their medicines are not holding so well as they did in the old days, which might indicate that this poor quality food is beginning increasingly to lower the resistance of people still further. I would like to say to anyone who enquires, that Homœopathy has eased my work tremendously and made it much more interesting than it used to be.

—*The British Homœopathic Journal, Jan. 1951*

CHANGING CONCEPTS OF HEALTH AND DISEASE, WITH PARTICULAR REFERENCE TO "PSYCHOSOMATIC MEDICINE"

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COMMON SENSE DUALISM

I would like to ask those who talk about physical diseases arising in the body and psychological disorders arising in the mind and who argue whether disorder in the mind can cause physical disease in the body, to explain to what kind of a hypothesis of body-mind relationships they are subscribing ? So far as one can see, it must be a so-called common-sense dualism, which concieves of an independent immaterial mind in some mysterious way interacting with a material mind in some mysterious way interacting with a material brain and body. But I suspect that this popular dualism again depends on the two kinds of knowledge to which Russell Brain (1951b) has drawn attention. We have difficulty in equating events in our own minds which we perceive directly as thoughts and feelings with events in brains of which we have only indirect knowledge by inference, and we therefore regard our thoughts and feelings as more or less independent things, without pausing to consider the implications of this view.

But whatever ultimate belief or philosophical hypothesis we may entertain, so far as our observation can go, a person is surely a body-mind unity. We have no experience of mind separate from body in ourselves, and we cannot imagine such a state of affairs in anyone else. So far as our own observations and the inferences we can make from them go, a person is a body-mind unity; body and mind are in some way inseparable aspects of a person.

It would seem, therefore, that we must regard all diseases as states or modes of behaviour of a person who is a body-mind unity, and it follows, surely, that all diseases must be regarded as psychosomatic, in the sense this word is generally used. All diseases must affect in some degree both body and mind. We have no right, then, to divide diseases into physical and psychological, in the sense of that which arises in or affects the mind and that which arises in or affects the body, nor to say that something happening in an entity mind can cause something else to happen in an entity body.

But we can study diseased persons by different methods. If we study them by methods which provide information in physical terms we obtain information in physical terms. If we study them by methods which give an answer in psychological terms, we obtain information in psychological terms.

What we can do then is to group disease states roughly into those in which most of the relevant and useful information seems at present to be obtained by physical methods ; those in which most of the relevant and useful information seems at present to be obtained by psychological methods ; and those in which both methods supply relevant and useful information. The last group corresponds, of course, to what are often now referred to as the psychosomatic disorders.

But even this division can be no more than a rough and temporary grouping for the sake of convenience. For I believe it is true that the more diseased persons are studied by both physical and psychological techniques, the more

disease states we find in which both methods produce relevant information.

LITERATURE OF "PSYCHOSOMATIC MEDICINE".

The literature of so-called psychosomatic medicine—I shall come back to that term later—is already considerable, and I shall not attempt to review more than a very little of it, partly because such an attempt would need to occupy at least several lectures, and partly because I believe it would be unprofitable. For I suspect that a person's attitude to what may be called the psychosomatic method in medicine depends less on an intellectual evaluation of the literature than on his attitude to neurosis. Just as an overtly neurotic patient tends to arouse irrational feelings in most of us, so does the suggestion that illness, needless to say in ourselves as well as in our patients, can be fully explained only when psychological and physical factors are taken into account. We resist this suggestion as applied to ourselves, and we tend to deny it in our patients.

Earlier I quoted an article by Pickering (1950) in which he dismissed what he called the psychosomatic hypothesis in a few lines on the ground that the small amount of critically established fact on which it was based could be explained in other ways. But in doing this he makes an assumption: he assumes, it seems to me, that a satisfactory account of the causation of disease states, or some of them has been, or can be, given in purely physical terms; and that it therefore behoves those who are interested in the so-called psychosomatic hypothesis to prove their case by providing critically established fact.

But this is a big assumption, and I would ask those who make it to consider carefully in how many chronic diseases can they give a satisfactory account of the aetiology in purely physical terms? We come nearest to give such an account, I suppose in nutritional deficiencies and in certain chronic infections, where again one factor in the environment is of particular importance. But is that factor, even in these

instances, the whole story? A great deal is known, for instance, about the tubercle bacillus; but can we really explain on humoral grounds why some people become ill with tuberculosis while others do not, and, of those who do become ill, why in some the process is arrested while in others it is not? I doubt if we can, and I believe that studies of personal factors which may be concerned in the onset and course of tuberculosis such as those of Wittkower (1949) and of Day (1951, 1952) even though they do not amount to "critically established fact," are still of great interest in this connexion.

I would like to suggest that we may equally, and indeed with much more reason, start from the historically older and philosophically more satisfactory assumption that illness is a state of the whole man—in the sense that it is a state of a body-mind unity, and ask those who doubt the importance of psychosomatic method to establish their case by giving a satisfactory account in purely physical terms of the aetiology of even one of the chronic conditions which are at present described as of unknown aetiology. Peptic ulceration, ulcerative colitis, hypertension with all its sequelæ, rheumatoid arthritis, and asthma, to name but a few, await such an explanation.

But, it may be said, since rheumatoid arthritis can now be dramatically if not completely relieved by supplying the substance cortisone, we can surely regard rheumatoid arthritis as a purely physical abnormality, curable by physical means. And doesn't this make the complicated and difficult psychosomatic approach unnecessary?

Those who use this kind of argument are confusing mechanism with aetiology. The discovery of cortisone and A.C.T.H. has brilliantly illuminated, or bids fair to illuminate, the physico-chemical mechanism of rheumatoid arthritis amongst other things, but it has brought us no nearer being able to answer the question why a given person is taken ill with rheumatoid arthritis or how this illness can be prevented—just as the discovery of insulin and vitamin B12 has led to very great advances in our knowledge of the

physico-chemical mechanism of diabetes and pernicious anaemic without telling us why some people develop these conditions or how they may be prevented.

Medicine in undergraduate teaching schools, as Halliday put it, has shown hitherto a distinctly mechanismic bias, in the sense that it has devoted enormous energy to the explanation of the mechanism of disease in physico-chemical terms, relatively less to the environment, and still less to the person. But there are signs that this is changing. There have been, for instance, numerous psychological studies of personality types in different illness, notably the very extensive contributions of Dunbar (1943), and her colleagues from the psychiatric and medical divisions of Columbia University. My own feeling is that these and other personality studies, though of great interest, are somewhat inconclusive in that they seem to depend so greatly on the subjective interpretations of the observer, and it remains to be seen whether independent observers will always find the same personality types or range of types in the same illnesses. At the same time a start has been made on the more accurate study of physical types by means of Sheldon's method of somato-typing (Tanner, 1949).

To my mind the outstanding recent contribution to the study of man, rather than mechanism, has been the work of Wolf, Wolff, and their colleagues and Cornell University Medical College, over the last 10 to 15 years.

For details of their methods and results one must read at least their two monographs (Wolf and Wolff, 1943; Grace, Wolf and Wolff, 1951). Very briefly, one patient with a gastrostomy and four with prolapsed colonic mucosa were studied over considerable periods. The rate of blood flow, as judged by colour changes in the mucosa, and secretory and motor activity of the stomach and colon were measured in a variety of circumstances, and notes made on the effect upon them of ordinary physiological stimuli, of drugs, of the patient's life situation, and sometimes of emotionally coloured happenings, either occurring spontaneously or provoked deliberately during the course of the experiments.

I believe these are important studies for several reasons. They were performed on man, and intact man, except for the accident by which either gastric or colonic mucosa was visible. Instead of trying to standardize the conditions of their experiment by avoiding the complication of using conscious human subjects, or by what might be called eliminating the human factor, these observers standardized all the other conditions of their experiments so far as possible and deliberately set out to study, among other things, the effects on the stomach and colon of human situations and emotions.

What emotion the subjects were actually experiencing in the different experimental situations had, of course, to be inferred. But, given that the author's inferences were substantially correct, their results are of the greatest interest. I would like to mention one or two points which seem particularly relevant to my lecture. In an animal preparation the actions of a drug are usually constant and predictable. In these observations on man there are several instances where this was not so, and there the actual effect of a drug appeared to depend not on its pharmacological action but on the meaning of its administration to the particular subject. This is seen most clearly in the account of the effects of the intravenous administration of atropine on the colon in three of the subjects with colostomies. In two subjects who were thought to be in a state of relative security and relaxation the injections were accepted with apparent equanimity, and their effect was a profound decrease in motor activity of the colon and some blanching of the colour of the mucosa, as would be expected on pharmacological grounds. In a third subject, who resented the experiment, the same intravenous dose of atropine was followed by a great increase in motor activity and in the colour of the mucosa-changes which had been found previously in states of anger and, though the atropine produced its expected effects on

the salivary secretion and circulatory system, at no time was there any pallor or diminution in the motor activity of the colon. It appears that in this instance the physiological effect of the resentment aroused by the injection of the drug predominated over its expected pharmacological effect.

This observation is in fact a particular instance of something which appears throughout these studies namely, the important and often predominant effect on the subject's gastric and colonic function of the relationship existing at the time between the observer and the subject or, in more general terms, the physician and the patient.

Another point I would like to mention is the authors' finding that the colonic changes in anger and hostility were greatest in the two of the four patients who had conspicuous difficulty in expressing their feelings (and these incidentally were the two of the four patients who suffered from ulcerative colitis). This again only confirms what has long been held by psychiatrists, but the demostration that the actual changes in the colon were greatest in those who appeared to be suppressing their anger is new and impressive.

I believe this study is important not only for its content, but because it represents a new departure—the measurement changes in function in the organs of man, in health and disease, in relation to life situations and emotional states. It may well be the beginning of a new chapter in our understanding of illness.

HEALTH

It seems inescapable that sooner or later we shall come, or indeed we shall be driven by the economic pressure of the cost of sickness, to regard the prevention of disease and promotion of health as more important than the curative or more often palliative medicine to which at present we devote so much more attention. One of the main difficulties seems to be that we have no clear idea of what constitutes health. So far as I can remember, health was not

mentioned when I was a student. The mechanismic view of disease which was then the rule left no room for a concept of health, other than in terms of no disease. Just as a machine which was in working order ran, so the body was regarded as healthy so long as there was no breakdown or disease. But good health is something more than no disease, and we can all recognize it when we see it, even though we cannot say just what constitutes it or how to go about getting it. I believe it is our profession's lack of a concept of health, other than as a state of no disease, that leaves the way open for widespread exploitation of the average person's natural desire to enjoy as good health as he can.

My object in raising this question is not to attempt to settle the meaning of health. We are asked to believe, indeed, that this has already been done by the World Health Organization, which has laid it down in most authoritative and uncompromising terms that "health is a state of complete physical, mental, and social well-being; and not merely the absence of disease and infirmity." Here adds its Director-General, as a kind of warning to meddlesome intruders, is one word concerning the meaning of which the dictionaries will not have to worry from now on (Brock Chisholm, 1949). I need not spend time on this definition (with its necessary implication that all of us are sick, since none of us enjoy complete physical, mental and social well-being), because it has already been ably examined and criticized by Curran (1952). With all deference to the Director-General of the World Health Organization, I believe we are still far from a satisfactory idea of what constitutes health.

The Oxford Dictionary defines health first as "soundness of body; that condition in which its functions are duly discharged," and gives as a further meaning "spiritual, moral, or mental soundness." I imagine it would be generally agreed that health cannot be fully explained in physical terms, and, whatever opinion we hold about disease, health is certainly psychosomatic.

One of the most interesting discussions of health and disease I know of occurs in a small book by Crew (1949) on public and Personal Hygiene. After pointing out that the individual must be capable of adjusting himself to the conditions and circumstances of his external physical and social worlds, he defines health "as that state of the individual in which harmony exists between the various component parts of himself and between the individual as a whole and the circumstances and conditions of his external world."

This definition is a distinct advance, but does not seem entirely satisfactory for at least two reasons: first, no one enjoys complete harmony either in himself or with his external world; and, secondly, health is not so much a state of harmony as the product of a process of continuous adaptation or adjustment, by which a reasonable degree of harmony is maintained. The nearest I can get to an explanation of health—I would not say a definition—is that a person's health depends first on the constitution he is born with, and then on the success he has in constantly adjusting either himself to his environment or his environment to himself, so that a reasonable degree of harmony is maintained both within himself and between himself and the social and material world in which he lives.

But my object in raising this question was not to attempt to settle the meaning of health. It was to point out the need for such a concept, and some of the difficulties in formulating it—difficulties which are, I believe, intimately connected with the questions that I have been discussing. It is no accident that academic medicine has no concept of health; for the mechanismic idea of disease leaves no room for one, other than in terms of no disease, which is clearly inadequate.

—*British Medical Journal, Lond., March 21, 1953.*

N.B. We present this article writen by an eminent Allopath to our readers with the idea to show how Hahnemann was far ahead of his times and his conceptions regarding health, disease and cure are getting confirmed by his erstwhile opponents.—Editor, H.G.

A CASE OF PARALYZED TYPHOID

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K. C., a boy of fourteen, has had allopathic treatment for a fortnight when I saw him first on 24-8-53. He was delirious, his left hand and leg being paralyzed. When questioned he managed to utter there was intense pain in the right eye, right forehead and the stomach, while he immediately passed into coma. Speech was not clear either and when protruded the tongue was seen to be shrunken, paralyzed and twisted to the left. Pulse was quick and the temperature sub-normal. There was no movement of the bowels since a week and urination was involuntary. Great rumbling of intestines and thirst for large quantities were reported and he uncovered the right leg incessantly.

Emaciation was predominant and there was history of rheumatic heart with the result that presently each beat of the heart visibly jerked every part of his body, covers and the cot. Miliary rash of 'typhus' was visible on the neck and some of it scattered on the chest.

Life appeared at a very low ebb while he lay on the bed with a fallen jaw and sliding down the bed little by little with every beat of the heart.

To give him just three doses of Bryonia 200, one hourly, I had to gather some courage, in face of Jahr's unfavourable prognosis of such cases that have had sufficient allopathic treatment so as to make the eventual crisis most uncertain.

Bryonia, only for a while, made the boy move his paralyzed extremities and raised the temperature a little, which did please the parents; while for the other part the dismal picture remained unchanged.

So the next day I gave him a dose of Mur. Ac. 200 and wished to keep him on that and that alone, as long as the patient lived. Soon a very slow general improvement ensued, and by 30-8-53 the boy had thoroughly re-