

THE ATTITUDE OF THE PROFESSION

How to Correct the Indifferences of Homœopathic Physicians and its Effects *

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"An original and enterprising man is opposed; opposition develops strength and criticism accuracy."

The import of our subject at once shows in acknowledgment of the fact that there is existing an attitude of unconcern among us regarding the interests of our special division of the medical profession.

It is quite evident that to-day there is not the enthusiasm and harmony in our ranks that is present in the thorough organization of the dominant school of practice. Neither is there the earnest effort making to advance our cause that was inaugurated in its early history. We are a divided profession, and the question is, Can it be united? We suffer more from those who claim to be of us than we do from any open outside opposition.

This astonishing apathy in Homœopathy, prevalent in recent years, both within and outside the profession, is certainly to be deplored and ought to be overcome if possible. But just how such obvious indifference, with its accumulative ill effects, can be eradicated, is a question to seriously consider when discussing the perpetuity of our individual school of practice.

Why this lukewarm profession of faith? When we observe the fickleness as well as the prejudice existing in human mentality and realize that physicians are not different from other people, we are able to understand, in part, the cause of this indifference, likewise, see something of various measures needed to eradicate this leading subject of complaint in our wing of the great medical profession.

The occasional revival of interest in the study and applica-

* The homœopathic fraternity of India is earnestly requested to note the situation of homœopathy prevailing in the U.S.A. in 1907, as depicted in this article, and seriously compare the same with situation tending to appear in India today. [Ed]

tion of the grand practical truths of Homœopathy, not the theories, are unquestionably beneficial to the school. Yet, at the same time, it would seem that such renewal of enthusiasm in a well proven, simple and admitted law of nature ought not to be necessary in order to bring about its general adoption.

Furthermore, with the conditions as they are, if this regretful defect is ever to be overcome, in order to do so, there is a growing need for perfecting the systematic development of homœopathic organizations, and it must be done largely through correcting the indifference of homœopathic physicians themselves. This action ought to be, and must be, directed and accomplished by their own efforts alone, through arousing a more general enthusiasm for the cause of Homœopathy in their own ranks.

The expansion of the already broad field of medical research and the necessary division of its study into recognized specialities in practice have something to do with cultivating the skepticism and inconstancy for the well known truths in Homœopathy. The majority of specialty writing and teaching is done by dominant school instruction, consequently with a great neglect in imparting knowledge of homœopathic institutes.

This leads too often to coquetry with orthodox methods of treatment, which are freely admitted to be ninety per cent, palliative, expectant, mechanical or nil. This instruction unquestionably injures the Homœopath's distinctive study of curative drug therapy, and while such discrimination is at times permissible, it ought not to be followed to the neglect of investigating internal medicine.

The average specialist, even though he be well grounded in Homœopathy, is so earnestly absorbed in his particular line of independent work that he finds but little time to devote to other departments of the art and science of medicine, particularly so with scientific drug therapy.

While it is truly said, "The specialist should know everything of something and something of everything," the something that he knows of Homœopathy is too often but very little. The common fault or weakness of experts in every department is that they think the whole world outside of their work contains little worth considering.

Homœopathic therapeutics is a specialty within itself, one that is usually applicable in aiding the successful treatment of disease in all specialities. And yet, true as it is, with the beauty and simplicity of its application, that would seem to be appreciable by all physicians, not excepting any specialists; there is a complexity about the study of this type of therapy, ever demanding most arduous work, that all are not well adapted to follow with the interest the subject really demands. The average medical man, with the progressive tendencies and changing questions of the day, thinks he has not the time nor the patience to delve into this, our chosen specialty. Or even though he be a Homœopath, he, too seldom takes the time for studying internal medicine that he should to fit himself for its successful application.

Another reason for this indifference of the profession is the very rapid growth of skepticism for curative drug therapy so universally distributed throughout the practice of the dominant school, and even among the laity, well shown by their misrepresenting us and continually asserting that the use of drugs is unreliable, indefinite and uncertain.

There is following a slight reaction, as some few are already recanting. Dr. Osler in the first editions of his works on practice appears in the role of the therapeutic nihilist. But seeing that this was not fully accepted, in his second editions he commends the use of medicine, a direct contradiction to his former books.

The same spirit of therapeutic pessimism or nihilism is infecting our own ranks, through a closer association with our orthodox brethren than formerly, together with a more tolerant attitude towards us, most evident by their seeming liberality in writings and actions. The recent decided change in policy to hoodwink and take up into their close corporation societies, while not accepting our principles, is most detrimental to our cause, for it is both flattery and deception. This treacherous procedure is adding much to our indifference, and yet some of our own fail to see the real motive of the leaders in this scheme, which is evidently intended to kill our school of practice.

While we should impartially inform ourselves in all choice medical literature and recognize genuine professional fellowship wherever found, as said before, we ought not study other forms

of practice to the exclusion of our own better and positive methods. The majority of us are willing and ready for amalgamation (for that time is bound to come) whenever the leading principles of our practice are honestly accepted by the body of the orthodox profession.

The abandoning of heroic mixtures, the substituting of smaller doses and more palatable preparations by our opposing brethren has led the public to see little difference between the various schools of practice. They are unable to see the distinction in principles on which each prescribes.

The increasing use of serums, proprietary and pharmaceutical preparations by the majority of physicians of all schools, also adds to the indifference. The tendency to prescribe proprietary medicines, most of which are quite uncertain in action, is much to be regretted. Some orthodox physician asks the question; "Did you ever note the fact that without the contributions made by the proprietaries our drug equipment would, with very few exceptions, be practically where it was fifty years ago?"

We homœopathists should adhere more closely to the old reliable, well-tried and true curative remedies until certain of better ones. The anxious discussion at present of the proprietary medicine evil ought not to be necessary in our camp.

The influence of the many new medical isms and pathies detracts from the advocacy and enthusiasm of homœopathic therapy. In these opposing influences, while there is some truth in all of them, it is our bounden duty to show the superiority of our measures, by their practical use and by our working in harmony and unity in making their application whenever and wherever opportunity offers.

The indifferent attitude of the profession ought to be corrected in much the same way that the original enthusiasm for the cause was enacted. That was largely through the teaching, by success in actual practice, carried out by the early devotees of the real principles of Homœopathy and not through discussing its theories as much as is the plan adopted today. There is a wide difference between theoretical and practical Homœopathy. By real practical works these pioneers were known. It is doubtful whether modern plans are better.

We realize that materialism in most things was not then advocated as it is at present. "Too often is the medical man the most materialistic minded member of community, when his view should be much deeper into the controlling forces of life. This is the natural outcome when, in a long medical course, no part of the individual is presented to the student, except what he can feel with his hands or see through the microscope."

Let us consider that we are the custodians of the law and that we should endeavor to keep the question of scientific Homœopathy before the world, the people, medical students in particular, and not neglect the working profession itself. We should ever attempt to stir up and keep alive the flame of latent enthusiasm, not fanaticism, with the old time characteristic vim and vigor. Work together for a community of interests as well as for the interest of the community. Not only teach and promulgate with the same old and well-tried methods, but consider that historic ideas are often defended by new forms and principles according to the changes of the day.

Of the many advancements of science most of them fully conform to, as well as confirm, Hahnemann's teachings. Sound reasoning, careful, impartial investigation, is more plentiful on our side today than ever before, as Von Behring, Wright and others have recently acknowledged. So let us not fear to affirm the truths taught and developed by that great mind, the "Sage of Coethen," who was far in advance of the time in which he lived. These same facts have been well verified by more than a century of clinical application. Yes, but some one says: "Clinical experience counts for nothing". Well, it may not count with them, but it does with us.

Insist that more homœopathic materia medica, the true science of therapeutics, be taught in our colleges, in all of our organizations, and certainly among ourselves. Keep an eye continually on the target. Do not be fanatical, narrow nor dogmatic by deeming him too liberal who studies and advocates the underlying principles of progressive scientific Homœopathy, for science ever continues to elucidate its excellence.

The body of the profession must awake to the fact that the studious and careful application of our working materia medica is scholarly specializing in therapeutics. The other specialities and

collateral branches are developed by good workers, and we accept most of their teachings. By devoting more time to studying drug therapy we may succeed thereby in harmonizing the differences in our ranks.

Dr. Korndoerfer in his last year's report to the American Institute as Chairman of the Committee on State Examining Boards, well said, relatively to the teaching of our materia medica and thereapeutics: "The life of our school depends upon the degree of proficiency of our practitioners in these branches, therefore, it behooves us to search diligently for means to arouse interest in and make possible the acquaintance of a good working knowledge of these studies prior to graduation."

Medical colleges of the orthodox school have about abandoned instruction in materia medica, and some are agitating the dropping of this branch from the State Board Examinations. One of their number recently said: "If no more attention was given in the course of study to surgery than to materia medica, surgery would be in the hands of the instrument makers, as materia medica is in the hands of the manufacturer of drugs." The dominant profession by its own inertia has allowed laymen and pharmacists to do what its own members ought to be eminently capable of doing. If the average medical man but knew the fundamentals of organic chemistry and the true meaning of the word synthetic he would no longer prescribe shotgun mixtures and therapeutic jumbles nor be the easy mark of the drug manufacturer that he so often proves to be.

We fear that some of our teaching is tending in the same direction. While our colleges equal theirs in imparting a knowledge of the collateral branches, original therapeutic research is not, as formerly, sufficiently encouraged. Are we correct? If so, why? Certainly this should not be. Materia medica is a most difficult branch to teach. The enthusiastic instructors of this most important chair are not easily procured, or, rather, those who can arouse the old-time interest are not as plentiful as we wish. Candidly, is the homœopathic foundation in building the young M.D.'s education sufficiently stable to withstand the indifference of today? Would it have been any better had the potent influence of the preceptorship in the active working office not been aban-

done as an entrance for the student to medical college? Would it be an improvement to adopt more post-graduate work in internal medicine?

Are these criticisms just? Some may deny that they are. We know "it requires but a few brains to find fault with things, but to give praise where praise is due is the province of a wise man."

It is well to scan the past, thereby judging the future. We become a band of influence in the medical world by doing earnest, enthusiastic work for the principle we espoused. So to continue our separate existence as a school of practice, as we should do, until our views are more generally adopted, let us have the courage of our convictions. We must generate enthusiasm for our tenets, keeping them in the foreground of the general profession, even though the ideal plan of doing this be not yet established. Let us renew the imparting of the firm truths of the practice among ourselves by exemplification as we certainly know them to be. Upon these features surely depends much of our future prosperity and the hope for the final triumph of Homœopathy.

Not until the old time militant earnestness is again established will the attitude of indifference of homœopathic physicians, and its effects, be eradicated, is my sincere belief.

Some may deem this sectarian, but, nevertheless, in the language of Helmuth: "I am a sectarian in religion, by creed a Protestant, and yet I hope a Christian. I am a sectarian in politics, by creed a Republican, and yet I hope an American citizen. I am a sectarian in medicine, by creed a Homœopath, and yet I hope a physician".

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