STANDPOINTS IN MEDICINE.*

By F. Bennett Julian, M. B., Ch. B.

Ladies and Gentlemen,—There are three duties which fall to the lot of one who is elected President of a scientific congress. The first is to express in felicitous terms his appreciation of the high honour conferred, and to deplore, also in choice English, his inadequacy for the task; the second is to welcome the visiting delegates; and the third is to make some real contribution to the sum total of human knowledge.

The first duty I propose to shirk, not that I do not appreciate the honour, nor because I do not realize my shortcomings; but simply because lack of time and rhetorical ability forbid it.

My second duty I embrace with pleasure, and extend a very hearty welcome to all those who have, with admirable self-sacrifice, exchanged the delights of their daily toil for the strenuous labour involved in attending a congress. May I express the hope that all who are present may derive such benefit that their daily prayer hereafter may be for more and yet more ulcer cases to treat.

The third duty I must delegate to those who follow me. The opportunities for research are not granted to many, and I am not one of the chosen few. But if this address is not a real contribution to the literature of the subject, it is my hope that it may prove a stimulus to some of those present to look about for other possible avenues to truth than those which they have already explored; and especially that it may arouse interest in that principle which Hahnemann first clearly enunciated, and which generations of sincere, gifted and industrious medical men have since proved to be a sound generalization.

It was Sir Berkeley Moynihan, I believe, who defined a surgeon as "a physician condemned to practise surgery." One hesitates to modify the aphorisms of the great, but I venture to suggest that the condemned one soon learns to enjoy his punishment, and moreover develops a new orientation which definitely separates him from

* The Presidential Address to the British Homœopathic Congress, Liverpool, September, 1928.

the physicians, from the exalted ranks of which he was fallen to his present pitiable state.

The reason for this gulf between physicians and surgeons is, I think, that surgeons are accustomed to think in terms of pathology. They are constantly seeing organs in a badly-damaged condition, because the cases are not generally sent to them until the condition is one of gross pathology. One wonders sometimes if the surgeons would know what to do with these cases if they saw them early, apart from referring them to a physician.

The physician, on the other hand, sees these cases before they have progressed to the condition of gross pathology. His business is to prevent the development of gross pathological changes, and to restore normal functioning without the removal of affected organs. His standpoint consequently should be different from that of the surgeon.

Unhappily, the tendency of modern medicine is towards just such a position as that which properly belongs to the surgeon, and the consequence is that, the surgical viewpoint, having become the dominant one, surgical procedures become morally inevitable. I maintain that if one keeps in one's mind's eye, when dealing with a patient, a picture of the pothological condition, such as would be seen in an operation upon that patient, it is almost inevitable that, if the condition is one that can be dealt with surgically, the ultimate solution will be surgical; one's medical measures will be hesitating and half-hearted. No! the motto for the surgeon may be "Think pathologically", but it is a poor one for the physician.

I do not mean by this that the physician should neglect the pathological aspects of the case before him—for the *purposes of diagnosis and prognosis it is indeed essential that he should keep them in his purview*. But if he is *dominated* by the pathological picture, actual or assumed, his prognosis will tend to be much less hopeful than is justified by subsequent experience. This may be no bad thing from the point of view of the physician's reputation, but its drawback is that it tends to hamper him in his medical conduct of the case. Having adopted the surgeon's viewpoint, one is strongly tempted to adopt the surgeon's method, instead of persevering with medical measures. The surgeons themselves state that many cases are sent to them which, in their opinion, are cases for medical treat-

ment. The reason for this is surely, to put it bluntly, "wind-up" on the part of the physicians.

Now it is my contention that medicine will never progress until the physician loses his fear of the surgeon, his obsession by the pathological picture. Let him cease from his contemplation of revolting specimens in glass jars, and let him pursue with renewed zeal and enlightened understanding his contemplation of the living patient.

Sir James McKenzie, whose loss to medicine is incalculable, gave a lead which all physicians may follow with advantage. He taught that patients should be dealt with individually; that no symptom was too insignificant to investigate; that the proper way in which to think was "functionally." He thought in terms of altered function, not in those of morbid anatomy.

One feels that if McKenzie had lived to pursue his studies he would in time have reached the concepts held and expounded by Samuel Hahnemann a hundred years before, concepts which modern research steadily continues to verify.

For these concepts are so modern, even in their exposition by Hahnemann, that one is almost forced, when expressing the most modern biological concepts, to use Hahnemann's very words. Some time ago there appeared in the *British Medical Journal* [1] an article by Dr. J. S. Haldane entitled "Biology and Medicine." A leading article in the same number was devoted to a critique of this article, which the leader-writer was inclined to regard as of great importance. Struck by something reminiscent in both the article and the leader, one opened Hahnemann's "Materia Medica Pura," and was surprised to find therein, in the introductory article, "The Spirit of the Homœopathic Doctrine," not only the leading ideas of Haldane, but his very phraseology.

Those who are not acquainted with Hahnemann's work are accustomed to think of him as a rather harmless lunatic who gave exceedingly small doses of medicine, and of his followers as equally harmless lunatics, when they are not knaves, who also give exceedingly small doses of medicine. It may surprise those who entertain such a wholly false idea of Hahnemann and his followers, to know that Hahnemann elaborated a whole philosophy of medicine, and that even more remarkable than his discovery of the principle of

similars was his conception of the dynamic character of life and disease. His motto was neither "Think pathologically," nor "Think functionally," but "Think dynamically."

Hahnemann was what we should now call a vitalist, and although well aware of the drawbacks of the vitalistic position, and the advantages, in some realms at least, of being a mechanist, his followers remain vitalists as far as their particular work, that of healing the sick, is concerned, and they find that the pragmatic value of such a philosophy justifies them in holding on to it. For, as divers great physicians, and even surgeons, have said, the body is not a test-tube, and the reactions in the body are not those met with in the laboratory. Sir Berkeley Moynihan [2] protests that he is far more interested in men than in mice, and in so saying he is voicing the protest of every true physician, of every homœopath, of Hahnemann himself.

For Hahnemann saw in the living body a force which was constantly holding in check the disintegrating forces which surrounded it. He saw in disease an interference with the integrating power of the life force, and his idea of treatment was a restoration of that integrity of the whole which is essential to the wellbeing of every organ. It followed then that he did not pay exclusive attention to the diseased viscus which happened at the time to be dominating the situation. In this respect, he was quite on harmony with modern views for we know now that the selection of a particular viscus is not *sine qua non* of a disease, for example, tubercle, syphilis, gonorrhœa, pneumococcal and streptococcal infections, &c.

The position taken up the modern *vaccine therapist* naturally occurs to one as being akin to Hahnemann's position, except that Hahnemann contented himself with stating facts, and wisely abstained from attempting to explain the rationale in current pathological terms, which were bound to become in time obsolete. It seems almost superfluous to point out the obvious homœopathicity of vaccine treatment in its practical application, and no amount of explanation in terms of antibodies, and other mythical oddities, should blind us to the fact that in practising vaccine treatment we are practising homœopathy, however crudely.

The standpoint of the homœopath is, then, different from that of the allopathic physician. It is not simply a question of drugs, though

the matching of disease picture and drug picture is the *raison d'etre* of such a stand point. The homœopath, having made his diagnosis in exactly the same way as the allopath, proceeds to forget it, and study the patient as a whole. All possible reactions to environment are studied—to heat and cold, to meteorological conditions, to society, to different articles of diet and beverages, to business and pleasure. Not only these, but also his psychological peculiarities, his aversions and predilections are included within the range of the homœopath's inquiries.

What interest has the allopath in his patient's psychological peculiarities? What value for him have such items of information as "I am much worse before a thunder-storm," or "I hate fish," or "My wife's voice gets on my nerves"? Surely, none at all in the case of a physical disease. Yet such information is valuable to the homœopath, for it is essential to a really complete picture of the patient as a living being in relation to his environment, and the homœopath knows that drugs have the power to alter healthy living beings in such a way as to produce exactly similar disturbances, physical and mental, as those caused by morbid processes. It is true that few drugs have been taken by provers to the extent of producing pathological changes in an organ, but then, the homœopath's attention is not directed to any organ, but to the patient as a whole. For even a study of the patient's symptoms, as relating to any part of the body, does not permit of sufficient individualization. There are, for example, over a hundred drugs which will cause a pain in the stomach which is aggravated by eating, whilst there are over thirty which will cause a pain which is ameliorated by eating [3]. The drug which a particular ulcer patient requires may not be even amongst these. The wisdom of the homœopath in refusing to be unduly influenced by a group of symptoms relating to a particular part will be obvious to the surgeons present, who know how often one fails to find and ulcer in a patient who has had the classical signs thereof, and what powers of mimicry are possessed by the stomach, duodenum, gallbladder and appendix.

Seeing that the homœopath sees a diseased person, whereas the allopath sees either a pathological or functional alteration in a viscus or several viscera, it follows that their respective standards of cure will be different. The allopath looks for the disappearance of the

symptoms or signs which brought the patient to seek his advice, The homœopath is not satisfied with this. He looks also for the disappearance of those other disturbances which few patients think of mentioning of their own accord, but which nevertheless are indicative of the continued presence of impaired well-being. A result which will satisfy an allopath will far from satisfy a homœopath. Indeed, it often far from satisfies the patient, though he has to accept his doctor's dictum that he is "all right now." As an instance of this, I quote the case of a patient who has recently come under my care, suffering from asthma and bronchorrhœa, dating from an operation for duodenal ulcer ten years ago. He has never had a recurrence of his gastric symptoms, and therefore would represent a cure from the surgeon's standpoint. But *he* is not cured. He has been continuously ailing ever since, though able to attend to his busines. The surgeon would very likely contend that there is no connection between the asthma and the ulcer. I do not intend to argue the matter. I simply use the illustration to point out that if a homœopath had had charge of the case from the beginning, and the patient had lost his ulcer symptoms only to replace them by his pulmonary ones, the homœopath would not have considered him a cure. I do not know whether surgeons as a rule, in their "follow-ups," ask specifically if medical aid has had to be sought for *any other condition* than the gastric trouble, but I think that, were this generally done, the results would give less occasion for satisfaction on the part of the surgeon. The great difference between the orthodox medical and the surgical results in the treatment of ulcer seems to be that the medically-treated cases come under treatment again for *ulcer*, the surgically-treated for some other complaint, the great advantage of surgical treatment being that it allows the patient to have any other disease but ulcer.

The truly inward nature of the disease which expresses itself in apparently purely local visceral disturbances is seen in one of the phenomena to which homœopaths are quite accustomed. I refer to the "cropping up" of old complaints during the course of the treatment. It is not at all uncommon to find old complaints which have been treated by allopathic means, and presumably cured, many years before, cropping up again, lasting for a short time and then disappearing without any special treatment. One could give many illustrations of this did time allow, but its existence tends to justify the opinion held

by homœopaths that many so-called "cures" are really suppression of disease, that the patient is not really cured, though certain of his complaints may cease to trouble him. And holding this view, the homœopath is careful not to make claims as to cures until he has satisfied himself that the patient has really been restored to complete health, and that his reactions to environment are once again those of his normal self.

It is interesting to observe how this attitude of the homœopath is being justified from allopathic sources. The constitutional element in what have hitherto been regarded as purely local affections is receiving increasing recognition. It seems rather curious, however, that in spite of this recognition the modern treatments still appear to be based upon the old conceptions, that is, the treatment is still directed at the viscus. In a recent symposium [4] on ulcer, held in New York, in which sixteen well-known American surgeons, physicians, radiologists and pathologists took part, no less than six laid great stress on the constitutional factor, and there were none who took exception to such an attitude, yet few of the contributors, in their suggestions as to treatment, departed from ordinary local measures, and those who had any fresh contribution to make kept their attention focused on the pyloric area. It must obviously be impossible to cure a constitutional disease by purely local measures, and yet those contributors spoke as though there were nothing incongruous in their remarks. That there must be some constitutional factor at work is seen in the occurrence of gastro-jejunal ulcer, though it is very difficult to get reliable figures for its incidence, there being wide variations from Moynihan's and Walton's 1·8 per cent., to Berg's 34 per cent., and Finsterer's 50 per cent. This last figure seems excessive, but I had it from one of Finsterer's co-workers whom I met in Germany only one month age.

Apart, however, from the consideration of marginal ulcer, it is interesting to study the recently published statistics [5] from the Royal Infirmary, Glasgow, in which it is stated that of 214 cases treated either medically or surgically, 33 per cent. of those treated surgically and 24 per cent. of those treated medically had to be re-admitted to some hospital for further treatment for their gastric condition, whilst many others had had to seek further medical advice on account of their gastric condition.

It would no doubt be fair to object to these statistics as not

representative of the experience of the best surgeons, and in a comparison of, for example, Moynihan's results with those of expert physicians using the alkali treatment, it would no doubt be found that the apparent advantage of medical treatment over surgical, which the Glasgow statistics suggest, would be disposed of, and the advantage shown to be altogether in favour of the surgeon. But all surgeons are not Moynihans, and it would be unfair to suggest that the standard of work done at the Royal Infirmary, Glasgow, falls below that of general hospitals throughout the country.

Surely these results are no encouragement to continue along present lines of treatment, and one cannot but agree with the conclusion with which the statistical review ends—"Our present methods of treatment are too much centred round healing the ulcer, and too little attention is paid to investigating the real cause of ulceration."

In weighing the rival claims of surgery and the orthodox medical treatment, I find that the scales come down heavily in favour of surgery. For the surgeon is at least consistent. He regards the disease as secondary, and searches for evidence of disease elsewhere before closing the abdomen.

The orthodox medical taeatment on the other hand disregards all other ætiological factors, and concentrates on the gastric chemistry. Seeing that the treatment is applied indiscriminately to gastric and duodenal ulcers, and seeing that in gastric ulcer the acidity is generally normal, or even subnormal, it is difficult to see how any case can be made out for intensive alkalinization. The advocates of this treatment apparently overlook the enormous value of the accompanying rest in bed and careful dieting, which in one case, known to me, was sufficient to effect a cure, temporary of course, without the use of any medicine whatever. It is interesting also to note that in duodenal feeding the gastric acidity curve reaches the same heights as though the food were introduced into the stomach [6], yet Dr. Ernest Young [7], whom we shall have an opportunity of hearing this afternoon has been able to cure many cases in less than three weeks by this means. If the acidity is the chief contributory cause of ulceration, or even if it is the chief bar to healing, how, it may be asked, do these cases recover ?

Apart from these fallacies underlying the alkali treatment, there are certain dangers involved which are very real. As Walton [8]

points out, cases have developed cancer under cover of alkali treatment, which would otherwise have been recognized. Apart from this, it must be obvious that the prolonged treatment must have a paralysing effect on the secreting cells of the stomach. I have recently had under my care a case of marginal ulcer, following grstro-enterostomy two years ago. The patient had had many months of alkalinization without any relief to his discomfort. A fractional test meal revealed marked sub-acidity, and relief was effected by discontinuing the alkali, and ordering a more stimulating diet.

I cannot see how, if the disease is, as so many surgeons maintain, secondary to disease elsewhere, or, as so many physicians claim, dependent upon some constitutional factor, the alkali treatment can effect a cure that can be called anything else than temporary ; and Walton's observation indicates that the disease process can make headway under the masking effect of the alkali, for the latter will, in the words of Hamlet,

> ....."but skin and film the ulcerous place
> While rank corruption, mining all within
> Infects unseen....." (HAMLET, Act IV, Sc. 3).

Another very obvious danger of the alkali treatment is that the temporary comfort obtained thereby unduly postpones the visit to the surgeon which must, in most cases, eventually be made. Apart from the grave risk of the two great catastrophes, hæmorrhage and perforation, which alkali treatment does nothing to prevent, this delay has the additional disadvantage that when the surgeon does get the case he has a much more difficult problem to deal with than he would otherwise have had.

Under homœopathic treatment, on the other hand, the patient either is really cured, or else comes to the surgeon's hands when the problem is comparatively simple—the reason being that under homœopathic treatment the ulcer will not be cured unless the patient is cured also, and if the conditions in the stomach are such that the patient's natural recuperative power, enhanced by the appropriate homœopathic treatment, cannot deal with them, the case is obviously one for the surgeon. Such conditions are hour-glass stomach, pyloric stenosis, and penetration. I cannot see how any of these conditions can be amenable to medical treatment alone, for the first two are purely

mechanical problems, whilst in the case of penetration it is, to me at least, inconceivable that an ulcer can heal, the base of which is formed by another viscus. I am aware that McLean states [9] that such healing can take place, but his argument is the argument from inconceivability, that is, he assumes that amongst the cases which he has cured there must have been cases in which such complications existed. This argument is, of course, quite unscientific, though plausible enough, and no one but a great physician ought to be allowed to employ it.

These cases, then, will not benefit from homœopathic treatment, and as they are not under the masking effect of alkalis, it will speedily become apparent that conditions exist which call for the surgeon's interference. So that, from the patient's standpoint, homœopathy is a great deal safer than allopathy, while from the surgeon's standpoint he gets his case while the surgical requirements are still comparatively simple, and there is as yet no necessity to sacrifice a considerable portion of the stomach.

It is, of course, essential, once the surgical condition has been dealt with, that the case should come back for constitutional treatment, in order to avoid, if possible, further trouble, and to enhance his resistance to invasion by infective agents which undoubtedly play such a conspicuous role in the production of ulcer. The only physician who is equipped for this work at present is the homœopath, for he is the only one who can be said to treat the constitutional state.

Sir Berkeley Moynihan, in his famous 1923 lecture [10] on the subject, after criticizing the orthodox medical treatment of ulcer, and emphasizing the dangers thereof, goes on to say "I say this not to encourage the physician quickly to relinquish these cases to the surgeon, but rather to suggest that medical treatment should be raised to a general level of efficiency and safety corresponding to that which surgical treatment has now reached".

I submit, ladies and gentlemen, that if this desideratum is to be achieved, it will be along the lines laid down by Samuel Hahnemann many years ago, and it is in order to demonstrate what treatment along these lines has already accomplished that this symposium on the subject has been arranged for to day.

N. B. References have been omitted.

The British Homœopathic Journal.