

IN THE HANDS OF SPECIALISTS

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Reporting from New York in the Liverpool Echo

I had an experience recently which convinces me we are living in a society filled with experts who know more and more about less and less. One morning I woke up with a swollen ear. Perhaps I should see a doctor.

Now 20 years ago, or even ten years ago that would have been easy to do, even in a go-ahead place like America. For a little more money the doctor would even have consented to pay a call on me.

But to-day the old-style family doctor—the fellow who could mend Uncle Harry's broken leg, diagnose Aunt Mary's tonsillitis, take out a worrisome appendix, treat you for pneumonia or repair my ear—is becoming extinct.

Medical science has advanced so far in the past few years that no one doctor can hope to pack into his brain all the latest information about all the latest treatments. Instead he becomes a specialist in just one field.

Only 40 per cent in General Practice

The American Medical Association tells me proudly that last year 60 per cent. of all medical men in the U.S. were specialists. Only 40 per cent. were in general practice. Next year the proportion of specialists will increase still further.

The general practitioner—the "family doctor" of years ago—has become little more than a medical broker who determines which specialists to refer you to and he is hopelessly overworked as well.

So when I called the doctor about my ear he said he was too busy to see me at such short notice. He asked me to describe the symptoms over the telephone, suggested I should use a certain ointment, "and if that doesn't work go and see an ear doctor."

This type of telephone treatment is common in New York to-day. If a doctor advises a drug for which a prescription is

legally required he calls the pharmacy and tells the chemist what to make up. Quite often he never sets eyes on the patient, to whom he may or may not send a bill, possibly depending on whether he remembers to make a note of the case.

Ointment Did Not Help

Well the ointment did not help. To my horror I awoke looking and feeling like a boxer after a disastrous defeat. By now, thoroughly alarmed, I fled to the nearest hospital.

There I was examined by a white-coated specialist wearing a metal reflector strapped to his forehead like a pit worker, who probed around for a while, prescribed something entirely different and very expensive and told me to return next day.

Sure enough I began to feel better but when I went back to the specialist and asked what had caused the trouble he said he did not know.

"It's something to do with the skin," he said. "I can't say what it is. That's not my field. You should consult a skin specialist."

Which is what I did. The skin specialist—who charged 15 dollars (£5 7s 2d.) for his ten minutes work—prescribed three sets of pills, two new ointments and a lotion.

Final "Attack"

I returned home convinced that medical science was now fully mobilised for a final victorious attack. Nothing surely could withstand the assault by so many miracle drugs.

But next morning the big ear had come back and my confidence had gone. I was worse than ever and this time I had a temperature of 102.

I called the skin specialist at once. He was deeply sympathetic and equally unhelpful.

"You ought to see an ear man," he said smugly. "Ears are not my territory, you understand."

"Look here," I moaned, "I've already been to an ear man as you call him. He sent me to you. I can't possibly go to anybody now—there's snow on the ground, the radio says it's 26

degrees out there, and I have a fever. What about somebody coming to me?"

The skin man seemed astonished at my self pity. "You can't expect the specialist to visit you," he said. "He's very busy at the hospital. You'll have to go to him, but wrap up first."

In the end I gave in and took a taxi to the hospital. The whole business was repeated and now the ear man has referred me to the skin man again.

So far I'm all right. The ear man has even become a friend of the skin man. I hear them chatting away happily together in Latin and Greek—over the telephone, of course.

It's good to know that as the sensational sixties get under way two modern medical men have at least one thing in common—ME.

The Ignoring of "Me"

A *Homœopathy* contributor writes: The trouble here seems to have been that neither of the two modern medical men concerned did have "one thing in common—ME". One of them prescribed for ear, the other for skin, but between them the essential and all important "Me" seems to have been entirely ignored.

Specialism is, of course, inevitable in these days. The danger is lest, in paying detailed attention to the part, the much more vital question of the state of health or ill-health of the whole individual is forgotten and passed up.

This is particularly unfortunate for the sufferer, for disease is seldom located exclusively to one part of the body or one organ, be this the skin or some other organ whose functions subserve the needs of the body as a whole. Disease in such an organ or part is nearly always the manifestation of some deep-seated and less obvious disorder affecting the body as a whole and is also tied up with the particular circumstances and the personal traits of the patient as a distinct and highly individual human being.

This is especially true in relation to most disorders of the skin, which are but the outward and visible sign of an inward disturbance which needs assessment from every angle, both physical and psychological. Moreover it is this inward disorder that calls for treatment if satisfactory and permanent restoration of health is to be achieved.

Mere suppression of local symptoms without due regard for the needs of the sick person as a whole cannot be expected to meet the case in any adequate way. Furthermore in the process of holding down a particular and local symptom by pharmacological force the functions of the body may be interfered with in such a way as to cause further symptoms, perhaps referred to somewhat euphemistically as "side-effects".

What is so essential, even in dealing with such apparently local troubles as a boil or a swollen external ear, is to study and assess the sufferer as an individual with personal peculiarities and tendencies. These call for medication of a type directed not merely towards the obvious lesion or sickness but towards this particular sick individual.

For he is not sick because he has a boil or a swollen ear, but rather he has a boil or a swollen ear because he is sick. This seems fairly obvious when stated thus, but there is a real danger in these days of ultra-specialism that this so-obvious truth may be lost sight of and too much attention be paid to the part with neglect of the whole.

Homœopathy is in a way a specialism of the whole man, seeking always to treat the sick individual rather than just his sickness as per label. The help of the specialist must be obtained where detailed knowledge along some particular line is called for, but such information must be correlated with the whole picture as revealed in the "totality of the symptoms" and the individual tendencies and pronenesses of the sick person.

With its very wide range of remedies and its specifically individual approach homœopathy is well qualified to function as a specialism of the whole man.

—*Homœopathy, May '60*
