

RUFUS OF EPHESUS

ON THE INTERROGATION OF THE PATIENT

Introduction

[RUFUS OF EPHESUS is one of the greatest of the immediate predecessors of Galen, who often quotes him. He is believed to have practised in the time of Trajan; that is, in the earlier part of the second century A.D. Like Galen, he learned his anatomy at Alexandria, and some parts of his important work on anatomical nomenclature are included in the present collection. Most of his work, however, has been lost. His method is essentially eclectic and synthetic; he incorporates the best features of the various Greek medical schools.

The treatise "On the Interrogation of the Patient" exhibits these synthetic tendencies well. It is an appeal for breadth of vision in medicine, and particularly for consideration of the time-factor in disease. He would have us take "the history of the case" into account and not content ourselves with merely observing present signs and symptoms, however minutely. With him, as with all experienced physicians in all ages, disease is a process rather than a state. This thesis is, of course, fundamental in the teaching of Hippocrates, as illustrated, for example, in the "Prognostic" (cf. p. 83). Yet, while Rufus agrees with Hippocrates that a consideration of present signs will often tell us the future, he asserts that often we must know the past as well, before the future can be accurately gauged. He is particularly severe upon one Callimachus, who apparently belonged either to the Empiric or the Methodic schools, neither of which interested themselves either in causation or case-histories (cf. General Introduction, pp. 15, 18).

The following is the general line of argument followed by Rufus in this treatise:—We must ask questions—both of the patient and those about him—in order to arrive at this necessary knowledge of past factors. And there are other

important factors besides the original "cause"; such are the patient's inherited disposition (*physis*) on the one hand, and what he has accustomed himself to on the other; again, certain localities have characteristic (endemic) diseases, often due to the qualities of the local water and so forth (compare Hippocrates' "Airs, Waters, and Places"). Incidentally Rufus gives us interesting clinical notes on hydrophobia, on guinea-worm disease, etc. He ends with some critical notes on Hippocrates, whose method he thinks needs to be supplemented by his own.]

Start *Greek text, Ch. Daremberg's edition, Paris, 1879.*

[What can be learned by questioning the patient. First, his manner of speaking gives us indications of his mental and physical condition.]

One must put questions to the patient, for thereby certain aspects of the disease can be better understood, and the treatment rendered more effective. And I place the interrogation of the patient himself first, since in this way you can learn how far his mind is healthy or otherwise; also his physical strength and weakness; and you can get some idea of the disease and the part affected. For, if his answers are given in a consecutive way, and from memory, and are relevant, and if he shows no hesitancy either in judgment or utterance; if he answers according to his natural bent; that is to say, if, being in other ways well-bred, he answers gently and politely; or if, on the other hand, being naturally bold or timid, he answers in a bold or timid way, one may then look on him as being at least sound mentally. But if you ask him one thing and he answers another; and if in the middle of speaking his memory fails him; if, again, his enunciation is tremulous and hesitating and he exhibits complete changes of manner; all these are signs of mental inadequacy. In this way one also appreciates deafness in a patient; if he does not hear, one must in addition inquire of those about him whether he was in any way deaf before, or whether it is the disease that has made him so. This is a very important diagnostic point.

As to the physical strength or weakness of patients, you will recognise these clearly if you have to do, on the one hand, with an individual possessing full vocal power, and who relates events in a straightforward way, while another makes frequent pauses and speaks in a feeble voice.

By such questioning one also gets some idea of the kind of disease and of certain conditions which are common in the chest and lungs. Thus misplaced boldness or depression are signs of *melancholia*, and it is chiefly by his speech that an individual shows boldness or grief. He shows these also in other ways, but if the physician has the experience we are speaking of as well, he will now easily diagnose the condition. Further, an individual sickening for lethargic fever (*lethargus*) is observed, when answering, to forget what he says and to be uncertain in his utterance. This happens when there is fever; in default of which, convulsions and epilepsies may be looked for. Generally speaking, if the whole thing is a matter of mental disturbance, this is more easily recognised by the method of questioning than by any other.

Again, the state of the chest is evidenced by shrillness or hoarseness of the voice; thus in phthisis and asthma the voice is shrill, while in empyema, in throat conditions, and in severe catarrh it is hoarser. Those whose tongues are paralysed cannot speak at all.

[When other people besides the patient have to be questioned. What questions must be asked. Importance of knowing on what day of the disease certain symptoms occur.]

Thus, as I have said, one must begin by questioning the patient himself regarding such points as are necessary to know; next also those about him should be questioned, if there are any obstacles from the side of the patient in getting information. Such obstacles are: severe mental disturbance, apoplexy, lethargus, catalepsy, aphasia, or other forms of mental weakness, or complete bodily debility, or where it is desirable to speak as little as possible, as in hæmorrhage from the lung. In the case of a child also someone else must be questioned; also in the case of a very old person; where a patient does not speak one's language, an interpreter must be employed.

First we have to ask at what time the illness began; this is most valuable both for treatment and for reckoning the critical days; it suffices for setting us on the look-out for the periodical occurrence of the latter. In fact, to know when the disease began is of great value for a complete diagnosis of the illness; the same symptoms, when they appear at irregular times, have varying significance.

[Importance both of innate nature and of habit. "What is one man's meat is another man's poison." Likes and dislikes. Habituation to food. Error of Callimachus, who holds that diagnosis and treatment may be based entirely on symptoms, and that to study the history of a case is superfluous.]

The next thing to ask is whether what has now happened is one of the diseases to which the individual is accustomed, or is something which has never happened to him before. For, speaking generally, many people fall ill more than once with the same disease, have the same symptoms and are similarly treated. The physician might fear that these would be very difficult to prevent, and unsuitable for treatment; yet they find them not serious for this individual at least, nor unsuitable for treatment in the present case. Indeed in all cases *Habit* is of the greatest importance, both in aiding tolerance of serious conditions and in promoting cure. Accordingly, I believe that it is well to inquire also about each person's nature (*physis*) in various respects: we are not all naturally the same; we differ very greatly from one another in all sorts of ways. Thus, if you take the trouble to ask how matters are with regard to digestion, you will find some things easily digested by some people and badly by others. Again, drugs taken to cause catharsis, or which are passed by the urine, act differently on different people, certain purgatives even producing vomiting, and certain emetics causing purgation. In a word, none of these substances is so constant in its action that the physician can place it in a single category.

The patient must therefore also be asked how he is naturally affected by each article of food and drink; if he is obviously used to any drug, this also must not be overlooked. We shall, in fact, have most success by thus asking the patient as well about anything that happens in his case out of the ordinary. As a general rule one will ask whether he has a good or a bad appetite, whether he tends to be very thirsty or not, and also of his *habits* in each respect; for it is a great matter to be acquainted with a person's habits; no less, indeed, than with his natural disposition. The fact is that food to which one is accustomed is taken with less trouble than food which might otherwise seem best. It is important also to know in what way the patient has learned to take his food, in what quantity, and how prepared. In short, all customary things are best, for the sick as well as for the healthy.

By asking about the habits also one may judge more

accurately regarding a person's judgment, his conversation, whether he is careless, and of his activities in general. For what is habitual to a person when well gives no clear evidence of itself when he is ill, and it is not possible for the doctor to find out any of these particulars by himself; he must ask either the patient or some of those who are about him.

This is why I am surprised at Callimachus; he alone of all physicians of the past—or at least of those to whom one would pay any attention—maintains that it is unnecessary to make any inquiries either about other diseases or injuries, and particularly those of the head. He holds that the physical signs (*semeia*) in each case are enough to indicate both the disease and its cause, and that on these we can base the whole prognosis and a more efficient treatment. He considers it superfluous to ask about even the determining causes of a disease, such as the manner of life and the various occupations, or whether the patient happened to be tired or cold when he was attacked. He maintains that the physician has nothing to learn from any of these, if he will but carefully consider the signs occurring in each disease.

My own view, however, is that, while one may discover a great deal by one's self about disease, yet one does this best and most definitely by means of questions; for, if the result of these corresponds with the signs found, the condition is then more easily known. For example, supposing a patient tells us that he had been taking more than his usual amount of food and drink, and that he now feels as one might expect to do if surfeited; then one may safely diagnose his condition as surfeit, and, furthermore, we thus discover the whole treatment. Or, again, if a patient says that he has been doing a great deal of hard work, and that his feelings are as might be expected if one were exhausted, here again we have a more easy way of discovering the ailment—viz. that it is exhaustion; and we will apply the treatment likely to help exhaustion. Certainly in such conditions the signs do also afford some indication for diagnosis, but as regards the duration of the illness, the patient's habits in various respects, and his natural disposition—all these, it seems to me, can only be known by asking, and to know them is, in practice, more important than anything else.

[Further examples of the importance of asking questions. Internal and external causes of disease. Inquiry into dreams; their prognostic significance. Humoral theory of dreams.]

Further, the diagnosis of diseases is different according as they are of internal or external origin; and no doubt internal are more serious than external ailments. Thus, supposing our patient is tremulous: the tremor produced by cold or fear is less serious, while that from internal causes is more so. Or, if he is delirious, the delirium produced by strong drink or by some intoxicating drug is more easily healed; that otherwise produced is less so. Similarly in all cases you will find the method of treatment also to vary; where over-strain is present, one case being due to excessive exertion and another to surfeit, the former needs rest, sleep, gentle massage, and hot baths, while the other must work, must keep awake, and must be depleted in various ways. This shows how very important it is for the medical man to ask carefully also about causes; indeed it is impossible to know without asking. Hence even where signs are present one must ask questions. For example, where there is any lividity, one inquires whether this is not due to a blow, or to the patient's age, or to the time of year; for if it is not, and the lividity is due to fever, this points to a fatal termination. Or if the tongue is dry, we ask whether the individual is not suffering from thirst or has not been purged excessively; or if the tongue is black, we ask whether he has not eaten something black; such conditions as these would not give the doctor uneasiness. Similarly also one must inquire about the discharges in disease—about the urine, fæces, and saliva; this is of great importance as regards their quantity, their strength, and their colour, also to know what food produces them, its quantity, quality, and how often it is taken.

Inquiry must also be made about sleep; whether the patient has been sleeping or not; also what his usual habits are with regard to sleep and wakefulness, and whether he has any visions or dreams; even from these the doctor may draw conclusions. Now, one cannot write down all the details of every case, but only such as will make the argument clear and will remind the physician not to overlook any such matters. Thus, Myron of Ephesus, a wrestler, when apparently in good health, had the following dream:—he imagined himself to be lying the whole night in a black marsh filled with fresh water. On rising, he mentioned this to his trainer; the latter, however, attached no importance to it, and set him to his exercises. Myron was not half-way through these when he was seized with shortness of breath, feebleness, and