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## TYLER M. and WEIR J., Repertorising

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TYLER Margaret L.

Margaret Tyler and John Weir

(With very ample apologies to Dr. Gibson Miller, Dr. J. T. Kent and Dr. Samuel Hahnemann)

Every Art and every Science has its own jargon, and the art of Repertorising is no exception. Let us get straight to terms.

Success in Repertorising depends on ability to deal with symptoms; and this had to be taught; it is not innate; People all the world over are wasting their lives, working out cases at enormous expenditure of time and minutest care, for comparatively poor results : and all for want of a little initial help. The key to the enigma, which they lack, is the grading of symptoms...the grading of symptoms in suchwise as to economise labour without compromising results; and, in the cases where all the more-or-less-indicated remedies lack some symptom or other of the totality, to know which symptoms are of vita importance to the correct prescription; and which are of less importance, and may therefore probably be neglected; and also which may be safely used as *eliminating symptoms*, to throw out remedies by the dozen from the very start; and which cannot be safely used to throw out any remedies at all, on pain of perhaps losing the very drug one is in search of-the curative simillimum.

To begin with, symptoms are of two orders; (a) those *general to the patient as a whole* (Kent's generals), and (b) those *particular, not to the patient as a whole, but to some part of hir*. (Kent's particulars).

### The grading of symptoms

Among the Generals, the symptoms of the first grade are, *if well marked*, the mental symptoms. These take the highest rank; and a strongly marked mental symptom will always rule out any number of poorly-marked symptoms of lesser grade. (For these may never have appeared in the drug-pathogenesis-perhaps for lack of a sufficiently drastic proving; and yet, time and again, the drug will clear them up). The Mental symptoms, *always provide that they are very definite and well marked*, are the most important symptoms of the case.

But for the mental symptoms particularly, it is well to go constantly through the Repertory (Mind-section), and to master all that it presents; and to make cross references; and to be sure that you get the correct rubric; and often combine two rubrics that practically amount to the same thing, and yet do not give quite the same list of drugs. As, for instance, *aversion to company* and *better alone* may not be quite the same thing; and yet it is often difficult to sort them. Again, *worse in the dark*, and *fear of darkness* are difficult to fix correctly in many cases, while the elements *fear of robbers*, *fear of ghosts-of apparitions*, etc., may come in : so here you have at least four rubrics which you may have to combine on pain of missing something. Many of the rubrics must be considered in company, and all with intelligence and some elasticity, or there is great danger of eliminating the very drug you are in search of. And-the better you know your Repertory, the more rapid your work will be, and the better your results. Never grudge turning its pages!

Second in grade, after the mental symptoms, and his reactions to mental environment, come, *if well marked*, such general symptoms of the patient as his reactions, *as a whole*, to bodily environment : -to *times and seasons*, to *heat and cold*, to *damp and dry*, to *storm and tempest*, to *position, pressure, motions, jar, touch*, etc. But they have got to be in capitals or in italics in the patient as well as in the Repertory, to take this rank; or to be safely used, *some of them*, as eliminating symptoms. ("Some of them," because there are perhaps only half-a-dozen symptoms which it is at all safe to use in this way; and then only, of course, if strongly marked)

And, once again, be sure that you have your very rubric; and if necessary combine two rubrics that work out practically as synonyms, and yet do not present quite the same list of drugs. A doctor was driven to despair over a case of melancholia by using *better for open air* instead of *desire for open air*. The symptom was so intensely marked that it was used without hesitation as an eliminating symptom, ruling out *Sulphur* (which has *desire for open air* in capitals, but hardly appears in the rubric *better for air*), but which had every other big symptom of the case in capitals and which promptly cured. You have got to know your Repertory from cover to cover if you are to have the best results; and you have got to use it with brains and imagination.

The third-grade General symptoms are the cravings and aversions. But to be elevated to such rank, they must not be there likes and dislikes, but *longings* and *loathings* : in big types in the Repertory, and in the patient-in corresponding types, anyhow!

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*In corresponding types everywhere and all through* : and this is most important. As, for instance, if your patient is only a little restless, *Ars.* and *Rhus.*, superlatively restless remedies, will, of course, be rather contra-indicated. Big types in the Repertory will never help you, unless the symptoms are big type in the patient too. In first taking the case, it is well to vary the type as you set down the symptoms; to put those poorly marked in brackets, and to underline the intensely marked symptoms : for that will help you to match them correctly.

Then next in importance comes, in women, the menstrual state, *i.e.* , general aggravation of symptoms *before, during* and *after* the menses. Of lower rank comes the question of menses *early, late,* and *excessive*-and this last of course only where there is nothing such a polypus, fibroid, menopause, to account for it.

And now, at last, you come to the particulars-the symptoms that bulk so largely for the patient, and for which he is as a matter of fact, actually consulting you. You will have taken them down *first*, with the utmost care and detail, listening to his story, and interrupting as little as possible; but you will consider them *last* : for these symptoms are really of minor importance from your point of view (certainly in chronic cases) *because they are general to the patient as a living whole, but only particulars to some part of him.* In a great railway system, for instance, a strike that raises the price of fuel for a few weeks, an accident on the line that means compensation to the injured, and replacement of rolling stock, and repair of a few yards of permanent way, are less vital to the Company than the brain quality of its General Manager, or the force, competence and activity of the Chairman and Board of Directors. Make the executive of the Company efficient, and it will deal in the best way with details. In like manner, put your patient, as a whole, in order, and he will straighten out the disorder of his parts. You have got to get at *him*; and you can only get at him through his general and mental symptoms. Start for the Particulars, and see where they land you! In the body politic, where the executive is not sound, you deal with lax discipline here, with speculation there, with incompetence, and disorder, and slackness, and inefficiency. There is rottenness at the core; and you will find that as fast as you clear up one mess; the system breaks down at a new part. Go for the Management; put that right; and *let it aci.* So with your work : -start treating an eczema, *per se*, and "cure" it, to find yourself confronted with-say asthma; prescribe for that, and the wretched patient comes back presently with a brand new disease-Rheumatism : tinker with that-and the heart gives out. Go for the executive-for the patient himself;- *the patient who was all along capable of eczema-asthma-rheumatism* : go for the patient as a live entity, revealed by his general and mental symptoms in chief; deal with him according to the Law of Similars, and he will do the rest. Always provided that the thing has not gone too far, that the tissue changes are not too gross, he will even *undo* the rest, step by step backwards, to the reproduction of the initial lesion on the skin. The whole is greater than its part. Never juggle with "Particulars" at the expense of the life of the whole.

But, in their right position of secondary importance, you must go into the particulars all the same, and with great care (if only to confirm your choice of the drug); and it will amaze you to find how they fall into line, when the choice is correct. More than that, when the drug has been chosen on general grounds, the patient will return and tell you, not only "I am better", and that the trouble for which he consulted you is better, but he will volunteer, "My knees are better too, all the swelling has gone"; and referring to your notes you discover that you had never heard of his knees before! and he will go on and tell you that his back (of which you hear now for the first time) is much less painful; and the constipation, which he had not previously mentioned, is a thing of the parts. (This was a *Nitric acid* case!).

Among the particulars, your first-grade symptoms will always be anything *peculiar, or unusual, or unexpected, or unaccountable.* You now want to know not only how your patient, as a whole, reacts to environment, but how his head, his stomach, his lungs, his muscles and joints stand heat and cold, damp weather and dry, react to stuffy atmosphere or draughts, desire or resent movement and jar. You will find one headache being banged against the wall; while another has to be nursed with such extreme care that the sufferer dare not move a finger, and would swear, if the movement of his lips were not agony, when you clumsily lurch against his bed. Or another headache will demand a bolt-upright position; while for a fourth the only thing is to kneel up, while it is pressed low into the pillow, or against the floor.

Now, to get the terms clearly...A general symptom, or a general, is one that refers to the patient himself, as a whole, and of which he can say "I", *instead of "My"*. "I feel the cold frightfully" : "I dare not move hand or foot in a thunderstorm; and I simply couldn't be alone." "This heat is knocking me all to pieces-I just can't stand it!"-these are Generals. In these the patient expresses himself. Remember, he is the sum of many lives, building up many tissues, and organs of diverse function. Through the Generals the Dweller-in-the-House speaks-through the Mentals and Generals : - the Life which is the sum of the lives, and something beyond that : - the Life "in which they live and move and have their being;" and with whom, whatever their individual life and vigour, they perish. Truly the whole is greater than its part. Surely it is scientific to deal with the whole first, as a Whole?

But where your patient says "My" instead of "I", there you have a Particular. "My headache is awful in the house : the

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only thing for it is to go out and walk about. It often drives me out of bed at 2 or 3 a.m. , to walk the Common for hours". (These are not exaggerated statements : we are giving you, all through, actual words of actual patients; an the magic drug for the last was *Puls*).

But the Generals and the Particulars may not only be quite different, but they may be flatly contradictory in the same patient : so you see how imperative it is to get them clearly, *and to know what value to give to each*. *Arsenicum* is worse from cold : *Ars.* stands in the list of "predominantly cold remedies" in capitals. And yet the *headache* of *Arsenicum* is *better from cold*. *Ars.* has been described as only comfortable when "*rolled in blankets up to his chin, with his head out of the window*". *Lycopodium* is a warm remedy in the main, and often cannot stand heat : yet his stomach symptoms, which are a great feature of the drug, *are ameliorated by hot food and drinks*. Of these the patient says not "I", but "My", therefore they are particulars. He may say, "I cannot stand heat", (a General of the highest importance, and one of the most safe and useful of eliminating symptoms-*if strongly marked*!)-"I cannot stand heat, but my indigestion" (a particular of the greatest importance to the patient, and on which *he* lays greatest stress) "is better for hot food and drinks. Cold things always disagree with me", (meaning his stomach). Again, *Phosphorus* stands in capitals as a very cold person -

If you are to be a good prescriber, by the way, your drugs have got to be people for you, with whims, fancies and terrors; with tempers and idiosyncrasies and characteristics : you have got to see them stalking about the world, speaking and moving and halting, with the bodies-minds-souls of men. You have got to travel with them in tram or train, and they will betray themselves, buttoned up and shrinking together, or loose and jolly and open; fidgety, restless, fearful; dull and inert; quarrelling for an open window, growing at the draught with windows closed. You have got to dine with them, and they will reveal themselves in their relation to food and drink, and in the mental revelations such convivial moments of relaxation call forth. You may spot them, standing for preference, or sinking always into the nearest seat; stoop shouldered and drooping, or erect and full of "go"; depressed and querulous; restless and anxious, as their deeply lined faces testify; smooth and smug; dirty complexioned and careless of appearance; chalky faced and flabby of superlative tissue; compact and hard as nails; fault-finding-affectionate and mild-responsive to every wave of sentiment and emotion-dull and indifferent. Look for them everywhere, and learn them, and they will betray themselves at every turn; and you will often save yourselves hours of solid work, by spotting them as they enter your consulting room.

So, to hark back...*Phosphorus* is a very *cold* person, but his stomach is *better for cold drinks*. When that is sick he craves for cold water, which is vomited, however, *so soon as it gets warm in the stomach*. This is a particular, true, but a priceless one, *because it is peculiar to phosphorus*. And here we have a new term-a "peculiar" symptom, strongly diagnostic of one drug. These *peculiar* symptoms are especially useful in acute diseases where you are more likely to meet them, and where they often provide a brilliant short-cut to the drug, saving time and toil. And see how these peculiar unaccountable, contradictory symptoms help you-how unexpected they are, and how diagnostic! Here you have the superlatively chilly *Phosphorus* : and yet his pains are often of the most intensely-burning description : and though, *as a whole*, the cannot tolerate cold, yet his sick stomach craves for icy drinks, which it cannot even retain when they get warm! Take your Generals and Particulars mixed-up and awry and just-any how, and you might land in giving such a patient *Lycopodium*; for both are worse for heat, and worse for cold; only the Generals and Particulars are exactly reversed! For *Lycopodium* is in the main, intolerant of heat, which his stomach craves; while *Phosphorus* detests the cold which his sick stomach demands with vehemence. See how all-important it is to get your Generals and Particulars right! This is where we fail, and blame Homoeopathy.

Then, besides Kent's *Generals* and *Particulars*, you have common symptoms. A symptom may be common to all cases of a certain disease, and therefore of not great use in picking out the individual remedy for a particular case of that disease; or it may be common to a very great number of drugs, and therefore indicate one of a large group of remedies only; and so of very little use in repertorising. Take thirst, a general symptom of the patient, though in the Repertory relegated to the section "Stomach" : - "I am terribly thirsty." *If there is nothing to account for the thirst*, it may be an important symptom; though common to a great number of drugs! But if the patient is running a high temperature, or suffering from diabetes, or if his work keeps him in the heat of a bakehouse or an engine-room, or if the weather is suddenly and unusually hot, the symptom becomes a Common symptom, and almost valueless. Don't waste life in writing down that awful list of remedies "Thirsty". Absence of thirst under conditions *where you would expect it*, on the contrary, becomes a very important symptom; as *absence of thirst with a very high temperature*-Kent has a rubric for that. Remember-the more uncommon a symptom is, the more valuable : the less you can account for a symptom and the more intensely personal it is, the more important. In inflammation, for instance, *worse from pressure* is what one would expect, and of little value-so many drugs and most inflammations have it! But *better form pressure*, under these circumstances, is priceless, and leads you to a small group of drugs, such a *Bryonia*. Frequent micturition with a fibroid impacted in the pelvis is not a symptom that will help you in working out your case; it is a Common symptom and amply accounted for...and this leads one to insist on the absolute necessity for correct diagnosis *before you even open your Repertory*. Remember, the priceless symptoms for

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success are the strange, the rare, the unaccountable ones; those that flatly contradict preconceived ideas, and head off straight for a limited number of drugs.

### "Eliminating" symptoms

This is a new word, but expresses what we all desire in repertorising, an what we have got to be very chary of using too rigidly, lest we lose the remedy we are looking for.

Instances best reveal meanings. Take one. Say your patient complains of dyspepsia, with burning pain in the stomach, and the frequent vomiting of sour fluid. He pours you out particulars, which he has at his finger-tips; since they are just the symptoms that impress a man's memory, by intruding themselves on his consciousness in a very realistic way. You jot them down till you have got the case as fully as most people go, with all its modalities (*i.e.* the conditions as to *heat and cold, movement and rest, position, hours of day and night, relation of food and drink, etc., of the stomach condition* complained of). You have assured yourself, by careful examination, as to whether of the symptoms have got to be discounted, as secondary to some gross lesion. And now it is your turn. You have to elicit the *general* symptoms of your patient; you have got to switch him off the siding "my", and on to the main line "I".

And you now find that he cannot stand heat-whatever his stomach may do; that he is ill if long out in the sun : that he wants a cool room, prefers cold weather and a cold climate : that he never goes near the fire : and you noticed when he came in that, though the weather was cold, he was not buttoned up, or thickly clothed. It is not closeness or stuffiness so much that affects him (you have got to be careful between these!) but *heat*. He is one of Dr. G. Miller's "predominantly hot-remedy people". *There is an eliminating symptom for you!* You know at once, whatever his stomach condition may be (its particular symptoms might perhaps be equally well-met by *Ars., Phos., Nux, Lyc., Nat-mur.*, or a host of others); but with that temperament, that warm personality, it would be useless for deep and curative work to think of giving him *Ars., Phos., Nux* or *Sep*. He is a hot patient, and these are predominantly cold remedies. You can strike them out at once. For even if one of them, aptly fitting the exact stomach symptoms only, gave temporary relief to the immediate condition, the patient would relapse again and again. It could not hold. It would act as a palliative, not a curative drug. It might provide a temporary organ-stimulus : it could never be the stimulus of the organism. And here you see well the difference between deep and superficial work between curative and palliative. The people who get their honest triumphs in *similars*, and see at least brilliant temporary results in superficial and acute conditions, and believe honestly that these are the very best attainable by medicine, scout the idea of the lasting triumphs of the *simillimum*. They know well, from years of experience, their own limitations; and it seems to them out-rageous that other people should make larger claims. As a matter of fact, when you get the real *simillimum*, the odds are that, instead of palliating the stomach condition, you will aggravate it a thousand-fold-for the moment; aggravate it, once and for all, to cure. And if you do not know your work, you will think that you have got the wrong medicine and antidote or change it : and your patient will be, so far as you are concerned, incurable. But it may be your ignorance only that makes him so!

So now, down all the rubrics, mental, general, and particular, you will carry that great eliminating symptom, worse from heat, and ruthlessly cut out all the remedies that are chilly, and therefore deeply help chilly people. None of these you need write down at all. Using Dr. G. Miller's list, which we will give in a moment, you can go on to any other General, and especially to any *marked* mental symptom, and often get a pretty correct idea of the exact remedy before you ever start to tackle the particular and immediate suffering for which the patient comes to you. Now supposing you discover that he is liable to fits of depression, and yet cannot endure any attempt at consolation; that he becomes a very fiend if anyone attempts to cheer him up-even to enquire what is amiss : the people have learnt to let him severely alone, when his moods are upon him; why, with these two important symptoms alone, worse from heat and worse from consolation, *which have got to be in equal type, remember, in the patient and in the drug*, you have reduced your area of search to *Lil-tig, Natrum*, and *Plat.* (for *Lyc.* and *Merc.* come through the "agg. consolation test" in the lowest type only, which is hardly good enough for such a marked loathing of consolation as this!) Or, if your patient had been as predominantly chilly and worse for cold as this one was for heat, and the aggravation from consolation test came out as strongly, you would have found yourself at the start of your work with *Ars., Bell., Calc-ph., Ign., Nit-ac., Sep* and *Sil.*, with two or three others to play with in brackets-lowest type. If you can get such marked eliminating symptoms to begin with, see what a comparatively small number of drugs you have to carry down through all, the rubrics, and how much easier and quicker it is to get your remedy, and how much greater confidence you have in the result of your search. You will generally find, as you work down, that one drug stands out more and more pre-eminently : - it may not be in all the rubrics, *but it has got to be in all the important ones, i.e.* , those best marked in the patient, *and of highest grade*. And presently you throw down your pen : you are convinced; and it is a mere waste of time to go further.

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Now take the same case and start, instead, on the marked symptoms complained of by the patient-the Particulars, and just see what work you have cut out for you! Begin with the rubric *Vomiting*, and write it out for the last time, and see what it entails. And write all the drugs, in all the types, lest you should miss any. Take his particular symptoms, one by one, and write, and write, and write.

*Vomiting*, 162 drugs.

*Vomiting water*, 108 drugs.

*Vomiting sour*, 89 drugs.

*Burning pain in the stomach*, 186 drugs.

*Pain in the stomach p.c.*, 110 drugs, etc.

It may be easily such a list, of which this is but the merest beginning: -no wonder that people get "Repertory funk!" - for remember that people are actually doing this, at this moment, in all quarters of the world: for they are sending us their beautifully-near, conscientious and exhaustive work to show, as they ask for a better way: and it is their cry for help that has caused this article to be compiled. Sheets and sheets of paper you will cover. One that lies before us now has *all* the drugs in *forty-nine different rubrics*, some of immense length, as *Stools offensive*, *Burning urine*, *Stools pasty*, *Yellow stools*. Why, before you ever come down to such symptoms, you should have three or four drugs only in hand: - and they are symptoms of the lowest grade, and Common symptoms; hardly worth glancing through for confirmation of the drug. Moreover, there is the possibility that you may accidentally omit the very drug you want from some of the long lists you are so slavishly copying: and the odds are, that when they are all complete, without the aid of eliminating symptoms some half-a-dozen drugs will come out pretty near one another when you count up at the end, and that your *travaux d'Hercule* will leave you unconvinced and still in doubt.

## Dr. Gibson Miller's hot and cold remedies

(extracted from dr. kent's works, etc.)

### Remedies predominantly aggravated by cold

Abrot., Acet-ac., Acon., Agar., Agn., Alumen, Alum., Al-ph., Alum-sil., Am c., Apoc., Arg-m., ARS., Ars-s-fl., Asar., Aur., Aur-ars., Aur-sulph., Bao, BAR-C, Bar-m., Bell., Benz-ac., Borax., Brom., Ca dm., Calc-ars., CALC-C., Calc-fl., CALC-PH., Calc-sil., Camph., Canth., CAPS., Carb. an., Carb-veg., Carb-sul., Card-m., Cauloph., CAUST., Cham., Chel., CHI NA, Chin-a., Cimic., Cistus., Cocc., Coff., Colch., Con., Cycl., DULC., Euphras., FERR., Ferr-ars., Form., GRHPH., Guaj., Hell., Helon., HEP., Hyosc., HYPER., Ign., KALI-ARS., Kali-bich., KALI-CARB., Kali-chlor., Kali-phos., Kali-sil., Kalm., Kreos., Lacdefl., MAGN-CARB., MAGNPHOS., Mang., MOSCH., Mur-ac., Natr-ars., Natr-carb., NI TRI C-AC., Nux-m., NUX-VOM., Oxal-ac., Petrol., PHOS., Phos-ac., Pod., PSOR., PYROGEN., RAN-B., Rheum., Rhodo., RHUS., RUMEX, Ruta, SABAD., Sars., SEPIA, SIL., SPI G., Stann., Staph., Stram., STRONT., Sul-ac., Therid., Valer., Viol-t., Zinc.

### Remedies predominantly aggravated by heat

Aesc-h., All-c., Aloe., Ambra., API S, ARG-NIT., Asaf., Aur-iod., Aur-m., Bar-iod., Bry., Calad., Calc-iod., Calc-sul., Cocc-cacti., Comoc., Crocus, Dros., Fer-iod., FLUOR-AG, Grat., Ham., IOD, KALI-IOD., KALI-SUL., Lach., Led., Lil-t., Lyc., NAT-MUR., NAT-SUL., Niccol., Op., Picric-ac., Pl-At., Ptelia, PULS., SABINA, SECALE Spong., Sul., Sul-iod., Thuj., Tubercu. (Rabe), Ustil, Vespa., Viburn.

### Remedies sensitive to both extremes of temperature

MERC., Ip., Nat-carb., Cinnabar.

Ant-cr., agg. by both heat and cold: agg. by overheating and radiated heat, though many symptoms amel. by heat. (MERC. in chronic troubles agg. by cold: in acute agg. by heat).

## Some cases to show the method of working

### Case I

Miss B., aet 52. Been heavy tea drinker for twenty years; had much pain and discomfort in stomach; with flatulence

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immediately after eating; gradually got better till next meal; much rumbling in abdomen. Appetite poor; bowels fairly regular.

Desires-Salt, sweets.

Averse-Fats, acids.

Flushes of heat with sweating which relieved her. She was very thin; excitable person-a bundle of nerves.

On further enquiry she as found to be very chilly.

Generals

*Very Chilly*, agg. Spring. Agg. Before and during thunderstorm.

Irritable in morning.

Anxiety for others.

Fears, Burglars; something going to happen; crowds; being suffocated, and therefore in tunnel.

Impatient.

Suspicious.

Very sensitive; readily offended; startled easily with least noise.

Chilly Patient-Used as Eliminating Symptom : only chilly remedies are given in the following lists.

Alum, *Ars.*, *Carb-v.*, CAUST., Graph., *Kali-ars.*

*Kali-p.*, Mag-c, Mang., Nat-a., PHOS.

*Ign.*, Mag-c., Nat-c., *Phos.*, Sil., Zinc.

*Fears* : darkness (not included in robbers) (p. 43)-

*Calc.*, *Camph.*, *Carb-an.*, *Carb-v.*, Caust., Rhus.

STRAM., *Stront.*, Valer.

*Fears* : suffocation (p. 47)-*Carb-an.*, *Phos.*, *Stran*;

*Fears* : crowd (p. 43)-Aloe, *Ars.*, Bar-c., *Calc.*, *Carb-an.*, Caust., Con., Ferr., Graph., Hep., *Kali-ar.*, K-bi., *Kali-c.*, *Kali-p.*, Nat-a., Nat-c., *Nux-v.*, *Phos.*, *Pib.*, Rhus-t., Stann.

Anxiety for others (p. 7)-*Ars.*, Bar-c., Cocc., *Phos.*

Suspicious (p. 85)-ARS., *Aur.*, BAR-C., *Bar-m.*, *Bell.*, *Bor.*, *Calc-p.*, *Carb-s.*, Canth., CAUST., Cham., Chin., *Cimic*, *Cocc.*, Con., Graph., *Bell.*, *Hyos.*, KALI-ARS., *Kali-p.*, Mur-ac., *Nat-a.*, *Nat-c.*, *Nit-ac.*, *Nux-v.*, *Phos.*, *Pib.*, RHUS-T., *Ruta.*, *Sep.*, Sil., Stann. Staph. STRAM., *Sul-ac.*, *Viol-t.*

Offended readily (p. 69)-Agar., Alum., *Ars.*, *Aur.*, *Bor.*, *Calc.*, *Camph.*, *Caps.*, *Carb-s.*, *Carb-v.*, *Caust.*, Cham., *Chel.*, Chin., Chin-a., *Cocc.*, *Cycl.*, Graph, NUX-V., *Petr.*, *Phos.*, Ran-b., *Sars.*, *Sep.*, *Spig.*, *Stram.*, *Zinc.*

Agg. Approach storm (p. 1403)-Agar., *Aur.*, Caust., Hyper., *Kali-bi.*, *Nat-c.*, *Nit-ac.*, *Petr.*, *Phos.*, PSOR., RHOD., *Rhus-t.*, *Sep.*, Sil.

Agg. Spring (p. 1403)-*Aur.*, Bar-m., *Bell.*, *Calc.*, *Carb-v.*, *Cel.*, *Colch.*, Dulc., Hep., *Kali-bi.*, *Nux-v.*, *Rhus-t.*, *Sars.*, *Sep.*, Sil.

Avers fats (p. 480)-*Ars.*, *Bell.*, *Calc.*, *Carb-an.*, *Carbv.*, CHI N., Chin-a., *Colch.*, *Cycl.*, *Bell.*, *Hep.*, Nat-c., PETR., *Phos.*, *Rheum*, *Rhus-t.*, *Sep.*

Averse acids (p. 480)-*Bell.*, *Cocc.*, *Ferr.*, *Ign.*, *Nux-v.*, *Ph-ac.*, SABAD.

Desire Salt (p. 486)-*Calc.*, *Calc-p.*, CARB-V., *Caust.*, *Cocc.*, *Con.*, *Nit-ac.*, PHOS., *Pib.*

Desire sweets (p. 486)-*Am-c.*, Arg-m., *Ars.*, Bars-c., *Calc.*, *Carb-v.*, CHI N., Chin-a., *Kali-ars.*, *Kali-c.*, *Kali-p.*, *Nat-c.*, *Nux-v.*, *Petr.*, *Pib.*, *Rheum.*, *Rhus-t.*, *Sabaq.*, *Sep.*

Remarks. The chief remedies running through the case are *Ars.*, *Calc.*, *Caust.*, *Nat-c.*, *Nux-v.*, *Phos.*, *Rhus.*, *Sep.* Giving the different types their values; (Capitals=3; Italic=2; Ordinary=1); we find that *Ars.*, appears 8 times to value of

16=*Ars.* 8<sup>16</sup>, *Calc.* 8<sup>14</sup>; *Caust.* 7<sup>13</sup>; *Nat-c.* 6<sup>9</sup>; *Nux-v.* 6<sup>9</sup>; *Phos* 10<sup>18</sup>; *Rhus-t.* 7<sup>12</sup>; *sep.* 6<sup>11</sup>.

The constitution of the patient suggested either *Ars.* or *Phos.*

We have thus come to these two remedies by only considering the general symptom of the patient.

The pain in stomach was amel. hot drinks; even wine which suits her generally had to be given up owing to its coldness, and as *Phos.* patients crave cold drinks (even ices) in gastric troubles, we are left with *Ars.*

*Ars-Alb.* 30-3 doses at 6-hourly intervals.

Pain amel. (which had been present for years) in a few days, and in a few weeks she was almost well, being much less excitable.

This case shows the importance of Generals in their order-mental, climatic, desires and aversions in food; all of which must be markedly present to be of any value.

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Mrs. W., aet. 58-Dec. 6<sup>th</sup>, 1910-Complaining of headaches ever since a girl in her teens; usually requires to go to bed for at least two days every month (not at period). She has a heaviness all over head as if in iron case; and head extremely tender to touch, also much throbbing in left temple.

Agg. Warm room; exposure to sun; if heated; east wind; touch.

Amel. Rest; alone; quiet; lying down; pressure.

Menopause, two years ago. Has me bearing down sensation if she strains, with burning internally and a feeling of distension.

Stomach-Appetite fair; averse fish; desires fats.

Bowels constipated.

Generals

*Mental*-Fears : dark, robbers. Always in a hurry. Very sensitive to all impressions. Moody : agg. consolation (gets angry).

*Climatic*-agg. Warmth (faintish; summer-exposure to sun. Flushes, heat with sweats. Agg. Thunder (hair stands on end, and gets had headaches).

Warm Patient-Therefore following lists only include those drugs affected by heat.

Agg. Consolation (Kent, p. 16)-*Lil-t.*, *Lyc.*, *NAT-M.*, *Plat.*, *Thuj.*

Robbers (p. 47)-*Arg-n.*, *Lach.*, *Nat-m.*, *Sulph.*

Hurry (p. 52)-*Aloe*, *Ambr.*, *Apis*, *Arg-n.*, *Bry.*, *Calad.*, *Calc-s.*, *Grat.*, *Iod.*, *Kali-s.*, *Lach.*, *Lil-t.*, *Lyc.*, *NAT-M.*, *Op.*, *Ptel.*, *Puls.*, *SULPH.*, *Thuj.*

Agg. Thunder (p. 1403)-*Bry.*, *Lach.*, *Lyc.*, *Nat-m.*, *Puls.*, *Sulph.*, *Thuj.*, *Tub.*

Agg. Summer (p. 1404)-*Arg-n.*, *Bry.*, *FL-AC.*, *Iod.*, *Lach.*, *Lyc.*, *Nat-m.*, *Puls.*, *Thuj.*

Faintish crowded room (p. 1359)-*Nat-m.*, *Sulph.*

Averse fish (p. 480)-*Nat-m.*, *Sulph.*

Desire fats (p. 485)-*Sulph.*

*Particulars of Headache.*

Agg. Sun. (p. 149)-*Aloe*, *BRY.*, *LACH.*, *Nat-m.*, *PULS.*, *Sulph.*

Agg. Warm room (p. 151)-*Aloe*, *APIS*, *Bry.*, *Coc-c.*, *Croc.*, *Ferr-i.*, *Iod.*, *Kali-s.*, *Led.*, *Lil-t.*, *Lyc.*, *Nat-m.*, *PLAT.*, *PULS.*, *Spong.*, *Sulph.*

Agg. Touch (P. 149)-*Bry.*, *Grat.*, *Led.*, *Lyc.*, *Nat-m.*, *Sabin.*

Amel. Lying (p. 142)-*Bry.*, *Calc-s.*, *Coc-c.*, *Fer-i.*, *Fl-ac.*, *Lach.*, *Lyc.*, *Nat-m.*, *Spong.*, *Sulph.*

Amel. Pressure (p. 145)-*Apis*, *Arg-n.*, *BRY.*, *LACH.*, *Lil-t.*, *Lyc.*, *NAT-M.*, *Nicc.*, *PULS.*, *Sabin.*, *Sulphu.*, *Thuj.*

*Bry.* 8<sup>14</sup>; *Lach.* 8<sup>17</sup>; *Lyc.* 10<sup>15</sup>; *Nat-m.* 12<sup>22</sup>; *Puls.* 8<sup>19</sup>; *Sulph* 10<sup>16</sup>.

*Remarks.* *Nat-mur.* seems to suit the the case, not because it is numerically highest alone, but because it corresponds to the type of the patient *Nat-mur.* has marked aversion to fats, which this patient desires; but that would not rule out the drug for this reason; that, though the desires and aversions are general symptoms, they rank much lower in the scale than the mental symptoms. A strong mental symptom like the markedly agg. consolation would rule out many of lesser importance. *Puls.* again could never suit his case, no matter how great its numerical value, because of the marked agg. from consolation. Repertory work is never mechanical, and is only a guide to the study of *Materia Medica.*

Dec. 9<sup>th</sup>, 1910-*Natrum-mur.* 200, 3 doses.

Dec. 15, 1910-A marked aggravation of the the headache three days after taking the powders.

February 14<sup>th</sup>, 1911-Not had a bad headache since; no heaviness or caged-in feeling. Bowels began to act naturally soon after the the medicine. Hardly any flushes of heat. Much better generally; got up after influenza and not felt shaky, used to take her weeks to recover. *No medicine.*

February 20<sup>th</sup>, 1911-Got bad colic due to chill which caused return of headache for one day only. *Natrum mur.* 200, 3 doses.

April 7<sup>th</sup>, 21911-No real headache since last note, slight attempts; no caged-in feeling. Bowels quite regular. Bearing down with burning and distension entirely gone. No flushes of heat. *No medicine.*

May 16<sup>th</sup>, 1911-A little vertigo on first lying down : goes off immediately. Headache absent despite severe thunderstorm which formerly caused her to got to bed; not once he cased-in sensation. Bowels still good.

Generally a different person in every way: brighter; more cheerful; husband declares her to be a different person to live with. *Nat-mur.* 200, 3 doses.

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December 27<sup>th</sup>, 1911-May have had a slight attempt at headache, but never came to anything; feels a new creature; able to do much more work; very energetic; general health excellent. *Had no medicine since above.*

### Case III

Miss C., aet 35-June 13<sup>th</sup>, 1910-Sleepless since 20 years age; brought on by excessive musical study; never taken any sleeping drugs. She lies quite wide awake a night, brain active all the time, especially after lights are out. Often kept awake by persistent tunes; hardly ever fall asleep for three hours after going to bed; readily wakened by the least gleam of light; even if drowsy becomes sleepless immediately on getting into bed. Dreams always; nightmare.

General health has been good. Throat : painless hoarseness; all clods fly here.

Stomach : Appetite good. Averse fats, milk. Craves ices, cold food. Emptiness without hunger soon after getting into bed which might prevent sleep. Amel. Eating. Emptiness at 11 a.m.

M.P. normal.

Mental : Very excitable to music : irritable; impatient; discontented. Fears : in a crowd; being hemmed in; fire; suffocation. Indifferent to people, especially relatives. Depressed easily;

Chilly : Hates the cold; agg. thunderstorms.

Chilly, used as an "eliminating symptom" to cut all the warm remedies in all the following lists.

Indifference relations (Kent, p. 55)-Hell., Hep., Nat-c., PHOS., SEP.

Fears crowd (p. 43)-Ars., Aur., Bar-c., Calc., Carb-an., Caust., Con., Ferr., Ferr-ars., Graph., Hep., *Kali-ar.*, Kali-bi., Kali-c., Kali-p., Nat-a., Nat-c., *Nux-v.*, Phos., Plb., Rhus-t., Stann.

Fears suffocation (p. 47)-Carb-an., *Phos.*, *Stran.*

Fears fire (p. 45)-Cupr.

Agg. Thunder (p. 1403)-*Agar.*, Aur., Caust., Hyper.,

*Kali-bi.*, Nat-c., Nit-ac., Petr., "*Phos.*, PSOR.,

RHOD., *Rhus-t.*, *Sep.*, Sil.

Averse fast (p. 480)-Ars., Bell., Calc., *Carb-an.*, Carb-v., CHIN., Chin-a., *Col-h.*, *Cycl.*, Hell., *Hep.*, Nat-c., PETR., phos., Rheum, *Rhus-t.*, *Sep.*

Averse milk (p. 481)-Am-c., Bell., *Calc.*, *Carb-v.*, *Guaj.*, *Ign.*, LAC.D., Mag-c., NAT-C., *Nux-v.*, *Phos.*, Rheum., *Sep.*, *Sil.*

Desires cold food (p. 484)-Am-c., PHOS., *Sil.*, Zinc.

Desires ices (485)-*Calc.*, PHOS.

Emptiness (11 a.m. (p. 488)-Alumen. *Nat-c.*, *Phos.*, *Sep.*, *Zinc.*

Emptiness without hunger (p. 489)-*Agar.*, *Alum.*, Ars., *Bar-c.*, Chin., Cocc., Dulc., Hell., *Mur-ac.*, *Phos.*, *Rhus-t.*, *Sil.*, *Sul-ac.*,

Sleepless after going to bed (p. 1252)-Bor., Carb-v., Mag-c., *Phos.*, *Ph-ac.*

Same idea (tune) always repeated (p. 1254)-*Bar-c.*, *Calc.*, *Coff.*, *Graph.*, Petr.

Hoarseness, painless (p. 760)-CALC., CARB-V. *Caust.*, *Phos.* = Calc 6<sup>11</sup>; Nat-c 6<sup>10</sup>; Phos. 12<sup>24</sup>; Sep. 5<sup>10</sup>.

*Remarks.* The larger rubrics such as sensitive to noise, impatience, etc., are left out, as all the competing remedies are in them.

Phos. not only best indicated, but it has the important peculiar symptom,-indifference to relations; all the fears (except fire); and the marked craving for ices.

June 16<sup>th</sup>, 1910-*Phos.* 10M. 3 doses, 6 hours apart.

July 4<sup>th</sup>, 1910-She writes "been sleeping better, and have been much quieter mentally at night." *No medicine.*

July 27<sup>th</sup>, 1910-"Very much better generally; sleeping better, even with worrying times. Not half so tired as usual; no emptiness even at 11 a.m. ; not restless mentally at night; no persistent tunes or thoughts; not dreaming so much; extraordinarily better". *No medicine.*

Oct. 10<sup>th</sup>, 1910-Abroad, tiring journey, so took *Phos.* 10M, 3 doses, 6-hourly.

January 27<sup>th</sup>, 1911-Been sleeping perfectly well and much better in every way; no persistent tunes at night; hardly ever dreams. *No medicine.*

Jan. 14 1912-"Still sleeping quite well; have absolutely nothing to complain about." *No medicine.*

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Mr. B., aet. 28-May 6<sup>th</sup>, 1910-pain and distension abdomen for last three years, especially 6 a.m. or 4 p.m. ; felt like bubble inside; been taking Sod-bicarb. All the time. Distension, not for some time after eating.  
 Amel. Escape flatus (offensive); amel. hot drinks. Sleeps well till wakened at 6 a.m. by pain.  
 Appetite good; no special desires or aversions; some heartburn.  
 Rheumatic pains general; no special modalities.  
 Weather conditions do not affect him.  
 Mental : agg. In himself if angry. Neither care nor worry. Quick tempered but controls it. Weak concentration.  
*Lycop.* 1M, 4 doses, 6-hourly.  
 May 19<sup>th</sup>, 1910-Not had slightest effect. Gave additional symptoms. Pain especially as 6 a.m. comes in waves or spasms; has to draw up knees on abdomen, causes him to roll in discomfort.  
 Agg. If he gets angry. Amel. Coffee.  
 Gets cramp in arms readily when rowing.

#### *Abdomen*

Pain agg. 6 a.m. (Kent, p. 555)-*Coloc.*, Ox-ac.

Agg. 4 p.m. (p. 555)-Caust., *Coloc.*, Bell.

*LYC.*, Mag-m, Phys.

Agg. anger (p. 556)-*Cham.*, Cocc., *Coloc.*, *Nux-v.*, *Staph.* Sulph.

Amel. coffee (p. 557)-*COLOC.*, *Coloc.*, 1 m, 4 doses, 6-hourly.

May 27<sup>th</sup>, 1910-Been practically well last few days. *No medicine.*

June 3<sup>rd</sup>, 1910-"Nothing wrong with me". *No medicine.*

June 29<sup>th</sup>, 1910-Not wakened at 6 a.m. now; never feels pain at 4 p.m. ; sleeping perfectly; but some flatulence still about; no heartburn; distension hardly present; rheumatic pains gone. Almost but not quite well. *No medicine.*  
*Coloc.* 10M, 4 doses, 6-hourly.

June 18<sup>th</sup>, 1911-Mother reports that the medicine upset him somewhat at first, but since then and now is perfectly well : bot least trouble.

*Remarks.* We had here nothing but particulars to work with, but they were so definite; though not obtained till second visit.

*Lycop.* had the 4 p.m. aggravation, also generally agg. after anger, and the amel. escape flatus. We thus see the great difficulty of prescribing on particulars. We had Hering's "three legs to our stool", but that was not enough.

## Case V

A.M. , (32). Sept. 30<sup>th</sup>, 1911-(An outpatient case). Headache vertex and eye all his life. Getting much worse. Lasts from three days to three weeks. So severe, hardly knows what to do. Worse sleep. Head very tender, can't bear being touched. Sickness last ten hours, and vomits every ten minute. Always got a headache. Can't eat, therefore very weak.

#### *Feels well before attack.*

Good family history; also general history good. No better for anything. Burrows head in pillow. Eyes good, tested lately. Tongue indented. Feels as if suffocated after eating, which greatly aggravates the headache.

Averse : fats, milk.

Very sleepy at 8 p.m. Dreams exciting. Alopecia areata

Agg. Heat; thunder; sleep. Depressed agg. Consolation. Wants to be alone.

*Worse heai* is used as an eliminating symptom to cut out all the cold remedies from the following lists.

Agg. Consolation (p. 16)-*Lyc.*, Merc., NAT-M., *Plat.*, Thuj.

Agg. Thunder (p. 1403)-*Aur.*, Bry., *K-bi.*, *Lach.*, *Lyc.*, Nat-m., Puls., Sul., Thuj., *Tut.*

Averse fat (p. 480)-*Bry.*, Merc., *Nat-m.* PTEL., PULS., Sul.

Averse milk (p. 481)-*Bry.*, Puls., Sul.

Headache agg. sleep (p. 148)-*Arg-n.*, *Aur.*, Bry., *K-bi.*, LACH., *Lyc.*, Merc., NAT-M., Puls., Sul., Thuj.

=*Lach.* 2<sup>5</sup>, *Lyc.* 3<sup>5</sup>, Merc. 3<sup>4</sup>, Nat-M. 4<sup>9</sup>, Puls. 4<sup>7</sup>, Sul. 4<sup>7</sup>, Thuj. 3<sup>4</sup>.

*Puls.* could never come in, outruled by "agg. consolation" test, and by look of patient. Leaves *Nat-m.*, and *Sul.* Aspect typical *Nat-mur.*, *Nat-mur.* 30, 4 doses 6-hourly.

October 27<sup>st</sup>-Not been laid up with his headaches for the last three weeks; and not been sick, but hardly so well in

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himself. Has had a cold and is heavy and dull. *No medicine.*

November 11<sup>th</sup> -One attack threatened but passed off. If they came on before, they always laid him up for a week. He feels stronger, brighter, more heart for things. Sleep less heavy; dreams the same. Hair the same. *No medicine.*

December 7<sup>th</sup> -Had bilious attack on the 3<sup>rd</sup> inst., but was not sick; only headache; same character. *No medicine.*

December 13<sup>th</sup> -*Nat-mur.* 30, 6 doses, 6-hourly.

January 4<sup>th</sup>, 1912 -Had four attacks since here, two bad. Same character. *Bry.* 30, 6 doses, 3-hourly.

Remarks. It is never wise during an acute exacerbation of a chronic malady to prescribe the chronic remedy, as you are apt to increase needlessly the sufferings of your patient. Under such circumstances one prescribes a more superficial remedy corresponding to the immediate modalities e.g. *Bry.*, in a *Nat-mur.* case : *Bell.* in a *Calc-c.* case, and c.

January 11<sup>th</sup> -Cannot cat; though headache. *Nat-mur.* 200, 4 doses, 6-hourly.

February 1<sup>st</sup> -Not had an attack since here, despite heavy work, feels very well. *No medicine.*

February 22<sup>nd</sup> -Not had a headache for 2 months. Indigestion immediately p.c. Feels better in himself. *No medicine.*

March 14<sup>th</sup> -Only a slight headache since here, but was able to stop at work; and right again. *No medicine.*

## Case VI

Miss R. G., (20) (Outpatient, Hospital). Feb. 15<sup>th</sup>, 1912 -Pain, back, when she catches cold. Head, burning pain on vertex : amel. on closing eyes. Feels, sick with headache daily : agg. at M.P. Cough on and off for four years. Been treated at hospitals or privately all the time; really never free from cough. No pain; no sputum. *Worse hea.*

Faintish in warm room. Depressed, consolation. Irritable with noises. Fidgety.

Agg. Heat-(used as eliminating symptom to cut out cold remedies from lists).

Agg. Consolation (Kent, p. 16)-*Lil-t.*, *Lyc.*, *NAT-M.*, *Plat.*, *Thuj.*

Noises-irritable (p. 59)-*Iod.*, *Nat-m.*, (later addition to Repertory).

Faint in warm ROOM 5P. 1361)-*Lach.* *Lil-t.*, *Lyc.*, *PULS.*

Faint in crowd (p. 1359)-*Nat-m.*, *Sul.*

Headache amel. closing eyes (p. 137)-*Aloe*, *Bry.*, *Iod.*, *Nat-m.*, *Plat.*, *Sul.*

Pain, burning, vertex (p. 177)-*Bry.*, *Lach.* *Nat-m.*, *Nat-s.*, *Sul.*

Pain, burning, vertex at M P. (p. 177)-*Lach.*, *Nat-m.*, *Sul.*

=*Bry.* 2<sup>4</sup>; *Lach.* 3<sup>6</sup>; *Lyc.* 2<sup>2</sup>; *Nat-m.* 6<sup>11</sup>; *Sul.* 4<sup>7</sup>. *Nat-mur.* 30, 4 doses, 6-hourly.

March 14<sup>th</sup>, 1912 -Very much better in herself. Hardly had a headache. No burning vertex. Not the least faintish. Pain in back gone. No cough; never been so free of cough since it began years ago. *No medicine.*

Of course there are heaps of cases, where you cannot get any mental or other general symptoms so definitely marked as in the foregoing, and where you have got to be most careful not to take symptoms too easily for "eliminating" purposes, or to knock out drugs on insufficient cause. If you do, you will find yourself landed with-*Sepia* probably, most; though you might very often do worse.

*Times of day*, if very definite, help. Some people are perfectly well all day, but their nights are purgatorial. Some are in pain all day long, but perfectly well at night. Some rise feeling miserably ill and tired *after a good night's rest, and with nothing to account for it* (it is important to ascertain this!) and only feel pretty well as the day wears on, and are bright and happy and ready for work, mental and physical, in the evening, when you might expect them to be tired. Others have all their weariness and languor, all their sufferings, in the evening-after days neither strenuous nor fatiguing. These are important generals, and very useful in helping to determine the drug. Some drugs have their very hour on the face of the clock : and others a very marked periodicity. The worse-in-the-evening people, by the way, have a talent for working out at *Lycopodium*.

Then there are patients who never dare to get into a bath, who are obliged to "wash in sections" as one of them expressed it; since they feel faint, or actually do faint, as soon as the water flows over their skins : while in a lesser degree, others feel miserably weak and ill after a bath. Such symptoms must be very marked and definite to carry great weight or to rule out drugs; but they help immensely : the last may give the casting vote between *Puls.* and *Sulph.*

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Last and least important of all, comes the name of the patient's malady. Look it up, if you like, at the very end, and it

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may joyfully confirm your choice of drug, *which it must not unduly bias*. If your patient is an asthmatic patient, it is comforting to know that the drug his symptoms demand has again and again cured bad cases of asthma. But remedies that have never been recorded as having cured asthma will do the trick, if the symptoms of the patient cry out for them, as their simillimum. Drugs have not all been pushed far enough to produce lesions, and their voices do not carry, as a rule, deeper than function-except in the cases of accidental poisoning. But get the right drug, the stimulus needed, and you will find the reaction of the organism deep enough in all conscience, and long-sustained. Then keep your hands off! Wait long for a second very definite cry, before you dare to interfere. You may have to wait months-then wait! Remember, it is the patient who has to cure himself; the drug cannot cure him; the drug is only the stimulants that starts the vital reaction. So long as curative reaction is in progress it is senseless-criminal-to interfere. This is the way to crush your work, to vitiate your experience, to break your heart. So long the patient is improving, let him be, and never meddle *till he begins to slip back*; *that* is the first possible moment to repeat, or to reconsider the case. It is safer to be a little late than a little soon. You must "go fast slowly", there is no other way.

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