

Book Reviews



The Art of Case Taking: Selected extracts from the writings of Pierre Schmidt

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Reviewer: Ben Gadd



Healing the sick comes down to two things: obtaining from the patient the most complete and clear knowledge of his condition, and knowing how to use that knowledge properly. That is the whole of homœopathy. So states *Alain Naudé*, the translator of these writings from *Pierre Schmidt*, concerning how to take a case, and providing insights from nearly half a decade of practice.

Schmidt was a second-generation student of *Kent*. His Kentian lineage is evident throughout the book; he prescribes for the patient and not the disease, and local symptoms are used as a last resort. He starts by looking at chronic cases; he discusses not only what should be asked, but also how it is to be asked, how to formulate questions — the so-called ‘art of case taking’. He covers all the domains of chronic case taking and includes the best sequence of questions for the patient, especially when time is short and the patient may be naïve about homœopathy.

After examining chronic cases, Schmidt looks at acute cases, utilising the work of *Hering* and *Bönninghausen*, which follows with a consideration of treating defective cases, including relevant homœopathic philosophy.

But this is more than a book about case taking. Schmidt describes indications for the prescription of medicines for certain groups, such as elderly patients, cardiopulmonary patients, nervous subjects, etc. This section includes differential materia medica involving smaller or lesser-known medicines. The book finishes by looking at nosodes and additional therapeutic considerations, including miscellaneous advice on case taking, the treatment of various conditions, materia medica, dietary and lifestyle advice, and therapeutic hints for defective cases. The book lacks an index, which would help with finding some of the information buried within these pages.

Many of the therapeutic hints appear to come from personal experience, or information handed down by his teachers, e.g., he suggests

that *Merc cor.* works better and more frequently for men, *Merc sol.* for women, and *Merc viv.* for children. At the same time, he cautions against typecasting medicines insisting, for example, that there are plenty of men who need *Pulsatilla* or *Sepia*. Some of his advice lacks a rationale, e.g., wherever possible to start a case with a plant rather than a mineral medicine.

Schmidt’s list of questions used in chronic cases (found in the last five pages of the book) is extensive. One often sees many of these questions replicated in the questionnaires given to patients by homœopaths who use such tools. This list of questions is similar to (but more condensed than) those found in *Kent’s ‘What the Doctor Needs to Know’* and seems to have fallen out of fashion in modern case taking approaches, with a focus on ‘case witnessing’ and a different style of psychological inquiry. As such, for some readers the book may jar slightly, and appear more of an historical work.

Schmidt thought a strong working knowledge of the repertory essential in questioning patients. One cannot keep all this knowledge in one’s head. Towards the end of the book, he makes suggestions for additions to rubrics based on his clinical experience.

The therapeutic relationship is primary for Schmidt, although some may find his approach a little overly paternalistic. In a chapter on how to question the patient about mental and emotional symptoms, his opinion was that when a doctor makes the patient weep or laugh at the first visit, ‘he has touched his heart, and that is very important’. He emphasises putting the patient at ease by attitude, kind words, tact and discretion. He stresses the importance of always providing explanations and rationales to patients.

The book contains many anecdotes. He reminisces about learning from *Dr Gladwin*. After he had interviewed a patient and written down 40 symptoms of which he was immensely proud, she took a pencil and drew a line through them, giving a reason why each symptom was not acceptable, until not a single symptom remained. He confesses to feeling confused and diminished, but from this learned to question the patient to bring out more useful information. There is another humbling anecdote from the London Homeopathic Hospital, where he was on a ward round with *Drs John Weir* and *Margaret Tyler* and confidently expressed his opinion on required medicines based on single symptoms until taken to one side and shown the repertory. He recounts a story of an Italian physician who was so bothered by patients whilst on holiday that he set up a clinic outside his holiday house under a shady tree and gave

all who attended sac lac, with remarkably favourable results.

There are glimpses of Schmidt’s character in his writing. Physically examining the patient, where the patient was silent, allowed him to ‘reflect in peace in this moment of respite’. Schmidt was not averse to using various techniques that would have sceptics incensed, such as biorhythms, ophtho-diagnosis to detect rage or repressed anger, numerology, nominology, and graphology.

The book is well bound and beautifully presented, as we have come to expect from Emryss Publishers. The content has a small overlap with material in ‘*The Art of Case Taking*’ and ‘*The Art of Interrogation*’, which are available for a few dollars from B Jain Publishers. However, there is much new here that comes from a wide collection of writings and lectures.

The homœopathic consultation is unique in medical practice, and research indicates that it leads to satisfied patients and improved health outcomes. This book is a valuable addition to any student or practitioner library, especially for those interested in continually developing and refining their skills in this important area of practice.