

Guy's Hospital and practice in the United States. That was another curious thing to me.

Anyhow, I commenced to give her *Fagopyrum*. Of course, I am also a friend of *Veratrum viride*; I am also a friend of *Glonoinc*. She got the whole three together. She got about 3 drops of *Veratrum viride*, 1/200 of *Glonoinc* and about 6 drops of *Fagopyrum* every hour. I put it on the chart to carry it out, to repeat it every hour until the blood pressure came down to 170. For some reason or other, the nurse overlooked it. When I took the blood pressure, it was down to 125. She was a pretty sick woman, after doing that. In a short time, a day or so, she went up again, and we held her when it was 160, and I have been holding her there for about half a year until such a time that she doesn't have any need of a blood pressure depressant. But if she doesn't get the *Fagopyrum*, she seems to leak blood out of the vessels. That is my opinion of the *Fagopyrum*.

I am very fond of the *Fagopyrum*, and it is a cure-all among the people who seem to have bleeding heart vessels.

DR. FARRINGTON [closing]: I have little to add. Thank you for the discussion. This, of course, being a new remedy, unfamiliar to all of us, it would hardly bring out very much discussion. I hope that, perhaps, when you go back, starting into practice again, you may run across some cases which will be relieved by this remedy.

It seems to me it ought to be a good remedy for some of these rashes that come out from nervous excitement or great stress. Sometimes they are symmetrical but they itch and burn.

—*The Homœopathic Recorder*, Feb. 1953.

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

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(Continued from page 400)

What we call the cause of an illness is never strictly the whole cause, though it may be a necessary factor in causation in the sense that one would not have that particular illness

without that particular factor. I would not have had the particular kind of pain in my back if I had not had a protrusion of an intervertebral disk. But the protrusion of the disk was simply one link in a chain of causation, and the pain, once it was understood, was relieved by fairly simple measures, which presumably left the disk lesion in situ.

It is worth noticing, perhaps, that the main difference between these two examples of the protrusion of a disk is that the first might be described as an acute illness and the second as a chronic. This is probably an example of a general difference, to which attention has often been drawn, as for instance by Ryle (1942). Whether or no the search for single or specific causes is ever justified on philosophical grounds, it has been more productive of results in acute than in chronic diseases. Medicine's greatest successes have been in connexion with acute disease and particularly acute infections. Where partial success has been achieved in the treatment of chronic diseases, as in myxoedema, diabetes and pernicious anaemia, one must note that in each instance the patient is not cured, and our knowledge of the aetiology of the condition is still quite incomplete. Our ability to deal successfully with most chronic diseases has advanced much more slowly than in the case of acute ones, and it is possible that this is due, at least in part, to our undue preoccupation with single specific cause and direct mechanical cause and effect.

AETIOLOGY IN RELATION TO MEDICINE

Aetiology is defined in the Oxford Dictionary as "the science or philosophy of causation" and in Dorland's Medical Dictionary as "the sum of knowledge regarding causes." Strauss has described the substitution of the term "aetiology" for "cause" as no more than a resort to the magic of semantics in an attempt to escape from the fetters of rigid causality. But I believe that the change in words can be something more than semantic juggling and may represent a change both in ways of thinking and in ways of

acting, which is to be encouraged even though we are still far from a satisfactory concept of aetiology.

Ryle (1942), after quoting the definitions I have mentioned, continued; 'it is well to insist on such definitions, for the discovery by Pasteur and the great pioneers in bacteriology of specific microbic agents of disease, and the recognition by others of specific chemical agents and specific deficiencies, have until quite recently and contemporaneously with their immense benefits to medicine, had a peculiarly limiting effect upon the vision and the practice of many medical men, not excluding teachers. They have, in fact, compelled a neglect of the associated causal factors without which no disease can have its being. They have also fostered a belief in or search for single determining causes where none exist.'

A paper by Halliday (1943) seems to me of particular value in that, though some difficult matters are perhaps over-simplified, the author outlines a concept of aetiology which seems to avoid obvious pitfalls and to provide a reasonable system of thought on which medical action can be based. In the space available I can do scant justice to this paper, which could with profit be read, pondered, and re-read by every teacher of medicine.

Cause in medicine, says Halliday, has usually been regarded in one of two ways; and he calls them the "mechanistic" and the "biological."

MECHANISMIC CAUSE

The word mechanism refers to a system of mutually adapted parts working together as a machine. Given the requisite preceding movement, the ensuing movement follows necessarily upon it, provided the machine is in working order. During the last three centuries, knowledge of the human organism in terms of mechanism increased progressively and the organism came to be regarded as if it were in actual fact a machine. If it failed to function properly, the cause of the breakdown was similar to that

of a machine—that is, a fault in one or more of the component bits and pieces. The primary concern of medicine was to identify the fault, which might be viewed by any technique—for example, gastric ulcer, a structural fault; acidosis, a chemical fault; or hypertension, a physical fault—and to take appropriate action by interfering with the mechanism.

Some of the implications of mechanistic aetiology Halliday summarized as follows: (1) The human organism is a machine composed of mutually adjusted parts working together. (2) Illness corresponds to breakdown in the machine. (3) The cause of illness (provided the patient has adequate food, air and water) is something wrong—a fault, disease, lesion, imbalance, or abnormality—in one or more of the parts. (4) Medical action is confined to interfering with the mechanism by what is known as the appropriate treatment.

This mechanistic attitude has, of course, brought great advances. The criticism of it is not so much that it is wrong as that it is not enough. In particular it gives little or no guide to action in the prevention of disease, for it is concerned with how a patient is ill rather than why he is ill. One might add that while few doctors now take a purely mechanistic view, most patients do, hence the very great difficulty of giving them any reasonable explanation of functional symptoms. Say what we will, the patient believes there must be a fault in the mechanism somewhere—"the cause"—and an appropriate means of dealing with it—"the cure." One might also point out that the mechanistic idea of disease allows of no definition of health other than the absence of disease, which is plainly inadequate, for there is a great difference between "no disease" and health.

BIOLOGICAL CAUSE

Halliday explains what he calls the biological idea of cause as follows. "Illness is regarded, not as a fault in the parts but as a reaction, or mode of behaviour, or vital expression of a living unit in response to those forces which he

encounters as he moves and grows in time. Cause is therefore twofold and is to be found in the nature of the individual and the nature of his environment at a particular point in time." The environment, the totality of exterior circumstances, may be investigated by a variety of techniques—physical, chemical, bacteriological, psychological, and so on—and in this way split up for convenience into separate components which we may call factors.

That an aspect of cause is found in the individual person may not at first sight seem so obvious. It may be illustrated by pointing out that when two persons encounter the same environmental factor the behaviour of each depends on his characteristics. Suppose, for instance, that a weight of 2 st. falls equally on the legs of a man aged 30 and of his father aged 80. The son will probably develop a superficial bruise, and the father a fracture of both legs. Two men swallow water containing virulent typhoid bacilli. One who gives no previous history of typhoid fever responds ten days later by a morbid reaction whose features include fever, prostration, diarrhoea, etc. The other, who does give a history of previous enteric fever, shows no evident morbid behaviour. When an S.O.S. is broadcast several million people may be quite unaffected, while one man falls down in a faint. In each of these imaginary but quite possible examples the environment factor was certainly not the whole cause. As aspect of cause was present in the persons affected.

Some of the implications of biological aetiology were summarized by Halliday as follows: (1) The human organism, although composed of parts, may also be regarded as an integrated unit or living person. (2) Illness represents a vital reaction of a person to factors of the environment which he meets as he moves in time. (3) The cause of illness is therefore twofold—certain characteristics of the person and certain factors of the environment. (4) Medical action is concerned primarily with measures designed (a) to

alter or prevent characteristics of the person known to be causal and (b) to alleviate or remove factors of the environment known to be causal.

This biological attitude is, Halliday points out, a *sine qua non* for effective prevention of disease and may be very important in treatment. One might add that it does make possible a reasonable explanation of functional symptoms, the reaction of a particular personality to factors in the environment, and it does make possible a concept of health other than in terms of "no disease." Halliday then summarizes the ideas underlying the phrase "the cause of the illness," as follows:

"(a) As regards the illness, the fields of observation and discourse are the features (signs and symptoms) of a mode of behaviour of an individual.

"(b) As regards the cause, the fields of observation and discourse are three—namely:

"(1) The field of the person. Under this heading are put the observations on the characteristics of the person before he became ill. These are innumerable, and may be noted in terms of any technique. They include, for example, age, sex, weight, height, bodily habitus, history of previous illnesses, history of illness in the family, blood pressure, menopause, intelligence, etc. The problem is to distinguish which of these characteristics may be regarded as relevant and causal.

"(2) The field of the environment. Under this heading are included observations on the factors of the environment which the person met at, or shortly before, the time he fell ill. The observations may be made in terms of any technique—e.g., physical (trauma, heat, cold, light), chemical (diet, poisons), bacteriological, and

psychological (death of a loved person, failure or promotion, etc.). Such factors are innumerable, and the problem again is to determine which of them may be regarded as relevant and causal.

- "(3) The field of mechanism. Under this heading are put observations on the 'bits and pieces' (structural, physical, chemical, psychological, etc.) which are set into action by the encounter and which ultimately bring about the particular mode of behaviour. The problem is to distinguish which of these are primarily involved."

And the three questions which he suggests one should attempt to answer about any illness are, of course, now quite well known: (1) What kind of a person was this before he took ill?—this is, which characteristics of the person are relevant and causal? *The field of the person.* (2) Why did he become ill when he did?—that is, which factors of environment are relevant and causal? *The field of the environment.* (3) Why did he become ill in the manner he did?—that is, which part contacted the factor and which bits and pieces by preceding movement and ensuing movement finally made manifest the particular mode of behaviour? *The field of the mechanism.*

It seems at least, from this brief review of what is meant by cause or aetiology in medicine, that we can never strictly think in terms of a single or specific cause of a disease. On this ground alone it appears unsatisfactory to suggest that abnormal mental states can in themselves cause physical disease.

Body—Mind Relationship, with Reference to the "Psychosomatic Hypothesis."

It was assumed, and I think still is, that diseases can arise in and affect the mind on the one hand, or can arise in and affect the body on the other; and we argue then

whether disturbance in the mind may cause disease in the body. My excuse for venturing, with some trepidation and in however superficial and amateur a fashion, on a subject which has puzzled some of the best minds of every generation for well over two thousand years, must be that I believe it is impossible to practise or teach medicine without making some kind of assumption or taking for granted some kind of hypothesis about the relationship between what we call mind and what we call body. Many people do not, of course, consciously make any such assumptions. They take them over ready-made from teachers and textbooks. I should put it rather, perhaps, that our attitude to disease and our manner of dealing with patients must involve some hypothesis of body-mind relationships, whether we are aware of it or not. Fortunately the problem I want to discuss is a fairly limited one. It is simply to ask, have we any right to divide diseases into physical and psychological, in the sense that they arise in the body or arise in the mind, and have we any right to talk about events in the mind causing disease in the body?

MONISM

Victorian materialism regarded matter as real and objective, and mind simply as some kind of a by-product of matter. Though, so far as can be seen from their medical writings, this is the view to which many medical scientists still adhere, others adopt some kind of psycho-physical parallelism, or some form of monism, which regards mind or conscious states and brain states as different aspects of the same events. As Russell Brain (1951a) explained one form of this hypothesis: "What we call events in the physical-brain are happenings about which we may have indirect knowledge inferred from our perception of other people's brains and what they tell us about their experiences: but we have direct awareness of the physical events in our own brains and when we thus perceive them we find them to be thoughts, sensations, feelings, and so on".

According to this hypothesis there is thus only one kind of events, but they appear different to us because we have knowledge of our own minds in terms of perceptual symbols and knowledge of the physical world, including other people's brains, expressed in conceptual symbols.

If for the moment we accept this hypothesis, then it seems to me that the questions I asked have little meaning. Brain states and mind states are two aspects of one series of events which appear different only because we perceive them in different ways. One cannot then imagine purely physical disease or purely psychological disease, and it makes no sense to ask whether mental states can cause physical states. If one asks whether emotions like anxiety or anger can cause physical disease—what one is really asking is whether mind-brain states like anxiety or anger can cause physical disease elsewhere in the body. If, indeed, we watch someone losing his temper, can we really say that this is something in the mind something purely mental-causing something in the body? And I do not think it makes much difference to the argument if we suppose that brain states and mind states are different events, but events moving, so far as we know, exactly in parallel.

(To be continued)

PRESIDENTIAL ADDRESS .

MORE ABOUT THE PLACE OF HOMŒOPATHY IN MODERN MEDICINE

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I THANK you, Ladies and Gentlemen, for the honour you have done me in asking me to be your President for another year. I feel that it is a great privilege, but privileges bring responsibilities, and responsibilities, stress—

and as my paper deals with the damage of stress, I am beginning to wonder whether it is right to ask anyone to expose themselves to the potential damage of writing a Presidential Address!

Last year in my Presidential Address I tried to give you my idea of the Place of Homœopathy in Modern Medicine. To-day I want to deal with the place of Homœopathy and Modern Medicine. Homœopathy, we are often told, is old fashioned: it hasn't changed at all since Hahnemann founded it 140 years ago, and since it has not been affected by all the modern knowledge it is thought to be obsolete. Medicine, on the other hand, has changed amazingly even in the last thirty years. Osler's *Principles and Practice of Medicine*, published in 1901, was used as a text-book when I was a student, and as I looked at it the other day, I tried to picture Osler back in this world for an hour, picking up a *British Medical Journal*. The ætiology of disease and the treatment and even the language in which the articles are written, have changed since his day. What would be his reaction, I wondered, as he read of the gastric mucosa and the intrinsic factor in pernicious anæmia; of the sulphonamides, penicillin, vitamins, rays, psychotherapy and shock treatment? Medical knowledge is admittedly advancing by leaps and bounds, but I hope to prove to you in the next half-hour, as I wander about between Hahnemann's *Organon* and modern writings, that, far from Homœopathy being left behind, it started over 100 years in advance, and orthodox medical knowledge has not yet caught it up.

To begin with—What is Homœopathy? If you were to ask a hundred people indiscriminately, you would scarcely get one satisfactory answer. The result would be, generally, either complete ignorance or prejudice combined with ignorance except for some vague idea of small doses or "the hair of the dog that bit you". The other day I was sent an article written in 1950 by Professor Hunter of