

# INDEXES AND REPERTORIES. \*

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- 537 The need of a ready reference to our *Materia Medica* has increased *pari passu* with the growth of its symptomatology and has not yet been perfectly satisfied, though numerous attempts have been made to arrange a repertory or index to suit the notions of different individuals.

In order to arrive at a clear understanding of the methods to be followed, we may profitably consider briefly what is required by the therapist who wishes to avail himself of the storehouse of information embraced in the various "provings" and cases of poisoning, for the purpose of practicing homœopathy. The difficulty of readily utilizing this valuable material is constantly deterring physicians from the practice of homœopathy, and it is of the highest importance that a feasible method of indexing our material should be adopted.

Two lines must be followed by the successful practitioner: one, a search of the *Materia Medica pura*; the other, a search for verifications of its symptoms in practice, which includes a review of the clinical experience of all homœopaths.

*As regards the Materia Medica pura:* Homœopathy requires a comparison of the symptoms of the patient with those of drugs which have produced symptoms similar to those of the patient, and the administration of that single drug which exhibits the greatest number of similar symptoms, or, if not the greatest number, still a number of symptoms which carry weight by reason of their having been verified previously in practice. It would be out of place at this time to discuss the relative value of symptoms, but there seems to be no doubt that clinical experience with symptoms largely influences every one of us in the selection of a remedy, and will continue to do so. An appeal to experience is bound to be final as regards the value of symptoms,

- 538 and this must be taken into account. Again, as regards the *Materia Medica pura*, it is clear to every critical student of our symptomatology that numerous symptoms have been regarded as genuine drug-effects which cannot be accepted as such. These illusive symptoms will continue to creep into our provings, *they will not down*, they cannot be eliminated; they are the natural results of drug-proving, and they must be indexed as well as recorded. These symptoms are not alone the outcome of drugs, or dilutions which are tasteless, but still more the result of substances which taste. We cannot afford, at present, to sift out isolated symptoms and so eliminate much that is valuable with some that is valueless; they must both remain for the test of experience, or till our pathogenesis shall have fully exhausted its possibilities by long series of provings.

Again, as regards our *Materia Medica pura*, it is true that few of our pathogeneses can be said to be complete, especially as very few provers have properly observed and recorded their symptoms. (I find it impossible to avoid the closest cross-examination of every one of the provers in my laboratory of experimental pharmacodynamics and hesitate to accept reports that are not presented at short intervals, in person, by the provers.) Bönninghausen has truly said that in this respect (the incomplete as well as faulty record of symptoms) we are obliged to supplement some symptoms by others, and indeed to supplement pure symptomatology by clinical experience.

Enough has been said to show that more than a simple index to the symptoms of our own pure *materia medica* is required. Such an index certainly is required, and the method of its construction is a matter of varying opinion. My own experience leads me to advise an arrangement of all symptoms, without essential abbreviation, under various anatomical headings. It is quite unimportant to consider the size of the work. It will be consulted only in the library, and may be issued in handy parts or volumes, which may be referred to as wanted.

Two broad principles operate in the construction of such a work, namely, the arrangement by regions and the arrangement by sensations.<sup>1</sup> I would choose a combination of both. It frequently seems to me that a dominant sensation may be selected as the key to the remedy, even though it may not have been observed by any prover in the particular part referred to by the patient; yet I fancy most prescribers confine themselves to the locality in the

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<sup>1</sup> By "sensation" is meant here "complaint" (both objective and subjective symptoms)

first instance, and failing to find the exact sensation required, look for an analogous one. Another point which will be lost sight of almost inevitably, in either

539 the arrangement by locality or by sensation, is the *modality*. This I have learned to regard of first importance and if a definite condition of any sort runs through the symptoms of a patient, I stand by that and do the best I can with the rest.

In conclusion from the premises I have advanced: *First*, the imperfection of the record; *second*, the need of clinical verification; *third*, the difficulty of arrangement; and, *fourth*, which I would add (a most important warning) that any sort of index or repertory *is not to be used as a substitute for or in place of the original records, but only as a reference*. I submit that of all plans which have ever been adopted, that of Bönninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, *locality, sensation and condition*.<sup>2</sup> In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration, I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the *Materia Medica* for confirmation; or, I turn to a locality or sensation, or endeavor to combine all three, and study a drug or drugs found under every heading.

The objection is, that one constantly makes new combinations, and this must be offset by the fact that patients also are constantly giving us new combinations, and our provings are so limited that the similitum can not be found in many cases, perhaps not in most cases. The chief discussion hinges, therefore (according to my view), on the possibility of taking the three elements of all symptomatology (outside of variations of function) and grouping the drugs under them, and then for use re-grouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bönninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it; but there is frequent need to refer to some peculiar symptom as a unit, and for such a reference one must have in his library a good reference book to the symptomatology. No one so far issued is fully satisfactory, though the plan outlined above appears feasible. In such a work the pure pathogenesis should be distinguished from clinical symptoms, so that every person may judge for himself of the value of the reference.

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<sup>2</sup> By "condition" is meant condition of amelioration or aggravation.