

THE WHOLE CASE

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While school instruction should sharpen our wits, its trend thus far has left out most of the factors which teach us to draw out the patient, with the consequence that the young man who enters practice is at once confronted with a flood of subjective phenomena, and unless he can quickly readjust himself will fail to get the proper grasp of the subject before him. As the most prolific cause of failure is partial knowledge, the temptation to take advantage of the various weaknesses and foibles of human nature at this juncture is very great. This is doubly true of the homeopath, who should look at each case from as many angles as possible.

As we know the earliest evidences of the disease to be largely subjective, it must necessarily have a decidedly personal bias. Individuality hides itself more and more as sickness advances and becomes more objective. The more firmly disease is established the more objective are its manifestations. Hahnemann realised this perfectly, although I am not aware that he said so, but we can draw no other inference from the meaning of the Organon.

The relative time for the appearance of each symptom naturally varies with the speed of the disease. From this we reason that the earliest mental manifestations are decidedly the most important of all symptoms. If we have the acumen to detect these very early we will also soon discover that the later mental phenomena are simply variations, and that either will lead to the same remedy, which will, however, be found with increasing difficulty as the case progresses.

The getting of mental expression is greatly facilitated by allowing the mind the greatest possible play and watching the effect. It will then reveal itself to the careful observer more fully than in any other manner, particularly more so than if we try to force it, for the soul speaks the same language, clearly and simply in every race and every clime.

It is, however, not an infrequent experience to find the picture of some remedy only clearly revealed after the affection in question has progressed to a considerable degree. Sickness always flies its more important signals last, and, if we do not recognise them as they come along until it is far advanced, it is either because we have not been sharp enough to see them or we have awaited the advent of some important signal that might lead us toward a well established keynote. In other words, we have not been thorough enough in our first examination.

For the beginner our enormous collection of symptoms can have no great meaning, because, like every work of importance; its genius is largely to be read between the lines. *We read sickness out of its symptoms not into them.* The spirit of the text reveals the hidden power of each drug which must be grasped in order to make the best use thereof, hence, *a homeopathic physician is one who follows the law of similia according to his ability.*

The power of a given remedy is justly proportioned to the degree of similitude which exists between its own genius and the peculiarities of sickness; hence diagnosis holds but a secondary place, and the importance of the modalities must diminish steadily as the resemblance increases. A long symptom is more highly expressive than many short ones, and often flashes forth a soul desire or distress so naturally and decisively that we should never begrudge the labour of getting it. Most drug symptoms seem to belong to some organ or other; nausea, for instance, is mostly referred to the stomach, cramps to the muscles, etc., etc. When, however, they seem unaccountably out of place, they should, of course, attract our attention, as this very fact puts them in the first rank. In so doing it however points out the location for which the drug in question has a particular affinity. The power which a particular drug may have over some one symptom is sometimes very great, as witness the

energy with which Ipecac stops the vomiting of tubercular meningitis without affecting the course of the disease in the least. This is more than a very pronounced illustration of suppression, for it shows the particular direction in which Ipecac. acts most prominently. It also points the fact that we may use such predominating effects in a palliative way, as most of us have done with Arsenic, Lachesis, and a few other remedies; but it should also make us doubly careful that we may not be guilty of suppressing whole disease processes by following the lead of some great keynote too abjectly. Nothing short of the whole case can indicate the truly curative medicine.

In medicine the term suppression is ordinarily understood to mean the forcible removal of some effect or symptom by external measures, regardless of the welfare of the patient. Such measures are the destruction of parasites, excision of the tonsils, cutting away of piles, the application of liniments and countless other procedures. In a broader sense it includes everything that distorts the natural image of disease, and as such may be incidental and is moreover not always confined to any one method of practice.

As comparatively few men are privileged to see the powerful reactions which belong to homeopathic experience, it is not strange that much therapeutic nihilism should prevail; hence many look to preventive measures or the pure recuperative powers of nature for help. This is also largely responsible for much makeshift practice, with the consequence that the normal course of disease is rarely observed and its lessons are therefore lost. It is to be observed that the laity has learned much by often seeing unaided nature do better work than meddling physic. This has operated as a great and beneficent check upon certain kinds of practice.

The homeopath who once sees the indicated remedy upset his cherished notions of prognosis will be very slow to surrender its power for any palliative whatever. It is a great pity that every practising physician can not be brought to see at least one true homeopathic cure.

If it be true that similar causes bring about like effects, and we once admit that a similar acting remedy has ever cured a single patient, we thereby acknowledge the universality of the law and should cease trying hypothetical treatments based upon diagnoses that must of necessity be largely speculative.

The human body is a great storehouse of potential energy which it is our business to direct whenever its expenditure becomes irregular or inharmonious. No man can do this by confining it, first here then there; for life exists by expression, and its pent up internal forces will irresistibly destroy their container when treated thus. Knowing this the true physician realises that every real cure proceeds outwardly, and a symptom is the external reflex of an internal distress, the stamp of which it bears.

The habit of every cell in the human body is determined by the central nervous system, and it in turn is governed by the soul; therefore, every disease has its mental phase, in which it stands rooted and grounded. The nervous system of itself acts largely automatically, regulating the life forces and expenditures, but in turn is governed by the soul whose acts are all voluntary; when it is quiescent the former acts automatically, in a dynamic manner.

As cure commonly means the removal of some evil, distress or disability, its scope is broad and its attainment idealistic. What seems so sure a cure to-day we may to-morrow know as a recovery only, for it is one thing to hold the vital forces well in hand, but quite another to eradicate disease. While cleanliness has done much to limit new accretions to psora, syphilis and sycosis, it has accomplished nothing toward removing the death stamp which these miasms have fixed upon the human cell for thousands of generations; nor will it. Only a similarly acting, non-self propagating substance can stimulate the cell to throw off these poisons which have fastened themselves upon it and which daily ripen a rich harvest for the surgeon and the undertaker.

The common treatment of gonorrhoea is particularly pernicious in firmly implanting the sycotic miasm. It is a case of continuous suppression from the start, each step being more insidiously destructive until death closes the scene. When we know how easily this infection passes from tissue to tissue, and how its presence excites rapid cell proliferation, we should beware of suppressing it or treating it lightly. How many women have been sterilised directly or indirectly by this poison? How many go to the operating table for the removal of its effects?

The many phases of psora can be met in but one way, by the similar remedy. Nor will a single drug ever meet all of them, hence a careful study of the "Chronic Diseases" of Hahnemann is most necessary if we wish to do the most good; always bearing in mind that the mind puts its stamp upon every symptom, and in order to do the very best work we must be able to see the imprint. It is true that this task is not always easy, for many conditions necessarily come on with an absence of mental phenomena. Then the task may be still more difficult, but we must train our minds to observe the slightest deviation from the normal, for it is the irregularities of disease that furnish us with the surest clue to the indicated remedy, hence the cure.

Holding this truth well in mind, we must early learn to distinguish the inevitable or diagnostic elements of each sickness from the more subtle but exceedingly essential symptoms which invariably guide us in the direction of the truly curative medicine; nor can we hope to do good work without the latter. A very practical point arises right here. Long continued case records show that there are comparatively few cases of chronic disease that have not needed a course of Sulfur, especially toward the close of the treatment. But the greatest of antipsorics may also be given too early—an old house can not be taken down safely by removing the foundations first. We will often accomplish later with it much of what might have been made incurable by giving it too early. A careful scrutiny of each clinical picture will reveal the peculiar or crucial symptom around which all the others revolve or to which they are fixedly attached like the wires leading into a central telephone exchange. Sometimes this key-symptom can only be obtained by welding the most diverse manifestations into one, and then regarding it as such, after which all the others will fall into place of themselves and complete the picture.

This essential symptom is not peculiar to any special organ, condition or place. It extends the left hand to diagnosis but offers the right to the individuality of the sickness of which it must constitute a more or less concrete expression. It is not the product of numbers, but rather stands out from, while yet remaining the peculiar part of the whole colour scheme.

The psychic expression of which every symptom is the attempted exposition should be studied most carefully in its inner phraseology, only thus will we see the difference between a rigid literalism and reading the spirit of the text between the lines.

This difference is very easily discovered in the use of repertories which nearly all compel a more or less artificial assembling of the bare elements and conditions of symptoms. By a process of exclusion they endeavour to sift out the most fitting remedy.

A symptom which is related, even remotely, to the desired one may often be thus found with comparative ease, but the next step which traces its ramifications through other remedies, is however only begun, although we have at present the great satisfaction of following it rather quickly by means of the Concordances of Bönninghausen. The whole case resolves itself into this: Shall we pick the key-symptom and quickly run it down by the aid of the Concordances, or shall we depend upon a greater or less approximation thereto by means of throwing aggregated groups (rubrics) into comparative juxtaposition? All who use these helps know full well that the finding of the correspondence which exists between the

animus of the sickness and the genius of the similimum is not fully accomplished by this method.

DISCUSSION

E. A. Taylor: This paper strikes me as much like some of the other papers that we have heard here —so complete and correct that it leaves little to say. It points out a number of important features to apply in practice. I want to emphasize one point made by the paper, and that is that partial knowledge imperils the welfare of the homeopathic school. We are hampered in our efforts and the full sway of the school is hampered by partial knowledge; partial knowledge of the remedy, partial knowledge of disease, and by the use of keynotes. Keynotes are good enough as far as they go, but it greatly hampers one's powers to depend upon them exclusively. Yet many follow them entirely and want our voluminous materia medica cut down to a small book. In order to do that you have to cut out a great part of the materia medica and a part that may prove as useful as that which they have selected as the basis of their practice. They leave out equally valuable things as the keynotes. The first important thing is to determine what are the characteristic symptoms of the patient, obtain this information without any reference to the remedy. In doing this, do not be influenced by any predilection for a remedy or remedies. Then, when you have got all the symptoms, find the remedy indicated by them. If we go at the problem in the other way, trying to make a few characteristics fit all cases, you will be like a tailor trying to fit very few suits on all his customers, and you will fail. Those individuals whom the coats happen to fit are all right, but when a fellow comes along twice the ordinary size and build, he must try to make one of the coats in his meager stock fit him and the result is failure. That is what happens when one tries to practice Homoeopathy with a few keynotes in his head and is content with his scanty or partial knowledge. He tries to make a few characteristics of a few remedies take the place and do the work that requires our whole vast materia medica. It results in a few almost accidental cures and in a great many failures. Get all the symptoms and then boil them down until you get the distinctive ones, those that distinguish one remedy from another and one patient from another.

The doctor in his paper does not try to force symptoms and how often we see this done. How often do we see a doctor ask leading questions so that the patient is led right into the remedies that he has in his mind. That is wrong; it should never be resorted to. Disease shows itself plainly enough if only we know enough to rightly apprehend it. The point about a misplaced symptom or sensation is well enough, but, after all, it simply brings us back to the uncommon or distinctive symptoms. If you feel as if your thought was in your head, it is common, but if you feel as if the thought came from your stomach, it is a misplaced sensation and thereby becomes uncommon or distinctive.

Caroryn E. Putnam: In regard to teaching guiding symptoms or keynotes to students much has been said for and against. Keynotes certainly have their place in teaching students the huge mass of materia medica, which they must of necessity know. If students are given the Hering materia medica cards and they study them, this usually makes a good foundation for farther advancement in the subject. Most of the good prescribers that I have known began with the Hering cards, and I have frequently been sorry that those cards are out of print. I would like to use them with the students early in the course while their memories are fresh. But I would always give them the Organon first or as an accompaniment. The cards interest the students and many can not learn much about the subject without them.

President: I agree with Dr. Putnam in regard to the keynotes. Their use as a means of teaching is a most practical one. Suppose you tell the student that the way is to learn one thing at a time and ask him to master Belladonna first; an inexperienced student is not going to learn much that way. The keynote system of learning as it seems to me, has a legitimate

place in our classes. The man who has taken the pains to learn the keynotes of a good many remedies very soon wants to know more.

Richard Blackmore: The keynotes may be a good way of teaching, but they are a poor way of prescribing. I remember a clinical lecture on materia medica; the then professor went over the symptoms of the patient with the anxious endeavour to make China fit the case. One of the symptoms was a sensation of something alive in the abdomen. I knew perfectly well that China was in the professor's mind and when he turned to me and asked, "What is the remedy?" I replied China, but that China was not the only remedy that had that symptom. To which remark no attention was paid.

President: As I understand keynotes, a great many remedies may have one keynote; one more perfectly or plainly than another. Through the recognition of a keynote characteristic we are led to the study of the similar to find the similimum. We have to begin somewhere and that will do for a starter. Hering reminds us in his preface to the first volume of the *Guiding Symptoms*, that the definition of a characteristic being "a symptom not found under more than one remedy" is quite erroneous.

C. M. Boger: The trouble in teaching materia medica is fundamental and originates in our general methods of education; it not only applies to medicine, but to all branches of modern school work. We endeavour to press all minds into one form and method. You cannot get good results in that way with materia medica or anything else. I never saw Hering's cards. We should try to get the whole case and out of our knowledge of it as a whole, pick the characteristic and peculiar symptoms and try to learn their relation to the other symptoms.