

The Art of Case-Taking

Selected Extracts from the Writings of

Pierre Schmidt

Translated by Alain Naudé

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Translator's Foreword

We naturally tend to think that great homoeopaths, like great composers and great artists, belong in the past. We quote them and invoke them and their names flow from our lips in exactly the right chronological and hierarchical order: Hahnemann, Hering, Kent, with some lesser luminaries in between. But one of the greatest among them, certainly one of the most influential in establishing classical homoeopathy throughout the world and assuring its permanent place in medical history, died not too long ago. Pierre Schmidt died in France on 22 July 1987 at the age of 93. His life and work spanned almost the entire 20th Century. I wonder if there is a classical homoeopath anywhere in the world today who does not owe his formation directly to him or to one of his pupils.

The great tradition of classical homoeopathy was bequeathed to him in the United States by his two teachers, Alonzo Eugene Austin and Frederica Gladwin, both pupils of Kent. After a very rigorous apprenticeship with them he brought it back to Europe. He transmitted it in turn with meticulous care for more than half a century to successive generations of young homoeopaths who came from all over the world to study with him in Geneva and Lyon. He became famous as a practitioner, a teacher, a writer and lecturer. He travelled all over Europe and in India and lectured extensively. He translated into French and published all the works of Hahnemann and Kent (what an astonishing accomplishment!), often adding his own didactic commentaries. His encyclopaedic knowledge of homoeopathy came from them, and in turn it lived and survived and spread throughout the world through him, and became recognised as the seminal core of homoeopathy. He conducted monthly seminars in Lyon, which attracted some of the most talented homoeopaths of Europe, India, and the United States. The proceedings of these meetings were recorded by Dr Jacques Baur, one of his foremost pupils, who founded the French

homoeopathic journal *Les Cahiers du Groupement Hahnemannien de Lyon* for the purpose of disseminating them. In the course of several decades these records constituted the most complete and extensive treasure house of homoeopathic teaching in the world. There is no aspect of homoeopathic methodology or doctrine or history which has not been thoroughly discussed and explained in this marvellous journal. There is no other like it.

Nobody has synthesised the different currents of classical homoeopathy more completely than Pierre Schmidt, nobody has transmitted it more widely, more completely, for a longer period, or with greater integrity and dedication. Without his stewardship this precious legacy would have been diluted and dispersed to the point of ineffectiveness, as rainwater evaporates in the desert if it is not channelled into powerful rivers.

There can be no more appropriate tribute to Pierre Schmidt than to publish the following selection of extracts from his teaching.

The entire homoeopathic methodology, the whole monumental and magical action of healing the sick comes down to two things: obtaining from the patient the clearest, most complete knowledge of his condition, and knowing how to use that knowledge properly. That is the whole of homoeopathy. The task is Herculean. Pierre Schmidt shows us how to perform it with Euclidean elegance and ease, going right to the core of the whole matter. And he makes it look easy, without ever cutting corners, or flouting the established protocol of repertorising and prescribing. These extracts from his teachings do just that, and we publish them to honour his memory.

The subject of these lectures is the very core of homoeopathy. Pierre Schmidt spent the whole of his life teaching it in Europe and in India. His lectures were recorded or written down, sometimes published. In the course of time several versions of the lectures appeared. Some were more accurate than others, but they all contributed to the spread of classical homoeopathy.

The present translation has been approved and authorised by the Fondation Homoéopathique Pierre Schmidt. It accurately conforms to the original French text of Pierre Schmidt's lectures published in the *Cahiers Hahnemanniens de Lyon* by Jacques Baur, the indefatigable spokesman of Pierre Schmidt and of classical homoeopathy.

I would like to express my thanks to the Fondation Homoéopathique Pierre Schmidt for the grant that made this translation possible, and to Dr Jean François Paille, secretary general of the foundation, for permission to publish it, and to Peter Pendleton for preparing the text for publication.

Alain Naudé

The Art of Questioning the Patient in Chronic Cases

In our homoeopathic journals we do not often see articles on the art of examining and, especially, questioning patients, and yet this is essential in medicine, and particularly in homoeopathy.

Let us see now what are the bases of all questioning, which is the best classification of the questions to be asked, how they should be formulated, and how we may know if they have been asked correctly. I am not trying here to give you a complete questionnaire, but the shortest possible questionnaire to obtain the best possible results when time is limited. This is a questionnaire of the practising doctor who has only about thirty minutes to question a patient. There is a much more complete questionnaire, the questionnaire of Kent, but it is thirty-two pages long and it is especially useful to dig deeply into certain parts of the interrogation of the patient.

In chronic diseases the questions must be based on the rules of homoeopathic semiology concerning the value of symptoms, in our constant effort to consider the patient as a whole, to see the patient in his totality and not just a single organ or a single part of him, not just the disease, its pathology and diagnosis, but the living patient, who suffers, feels, and thinks.

Naturally I am not speaking here of the history of the disease, of the hereditary personal antecedents. I am not speaking of all these bits of information which are, of course, a part of the case-taking, but which do not present any particular difficulty that can be compared to the difficulty of direct interrogation, when the patient has freely exposed to his doctor the whole list of his symptoms. I say “freely” because I know doctors who attack their patients and stop them in the middle of a sentence, saying, *No, that doesn't interest me.* That kind of questioning interrupts the dialogue and skews the relationship between

doctor and patient, and it is a considerable psychological mistake. We should all know the masterful exposé given in the twenty-third, twenty-fourth, twenty-fifth, and twenty-sixth chapters of Kent's *Lectures on Homoeopathic Philosophy*, which deal with this subject.

In acute diseases the questionnaire is mainly based on the four themes of Hering, which we will speak about later.

So what is the classification we should adopt in this matter of questioning? We have on the one hand the advice given by Hahnemann is his *Organon*, and on the other hand the remarkable work of Kent in chapters thirty-two and thirty-three concerning the value of symptoms. Finally we have the numerous classifications established by Drs Robert Gibson Miller, Grimmer, Gladwin, Greene, Loos, Margaret Tyler, Del Mas, Stearns, and others, to mention only the most important. We will be going beyond the scope of this study if we try to examine and comment on too many different classifications, which in their main lines are rather similar. The questions that I am going to indicate now are really useful when time is limited. They are questions that every homoeopath must know, because they allow him to appreciate the essential core of a case without getting lost and distracted, as can often be the case when the patient leads you on. In order of importance we would like to mention first of all for chronic diseases the following:

- 1) *Mental Symptoms*, of course only if they really represent the subject and are characteristic. If you have only generalities like a little irritability or depression, that is absolutely without any interest. You have to find modalities or symptoms that are really typical. To find out if a symptom is characteristic we have only to open our *Repertory*. If you find a rubric with five hundred remedies in it, that won't interest you at all. You need a rubric of three to ten lines containing, if possible, remedies in the three different degrees.

- 2) *General Symptoms.* These are the reactions of the organism to all external influences: heat, cold, weather conditions, movement, and so on, everything which places the individual in contact with the world around him. These symptoms are essential because they concern the whole of the person and not just one of his parts.

- 3) *Alimentary Desires and Aversions.* A patient who has a great desire for salt, and puts salt on his food even before tasting it; or one who can't get through the day without sugar or chocolate; or who has a dreadful aversion to cheese or cabbage; all this interests us enormously, provided these desires or aversions are marked. In this chapter one must add alimentary aggravations: a patient can love eggs but not tolerate them, and that interests us very much also.

- 4) *Sexual Symptoms,* especially in women concerning the periods; equally, psychological, subjective sexual symptoms, always very important because the more symptoms are subjective, the more they interest us, which is the opposite of classical medicine, which disregards them, except for psychiatrists, for whom subjective symptoms are essential. Subjective symptoms characterise the patient. His personality is made up of them. They belong to the medicine of man, and not to the medicine of the sickness. In addition, these sexual symptoms belong to instinctive manifestations and concern the instinct of self-preservation, as well as biological cycles. Therefore these sexual symptoms are very important. Naturally they require much tact and circumspection from the physician. This question depends on our personal education, our formation, our understanding of human psychology, to know how one can raise these questions without offending. Certain patients can be questioned right from the start about these matters, but for others you have to wait for several more meetings before you can talk about them. In the same way, in examining a patient,

you don't have to have him undress completely the first time you see him. Psychology and tact are involved in all of this.

- 5) *Sleep and Dreams.* These symptoms are very important, because they belong to the subconscious. We don't know what happens during our sleep. Many theories have been formulated according to different philosophies, but really the only thing we know is that something happens during our sleep, because during this happy period we have no consciousness of our physical condition. Some people think that carbonic acid poisoning is involved, others think that it is an astral journey: in a word, we really know nothing; and this is quite a disturbing matter, when we reflect that one of the blessings of heaven is so unknown to us. This period has great importance for homoeopaths, the period of sleep.

What position do we lie in during our sleep? We don't just lay ourselves down any old way. And why do some people lie down obliquely, and others with legs outside of the covers, or one leg raised? Some people sleep with open eyes, others with a chin that hangs. Some grind their teeth, cry out, speak, laugh, or weep. There is a whole symptomatology of sleep, which will test the degree to which the patient and the doctor are observant. Of course dreams are only important if they recur. I remember a case that Dr Weir cured by understanding the dreams of his patient; nobody had asked him about it, and this patient was always dreaming about cats, which formally indicates Pulsatilla, and Pulsatilla very quickly cured this patient.

If you explore these five large chapters of symptomatology, without even asking yourself why the patient came to see you, whether it was for rheumatism or eczema or glaucoma or anything else, you will have the principal indications which will allow you to cure much more than you would if you simply gave "the remedy" for glaucoma, for

eczema, or for rheumatism, because in this way you would be touching the central core of your case.

One should also consider *etiological symptoms* and always look for them right from the beginning: since when, after what event, did the sickness start? Maybe it was the death of a friend, the loss of money, a disappointment, a vexation, a mortification, an indignation, a fit of anger, or perhaps an acute sickness, a vaccination, etc.

These five categories represent for every homoeopath the very base of the characteristic symptomatology of the sicknesses. They are like the fingers of the hand. The thumb represents mental symptoms, which are inseparable and indispensable in every therapeutic act. With these five groups the practising physician holds in his hand the essential elements of the case he is considering. Any other symptom, whatever it is, or to whatever organ or region it belongs, is secondary, because it is pathognomonic and it can frequently be set aside, unless it is particularly striking, strange, rare, or characteristic, or endowed with truly strange modalities.

Forget the rheumatism of the knee, forget the eczema, forget the enterocolitis, for which the patients come to consult you, and prescribe for these five categories of symptoms. By following this rule you will make beautiful cures. You will have treated the patient, and he is the one you will cure, the sickness will disappear on its own. Never forget that morbidic symptoms are consequences and results, and that the symptoms that are presented by the patient are anterior to these results. Therefore prescribe for the patient; it is the key to true therapy.

Only after this series come the *local symptoms* related to the different organs. If there is some hesitation between remedies that are to be considered, they will allow you to make the choice, but more often they will respond to the remedy which corresponds to the characteristic totality of the case you have considered.

But if, theoretically, the order of this classification seems the most logical and acceptable, it is not practically so. Experience has brought me precious information in this matter. At the beginning of my practice I started every interrogation, every case, finding mental symptoms, but it was not long before I discovered my mistake. In fact, a new client, who doesn't know and doesn't understand anything about homoeopathy is not only surprised, but somewhat offended by an interrogation about his character and his affective, emotional reactions, when in fact he has only come to consult one for headaches or pulmonary tuberculosis or prostatic hypertrophy. Quite often he gets the idea that one is subjecting him to disguised psychoanalysis, and that one takes him for a mental case, and the doctor very quickly discovers the error he is committing, from the way the patient replies, what his attitude or opinion is. I have even had patients who got up and left the room, telling me that they couldn't stand being questioned in this way.

On the other hand to take the mental symptoms last, at the end of the visit, is also a psychological mistake, because, in that case, the patient is tired, and since, from his point of view, those symptoms have nothing to do with the sickness he came to consult about, and there was nothing important or essential about them, he replies without attention, shortly, almost without thinking, and shows you his impatience and his haste to be done with it.

Which method should one follow? Experience teaches us that it is best to start with general symptoms, and then, having made contact and established confidence, to address the mental symptoms, after explaining rapidly to the patient their primary importance in homoeopathy, because man is superior to the animal, who has only rudimentary mental symptoms. In allopathy, on the other hand, mental symptoms are considered to be negligible. Homoeopathy bases its entire therapy on the effect of medicines observed on healthy man, the effects that are both physical and psychological, whereas official medicine is based on experiments made only on animals, obtaining therefore only physical responses. Wasn't it Pascal who said: "*It*

is thought which makes the greatness of man.”? And it is man that one cures before curing the house within which he lives.

After this we have aversions, desires, and alimentary aggravations. After that, symptoms related to sleep and dreams. And finally, at the end, a category of symptoms that is very important for women: those which have to do with menstrual indispositions. Concerning questions related to sexuality, as we have seen, it is very rare that one can bring them up right at the beginning, in the first visit. At the very best one can raise them with lots of tact whilst one is talking about antecedents, hereditary illnesses, or the chronological list in the patient's anamnesis. After the questioning concentrating on essential questions it is a good idea to consider some of the symptoms that the patient himself has told you, and more particularly those that appear strange, rare, unusual, unexpected, and to examine their modalities so as to make a judgement about what their real value might be, and what position one might give them in the hierarchical classification of symptoms, which has to be established after this.

Sometimes it is a good idea when you see a patient coming with a little paper which he has prepared in advance, to let him talk as much as he likes and tell you all his symptoms until he is satisfied, without even questioning him. It is very important to let him express himself. Naturally if, half an hour later, he hasn't finished you can tell him how important what he's saying is, and that you will have to continue the visit next time. But it is a mistake to prolong the consultation for hours on end. In this way the patient will never be able to say that the doctor was in a hurry, and didn't have the time to listen to him.

Always listen patiently. It is a funny thing, but the patient is such an egoist that he loves talking about himself and never tires of that subject. When he starts talking about himself, there are no more trains that he has to catch, no more pressing appointments he has to keep. The patient is so enchanted when this story lasts for a long time and when one can listen to him with patience. You owe it to your patient

out of politeness to listen to him attentively and to concentrate on what he says, and even from a purely psychotherapeutic point of view it is an excellent beginning. And it is only when your patient has really finished that you can start questioning him. There is nothing worse than seeing the patient taking from his pocket a long list of symptoms he has prepared after you have examined him for three quarters of an hour. That is why I always ask him if that's all he has to tell me, if he has finished, and if he's quite sure he hasn't forgotten anything. And when he is exhausted, at that moment we can start asking questions.

During your consultation, you must always examine some organ of your patient, auscultate him, look into his eyes or into his ears. A patient who leaves your office without having been examined feels somewhat frustrated. The consultation itself doesn't count for him, but if you have examined something, taken the blood pressure, or anything else, he is quite satisfied. Human beings are like that. They want you to look at something in them.

For my part I very much like examining their eyes: I always learn something and this has the great advantage that when the patient has his jaw resting on the chin stand of the corneal microscope he can no longer talk! And one can reflect in peace in this moment of respite.

When I started my practice I observed the doctor who was our family physician and had a wonderful success in Neuchâtel. He wasn't by any means the best of doctors, but he had a huge crowd of patients who adored him. Why? This doctor was always impeccably dressed. He was perfectly clean, his nails, his hands, his collar, all were clean, and his hair was well combed. He always arrived on time for the consultation, and for every patient this doctor always auscultated the heart. That is another time when patients don't talk! What is more, the homoeopath must not only know his homoeopathy, he must also know what is going on in the so-called opposite camp, and remain up-to-date about the latest medicines.

After the theoretical questionnaire that we have been speaking about, let us look at the very practical questionnaire made up of questions based on Hahnemannian precepts. All these questions that I have chosen are intentionally questions that correspond to remedies that one can find in our materia medica, but more particularly in Kent's *Repertory* in the medium-sized rubrics, containing remedies in the second and third degrees, if possible, and not those rubrics that are very long, like "Sadness", "Night aggravation", "Thirst", and so on, which include just about all the remedies.

It is useless to ask questions that don't correspond to our materia medica. In fact that is why allopaths don't ask questions about subjects that don't interest them from a therapeutic or diagnostic point of view, because they are not mentioned in their literature. The same applies to us. Naturally we are interested in everything we find in our materia medica, and our materia medica is so rich and abundant that it is very rare not to find a symptom belonging to a patient. If you don't find a symptom in the *Repertory* there are two dictionaries on "Sensations as if".

How to formulate questions

Preliminary questions

- 1) *In what part of you are you suffering, and what would you like to cure?* This is the preliminary question. It is important to ask it at the beginning, even if you don't use it, because that is the question that interests the patient. The patient will then describe especially local symptoms which he considers the most important, but which the doctor will hardly take into consideration, except as a last resort. For the patient it is an excellent exteriorisation, and which one must allow him to complete to the very last detail. We are not making a psychoanalysis, but we are proceeding with a psychological analysis, which is something quite different, because here the doctor and the patient remain at the same level.
- 2) *What are the remedies you are taking at present, and what effect have they had on you?* What is the good, gentlemen, of looking for a remedy for symptoms which have been caused by some drug the patient has been taking, and which will disappear when he stops taking that drug? If a patient takes streptomycin and complains of itching, of symptoms of allergy, or auditory symptoms, the first thing to do is stop the streptomycin. Quite frequently the patient will not tell you what he is taking, and he will continue to absorb these drugs thinking that they have absolutely no relationship to the homoeopathic treatment.

After having patiently listened to the exposition which the patient has made to you it is often quite useful to say to him, *I listened to you without interrupting you, but now we are going to change the roles. Don't be surprised if I stop you in your replies in order to ask you some further question. That means simply that I've already received the reply I was expecting from you. Don't think that in proceeding*

in this way I am disrespectful of your reply, but it is because in that direction a longer explanation from you won't bring me any useful detail which is new or interesting. In this way you put yourself in a sympathetic correspondence with the patient. I started my practice turning all the pages of the rubrics of the *Repertory* describing general symptoms and mental symptoms and I needed forty hours to question my patient! Now I have reduced that to one and a half hours and in that time I can make an absolutely complete interrogation, and the one I am presenting you is even much shorter, but it contains all the essential information.