whereas the unskilled and the less skilled prescribers are usually obliged to do a zigzag therapeutic and give several remedies in succession in an attempt to effect a so-called cure. It is a necessary confession that much prescribing today is merely routine guess work and often hastens the progress of the chronic miasmatic diseases. As individualisation is the soul of Homœopathy it is most satisfying that we possess a Repertory which brings out the modalities and modifications of each and every symptom in the greatest detail and minute differentiations and which are arranged immediately under the very symptom concerned and that we have a Repertory which is strictly based on the principles of the Organon. This Repertory is also a shield against the false accusation that we do not proceed with our work logically and in a scientific manner. That the science of Homœopathy becomes clinically exact when applied by the correct use of this Repertory has been proved many times.

(7) This Repertory is most orderly and logical in the arrangement and classification of the symptoms. Following the Organon, Kent in his Repertory has done the following:—

- (a) General symptoms ("Man-Symptoms" and "Physical Generals") have been separated from particular symptoms. Dr. Grimmer writes: "This disarms the criticism often offered by superficial minds, concerning the mechanical aspect of repertory work. If symptoms were all of equal value it would be mechanical, and this holds true to a certain extent, regarding repertories where general symptoms and particulars are grouped together in equal rank, as in Boenninghausen's and in Allen Slip Repertory".
- (b) "Man-Symptoms" have been separated from "Body-Symptoms"; also "Physical Generals" are separated from "Particular Symptoms" (please note that some "physical gene-

rals" are reflected through certain organs where they will be found, as already mentioned).

- (c) Modifications of each "Man-Symptom" are separated from the modifications of each "Body-Symptom"; also modifications of each "Physical General" are separated from the modifications of each "Particular Symptom".
- (d) Modalities of each "Man-Symptom" are separated from modalities of each "Body-Symptom"; also modalities of each "Physical General" are separated from the modalities of each "Particular Symptom".
- (e) Care has been taken to keep the modalities of each symptom together with the other modifications. In other words, we can say that in this Repertory (1) modalities of each "Man-Symptom" are recorded together with all the other modifications of each "Man-Symptom"; (2) modalities of each "*Physical General Symptom*" are recorded together with all the other modifications of each "*Physical General Symptom*"; (3) modalities of each "Particular Symptom" are recorded together with all the other modifications of each "Particular Symptom". It is indeed logical that we keep all modifications together under each symptom instead of keeping certain modifications in one place and other modifications in another place as has been done unfortunately even in "*Boger's Boenninghausen's Characteristics and Repertory*"; modalities are kind of modification and should be placed together with all the other modifications; the tendency of the average mind is to stray from order and therefore the insistent order of this Repertory is both aid and discipline.
- (f) This Reptery is based on Hahnemann's concept of studying a patient as well as a remedy from "*more broad and undefined things*" to "*less and less broad and more minutely defined things*". First, a general rubric (also known as "*symptom in general*") is given and this is followed by the details of it, i.e., it is followed by its particular rubrics (particular rubric is also called "symptom in particular"). The details will be of six varieties according to its varieties of modifications, i.e., "symptom in particular"

will be of six varieties. In other words, a symptom is expressed both as a "*symptom in general*" and as a "*symptom in particular*" in its six varieties. Therefore, we see that a "*General symptom*" may be expressed both as a "*symptom in general*" and as a "*symptom in particular*" (and this "*symptom in particular*" will be of six varieties). Similarly we find that a "*particular symptom*" may be expressed as a "*symptom in general*" and as a "*symptom in particular*" (and this "*symptom in particular*" will be six varieties). In short, I may say that the arrangement is—first a symptom without details ("*symptom in general*") and then immediately under it are its details ("*symptom in particular*" having its six varieties). This arrangement is uniform and is the same from cover to cover throughout the book.

This Repertory is self indexed. All the information required regarding any symptom in any section is available immediately under the very symptom itself. Kent has also brought order out of chaos by the logical classification of ambiguous symptoms.

(8) This Repertory gives us very good general groups of remedies recorded under "*symptom in general*". We must remember that these general groups of remedies recorded under "*symptom in general*" ("*general rubric*") are not derived from the guess work and speculation of Boenninghausen but are the outcome of reliable Provings or clinical reliable evidence. Their importance is great because in Homoeopathy we proceed from "*symptom in general*" to "*symptom in particular*", i. e., we proceed from "*more broad and undefined things*" to "*less broad and more minutely defined things*". Kent points out in the preface of his Repertory that if we proceed the other way, i. e., if we proceed from "*symptom in particular*" to "*symptom in general*" frequent failure will result. To avoid the failure we should proceed from "*symptom in general*" to "*symptom in particular*". For example, if a patient reports, "*Imagines she sees things running across the floor, mice etc.*" we should begin with "*Delusions*" in general on page 20 of the sixth edition and then work down to its details. But if we begin with "*Delusions of Mice*" on page 29 or if we start with



"Delusions of insects" on page 28 we might miss the remedy the patient needs. Similarly, a symptom of pain referred to the fingers may not be found under the heading *Fingers*, but the same pain or sensation will probably be found under *Hand*. To understand this Kent's preface to his *Repertory* should be read carefully.

(9) The symptoms are the speech of the sick man. Many of us fail because we think of symptoms in pathological language or because we look for expressions in the language of tradition. Kent says that the best prescribers are those who are able to understand and master the Expression of symptoms. The correct use of this *Repertory* trains one in achieving this end; also, this *Repertory* is a training in the translation of symptoms from the language of the patient to the language of our *Materia medica* without losing the meaning.

(10) This *Repertory* acts as a quiz master. In effect it asks the prescriber: "What are the characterising features of this individual case of sickness; what are the symptoms which most forcibly and clearly express the disordered being?" That which this query demands, viz., the prescriber's perception of what symptoms are most expressive of the individual and most characteristic of his disorder, is essential before search is made in this *Repertory* for remedies characterised by such symptoms.

(11) This *Repertory* aids the physician in case-taking as follows:—

(a) *Hahnemann's Organon*, *The Symptomatology* and *Kent's Repertory* form an essential Trinity of Homœopathic literature. They are inter-related; they confirm and supplement each other. This Trinity aids in viewing the whole-being from the innermost to the outermost and from centre to circumference. There is no other way to get the idea of the sick or of the power of a remedy for the correct and the highest application of the *Similia* in the treatment of the mysterious divine animal—the man. Life works both in health and sickness from centre to circumference and from the innermost to the outermost. There is an order in *health*, in natural *sickness* and in *cure*. There is an order in the phenomena of disorder. The use of this Re-

peritory according to its intended purpose leads the prescriber to investigate the case, when listening to its report with more emphasis on the patient as a sick individual and less as a specimen of morbid anatomy or bacteria colony laboratory. This Repertory trains the prescriber more and more to the trend of mind to perceive the beginnings and estimate the relation of beginnings, intermediates and endings. We are able to get a better insight into the sickness as affecting the human family in various aspects of man's life—the Spiritual, the Moral, the Emotional and the Intellectual as well as the Animal and the Beastly—when we recognize that the recorded symptoms of the provers in the Repertory are just a counterpart of the passions, pains, throes and laments of man from cradle to the grave, as mentioned before. The idea of sickness in man should be derived from the idea of sickness represented in our provings and the symptoms recorded in the Repertory. Will, Emotion and Thought through repetition, leave a durable expression on the face and on other parts of the human body. The body manifests the expression of forces that animate it. The mind of man is translated through the voice, the eyes, the features, the walk, the gestures, i.e., the clothing and the house of man. Under the influence of disease forces, the expressions of life, physical, intellectual and moral become abnormal. The body is remoulded; facial colour changes; the organ altered and the cell is metamorphosed.

- (b) There are certain rubrics in Kent's Repertory which are constant Repertorial Reminders in case-taking. Among them are the rubrics concerning the trinity of Loves of man, pertaining to his Will, Food and Sex; also the rubrics concerning his reactions to climate, weather and position, etc. As long as man lives, whether in health or sickness, he gives expression to these Loves. Regardless of whether the prescriber is incapable of perceiving them or the patient fails to divulge them, they are nevertheless present. Case-taking carried out with the help of these Repertorial Reminders followed by a correct "Repertory

Analysis" will forcibly establish order from within out and will do so whether the selected remedy covers the local symptoms of the case or not, together with the removal of any peculiar particular symptom which may be a keynote of some other remedy.

Dr. Dienst of the U.S.A. once had difficulty in comprehending a young lady who was suffering from malarial fever. When he called to see her she attempted to make love and in the midst of her chattering, divulged that she had a date with a doctor in Pennsylvania to attend the theatre and that she believed Dr. Dienst to be this doctor. With the help of the Repertory he recognized STRAMONIUM in her symptoms and within half an hour of receiving a dose of Stramonium she presented a rational aspect and her malarial fever had ceased. Dr. Dienst says that although Stramonium probably has to intermittent fever in its Proving, yet the patient had intermittent fever and by prescribing for her, he freed her of the fever.

Love in a treble form incites man to action ; the sick, even the healthy, is known by the manifestations of Love in the treble form ; upon the three manifestations of Love, as upon a tripod, rests this Repertory :—

(1) Intellect or Reason is the flaming beacon casting a blaze afar upon the sea of passions and in the darkness of errors while the *Will* pilots the ship of the Ego. The light illumines the way and signals the dangers, but the pilot holds the life of the ship in his hands ; hence, the Will is the master of our destiny. (2) Loves and Hates regarding food relate to the preservation of the entire body. (3) Loves and Hates pertaining to the sexual sphere including woman's menstruation, etc., are the exponents of the love of the species. They are related to the entire individual seen as the propagator of his species. Take away this Tripod and this Repertory falls. Similarly, exclude the three manifestations of Love from the study of a patient and we lose the power of healing as described in the first section of the Organon and only hasten the progress of the chronic miasmatic sicknesses by deceiving

our patients through the ten methods of hybrid prescribing which I shall mention later.

Dr. Dienst had a case of a lady of 68 who had Drawning down of the corners of mouth and habit of shrugging shoulders. Told a long story of nervousness. Finally it was discovered that she did not love her husband, and never had. Of what did she think? Could not bear to see a sharp knife, without an impulse to cut her throat; nor to see a rope without the desire to hang herself. These revealed suicidal tendencies. ALUMINA straightened the case, entirely.

- (c) The Repertory aids in the practical application of the art of Interrogation as described in the Organon. The logical classification and the arrangement of the symptoms with all their modifications is such in this Repertory that one learns very practically the varieties of Questions and Cross-Questions to be asked while taking the case. By the way, this method of questioning and cross-questioning teaches our patients to think homœopathically and cultivates a homœopathic sense in them. We need not hesitate to use it even in the presence of the patient as our action may be compared to the practice of lawyers who habitually refers to their books to reach a decision in Law; it is as important for us to be certain as for the lawyer.
- (d) This Repertory confirms and supplements Homœopathic Philosophy, already mentioned.

(12) This Repertory gives a better idea of individualising both a patient and a remedy than anything else can give. It aids in the Evaluation as follows:—

- (a) Man-Symptom with all its modifications is differentiated from Body-Symptom with all its modifications; "Physical General Symptom" with all its modifications is differentiated from "Particular Symptom" with all its modifications.
- (b) It aids in (1) detecting the funny symptoms; (2) detecting the uncommon symptoms—how a common symptom becomes a valuable symptom when coloured by various circumstances is very well illustrated. "Weakness" is a

common symptom but "weakness after eating", "weakness after sleep" and "weakness after stool" become very valuable; (3) detecting the characterising element of the case, i.e., it aids in differentiating the symptoms of the sick individual who has so-called Disease or Diseases from the symptoms of so-called Disease or Diseases which may be present in the sick individual.

- (c) It gives the practical demonstration of the maxim "*we treat the patient and not the disease*".
- (d) This Repertory aids in eliminating the "*apparently similar*" remedies and brings to light (1) *a similar*, (2) *more similar* and (3) *most similar* ones. There is a wide range in the practice of Similia and this is the reason that we have different grades of prescribers with their different degrees of success and failure.

(13) The contribution of this Repertory to our vast Symptomatology of provings and utilisation of this Symptomatology by the physician may be judged by the following:—

- (a) Our Materia Medica seems a mass of minute details to which the proving of every new remedy adds further confusion and perplexity. The ramifications: here, there; up and down; make the so-called interlocking directorates of the *finde siecle* Railroad company a kindergarten. This Repertory is a guide for the seeker of truth for a way out of the "*slough of despond and confusion*". Kent in his Repertory has crystallized and refined our otherwise obscure and formidable Symptomatology which was handed down to us. I have explained already how Kent has thoroughly sifted our Symptomatology; how he has removed the various mistakes and guess work of Boenninghausen and others; how Kent checked and traced every symptom appearing in his Repertory. In addition, Kent has collected those symptoms of remedies which had passed through the final examination of being thoroughly tested first by Provings and then cured extensively by their respective remedies which will be found recorded among the Black Heavy Type. In other words this Repertory has immediate practical use. Order has also been brought out

of chaos by the logical classification of ambiguous symptoms

- (b) This Repertory is the most accurate teacher of *Materia Medica*. It not only gives the totality of a symptom but also individualises it, by recording all the six varieties of modifications immediately under the very symptom itself, as mentioned already. By an accurate comparison of remedy with remedy for each symptom and by differentiating their various peculiarities we become familiar with the relative importance of each remedy for that symptom. The peculiar individual influences and differences of the remedies are readily shown up by the Repertory. Thus the most intimate, broader and more exact knowledge of them, both comparatively and individually, is obtained. Kent says, "*Study of Materia Medica by the aid of a full Repertory for comparison is the only means of continuing in a good working knowledge*".
- (c) This Repertory records many important phases or symptoms of a remedy that we do not find in the ordinary text or *Materia Medica* because the author took great pains to sort out the important and authentic provings.
- (d) This Repertory records many funny symptoms which may prove of great significance and can often be the key to a whole case. For example, on one occasion a patient consulted Dr. Pierre Schmidt reporting only one symptom—"*dripping of the nose every time he went to stool*". The doctor consulted his habitual and reliable friend—Kent's Repertory—and found on page 328, sixth edition, that *Thuja* was recorded for the symptom. The mention of *THUJA* led him to question the patient concerning *SYCOSIS*. The patient confirmed having had *Gonorrhoea* and warts earlier in life.
- (e) Sometimes the "Repertory-Analysis" brings to light a remedy not before considered, and suddenly and quite unexpectedly it is clearly recognised as covering the case.
- (f) So wide is the range of selection of remedies that the Repertory work may point to a remedy not generally used by the physician and thus leads him to study that remedy

about which he may have little or no knowledge. Every day it reveals something which the physician did not know or knew it inadequately or imperfectly. This Repertory increases the knowledge of Materia Medica as well as increases the skill to use that knowledge.

(g) The Repertory confirms the doctor's knowledge of Materia medica.

(14) The use of the Repertory lessens the temptation to prescribe for a single symptom; checks against hurried and careless work; checks the inspirational prescribing or our leanings towards a suspected but not confirmed remedy. - It avoids the over-working of the favourite remedies—the inevitable ruts into which we are ever prone to glide. It frees us from the prejudice we sometimes cherish regarding some very simple remedy, used daily, which may not be thought of in connection with a complicated case but which the Repertory may possibly point out. The comprehensiveness of our Symptomatology must make us humble and reminds us how little we know; this humility can be a gateway to further knowledge because it prepares a receptive state of mind; humility is the forerunner of wisdom.

(15) In a chronic case a Repertory-analysis which is well done on the first occasion does require sometime and painstaking labour but it need not be repeated again and again because the same remedy may go right through a series of potencies for even months without any change of the remedy while the patient goes on advancing in his recovery. Thus we may avoid the disappointment of a series of errors resulting from a hasty and thoughtless prescription. By hitting the nail on the head, the first time, there will be no occasion for the rambling shot-gun efforts of the prescribe who does not know what he is doing. In the long run it greatly saves time and labour and gives best result. Labour and study bring their own reward in that skill that characterises a Master of his art—skill to do great and difficult things when there is a call for the *best he can do*.

(16) This Repertory is intended both for the beginner and for the most experienced prescriber. It is true that the healing artist sees much in the Proving that can not be retained in the Repertory. We may hear an experienced

master of *Materia Medica* sometimes attempt to explain a marvellous cure by saying: "I cannot quite say how I came to give that remedy but it resembled him". This is the result of the growth of the ART in the artistic mind:—What is noticed in all artists; it belongs to all healing artists, but if carried too far it becomes a fatal mistake and in time loose methods and habits come upon even such good workers and must therefore be corroborated by correct Repertory work.

(17) The Repertory aids in determining very practically whether a prescribed remedy should be discontinued when new symptoms arise which may belong to the remedy as opposed to the symptoms of the progress of the disease. A quick reference to the Repertory will decide the issue.

(18) The first Repertory-Analysis is often of great assistance in any subsequent selection of a remedy. Not always will the second choice fall upon one appearing in the list of the next highest remedies, yet the grouping of the remedies is worthy of careful study. The record of the Repertory-Analysis will be of benefit in many ways when there may be a future call for assistance. The Repertory work preserves this valuable knowledge of the case, and in the files the information will always be at hand for reference. Hahnemann, when he left Germany to spend the last part of his life in Paris, did not take with him his case records with their Repertory-Analysis. However, once in Paris, he realised the need of these records in treating his former patients who were then coming to Paris to be treated by him. Therefore, he got back his records from Germany. Remember that in future very often the acute compliments of as well as the chronic compliments of remedies that run through the first Repertorial Analysis will be needed again and again. This is not understood by many.

(19) When a patient who has been receiving allopathic maltreatment, comes to a homœopathician—and such cases are not few today—we find that usually no single remedy will fit a case. However, in Kent's Repertory our attention will be drawn to certain very useful rubrics which will aid in developing the case, e.g., (a) six edition, page 1397, "*Lack of Reaction*"; (b) page 1369, "*Lack of Irritability*"; (c) page



1369, "*When remedies fail to act because of an oversensitivity produced by too much medicine*". Any one may bungle such cases but needs a skilled master to unravel a long drawn, long drugged chronic case with manifold suppressions. This work the skilled homœopathician can do as none others can; but you may be certain that he will pay good heed to a carefully prepared Repertory. Moreover, there are cases in which the Repertory will help in taking away the outer coating, then the next one and so on. The process can be likened to the scaling off successive layers of paper from the walls of a room which had been covered and recovered, before one can find plaster, wood or brick.

(20) Cases being treated in the out-patient department of a hospital also require the use of the Repertory. At the time that Kent was working in a clinic he was able to prescribe for 25 to 40 patients in a short time using the Repertory and neglecting none. Dr. Templeton of London, the former Dean of the Faculty of Homœopathy in the United Kingdom, under whom I studied, considers the use of the Repertory indispensable for a high standard of work both at the desk and at the bedside; he says, "Even with such common and frequent conditions as tonsillitis and sore throats in general, it is one's custom to quickly repertorize the main peculiarities of each case. One has found that, in spite of much experience it is still possible (and not infrequently) to miss the right drug for one very similar but not-quite accurate, and therefore not so successful". I daily observe how dear to Dr. Pierre Schmidt is Kent's Repertory; he refers to it in every case even those which have so-called clear cut indications. His Repertory is at hand always and he likens his use of it to the locksmith's search for the exact, most perfectly fitting key for a lock. The correct use of it will either eliminate the inappropriate, *but possibly very similar remedy*, which has been selected on the basis of the doctor's knowledge and past experience and leads to the correct remedy or it will confirm as correct his choice of remedy.

(21) The epidemics are not a little troublesome until their nature has been properly understood. Even after we have been able to put on paper the image of the prevailing epidemic and

our Repertory-Analysis has given a group of remedies for this epidemic and the use of the Repertory has added in finding out the correct Genus Epidemicus, there still remains much concerning the individual peculiarities of the patients affected that needs more careful individualisation from this group, again demanding the use of the Repertory.

(22) In severe acute miasmatic bedridden cases the proper "Repertory-Analysis" will aid immensely in aborting such cases with no resultant complications and without the vital powers of the patients being weakened. We know of no threatening acute miasmatic illness which can not be combated by this procedure. Many cases have been saved from the knife by means of the homœopathic treatment which has made—amidst great surprise—the surgeon's paraphernalia unnecessary. In cases such as Gallstone or Kidneystone colic where there is severe pain and suffering, the doctor must not lese his head; he must not allow himself to be influenced by the concern of relatives for an immediate so-called palliative of "magic drugs". Calmly he must make reference to his Repertory in order to select the correct remedy which can, if correctly chosen, relieve the patient's suffering in a matter of seconds. Subsequently, the Repertory must again be called into use for the important work of determining the right constitutional remedy to dissolve the stones as well as to attack the chronic miasmatic disease which had precipitated the formation of stones in the fist place. Homœopathic healing artists have shown this and our literature is full of such cases. The same rule applies in serious cases like diphtheria, etc., where the life of the patient may be in danger. The constant users of his Repertory have shown beyond any doubt that failure in such cases lies in the carelessness of the physician or his lack of faith in not using the Repertory. When the case is a serious one we prescribe thus more accurately without loss of time. Do not guess at the prescription and then look it up afterwards. Whenever we do that, we are wasting time.

(23) This Repertory, if carefully and intelligently used, aids us towards our goal as outlined in sections one and two of the Organon. Many times we shall be able to heal after

someone has failed because he did not use the book. He may have been able to make a correct diagnosis, may have known pathology well, may have given the patient good advice regarding diet and Hygiene, but his weak point was his ignorance about the use of this Repertory. By using the Repertory we may heal many of the so-called incurable cases ; many so-called surgical cases we may save from the operating table and knife ; cases tending towards the insane asylum many times are healed and kept healed ; the child poorly developed mentally and physically, owing to the influence of the chronic miasmatic hereditary taints, is made strong.

(24) For those who limit their practice of Medicine to the selection and application of remedies for their *physiological* action and according to their pathological results, the use of this Repertory is not of paramount importance ; nor is there any question as to success or failure from its use or lack of use. Cures are not obtained by hybrid prescribing. Therefore, this Repertory is not meant for (1) Temperamentalist, (2) Constitutionalist, (3) Nosode-prescriber, (4) Organ-affinity prescriber, (5) Aeteological-history prescriber, (6) Basis of dosing prescriber, (7) Pathological prescriber, (8) Keynote prescriber, (9) Emanometric prescriber, (10) Cards and Slip Repertory users. All these ten methods dull the senses and satisfy the patients under false sensation and realization of improvement and relief while the chronic miasmatic sicknesses continue to progress uninterruptedly. In the words of Hahnemann, "*Roasted pigeons do not fly in their mouth*" so easily. Owing to their personal failure in practice they think that others also can not find the Totality of Symptoms as described in the Organon and this is the reason that they have invented these methods. My former teacher, Dr. Sir John Weir of London, writes, "*They know well from years of experience, their own limitations ; it seems to them outrageous that other people should make larger claims*". As already stated, Dr. Grimmer gives a warning not to be cajoled with these methods as they are like the Sirens of old, enticing but leading on to ship-wreck and destruction. I have also mentioned what Kent points out that it is the duty of every true man to oppose these

defective methods of prescribing. Kent also asks if PULSATILA ever produced light coloured hair, or has ever changed dark hair to blonde. If the former, then it is pathogenetically related to the case; if the latter, it is clinically related to the case. If neither, then why give such reasons for selecting the remedy. Another great prescriber writes, "Proving never made a brunette blonde; a tall body small; a blue eye gray; a square-head round; a convex face concave; nor motive type mental or vital. For the Temperamentalist the symptoms of plethoric ACONITE and bilious BRYONIA have their bases in their organs. But he forgets that man is prior to his organs. The organs and cells separated from their living owner do not show the Vital, the motive nor the mental type". Regarding Constitutionalist Kent says it is a fatal error to classify Constitutions as no two are sufficiently similar when observed by a genuine homœopathician. Human beings are a thousand times more complex than the chess board in the hands of the most skilful players. The Repertory reveals that "*organ-affinity*" prescriber has not received the light that passes down from the Law of Similars in his endeavour to search for remedies having affinities for the organs he wants to cure, he forgets those that answer to the characteristic symptoms of the patient he should heal. Even (an exact) Law in the hands of its pretended followers becomes a *menace* instead of a blessing. The mirror reflects back just what one brings to it. In direct proportion to the increase of the teachings of these defective ten methods will the foundation of homœopathy shake.

Dr. Thacher of the U.S.A. considered the Law of Similars our weapon while the ammunition is our Materia Medica. But these we cannot use intelligently without our "*range-finder*", which is the Repertory, whereby the 42 centimeter gun, Homœopathy, may be accurately aimed for the discharge of its great shell—the SIMILLIUM. The gun, if not correctly pointed, will not be effective, however honest and sincere the intent of the operator. Of what use would be "*range-finder*" if the ordnance officer did not have sufficient knowledge of elementary and higher Mathematics to work it? Not many physicians know how to use this Repertory of Kent and most people when they

try to use it get lost. Those of us who have received no training or have received inadequate training in the study of Kent's Repertory are most certainly not aware of the immense value of this work. Unfortunately, there are far too few competent teachers who are capable of teaching the art of Repertorising. I would like to mention that there are four International Centres for imparting instruction in the use of Kent's Repertory, all of which have benefitted me. They are in Geneva, Lyon, London and Washington, D.C. (courses being given in MILLERSVILLE). This Repertory will unlock the hidden treasures if applied in the manner intended by its author but it will not supply the omissions dependent on our carelessness and Love of Ease. This book is not a mechanical "*ready-reckoner*". To the uninitiated it appears so simple. You just look up each symptom reported by the patient, writing down the remedies that have each separate symptom, then count up and see which remedy comes out strongest. What could be simpler? But this Repertory will not work without BRAINS. We cannot just open it from "A to Z" and pick out the remedy. It is not a vehicle by which the lazy homœopath may ride easily through a successful medical career. Disordered humanity cannot be turned into order by turning a handle but plenty of time and thought are essential for it. In making of this Repertory were employed brains trained to a high degree in the language of disease and of the disease reflecting medicinal agents. We will achieve a mastery of this only with liberal employ of the similar grey matter and with a self-subduing service of truth. Kent observed that all who know how to use the Repertory correctly succeed and none of them has ever discarded it.

We should *read over and over* the rubrics of this Repertory because this is essential. We should also make plenty of cross-references because the phraseology of the provers differed widely and therefore the desired rubric may not be just as we might at first thought expect to find it. When we feel difficulty we should look for SYNONYMS. We should remember that in this Repertory "*Aggravations*" of symptoms are not usually indicated by the word *Aggravation* but "*Ameliorations*" of symptoms are indicated by the word *Amelioration*. There-

fore, regarding this point it is necessary to note that the absence of ameliorations means aggravations. The more we use it the more we increase its usefulness and the more we get out of it. If the physician is truly interested in the practice of Repertorisation he should always be a student and that too, an humble one. *Only by constant use* can the Repertory become a companion and a valuable guide.

Those who love the *Law of Similars* and aspire to be of the greatest use in the Art of Healing and who have been trained to work with Kent's Repertory constantly resort to it both in the office and at the bedside. They have known its power in many a hard struggle against suffering and sickness. This work is the result of thirty-five years of profound thought and labour and should be our constant and reliable *Mentor*. It can be likened to the mariner's use of a "*Chart and Compass*", the ready and the exact use of which can be acquired only through deep and constant study. We must be willing to devote time to this earnest work by our daily endeavours we shall aspire something of the master's skill in the use of this Repertory. Should we be tempted to lesson our time of study we should remember the long nights when Hahnemann went without sleep or Kent's courageous work even when his health was failing and death was drawing near. Babcock said, "*Bury your conscientiousness in the field of your daily labour and some day there will be flowers and fragrance fit for heaven*". "*Knock ye, and it will be open to you*" is none the less true, here. The physician that gives the greatest aid to his patients is the man who sits alone and deeply meditates. We do not find him with the crowd of swaying humanity, except when he has a duty to perform.

"*Hahnemann's Organon*", *The Symptomatology*", and *Kent's Repertory*" from essential trinity of the literature of Homœopathy for the guidance of any physician who wants to attain and maintain precisely accurate homœopathic prescribing. Kent's Repertory will continue to stand linked indissolubly with the "*Law of Similars*" which will flourish and grow among us in proportion to the knowledge and the use of this Repertory.

(To be continued)