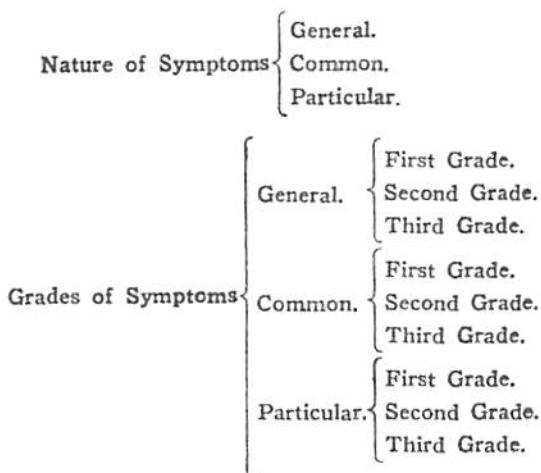


LECTURE XXXII
THE VALUE OF SYMPTOMS



Par. 153 is the one that teaches more particularly how the process of individualization or discrimination shall be carried out. It treats of characteristics, it treats of grades. The homœopathic physician may think he has his case written out very well, but he does not know whether he has or not until he has mastered the idea of this paragraph. He may have page after page of symptoms, and not know what the remedy is, and if he takes the record to a master the master will say: "You have no case!" "Why, I have plenty of symptoms." "But you have no case. You have left your case out; you have left the image of the sickness out, because you have failed to get anything that characterizes it. You have plenty of symptoms, but have not anything characteristic. You have not taken your case properly." Now, after you have mastered this paragraph you will know whether you have

taken your case properly, you will know whether you have something to present to a master, likeness of something. The lack of this knowledge is the cause of non-success with the majority of homœopathic physicians. There are a great many homœopathic physicians that prescribe and tinker a long time with their cases, and will ask you what a characteristic is, what a peculiar symptom is, and if it is some one peculiar thing that guides to a remedy. The idea of a keynote comes to the mind of many.

I do not mean that all or any part of what you have written is useless, but it is necessary to have individualizing characteristics to enable you to classify that which you have. to perceive the value of symptoms, and, if you must settle down to a few remedies, to ascertain which of these is more important than another, or most important of all. You cannot individualize unless you have that which characterizes. The things that characterize are things to make you hesitate, to make you meditate. Suppose that you have been acquainted with a large number of cases of measles, for instance, or a large number of cases of whooping cough, but along comes one of which you say to yourself, "That is strange; I never saw such a thing as that before in a case of whooping cough. It is peculiar." You hesitate, you meditate, and at once recognize it as something individual, because it is strange and rare and peculiar. You say, I do not know what remedy has that symptom. Then you commence to search your repertory, or consult those of more experience, and you find in the repertory, or upon consultation, that such a medicine has that thing as a strong feature, as a high grade symptom, and it is as peculiar in the remedy as in your patient, though you have never seen it before. You may have seen a hundred cases of measles without seeing that very thing. That peculiar thing that you see in measles relates to the patient and not to the disease, and as the sole duty of the physician is to heal the sick that peculiar thing will open the whole case to the remedy. When you find that the remedy has that symptom, along with the other symptoms, you must

attach some importance to it, and when there are two or three of these peculiar symptoms they form the *characteristic* features.

What would you think would constitute a *common* symptom? We shall at once see that the common symptoms are those that appear in all cases of measles, that you would expect to find in measles. It would be strange to have measles without any rash; that would be peculiar. We know that the absence of rash is a striking state of affairs and means trouble, and is peculiar. Either it is not measles, or the absence of the rash is a serious state. Suppose it is a fever. The patient has intense heat, an ordinary fever coming in the afternoons and running through the night, with hot hands and feet, high temperature, dry tongue, etc. What would you say concerning the presence or absence of thirst? You would say it is *common* if he has thirst, because almost anybody who has fever would want water. Nothing is so natural to put fire out with as water, and the absence of thirst in a fever is strange, is rare and uncommon, peculiar and striking. You would ask yourself at once, is it not strange that he does not have thirst with such a high temperature? You at once strike to the remedies that are thirstless. You would not think of hunting up a remedy that has thirst.

So the absence of the striking features of disease constitutes a peculiarity that relates to the patient. Well, then, that which is pathognomonic is common, because it is common in that disease, but an absence of the pathognomonic characterizes that particular disease in that patient, and therefore means the patient, and in proportion as you have that class of symptoms just in that proportion you have things that characterize the patient, and the specific remedy for the patient will be the simillimum. It is necessary to know sicknesses, not from pathology, not from physical diagnosis, no matter how important these branches are, but by symptoms, the language of nature.

A true homœopathic prescription cannot be made on pathology, on morbid anatomy; because provings have never been

pushed in that direction. Pathology gives us the results of disease, and not the language of nature appealing to the intelligent physician. Symptomatology is the true subject to know. No man, who is only conversant with morbid anatomy and pathognomonic symptoms, can make homœopathic prescriptions. In addition to diagnostic ability he must have a peculiar knowledge; that is, he must be acquainted with the manner of expression of each and every disease. He must know just how each disease expresses itself in language and appearance and sensations. He must know just how every remedy affects mankind in the memory and understanding and will, because there are no other things that the remedy can act upon as to the mind, and he must know how the remedy affects functions, because there are no other ways in which the remedy affects the body of man. Now, if he knows how diseases express themselves in signs and symptoms, then he knows what constitutes an individual disease a little different from all others. It is the peculiar way that the same disease affects different patients that makes the symptoms strange, peculiar and rare. That which is pathognomonic in the remedy is that which you will study out most, because it is that which is related to the patient. Such is the state of mind that the homœopathic physicians must keep themselves in in order to begin this study, and when they have begun to think in this way they can then study the symptoms of the disease as to grade.

The symptoms of the remedies must be studied especially with respect to *order* or *grade*. To look upon them as all alike, because they appear to be all on the same level, is to be unable to make distinctions. One symptom with some physicians is as good as another. It is a fact that symptoms, to a great extent, are upon a sliding scale. What is peculiar in one remedy is not in any degree peculiar in another. While it may be peculiar in a chronic case to have thirst, it is not so in a fever. That which is true in many respects in a chronic state may be the very opposite in an acute case. The chronic miasms are the very opposite in their character and order to

the acute miasms, and this is a fact that the homopathic physician must know.

If you had a striking case of inflammation of the parotid gland, and the patient says, "Do not press upon it, because it is very sore," how would you classify that, as common or strange? If you think but a moment, you will see that it would be a very strange thing for a highly inflamed gland not to be sore, and that soreness upon pressure is not something to be prescribed for, but something to be known, to be taken into the general view of the case, and the remedy indicated in the case would be suitable if it have inflammation and soreness of the gland; there is nothing striking in that; quite a group of remedies have produced hardness, soreness and tenderness of the gland; it may be one of those, or it may be one which has never produced these things, if it have the characterizing features of the patient.

In sicknesses the symptoms that cannot be explained are often very peculiar; the things that can be accounted for are not so often peculiar; peculiar things are less known to man. For instance, a patient can sit only with his feet up on the desk, or with his feet elevated; he is a great sufferer, and because of this suffering he is compelled to put his feet up. The symptoms hence will be put down, worse from letting the feet hang down. "Well, what do you mean by that?" "Why, if I let my feet hang down, I find I bring nates down upon the chair, and there is a sore place there." Now that is quite a different thing. You may find if it is an old man that he has a large prostate gland, which is very painful at times and very sore, and when he lets the feet hang down the gland comes in contact with the chair. So we see that the real summing up of the case is that this enlarged and sore prostate gland is worse from pressure, and all you have learned from that symptom is that the gland is sensitive to touch, which is a common symptom. There are instances, however, where by letting the feet hang down the patient is ameliorated; for instance, you take a periostitis and the pain is relieved by letting the limbs hang. No one can tell why that limb is

better when hanging over the bed. He lies across the bed with the foot hanging over the side, and why it is that he cannot lie upon his back nobody can figure out. Now that condition is found in *Conium*, and you will not be astonished after you know that *Conium* has that symptom to find all the symptoms of your patient say *Conium*. All the rest of them, perhaps, are common.

Now, when you think along this line of science, it will not take you long to get into the habit of estimating among the symptoms that appear in a record the things that are common, the things that you would expect, and the things that are strange.

Again, we see that there are certain symptoms in the remedies that are *general*, and on the other hand the symptoms that are general must also be taken into account in order to examine any record. All the things that are predicated of the patient himself are things that are general; all the things that are predicated of any given organ are things in particular. So we see how there are things in general, and things common, and things particular; sometimes it may be a condition or state, sometimes it may be a symptom. We have said that what the patient predicates of himself will generally appear to you to be at once something in general. When the patient says, "I am thirsty," as a matter of fact, although he feels that thirst in the mouth, yet it is his whole economy that craves that water.

The things of which he says, "I feel," are apt to be general. The patient says, "I have so much burning," and if you examine him, you find that his head burns, that the skin burns, that there is burning in the anus, burning in the urine, and whatever region is affected burns. You find the word burning is a general feature that modifies all his sickness. If it were only in one organ, it would be a particular, but these things that relate to the whole of the man are things in general.

Again, when the patient tells things of his affections, he gives us things that are most general. When he speaks of his desires and aversions, we have those things that relate so

closely to the man himself that the changes in these things will be marked by changes in his very ultimates. When the man arrives at that state that he has an aversion to life, we see that that is a general symptom and that permeates his economy; that symptom qualifies all the symptoms and is the very centre of all his states and conditions. When he has a desire to commit suicide, which is the loss of the love of his life, we see that that is in his very innermost. Medicines affect man primarily by disturbing his affections, by disturbing his aversions and desires. The things that he loved to do are changed, and now he craves strange things. Or the remedy changes his ability to comprehend, and turns his life into a state of contention and disturbance; it disturbs his will and may bring upon him troublesome dreams, which are really mental states. Dreams are so closely allied to the mental state that he may well say, "I dreamed last night;" that is a general state. The things that lie closest to man and his life, and his vital force, are the things that are strictly general, and as they become less intimately related to man they become less and less general, until they become particular.

The menstrual period gives us a state which we may call general. The woman says, "I menstruate," so and so; she does not attribute it to her ovaries or to her uterus; her state is, as a rule, different when she is menstruating. So the things that are predicated of self, of the ego, the things described as "I do so and so," "Dr., I feel so and so," "I have so much thirst," "I am so chilly in every change of the weather," "I suffocate in a warm room," etc., these are all generals. The things that are general are the first in importance. After these have been gathered, you may go on taking up each organ, and ascertaining what is true of each organ. Many times you will find that the modalities of each organ conform to the generals. Sometimes, however, there may be modalities of the organ, which are particular that are opposed to the generals. Hence we find in remedies they appear to have in one subject one thing, and in another subject the very opposite of that thing. In one it will be a general, and in another it will be a particular.

LECTURE XXXIII

THE VALUE OF SYMPTOMS (Continued)

It is very important that you should understand what is meant by general, common and particular symptoms and so I will repeat somewhat. The generals are sometimes made up of particulars. If you examine any part alone, you are only examining the particulars. If you examine the liver symptoms alone, you are examining particulars. If you are examining the eye symptoms, or the symptoms of any other region considered apart from the whole man, you are examining particular symptoms. But after you have gathered the particulars of every region of the body, and you see there are certain symptoms running through the particulars, those symptoms that run through the particulars have become generals, as well as particulars.

Things that apply to all the organs may be predicated of the person himself. Things that modify all parts of the organism are those that relate to the general state. Anything that the individual predicates of himself is also general. There are things that an individual might say of himself that might relate to only one organ, but of course that becomes a particular; but most of the things that the man predicates of himself are general.

Consider for instance, the symptoms of sleep. You might at first think that they related to the brain, but the brain does not sleep any more than the whole man. "I was wakeful last night;" he is predicating something of himself and hence it is a general. Or, he says, "I dreamed;" well it is true that the whole man really dreamed. You might say that the mind merely dreamed, but the mind is the man, and, therefore, we see how important sleep and dreams become in the anamnesis

of a case. Scarcely more important is what the woman says of her menstruation; menstruation so closely relates to the whole woman that it becomes most important. The special senses also are so closely related to the whole man that the smells that are grateful and the smells that are disagreeable become general.

There are certain smells that relate more particularly to the nose itself, because the smell is in the nose and is due to some pathological condition of the nose, and thus becomes a mere particular. The smell of food is agreeable when the man is hungry, and that will relate to the whole man, but one who has a vicious catarrh of the nose, with much local disturbance, has many perversions of smell, which are particular, because they relate to the nose. A patient says: "I see" so and so, without seeing; that relates to the generals. It is to a great extent a seeing with the understanding. Now, when the eye itself becomes affected, the symptoms gathered are particulars because they relate to the anatomy of the eye. The more the symptoms relate to the anatomy of the parts, the more external they are; the more they relate to the tissues, the more likely they are to be particular. But the more they relate to internals that involve the whole man, the more they become general.

The things, therefore, that relate to the man are the ones to be singled out in the anamnesis and marked first. After gathering together all the symptoms of a patient you should single out for study first of all everything and anything that you can predicate of the man, everything of which you can say *he* feels so and so, *she* suffers so and so. Find out what remedies relate to these symptoms first. Sometimes when you have figured the anamnesis of the generals, you have settled by your anamnesis upon three remedies, or possibly upon one. In ninety-nine cases of a hundred you can leave out the particulars, for the particulars are usually contained within the generals. If there be but one remedy that has the numerous generals, and covers those generals absolutely and clearly and strongly, that will be the remedy that will cure the case.

There may be a lot of little particulars that may appear to contra-indicate, but they cannot; for nothing in particulars can contra-indicate generals. One strong general can overrule all the particulars you can gather up. "Aggravation from heat" will throw out Arsenicum from consideration in any case.

It may be advisable to dwell again for a little upon the common symptoms. Sometimes we find in woman the common symptom, prolapsus. It is a common thing for them to say, "Doctor, I have such a dragging down in my bowels, as if my insides were coming out." That is a common feature, and it is a common symptom. There is nothing about that alone that will enable you to find a remedy, but for these common symptoms we have a class of remedies. When you see a rubric containing a dozen, fifteen or twenty remedies, you may often know it is a common symptom. We would say that all women who have prolapsus have to a great extent a dragging down feeling, as if the uterus would come out. If we were to take this symptom and follow it up, we would see that it works in various directions; we would see that it runs into generals, and into particulars. How shall we decide when to give *Sepia*, when *Lil tig.*, when *Murex.*, when *Bell.*, when *Puls.*, when *Nux*, and when *Natrum mur.*? To enable you to pick out of that group of remedies the one that will cure you must study both the generals and the particulars of the patient and the generals always first. If it be a *Nux vomica* patient who has the prolapsus of the uterus, what will she say of herself that will make you see *Nux* in it? She would be chilly; full of coryza, with stuffing up of the nose in a warm room; she would be very irritable, snappish, want to kill somebody, want to throw her child into the fire, want to kill her husband. She would probably have constipation and every pain that she had with it would make her want to go to stool; urging to stool, but only a little is passed and she wants to go frequently. You at once see that she has the generals of *Nux*, and whatever particulars she has are in harmony with those generals, and so you go from generals to particulars. The whole problem, like any other scientific prob-

lem, must be gone into and followed from generals to particulars. Suppose that *Sepia* is indicated for that woman. You have in it as well this common symptom. Now, what is there in this patient that no other patient has? The dragging down is just the same, but with it an awful all-gone sinking feeling in the stomach, and she gets relief only when sitting with the legs crossed. She has a constant feeling of a lump in the rectum that makes her want to go to stool; but she goes for days without any urging at all; she is sallow and sickly, talks of bilious symptoms and has a yellow saddle over the nose. She tells you that she has an aversion to her children, and feels very sad that she does not love her husband as she ought to. She is unable to exercise the love she has to her children. Now you have that which she says of herself in general, and that which she tells of the stomach and rectum in particular, and yet peculiar. You can see now that the dragging down sensation is not general nor particular, but is common.

Many of the symptoms of regions are both common and particular, particular because they are of regions and common because they describe a state. Scarlet fever gives us an illustration of this. We would group all the striking symptoms indicative of scarlet fever, the rash, the appearance of the mucous membranes, the sore throat, the fever, the history, and the period of prodrome. The remedies for scarlet fever must have these symptoms in common with scarlet fever. The appearance of scarlet fever is among the common things of *Belladonna*. *Ailanthus* has in its common things the appearance of scarlet fever; *Apis* has the appearance of scarlet fever; *Rhus* has the appearance of rough scarlet fever. *Sulphur* and *Phosphorus* have a rash similar to scarlet fever. So if we were to make a rubric for the repertory we would put the names of all these remedies in the common group and call it scarlet fever.

But when are you going to give one remedy and when another? We can sometimes figure out from local manifestations things in general. For instance, you can take an

Arum triph patient; that which appears to be most striking is that he picks his nose and lips until they bleed. If you examine that state well you will ascertain that these parts and the fingers and toes tingle; about the extremities where the circulation is feeble and where the nerves are abundant, in the nerves of the fingers and toes, there is an unusual tingling like the creeping of ants, and he keeps picking at these parts. It is a state marking almost the whole economy. If you watch a little more closely, you will see that a liquid oozes out of the parts he has picked, a bloody, watery oozing, and that it denudes the skin around the parts. It becomes a part of the general state. Then in scarlet fever, with the rash only partly out, we want to take the language of nature alone. I spoke of *Phosphorus*. *Phos.* has a typical scarlet fever rash. Suppose you have a case that is putrid, the rash has become very dusky and the skin has become mottled and purplish, and there are places about the body that have a tendency to suppurate. You find there are swellings about the neck, swellings upon the hands and fingers, that are inclined to suppurate; or there is an oozing round about them and pus is welling forth, and the case is so putrid and offensive that as soon as you enter the room you detect the horrible stench. If you examine into the case, you will see that the child cannot get water enough and cannot get it cold enough. The countenance is sunken, and the eyes are puffed and swollen and red. Blotches are appearing of a septic character intermingled with the scarlet fever blotches. There you have a *Phos.* case, and *Phos.* will stop the trouble immediately. Now, what have you gathered together? You have gathered together an evidence of the general state. You see running all through that case putridity and a zymotic state. You may have many cases of malignant scarlet fever, and you will find that you can manage them with your remedies as you would an unruly horse with reins.

Now as to the *grades*. The value of symptoms is divided into three grades. General symptoms are divided into three grades, first, second and third, and common symptoms and

particular symptoms are divided into the same three grades. You will see in Bœnninghausen a fourth grade, but as a matter of fact these remedies do not form a grade; they are only probationary remedies, requiring demonstration by re-proving and clinical confirmation.

The general symptoms of the first grade are such as all or the majority of provers state of themselves as a class of provers. For instance, take that symptom of *Apis*, "suffocation in a warm room;" all the provers of *Apis*, or nearly all were effected to a great extent in that way. All the provers of *Pulsatilla* were worse in a warm room. There can be no doubt about such symptoms for all the provers felt that state so strongly. *Kali-hyd.*, *Pulsatilla*, *Iodine* and *Apis* are among those that have that symptom in the first grade, worse in a warm room, suffocation in a warm room. Now when those symptoms which have existed as generals among the provers come into the experience of the practitioner, and are confirmed by curing those states extensively, wherever administered, for years, then these remedies are fully entitled to this grade. When only one prover has recorded a certain symptom, it is doubtful whether that is a symptom from the action of the remedy, but when several provers have recorded the same symptom it becomes confirmed. When that symptom has been removed or cured by the remedy in the hands of a physician, it can then be said to have been verified. So symptoms are (1) recorded, (2) confirmed by reprovings, and (3) verified upon the sick. When several provers have observed that *Puls.* is worse in a warm room, and this is confirmed by other provers, and then verified by cure upon the sick, it immediately places *Pulsatilla* in the first grade of that general state. Suppose that it were something that was in relation to the bladder; *Puls.* has a symptom of frequent urination; now, that is immediately classified as a particular symptom because it relates to a region. Now, if all of these provers had irritable bladder when they took *Puls.* that would be a confirmation of it, and if it cures for years experience verifies it and it is then placed as belonging to *Pulsatilla* under the

particulars, and marked in the highest grade. So with the symptom of bearing down, which also comes under *Pulsatilla*; that would be classed as a common symptom, but of the first grade.

Suppose now that there are more symptoms that have only been brought out by a few of the provers; they do not run through the whole family of provers, but they have been confirmed and occasionally verified; then you see they are not entitled to so much consideration and as a matter of degree they belong to the *second* grade, because not so strong as the first grade, which produces these symptoms upon everybody or nearly everybody. Of course, what is true of the generals will be true of common and particular. Then as to the *third* grade. Now and then a prover brings out a symptom and it has not yet been confirmed by reprovings, but it stands out pretty strong, and seems to be worthy of a third place, or it has been verified by having cured sick folks, or on the other hand it is admitted as a clinical symptom. Sometimes close and careful observers have noticed that certain symptoms, not in the proving, have generally yielded to a certain remedy, and others have confirmed this clinical experience; these symptoms are admitted to go into the third grade. A great many of Bœnninghausen's fourth grade symptoms really belong to the third grade, because Bœnninghausen was very cautious with the symptoms that had never been verified. His fourth grade remedies include such as he had gathered from his clinical experience, and he was doubtful about the propriety of placing them in the third grade, and also those symptoms that occurred in the provers but had not proper confirmation or were not verified. He laid them, as it were, upon a shelf for approbation, to be hereafter proved or accepted.