

Last of all, my final appeal to all of you, my friends, not to forget homœopathy, once the conference is over. Please try to help homœopathy and homœopaths in every possible way. That is the only way how homœopathy can live and you can survive.

LONG LIVE HOMŒOPATHY,  
HOMŒOPATHY FOR EVER.

## PRESIDENTIAL ADDRESS

### MORE ABOUT THE PLACE OF HOMŒOPATHY IN MODERN MEDICINE

DR. MARGERY GRACE BLACKIE, M.D., B.S. (Lond.)  
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Selye says, "Apart from the many specific defence reactions, that is formation of specific antibodies, adaptation to cold, hypertrophy of much-used muscle groups, there is an integrated syndrome of closely inter-related adaptive reactions to non-specific stress itself. This has been termed the General Adaptation Syndrome. It develops in three stages: (1) The 'Alarm Reaction,' (2) 'The stage of resistance and (3) The stage of exhaustion. Most of the characteristic manifestations of the alarm reaction, tissue catabolism, Hypoglycæmia, Gastro-intestinal erosions, discharge of secretory granules from the adrenal cortex disappear or are actually reversed during the stage of resistance—but reappear in the stage of exhaustion. This suggests that the ability of living organisms to adapt themselves to changes in their surroundings, their Adaptability or Adaptation energy is a finite quantity—its magnitude appears to depend largely on genetic factors," He also says that if an organism has acquired an increased resistance to one form of stress that organism becomes less resistant to other forms of stress.

Have we here a light on the relation between immunization and infantile paralysis, over-exertion and chill?

Hahnemann says, "Every agent that acts upon the Vitality—every medicine—produces more or less change in the Vital Force and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed 'Primary Action.' Although a product of the Medicinal and Vital powers conjointly, it belongs principally to the influencing power, and the Vital Force seems to conduct itself in a passive manner. The Vital Force then appears to rouse itself again to action and endeavours to oppose its own energy against the influencing power. This automatic reaction belongs to our preserving Vital Force and is termed 'Secondary Action.' This reaction is equal and opposite to the Primary Action." Selye's description of the systemic defence measures co-ordinated through the Hypothalamic Vegetative centres and the Hypophysis and all that follows is extremely interesting, but it is only the conception of the body reactions to stress that concerns us at present. He says, "Unless conditioning factors could be considered to alter the reaction pattern to stress it would be impossible to ascribe Rheumatoid Arthritis—Periarthritis nodosa, Allergies, certain types of Diabetes or Hypertension to the same causative agent—namely to Systemic stress. The concept that such widely different maladies should result from the same cause has often been considered to be quite contrary to accepted views concerning the causation of disease.

"Let us point out first that such an assumption is not without precedent in medicine. For example, excessive production of thyroid hormone may be associated with predominantly ophthalmic, metabolic, or cardiac derangements. Before the tubercle bacillus had been isolated it would have been considered most improbable that such dissimilar conditions as Pott's disease, Phthisis of the lungs, Miliary Tuberculous lupus of the skin were all caused by the same pathogen; yet this is the case.

"It is undoubtedly true that the same drug, microbe,

emotional irritant, or physical injury may produce a disease of adaptation in one person and be tolerated with impunity by another. It should be recalled, however, that the general adaptation syndrome is a useful normal physiological reaction to stress; only its derailments have been interpreted as diseases of adaptation. Hence exposure to a stressor can be expected to produce such diseases only if the defence reaction is inadequate, and prevented from evolving in a normal manner, as a result of adverse conditioning factors."

Now let me give you Hahnemann's views. He says, "The Inimical potencies, partly Psychological, partly Physical, to which our terrestrial existence is exposed—which are termed noxious agents—do not possess the power of morbidly deranging the health of man unconditionally, but we are made ill by them only when our organism is sufficiently disposed and susceptible to the attack of the morbid cause that may be present—hence they do not produce disease in everyone nor at all times. It is undeniably shown by all experience that the living human organism is much more disposed and has a greater tendency to be excited and to have its health deranged by medicinal powers than by morbid noxious agencies and infectious miasms. Cure is only possible by a change of the health of the diseased individual to the healthy condition and the curative power of medicines is due solely to this power they possess of altering man's health. A medicine must be sought," he says, "which has the power and the tendency to produce an artificial morbid state most similar to that of the cause of the disease in question." He gives examples of this truth in nature. A patient suffering from one disease, if attacked by a similar and stronger disease, has the weaker disease annihilated—proof, he says, of the sole therapeutic law of nature, the cure by similarity of symptoms.

I was interested to read in a recent article in the *British Medical Journal* on "Treatment of Vomiting," that Dramamine has been found very useful in seasickness and morning sickness. Because of the similarity of symptoms—lassitude,

nausea and vomiting, anorexia and malaise on motion—it has also been tried in irradiation sickness, disorders of the vestibular apparatus such as Ménière's disease and after the fenestration operation for otosclerosis. Is modern medicine deigning to use the law of similars?

To return to Hahnemann's morbidic medical potencies, he says, "We have here producers of disease of all possible variety of action to treat all the innumerable or the conceivable and inconceivable natural diseases to which they can render Homœopathic aid."

You may be relieved to hear that I have now finished with quotations. We started with the conceptions—the Vital Force and the General Adaptation Syndrome which in essence appear to be the same in their explanation of disease—but it is in the approach to the treatment that they diverge. Selye first published his ideas thirteen years ago, but it is only since the application of his work to the treatment of Rheumatoid Arthritis that "Neglect has changed into Enthusiasm." The man in the street as well as the medical profession are impatiently waiting for the arrival in quantity of this new drug Cortisone. The other day while driving along a country road, I gave a man a lift. His opinions on the weather were so heated that I thought he must be a farmer. He said he wasn't; it was merely that the wet weather made his rheumatism very bad. He'd been so bad this summer that he'd had to stay away from work several times. His doctor wanted him to stay in bed, but he couldn't—once he got going he was much better getting about. He was living for the day, he said, when he could get that new American cure. I felt he might be dead before day came, so I couldn't refrain from giving him some *Rhus tox.*!

A leading article in the *British Medical Journal* says, The American workers have stressed that the control of Rheumatoid Arthritis is not easy and will not be so until far more is known of the mechanisms of its beginnings, the mode of action of Cortisone and the conditioning factors.

There are snags to be overcome, especially the unfortunate fact that, unless due care is exercised, the patient may surrender his arthritis only in return for Cushing's syndrome or Diabetes mellitus.

Hahnemann, who had not at his disposal all the scientific biochemical knowledge which has been discovered since his day, was nevertheless able to found a law of therapeutics which has stood the test for the last century. It produces as spectacular and lasting results as will ever be obtained from A.C.T.H. and Cortisone, without the danger of a patient possibly developing Cushing's syndrome, and he saw clearly what Selye is just now getting a glimpse of through "the fog," and he would say of Selye's treatment by Cortisone, "What sensible man would imitate the efforts of the organism for its own preservation? The whole operation of the self-aided power of the organism, when attacked by disease, displays to the observer nothing but suffering—nothing that he could or ought to imitate, if he wishes to cure disease in a truly artistic manner. These efforts," he goes on, "are in reality the disease itself and the morbidly affected Vital Force is the producer of them."

It sounds very true, doesn't it? While I have been writing so much about balancing it has struck me how antiquated is even the modern allopathic machine. They try to assess the weight of the Stressor, which is dependent on its specific actions and on conditioning factors, and assist nature in balancing it by giving corticoids, about whose weight at present they know little. The homœopath, on the other hand, has an automatic up-to-date machine, the weight of the disease can be read straight away by the physician—as Hahnemann said—by listening to the patient, his friends, and making his own observations.

The homœopath has hundreds of remedies weighed on the same machine—proving which were made and are still being made on healthy individuals, and he then administers the remedy of the correct weight to balance the disease.

The exact nature of the stressor is not the important

thing in homœopathic prescribing—the essential thing is to know the reaction of the Vital Force. Everyone had demonstrations in plenty during air raids, of the different way in which individuals reacted to the same cause of stress, but only the homœopath could make full use of these in prescribing. No normal person would claim that an air raid was anything but a terrifying thing, but most people were able to control their emotion and show no fear. I want to mention briefly one or two examples of how Homœopathy was used in the face of this stress when controls gave way.

There were the people who, in spite of great fear, were able to endure the first few raids. As each day passed the dread of the night made them increasingly terrified. They became more fidgety and unable to compose themselves until they could bear it no longer and took flight to the country. If they were given *Argentum nitricum* they were able to carry on again, and they soon learned that a further dose would stop that terror of anticipation whenever it began to come back.

Others dreaded the nightly raids so much that one was constantly giving *Phosphoric acid* to prevent the diarrhoea of anticipation.

There were many who were seized with sudden panic and terror of death whom *Aconite* calmed. I have a vivid picture of a woman during the first bad air raid looking more terrified than I have ever seen anyone. She was not injured but was shaking like a leaf and terrified of what was going to happen as the raid was still on. She was convinced she'd be killed. She did die, it was said from fright, but I feel sure *Aconite* would have saved her.

There was the woman having hysterics—sobbing uncontrollably, who only stopped to take long sighing breaths. People tried to comfort her, but it had no effect. She wouldn't listen. *Ignatia* helped her to control herself very quickly.

There was the unforgettable picture of the man in an

incident, who stood stunned, apparently unaware of anything, with a fixed gaze like a sleep-walker—an automaton, whom *Arnica* brought back to earth and activity at once.

There was a woman who was having coffee with two elderly relations when a doodle was heard and everyone scattered. The restaurant was hit, and she spent two hours frantically trying to find or get news of her old people. Eventually she found them unharmed at home. For several months she suffered from dreams of anxiety and severe pain in the right shoulder. It was only when she explained that these symptoms all dated from that shock that *Opium* was given and the pain immediately went.

I remember, too, a girl of 16 whose parents had both been killed in a raid. Her aunt, who took her in, noticed a gradual swelling of her neck and an entire change in character. She had been a nice affectionate girl, and had now become silent, irritable, difficult and resentful of any sympathy, and in three months had developed well-marked exophthalmos. She began to improve in a week after a dose of *Natrum mur.*, and was quite well again in three months.

And finally, there were the numerous people who complained that their nerve had gone since the raids, who were frightened of being left alone and always better for company and consolation and who were apt to burst into tears over any slight worry, who responded excellently to *Pulsatilla*.

Selye says, "The science of Adaptation is beginning to develop into a separate branch of medicine. The immensity of the subject matter related to stress problems will undoubtedly require the training of specialists who may be consulted in connection with disease in which the stress factor plays a prominent part!" Hasn't this been the real role of the homœopath for the last century?

I hope that in this paper I have been able to prove my contention that modern medicine is tending towards the homœopathic conception of disease. Is it not time that we

were able to produce Hahnemann's law of similars in modern dress? He asserted that it was a law with as much assurance as Newton did his third law—To force, action and reaction are equal and opposite.

Do let us demonstrate in every possible way, not for our satisfaction, but for that of enquirers, that Hahnemann's law is as true and unshakable to-day as when he first voiced it.

#### DISCUSSION

DR. W. LEES TEMPLETON asked if the President would allow discussion on her address, and the PRESIDENT *willingly* assented.

DR. JOHN PATERSON expressed his sympathy with Dr. Blackie in the stress and strain placed upon her to read a Presidential Address; he had delivered five, so that she had a long way to go yet.

With regard to her last remark, during the war strain in Glasgow a husband came to him one morning after an air raid and asked him to see his wife. Up to then she had been very calm and collected, but the night before she had wakened him with swearing and had been swearing ever since. On this particular occasion there had been the usual noise of an air raid, but for the first time a battery of guns had suddenly opened fire and she was angry because she had had no warning, the stress showing itself by the swearing. A dose of *Anacardium* soon cured her.

There were many points in the address which he would like to read again and digest. He had a recollection that in Osler there was somewhere in his works a reference to the parable of the sower who went forth to sow seed. Osler did recognize that there was something in the individual, that the individual had something to do with the symptoms which were produced.

He would thank Dr. Blackie for her eloquent address and the many points of interest which would be found when it was published.

DR. TWENTYMAN wished to add a word of appreciation of the address. It was so full of points of interest that it would need the rest of the year before the points raised could be adequately dealt with. There were, however, several points on which he would like to comment, one of the most important was Hahnemann's way of taking the disease itself as identical with the whole symptom picture; this was something which to most modern doctors was very difficult. Certainly anyone who had accepted the medicine taught in the schools must find himself in great mental perplexity over a view which presents the whole symptom complex itself as the disease and does not look for the disease in something behind it.

He would not like to undertake the further exposition of it on this

occasion, but he believed that the truth as opposed to the falsehood of what is called existentialism is in keeping with this attitude. Someone more up to date in existentialism should at some time go further into this. If that avenue were to be explored it would be found that there is a method in Hahnemann's approach which was in line with some of the best modern thought.

He thought it would be necessary to find new modes of expression: Hahnemann used words often translated as "the vital force". At the time Hahnemann lived that term was scarcely questioned, it was the common view of the time that there was a specific vital force in the organism, but now that whole concept of the vital force had become suspect, and without clarification of one's meaning the expression only caused misunderstanding to-day. Habits of mind had changed so much that the words "vital force" were practically meaningless to the modern mind, and could not be used in scientific thought without definition.

He was not sure how it should be approached, but he believed that the approach might be found not so much through the word "force" because the whole concept in science of force and energy really only became scientifically defined in the middle of the last century, in physics, by Robert Mayer, it did not exist at the time of Hahnemann. It had become confined in science to a strictly measurable idea and it was a concept which was not, as such, applicable to biology, but perhaps through the idea of form or gestalt one would begin to find a proper opening to what Hahnemann meant then by the term "vital force". The whole term has become so discredited in science, in biology, that it antagonized any modern investigator.

He would say again how much he appreciated the address.

DR. KENNEDY congratulated the President on the extremely good address which she had given. He wondered what some of his old chiefs would have thought about it had they heard it. One point which crossed his mind was the entirely different approach of consultants in the main teaching hospitals in London and the post-graduate teaching hospitals and that of consultants in the provincials hospitals. In the main teaching hospitals one was concentrating on a diagnosis and the treatment was according to the pathology; in the small hospitals the consultants were dissatisfied with that probably because patients went to them after they had been to the post-graduate hospitals where they had been diagnosed, and said, "Please, I am not feeling very well; can you do something about it?" Under that stress they certainly approached the patient from the mental attitude.

To take an example, one had a patient with a duodenal ulcer, one of the main things, apart from the regular diet which they insisted on, was the question of worry and sleeplessness; they attempted to treat them with heavy sedation, they maintained that they got results, and there was no

doubt that they did. They would also appreciate an approach through the mental symptomatology, taken from the homeopathic aspect. He thought Dr. Twentyman was wrong when he suggested that the allopathic physician would not understand it. A similar approach was made with aspirin in many cases, and sedation again was useful. Strangely enough one occasionally got the impression that the patient was worried and given sedation but it did not have any effect—in these they would not admit to any worries.

DR. FRASER KERR also thanked the President for her paper. The thing which struck him so particularly was that she had followed up the general line of the Congress in going back to the basic ideas on Homœopathy. He was not certain who it was said that they should read through the *Organon* once a year, he was afraid most of them had failed, but the President had taken them to it.

He could not explain vital force, but each of them had a sort of working idea, and his idea of vital force was that each part of the body, whatever it was, muscle, fibre, nerve, carried out its function and the vital force was the impulse which moved them to do so.

DR. LEES TEMPLETON said that it was not often that he was struck dumb, but he must admit to it, for quite frankly the paper was well beyond his understanding. This was in no way Dr. Blackie's fault, but lay entirely with himself.

When reading the medical journals he was frequently struck by the thought, "Where is this leading?" and he rarely found a satisfying answer. Lip service was paid, he admitted, to the doctrine of treating the whole man suffering from stress or otherwise but, when it came down to therapy, how rarely was this ideal carried into practice; then, it was heart, or lungs, or bladder, or organism which received the emphasis and the treatment, specific or otherwise. Of course when end results were present, then it was often too late for the individual to respond to anything but local therapy, but he did believe that Homœopathy was the only system of therapeutics which did attempt to treat the whole man at a time when the reversal of disease processes was possible.

The doctrine of stress was the latest attempt to explain the reaction of the body to wear and tear, but already the homeopathic physician had seized upon this outlook. Did he not give *Arnica* just for this condition of stress for example when it seemed as if fatigue was outstandingly physical, not mental?

There was *Phos. acid* which bore the hall mark of debility, but a particular debility, where mental fatigue seemed to precede physical; *Picric acid* with the picture of brain fag so-called, but surely just one form of stress; *Kali Phos.* for the overworked, overworried; and it was just because stress manifests itself in so many forms and therefore, requires so many remedies, each for a particular form of stress, that one would

doubt that the latest attempt to lay the blame of stress on the pituitary, and its secondary effects on the adrenals, was not likely to lead to therapeutic success along that road.

He himself recently proved that the whole man is more important than the parts of his body. He had gone on holiday abroad and found beautiful weather, scenery, sands, sea, food, everything the heart of man could desire, *but* without enjoyment. What was lacking? Interest, satisfaction; and what was wanted? A remedy which had all this: *Sepia*—and it cured.

He did not want any of the visitors to go away that evening with an idea that Homœopathy was a mystical "airy fairy" dream. It was above all a practical science based on law, not on theory.

A little case might be useful. An old man admitted with a fractured skull, when examined, tried to bite the examiner. You may laugh. We did, but we did more. Not as the orthodox might, give him a sedative. We looked up the symptom and there it was: *Belladonna*. *Belladonna* 30 was given and his restlessness ceased, and even his confusion began to clear. *Belladonna* affects the cerebrum in just this way, and that is practical Homœopathy and shows at any rate just how the homœopathic physician looks at his case.

Sir JOHN WEIR said that he was very glad that Dr. Blackie had taken up this way of looking at things, it was the line he presented whenever he spoke to students, and they appreciated it very much. In his address at the recent Congress he quoted some of the points raised in the *British Medical Association's Report* on the teaching of students, and when they were compared with extracts from Hahnemann's works they were found to be almost identical.

He did not care what name was given to the *vital force*, it was a something which they all felt; they all had their own way of expressing it. There was less difficulty with students to-day; they were beginning to appreciate what their profession really meant.

Many years ago in the out-patients department a man of 36 suffered from severe headaches—a typical case of *Natrum mur.* At the end of six weeks the patient said that his headaches had gone, and hair was growing over a bald spot. How was it possible to cure an alopecia which had not been reported? *Natrum mur.* was put in the general "soil", and it improved everything. Homœopathic treatment was very simple; it was the most commonsense thing in the world. There was great satisfaction in this form of therapy because one got results; the patient was put right. The unemployment dole would never solve the unemployment problem, it tended to make people unemployable. So palliatives are not curative; the economy must be put right to give nature a chance, and that is what Homœopathy does.

Dr. MACNEILL said that he was very glad he had travelled from

Glasgow to hear the address which had carried out what the President intended; it had shown the modern conception of disease as beginning to catch up with Hahnemann. Hahnemann suffered from the difficulty of all pioneers who had more than a touch of genius about them, he was able to go forward by one big leap instead of by a gradual process. Perhaps he might give an example of that for the benefit of the visitors.

A few weeks ago he had himself an infection in the left tonsil with quite severe pain. The pain went up into the ear and he had amelioration on drinking cold water or breathing cold air. He had shiveriness and rise of temperature. When the result of the swab came back it said that he had diphtheria. The disease ran a very short course and, although he was told that it was the gravis type, there he was, and all he had was a few doses of *Lachesis*.

Dr. BANKS asked why they all objected to the term "vital force". A patient would say he was run down, or he had no resistance, and they knew what they were talking about if the medical profession did not. When she was resident at a fever hospital, another resident who had been there for some time and who had not taken any of the infection suddenly got scarlet fever. She had got run down because her vital force was exhausted and had no resistance.

Dr. ALVA BENJAMIN asked if he might not be rash and suggest a definition, or a synonym for the words "vital force." He supposed most of them believed in the soul: might not the vital force be the soul which worked through the body? He had thought in this way of late years. That their bodies were like wireless receivers, and when something went wrong in the connections the soul could no longer work harmoniously through the body and so disease ensued. He would throw out that idea, it had been in his mind for some time.

With regard to the student visitors, emphasis had been laid on the practicality of our method and working along the lines of the mental aspect they might think there was only one remedy—*Argentum nit.*; nevertheless, he would speak of a case of *Argentum nit.* It was a case of a tumour which disappeared under the treatment by this remedy. The case had been already reported. An old lady came to the out-patient department with a papilloma on her finger, and as one looked at it she got into a panic; she flinched at the idea of anyone touching it. Because of this anticipatory anxiety she was given doses of *Argentum nit.* 30; within a fortnight the papilloma was shrivelling and within two months it had completely gone. A year later there was no recurrence. One might think that it was a result of suggestion, but it was not, because *Argentum nit.* was not the first remedy he had given her; she had two or three before he realized that this anticipatory fear was present. When he got the right remedy for that, the tumour completely disappeared within two months.

Dr. G. R. MITCHEL thanked the President for a most brilliant paper.

Whether some of the speakers had misunderstood Dr. Twentyman he did not know, but by their remarks they seemed to imply that Dr. Twentyman did not believe in a vital force. He took Dr. Twentyman to mean that there was a *something* for which he would like to find a different name than *vital force*; a name that would be more acceptable to our orthodox colleagues. He (Dr. Mitchell) did not think it mattered very much, but if by any other name this something would smell more sweet to our allopathic colleagues, then perhaps it would be of tactical advantage to find one.

One thing he wanted to say was that this alleged imponderable could surely be measured. The emanometer had demonstrated as a scientific fact that living tissues exhibited some kind of electro-magnetic radiation, and that this radiation became altered in disease. A similar radiation can be detected in the potentized remedies. Might not this energy be what we termed vital force?

For the benefit of the visitors he would like to mention that a committee of experts under the chairmanship of Lord Horder had investigated some of the emanometer phenomena and the subsequent report had confirmed that these phenomena did occur. In a foreword to the Committee's report, Horder—quite rightly—made it clear that the findings did not in any way support the validity of homœopathic treatment. What he did not mention, however, was that since homœopathic potencies had been used in the tests the successful results of these experiments proved that there was something in the potencies by which they could be distinguished from non-potentized material—a claim which hitherto no physicist would allow.

In conclusion, he would say that he personally could not think of an appropriate name to take the place of vital force. Could Dr. Twentyman make no suggestion?

DR. J. C. MACKILLOP said that he wished to impress the meeting with the fact that the President was maintaining the basic principles of Homœopathy. A great many theories had been put forward that afternoon, and he would like to suggest that there was one thing which was not a theory, and that was the fundamental principle of Homœopathy. It was a profound fact, could be proved experimentally and had been so proved for the last 150 years. It was quite capable of being proved by the orthodox school just as it could be proved by homœopaths.

He had been amused by the story of the farmer with his chronic rheumatism which was affected by the damp weather. Dr. Blackie, and all of us who believed it, appeared to be out of line with modern medicine in thinking that the weather could affect rheumatism. In a recent statistical report inaugurated by the Empire Rheumatic Council it was definitely stated that there was no evidence whatever that rheumatism was affected by climatic conditions. It was a report which would be considered as an authoritative statement and would appear in all text-books and treatises on

rheumatism. He would like to know what Dr. Blackie's farmer would say if she told him that his rheumatism was not affected by the weather at all: he was quite sure that he would have something very definite to say to that. That report showed up one of the fallacies of statistical reports and it was a pity for medicine as a whole that that type of report should become authoritative, because it detracted from the possibility of reducing the breach which existed between the two schools of medicine.

DR. JOHN PATERSON said that Dr. Mitchell's remark might give the impression that the Horder Report referred to all homœopathic potencies, but this specifically mentioned only one vial which was alleged to be Sulphur 10m. It was true to say that Dr. Boyd's work had subsequently proved that potencies carried a form of energy.

DR. MITCHELL said that his point was that it was a potency and the physicists would have declared there was nothing there.

The PRESIDENT thanked the members for being so kind to her. She thought at first she had only given them indigestion. She was sure they would not expect her to take more stress in answering questions.

*Further discussion on Dr. Blackie's Address after she had read it to the Scottish Branch of the Faculty of Homœopathy at Glasgow in January.*

DR. T. FERGUS STEWART said: Of the numerous subjects mentioned, which I would like to discuss, I think I shall have to limit myself to "stress" which is perhaps the main theme of this talk. Sir Henry Cohen's remarks concerning the changes in the pattern of disease in the last fifty years are of particular interest to homœopathic physicians. Flanders Dunbar, discussing the same topic, states that the illnesses which now stand at the top of our list of major causes of mortality as well as morbidity, are the illnesses in which we know emotion is particularly likely to be ætiological or an important complicating factor. They are not infections as was the case fifty years ago, but accidents, and illnesses characterized by disorder of muscle tonus, secretion or circulation which are the most direct and primary responses to emotion.

Secondly, the illnesses that have shifted higher or remained stationary on the list have in common not only the prominent emotional factor but also a marked tendency to recur or become chronic. (Allopathic) medicine in the last decades has made less progress in controlling chronic illness than in controlling acute. This is perhaps a most important sphere for Homœopathy, because Allopathy has no clear conception of chronic disease as an entity to compare with that of Hahnemann's.

Now, when discussing stress and chronic disease, I think the modern psychosomatic principle of considering as a whole the organism with its environment both internal and external, as well as the human organism's interpretation of its environment, is quite in keeping with Hahnemann's original insistence on taking a detailed history, attempting to eliminate

the cause, and selecting a remedy after considering the whole history and whole symptomatology. Furthermore, Hahnemann's theory of disease resulting from a disturbance of the vital principle is somewhat similar to the modern psychosomatic conception of disease resulting from disturbance of the stability of the physiological equilibrium.

Experiment shows that emotional stress seriously limits the ability of the organism to regain a stable equilibrium after it has been subjected to stress or injury. This is well illustrated by the enormous difference in susceptibility to colds. Gladstone is reported to have suffered from "diplomatic" colds, which occurred regularly when he was required to speak in an unpleasant situation.

With reference to Dr. Blackie's statement that Homœopathy produces as spectacular and lasting results as will ever be obtained from A.C.T.H. and Cortisone in the treatment of rheumatoid arthritis, I was fortunate enough to attend Dr. Hench's lecture on A.C.T.H. and Cortisone. A film was shown in which there was a patient who could hardly rise out of a chair and could only shuffle very slowly. After three days' treatment, this person got up a little stiffly and walked slowly. After ten days' treatment the patient rose and walked like a normal person and could run up and down three steps without difficulty. He mentioned that all patients had not relapsed as soon as treatment was stopped. Some cases after one or two courses of treatment apparently had permanent remissions which have lasted a few years. I have not been so fortunate in treating rheumatoid arthritis in general practice, which may be due to my inexperience.

DR. BLACKIE: I had rather an interesting case yesterday. A man who was in Italy for some time, and when there he broke his ankle. He had been having treatment for arthritis in his right knee and he used to have intravenous injections for it, when in Italy. Under homœopathic treatment, it subsided for quite a long time. After the breaking of the ankle, he was much stiffer, and he was given Cortisone for one day. He improved very much indeed, but by the end of the day he was going back. The next day he did not improve at all, and one of the doctors, who was rather old-fashioned, said that he now found that if he gave Cortisone one day, and intravenous Colchicum the next day, he got better results. He was therefore giving Colchicum and Cortisone on alternate days. In the end, they stuck more to the Colchicum. After returning to London he went back to pure Homœopathy.

Dr. T. D. Ross: Although we cannot get the dramatic speed of the Cortisone results, we occasionally do cure rheumatoid arthritis. I think that every homœopathic doctor of experience can lay claim to some good cures. I have in mind one case of Still's disease, a girl of about 8, who was treated by me at the Dispensary. I got her two years after it had started; she was carried into the Dispensary. She was quite helpless, and her heart was dilated to the left. She was running a temperature, and was

very anæmic. I gave her a few remedies, with little success, until I came on to *Calc. carb.*, and several doses of *Calc. carb.* improved her so much that she rapidly bloomed, and gained weight, and to my surprise all the adhesions seemed to clear up, and she is now walking about quite freely. We know that this disease often burns itself out, but I think it is unusual to get so much recovery in the contractures round joints.

There is a tendency to confuse Cortisone and the miracles it does, with Selye's work, but the two were quite independent. Hench found that the conditions which improved rheumatoid arthritis were hepatitis and pregnancy, and he carefully worked through every conceivable substance common to both conditions, and came on the adrenal corticoids, and formulated his treatment. It was a clinical discovery. With regard to Selye's work, I must say I agree with Professor Pickering and others who have been writing recently in the *Lancet*, and who have doubted the wide applicability of Selye's hypothesis as a cause of the varied diseases he mentions. The article of Williams, Beerstecher and Bery in the *Lancet* of February 18th, 1950, appealed to me more. They stress the genetic factor as a cause of diseases, such as those that respond to Cortisone. Their theory is that partial blocks or diminution of the body's ability to carry out some specific enzymatic transformation is present in certain diseases and that these disabilities are inherited. There is some deficiency in the excitator substances required before certain cells can function, and extra nutrient is required for affected cells. This might explain the cravings for alcohol, salt, fat, etc., of which we take careful note in Homœopathy. The authors bring out several points in proof of their theory: e.g. the well-known metabolic interrelation of vitamin B and the adrenal cortex; the wide divergence in individual requirements for various nutrients; the facts that copper has a special function in nerve biochemistry and that vitamin B<sub>12</sub> contains cobalt. (These are remedies which we use in Homœopathy.)

The fact that mental symptoms may be associated with vitamin deficiencies and that schizophrenia has a genetic basis, deranged adrenal function having been demonstrated in this disease by Pincus *et al.*, are also adduced.

Activation of this enzyme block may be wholly genetic, or it may be by infection, by a deficiency in the diet, or by injury. The only treatment these people can suggest is by augmentation of the precursors of the enzyme action, and that is what Cortisone does. It probably supplies some deficiency in these patients. The facts they mention show that it is a kind of substitution therapy, and I think that our careful assessing of the whole patient, and giving him a dose of *Sepia* or *Sulphur* or *Potassium* on the totality of his case, is a much more suitable way of building up his enzymatic reactions than anything else.

DR. W. E. BOYD said: I would very much like to extend thanks to Dr. Blackie for her paper.

I differ from Dr. Ross over the general idea of the adaptation syndrome

—I do not think it involves the question of genetic factors at the stage referred to, because the term "general adaptation syndrome" is really describing the reaction of the normal person to some form of effect, which can be determined as stress, in a general sense. That is, you may get stress from infection, stress from emotional causes, stress from domestic difficulties and so on, and it is a general term for the tendency of the normal person to react, and that reaction takes the form of certain endocrine secretions of a generally balanced nature, and it is only when the secretory mechanism—one could take it further than that—fails to respond in a balanced way, that you get unbalance. The fact that they have found at this time that Cortisone may come in, does not at all mean that in the whole cycle of endocrine reaction, which has become slightly unbalanced, there may not be other deficiencies in the cycle. In other words, the point of Selye's work is that where there is a certain underlying cause which is related to the man as a whole, and to his environment, that one underlying cause can eventuate in a whole series of "deficiency" diseases. In other words, you may get, say, ten patients with these apparent diseases, yet fundamentally one patient, by his reaction, is showing the very type of unbalance which we call a "*Pulsatilla picture*" or another a "*Sepia picture*." This is the first time that such an acceptable theory has been put forward from orthodox sources.

We, of course, have put forward for many years that you can also get a series of diseases treatable by the same remedy. These apparently different diseases, according to this theory, might originate from the same original endocrine unbalance, a most interesting suggestion. While I am talking of an endocrine cycle of reaction which may become unbalanced, I would like to take it back a step, and suggest the action of the whole endocrine system is very largely based on the state of the autonomic system. There you come on to the genetic element to which Dr. Ross refers.

For if you take the enzyme system—take a simple case of the bowel: you may get an ulcerative colitis, where you get complete bowel upset. You get vitamin deficiency due to enzyme production in the bowel failing, and you get this condition of a pathological state, but the real origin of that is practically always a stress syndrome to which the patient has failed to adapt. This has affected the autonomic system and, in that way, the health of the bowel, and from that you get a change in the bowel flora, and then you get a change leading to an upset of the enzyme system concerned with these organisms, and from that a vitamin deficiency.

I think this work is extremely important because it is taking medicine back a step and making our orthodox friends sit up and begin to realize the changes leading to disease are at the heart of man, and in the whole of man, including his mental set-up and the environment he is in at the time. Therefore I am very glad that Dr. Blackie has brought this before us. I would like to say that I found difficulty in distinguishing in her paper when Hahnemann was saying something and when Selye was saying something!

Dr. H. HENDERSON PATRICK said: One or two things interested me very much—one of them the point regarding artificial fertilizers, and such poisons as we are bound to get in our food nowadays. I think it is a very serious position and one which will certainly do the health of the nation much harm.

On listening to Dr. Blackie's paper, I was rather at a loss to know exactly what was meant by "stress"; I take it, however, that this is a new generic term meaning anything of any kind that is especial emphasis on emotions. One observation I made to my own satisfaction many years ago (I wrote about it in 1911) is the factor of ordinary stress or worry in the aetiology of carcinoma. On looking back over the cases of carcinoma which come for treatment, I very rarely find one without a definite history of shock or some prolonged worry. I think this plays a very big part in the production of carcinoma. I also think that this question of drugging by aspirin, etc., so much of which is swallowed nowadays, must be a factor in the production of chronic disease, and I think especially in the aetiology of carcinoma. Continued irritation, either physical or mental, is a primary cause of neoplasm as it breaks down the normal automatic control of new tissue formation.

Dr. JOHN PATERSON said: Following up Dr. Patrick's remarks about the soil, it is worth nothing that since the process of sterilizing the soil was adopted to keep the roots free from germs, a marked increase of infection of the stem and leaves above ground has been found. The balance of nature has to be maintained in spite of man's effort.

Dr. T. F. STEWART: In rheumatoid arthritis, I would like to agree with Dr. Ross, that under homœopathic treatment we do have cases which respond, and I think where there is failure the fault lies not in the treatment, but because the stress factor remains, and it would therefore, seem a logical conclusion to say that in the successful cases the treatment has in some way assisted the patient's body cells to adapt themselves to meet the continued stress factor.

Dr. H. MACKINTOSH: As a comparative newcomer to Homœopathy, after twenty years in orthodox medicine, I would like to say how much I appreciate Dr. Blackie's paper. It shows a way of approach between orthodox medicine and Homœopathy.

I would like to say that *Rhus tox.* is one of my greatest friends, and I have found Homœopathy a tremendous help in meeting all these cases which are such a big part in general practice.

I was exceedingly interested in Dr. Blackie's paper, because of the belief that bad quality of the food has a great deal to do with weakening the soil, and allowing disease to get a grip, and may even be the actual cause of disease. Another factor is the stress and strain of the economic system, which makes it pretty well a grind from beginning to end for many people. And I think that these are two of the greatest factors in preparing the soil for disease. I would like to know if people have found

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 conceives 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 hypo-

thesis 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