Harris L. Coulter
Divided Legacy, Volume IV

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TWENTIETH-CENTURY MEDICINE: THE BACTERIOLOGICAL ERA

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CHAPTER 1
THE GERM THEORY:
INFECTION AND SPECIFICITY

The discovery of infection, and the specificity of many infectious conditions, was the catalyst precipitating the emergence of the germ theory.

Predecessors: Trousseau and Virchow

The nineteenth-century Paris clinical school was led by Armand Trousseau, and German "physiological medicine" by Rudolf Virchow. The contrast between these two men and their doctrines, exacerbated by Franco-German antagonism, could not have been more absolute. Trousseau was an Empiric and a vitalist, seeking the unknown "specific," the quid divinum, in disease and defining it in terms of the patient's symptoms; he mistrusted hypothetical knowledge of physiological or pathological processes, and like Hahnemann—from whom much of his medical thinking was taken—urged that medicines be "proved" on the healthy to ascertain their curative powers. To the "specific" in disease he wanted to oppose the "specific" remedy, and the purpose of the prescription was to stimulate the diseased organism in the direction of recovery.

Virchow, on the contrary, reduced all the phenomena of life to movement at the cellular level. Not merely rejecting

*See Divided Legacy, II, Chapters VI and VII.
"specificity" as an obscurantist concept, he denied any qualitative distinction between sickness and health. In fact, he denied the existence of "disease" altogether, assimilating all of medicine to physiology and characterizing pathology as "the physiology of the diseased organism." "The ideal we shall strive to realize ... is that practical medicine shall become applied theoretical medicine, and theoretical medicine shall become pathological physiology."

Tetanus, for instance, was a mechanical irritation of the nervous system. Anemia ("chlorosis") was due to a "defective structure of the heart and large arteries." Scrofula, tuberculosis, and pellagra were disturbances of nutritional function. Gonorrhea was not an infectious disease but an "organic disturbance of a single part," as were psoriasis, otorrhea, pneumonia, and cystitis.

Virchow's obsession with internal pathology, at the expense of the patient's visible signs and symptoms, is seen in his statement, when told that the French clinicians were developing accurate symptomatic pictures of disease: "Das Kennen ist wichtig, aber das Begreifen ist das Wichtigere und Hoehere!"

The enthusiastic advocates of the new movement, in their exaggerated zeal, sought to find in physiology not only the direction of their activities, but also the decisive last word in pathological and especially in clinical questions. The clinical pictures were only "recognized" insofar as they reflected physiological laws; it was then attempted to read the separate symptoms in the light of these often very distorted physiological images. Often one constructed them oneself instead of finding them by faithful and impartial observation. Of Ludwig Traube [1818—1876] it must be said that he, too, often made clinical medicine the servant of physiology, losing himself in petty details and subtleties of symptomatology in order to preserve the most intimate connection possible with physiology, and other clinicians did the same.—Bernard Naunyn, 1908

The very significant contributions of Pierre Bretonneau and other Paris clinicians were discarded, and therapy especially was

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"Descriptive knowledge is good, but grasping the essence of the phenomena is better."
CHAPTER VIII
OSTEOPATHY AND CHIROPRACTIC

Homoeopathy's lonely and isolated position as the only bastion of Empirical medicine in the United States was buttressed in the late nineteenth century by the emergence of two schools of manipulative therapeutics. In 1874 Andrew Taylor Still (1828-1917) "unfurled the banner of osteopathy" in Kirksville, Missouri, and twenty-two years later Daniel David Palmer (1845—1913) launched chiropractic in Davenport, Iowa, after practicing ten years in the area as a "magnetic healer."1


Still called attention to the body's musculoskeletal structure as a factor in disease and health, while chiropractic concentrated on the spinal vertebrae.

While the two systems differ in many specific features, there is much overlap, and both adopt a philosophy which is vitalist and Empirical.

Physiology

The founders of osteopathy and chiropractic assumed the presence of a natural healing power in the body operating through homoeostatic mechanisms to counteract morbific challenges.2>a

"On homoeostasis, see below p. 441.

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According to osteopathy, the musculoskeletal system, the "machinery of life," integrates the action of this natural healing power and distributes it to the body's organs and other systems, essentially by facilitating the circulation of the blood. Thus, the body's equilibrium is defined in structural terms, while function is precisely attuned to structure. Osteopathy uses the expression "structure-function concept" to designate this observed relationship:

Structure and function cannot be separated in human physiology. There is an interdependence. Structure governs function, and function influences structure. In fact, structure and function are so closely related that they can be considered a single component.—George W. Northup, 1975

Improper adjustment can lead to:

- musculoskeletal problems such as low back pain, torticollis, and other limitations of joint motion;
- joint dysfunction which *mimics* the symptomatology of disease in more remote bodily and organ systems; and
- joint dysfunction which *affects* the functioning of other bodily systems, known as the "somato-visceral reflex," generating heart palpitations, headache, vertigo, gastrointestinal disturbances, diabetes mellitus, and other conditions.—George W. Northup, 1975

"Whiplash," for instance, involves a somatovisceral reflex which can generate such widely divergent conditions as palpitations, headache, vertigo, gastrointestinal disturbances, and others.5,6

The somatovisceral reflex has been much disputed by allopathy, since it opens the door to manipulative treatment of conditions ("diseases") ordinarily attributed to microorganisms, biochemical imbalances, congenital defects, and the like.6

D. D. Palmer conceived chiropractic theory in terms of "intelligence." The entire universe is permeated by the "universal intelli-

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5The term "whiplash" was introduced by a chiropractor in 1928 (W.I. Wardwell, *Chiropractic*, 186).
gence" of God, which bestows on every human an "innate intelligence" governing all bodily activities not under voluntary control.7

The "innate intelligence" (sometimes called simply the "innate") is thus Palmer's term for the natural healing power bestowed by God, i.e., the body's vital force or vitality.

It regulates the "tone" through "nervous" or "mental" impulses which travel as vibrational waves to all parts of the body." Palmer opposed osteopathy's emphasis on the blood, stating in 1910: "The circulation of the blood and its quality depend upon the condition of the nervous system.9c

Life is the expression of Tone. Tone is the normal degree of nerve tension. Tone is expressed in functions by normal elasticity, activity, strength, and excitability of the various organs, as observed in a state of health.—D. D. Palmer, 191010

The condition known as Tone is the tension and firmness, the resiliency and elasticity of tissue in a state of healthy normal existence.—D. D. Palmer, 191411

Chiropractic focuses attention on the spine and the correct alignment of the vertebrae as they affect the propagation of "nervous" or "mental" impulses and thereby the overall state of the nervous system:

Displaced vertebrae, by impinging or stretching, cause contraction of nerve tissue. Tension more or less than normal causes an increase or decrease of vibration. —D. D. Palmer, 191012

Palmer's teachings largely anticipate the doctrine of homoeostasis advanced in 1939 by Walter B. Cannon. Both osteopathy and chiropractic show many parallels with homoeopathy.d

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7 Claude Bernard had shown in 1861 that the circulation of the blood is controlled by the nervous system (W. I. Wardwell, Chiropractic, 34).

8 Osteopathy's first textbook, in 1899, was written by a homoeopathic physician. In the years before he founded chiropractic Palmer had friendly relations with many homoeopaths, and the first graduate of the Palmer Institute in Davenport was also a homoeopathic physician (W. I. Wardwell, Chiropractic, 33; Russell W. Gibbons, "Physician-Chiropractors").
CHAPTER XVI

THE TRAINING OF PHYSICIANS

Any effort at medical reform must commence with the educational system, where the scientific void in Rationalism has a stultifying effect.

Overwhelmed by "Facts"

Scientific method since Francis Bacon has proceeded by formulating hypotheses; as they are proven valid, theory emerges, and "facts" take on life and meaning. In the absence of an ordering hypothesis, "important" facts cannot be distinguished from "unimportant." A science cannot develop and mature.

Lacking a theoretical guide, other than the random motion of atoms, allopathy is overwhelmed by "facts" (said to have a "half-life" of about five years) whose meaning is obscure or nonexistent.

This demonstrates the truth of Charles Singer's dictum, "If from the facts no laws emerge, the facts themselves become an obstacle, not an aid, to scientific advance." The theoretical void also vastly complicates the teaching of medicine:

Do we try to teach too much, overloading our students with the so-called facts of today which are often the errors of tomorrow?—G. A. G. Mitchell, 1959

We urgently need to come to regard "facts" with healthy disrespect and scepticism. We can only teach a small selection
of the current body of medical knowledge during the time at our disposal. Many of the actual facts the student will need to use in his daily practice of medicine after he qualifies cannot be taught—we don’t know them yet. Part of what we teach is wrong, a larger part will soon be obsolete, and we don’t know which parts. So it is not indoctrination with details of rapidly decreasing significance that the student needs, but exposure to the implications of our current knowledge, in concept and principle.—Michael A. Simpson, 1972

Carlton Chapman, president of a fund financing American medical education, in 1979 stated that the scientific basis of medicine should be "... a body of applicable bioscientific concepts, not a mass of pettifogging details." Yet, "most medical schools seem content if the student masters the latter, and have little concern for the former."3

For lack of an integrating theory the curriculum is "Balkanized," with each department, discipline, program, and professor asserting a proprietary interest in one or another discrete group of medical "facts":

The defects of the "compartmental" method are obvious. First, the student does not see the patient "as a whole" because the teaching in each subject is confined to the particular condition or part of the body with which that specialty is concerned. Secondly, he acquires his knowledge piecemeal from many teachers, most of whom have a specialist or consultant outlook, and he is not taught, and is given no opportunity to learn, to correlate and synthesize his knowledge as he proceeds ... Thus his basic training is misdirected in aim, structure, and balance, and when confronted with unusual problems in his later practice, the student lacks the necessary guiding principles for coping with them. —British Medical Association, 19484

This chaos is long-standing and reflects the chronic doctrinal weakness of Rationalism. Carlton Chapman in 1979 described the "preclinical" (first two) years as: "... intellectually deficient, horrendously wasteful in money and time, and in urgent need of
Harris L. Coulter

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A History of the Schism in Medical Thought

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publication 1994

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