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THE NEO-HIPPOCRATIC THEORY
AS BASIS OF CONTEMPORARY
MEDICAL THOUGHT
AND PRACTICE

By

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AND PRACTICE.

La Théorie Neo-Hippocratique comme base de
la pensée médicale contemporaine.

Die Neo-Hippokratische Theorie als Grundlage
für Denken und Wirken in der Medizin.

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VERY accurately a recent medical historian, Professor Castiglioni describes our contemporary period as the period of Neo-Hippocratism. In fact, we are abandoning the principles which directed our science during these last hundred years, the organic localisation of disease, Virchow's cellular theory and the bacteriological causatism, for a much wider and more comprehensive conception derived from the doctrine of the ancient Greek physicians, and described as Neo-Humoralism or more accurately Neo-Hippocratism. This new theory which must dominate our conception of disease as well as of our technique of diagnosis and treatment, although not yet precisely formulated, may be considered as constituted by three principles, the vitalistic principle, the principle of biological correlation and integration, and the principle of pathological correlation and integration.

THE VITALISTIC PRINCIPLE.

According to this principle the living being is distinctly differentiated from inanimate objects by its purposive striving, that is by the presence of a certain force—*φύσις* of Hippocrates, *entelechy* of Aristotle, Vital Force of the late Hippocratists—which directs the living being towards the accomplishment of a definite purpose, which is to live, to develop and to immortalise itself by procreation, a force which directs the evolution of the original

cell towards a complete organism, the adaptation of this organism to the environment, and its struggle against environmental conditions.

This vitalistic principle of the Greeks has been often challenged, because the discovery that the functions of life obey the chemical and physical laws to which inert objects submit, made a certain school of scientists pronounce an identity between the living and the non-living. This opinion of the monists arose from a great misconception. Respiration, circulation, digestion, the nervous functions, even the higher intellectual functions, may be explained by physical and chemical laws, but what these physical and chemical laws cannot explain is why all these functions are co-ordinated towards a certain purpose which characterises all living beings. It is not the nature of the functions of the organism that explains, life, but *their direction*. Contemporary clinicians and physiologists are more ready to admit the vitalistic principle. Driesch has given a sort of experimental demonstration of it; Albert Robin professed himself as Neo-vitalist in his opening clinical lecture thirty years ago, and the surgeon Bier writes in a recent work "the teleological principle is awakening with new force."

THE PRINCIPLE OF INTEGRATION OF THE ORGANISM IN BIOLOGY.

The body is a unit by itself and cannot be considered as a collection of smaller units, organs, cells, molecules. All these are narrowly correlated to each other, they form a whole and their existence cannot be conceived as independent of the existence of the whole. When the first cell which represents the human organism in its beginnings divides into two and four others, the fact that from this one cell more are produced does not signify that each of these daughter cells is independent and that the new product is a "colony of cells." Each cell possesses a quality of "Induction" (to use the term found in the writings of Kraus) and influences the others and therefore no modification of any of these new cells, no mode of reaction can be considered as not having an effect upon the others. This inductive property of each cell on the other is two-fold, chemical and nervous. By the chemical products of its metabolism transmitted through the intercellular fluid, each cell acts on the others, and on the other hand by direct transmission of the irritability of the cell the same object is achieved. In a later stage of development the chemical induction which at the origin belongs to every cell will be concentrated in certain special organs, the endocrines, and the irritability which also is a quality of every cell will become concentrated in certain special cells, which constitute the nervous

system. In the course of evolution the inductive correlative or integrative property of all cells becomes more and more concentrated in the nervous system and man, as Sherrington has demonstrated, is integrated to respond as a whole to any adequate stimulus, this integration being accomplished by the nervous system through the medium of the brain.

The ancient Greek physicians insisted very much on the humoral integrative mechanism and it is true that the humors unite the organs and cells of the body as the sea unites the Islands of the Archipelago. But it must not be forgotten that the constitution of the humors depends on the functions of the various cells (endocrinic and others) and through them of the nervous system. The content in cholesterol depends on the function of the adrenals, that of sugar on the function of the pancreas, that of calcium on the function of the parathyroid, and also, as Billigheimer has demonstrated, on that of the vegetative nervous system. In the light of recent physiological work, made for the greatest part in England, an exclusive Humoralism cannot be admitted and it must be accepted that the integrative mechanism in man is triple, Neuro-endocrino-humoral, the nervous integration playing the preponderant rôle.

Biologically, therefore, all parts of the body being correlated, we have to consider the whole of the body. We have to think not in terms of organs or cells or even molecules, but in terms of organism, "Organismish" to use the term of Rhumbler. Modern biology becomes — to use the title of a recent great German textbook a "Biology of the Person."

THE PRINCIPLE OF INTEGRATION OF THE ORGANISM IN PATHOLOGY.

The body being integrated as a whole in its re-actions, disease also must be conceived in terms of integration. The whole organism becomes diseased; there are no diseases of organs, no diseases of cells or of tissues. In pathology we have to think also in terms of "whole organism"; the old organic pathology, the old cellular pathology have been replaced by the "pathology of the Person" or Syzygiology (Kraus) or "correlations pathology" (Ricker) or to use perhaps a better English term "Integration pathology."

Life consists in the adaptation of the living being to its environment, in a sort of equilibrium of the internal forces towards external forces of environment. When these external environmental conditions are strongly modified and the body cannot adapt itself to this change, disease results. Disease is therefore a disharmony of life, a defect of adaptation, an irresponsivity as Grote puts it to external conditions. But even in the period

of disease the body keeps a purposive striving towards a re-establishment of the equilibrium.

Following this conception, disease is determined by two series of conditions—changes in the environment, that is external etiological factors, and changes in the internal conditions of adaptability, that is constitutional etiological conditions. All these factors act in conjunction with each other, as Tendeloo has demonstrated, as a sort of “constellation.” Strumpel expresses this nature of

disease in the striking formula $D = \frac{N}{R}$ (D = disease, N =noxiousness or external factors, R = resistance or constitutional factors).

The external factors in this constellation act through the integrative mechanism of the body, and above all through the nervous system. Ricker has demonstrated that even in local inflammation the microbial products stimulate first the nerve endings of the capillaries and that it is by a reflex mechanism that vaso-dilatation diapedesis, stimulation of the metabolism of certain cells (reticulo-endothelial system) for the production of antibodies, and the other inflammatory phenomena occur. This view is too exclusive, and we must admit that the external factors may act through the humoral element of the integrations mechanism, as in certain bacteriological infections, in which the bacterial products are absorbed through the humors and reach the reticulo-endothelial cells whose metabolism they stimulate to the production of antibodies. But the exclusive humoral point of view according to which in certain infections without intervention of cells antibodies can be formed in the humors has not been demonstrated by recent experimental work.

This conception of disease as a defect of adaptation, which is found in the writings of the old Greek physicians, has been neglected by those who were guided by the exclusive bacteriological point of view, but it is easily understood that even in real microbial infection the microbe can only be one of the etiological factors, because if it does not find a favourable “constellation,” a favourable soil and certain external adjuvant conditions, it cannot thrive and thus cannot produce disease. The work of Hueppe and that of Martius has pointed to the importance of “conditional” thinking in medicine, and they have demonstrated the error of an exclusive bacteriological causation, a principle which was so deeply rooted in medical thought some years ago that Martius had to pay for the courage of his opinion by the sacrifice of a high academical career.

The more we progress, the more the conception of Hippocrates that disease is a general process, a general and a “purposive” reaction, is gaining ground. Aschoff has done a very important and precise work in studying inflammation from that point of view, and the problems

of infection become really, as Metchnikoff himself has admitted, problems of general metabolism, an opinion which has been corroborated by the work reviewed in a recent publication of Herxheimer.

MODERN DIAGNOSIS.

The neo-Hippocratic theory has changed completely our conception of diagnosis, which now becomes a triple intellectual operation ; (a) disease diagnosis, (b) functional "personality" diagnosis, (c) diagnosis of the etiological constellation.

(a) *Disease diagnosis*, which consists in placing the patient under one of the nosographical classifications, is according to the new conception, only the first step of diagnosis and not at all the whole diagnosis. "Diseases" are fictions, necessary for the statement of our knowledge ; they are means towards an end and illustrate an application of Vaihinger's philosophy of the *As If*. They cannot be discarded as has been attempted by the so-called physiological school of Broussais, Wunderlich, Griesinger, and even Virchow, which resulted in confusion. As Knud Faber writes "to the clinician the conception of the disease is essential ; he cannot live, speak or act without the concept of morbid categories." On the other hand, according to the neo-Hippocratic conceptions they must be considered only as stepping stones towards a more complete diagnosis. The clinician must pass on from the diagnosis of the disease to the diagnosis of the diseased individual.

(b) The *personal functional diagnosis* is the answer to the question "to what extent the individual is injured by his complaint," and forms the real basis of neo-Hippocratic medicine. The whole of the individual, psychical as well as physical, is considered, and the procedure follows mainly the method of physiology. But the ultimate object is not to determine whether certain organs, heart, lungs or kidneys, are insufficient but whether and how the "whole person" is insufficient—or "irresponsive" that is, inferior in its adaptation towards the change of external environmental conditions. This personal functional diagnosis not only completes the nosographical diagnosis, but is also the only possible diagnosis for these numerous cases which cannot come under a nosographical label. It is well known now that long before the nosographical or visceral phase, disturbances exist whose diagnosis, as Professor Albert Robin and Sir James Mackenzie have shown, is of immense importance to the patient. Long before the appearance of the lesions of the joints in rheumatism certain metabolic functions such as sulphur metabolic functions are disturbed ; long before the appearance of an attack of angina pectoris disturbances in cholesterol metabolism may be detected. Thus, the "personal

functional diagnosis" will help us to recognise what Albert Robin called forty years ago the functional or therapeutical phase of disease, and what Sir James Mackenzie has masterfully delineated as the real initial symptoms.

(c) The *etiological constellation diagnosis* consists in the determination of the etiological conditions which have brought about this "insufficiency of the Person," of their proportionate rôle and of their mode of combination. In this modern etiological diagnosis a preponderant place is attributed to the constitutional factors. To consider only the external cause, for instance the microbe, is the same as if we in an explosion considered that the flame that approached the gunpowder was the real cause and that the chemical constitution of the gunpowder did not play any part in the result. It may be said that this revival of the constitutional element in diagnosis, which was a marked feature of Ancient Greek Medicine, is one of the greatest advances of Modern Diagnosis.

MODERN DIAGNOSTIC METHODS.

The neo-Hippocratic doctrine has completely reformed our diagnostic methods by placing *clinical diagnosis* in the foreground and by showing the rôle of Intuition. The clinical diagnosis must come first because clinical examination alone takes account of the "whole" of the individual. It is only after making a clinical diagnosis (disease diagnosis, personal functional diagnosis and etiological constellation diagnosis), that the various laboratory tests can be applied in order to confirm, correct, and complete the diagnosis. In this procedure these tests, made with a definite plan, become much more useful than in the usual haphazard way of some of the diagnostic teams. The diagnostic team is useful, but it must come after the clinician and not the clinician after the team.

The Neo-Hippocratic theory also re-establishes the importance of *intuition* in diagnosis. The two diagnostic methods, inductive reasoning and intuition, are necessary, but the rôle of intuition has been much neglected by the "scientific" schools of these last years. Unfortunately many accurate scientists are incapable of making a diagnosis. They may think logically, their syllogisms may be right, but their conclusions are wrong because the material of their syllogisms is badly valued. It is a wrong valuation for example to attribute a great importance to certain laboratory findings and not to consider certain psychical manifestations, expressions of the face, manner and character. The power of making a right valuation comes from the intuitive faculty, which is, of course, in great part a natural gift, but can be developed by a sound all round clinical education consisting in early and permanent contact with patients—as is the case of the French medical educational system.

It can be pointed out at once that the specialistic outlook by directing the attention of the physician in a preponderant manner to certain factors destroys this quality of right valuation and therefore the intuition and the capacity of diagnosis.

THE NEO-HIPPOCRATIC THEORY AND THE "SPECIALITIES."

With the introduction in medicine of these new Integrating conceptions, the rôle of specialities in medical practice is being modified. Specialisation is not a modern discovery as is evident from that passage of Herodotus in which this vigorous Greek thinker describes with a certain scorn the medicine of the Egyptians who had a separate physician for each organ. With the advent of the synthetic conceptions of the Greeks this early splitting of medicine was abolished. With the re-introduction of the same conceptions to-day, the specialities in which medical practice has been divided during the last centuries are being regulated.

The general law which can be deduced from contemporary conceptions of disease is that specialisation in technique is useful but specialisation in diagnosis impossible. The surgical specialities will remain, but the more recent splitting of internal medicine will be abolished as it is being abolished in most Continental schools. Technique is the important thing in surgery, and technique can be developed to a greater degree by those doing the same kind of operations. Diagnosis is the most important element in Internal Medicine, in which treatment itself is a diagnosis, but diagnosis can only suffer, if, instead of looking at the whole patient we limit our outlook to psychical conditions, nervous conditions, metabolism, heart or lungs. *Internal medicine is all or none.* To the narrow specialities of Internal medicine,—Gastro-enterology, Cardiology, Neurology, etc., most Continental schools oppose the large speciality of Internal diseases. It is the right formula, consistent with the results of modern scientific research.

MODERN TREATMENT.

As with diagnosis, so with treatment, the Neo-Hippocratic theory has opened new horizons. This is perhaps the most striking result of these new conceptions because with the older principles, treatment was relegated to a secondary place. The anatomical principle of disease resulted in the therapeutical nihilism of the old school of Vienna; the cellular theory had also a similar result and the theory of bacteriological causation has limited therapeutics to a narrow field. The chapters of treatment appended to modern textbooks of medicine are remarkable for their brevity and vagueness.

(a) By introducing the conception of "constellation etiological diagnosis" the Neo-Hippocratic theory makes etiological diagnosis more precise and more accurate and therefore makes etiological treatment effective.

(b) By indicating that disease must be considered from a dynamic and functional point of view, the Neo-Hippocratic conception shows the wide range of therapeutic possibilities. Disease being an insufficiency of the forces of adaptability of the Neuro-endocrino-humoral mechanism, and this mechanism being susceptible to the influence of environmental conditions, it is easy to understand that a normal response may be established if we find an adequate combination or "constellation" of external environmental conditions, that is of special external therapeutical stimuli, may they be psychical, physical or pharmaceutical. We can modify the direction of a force; we cannot modify an organised lesion and to limit ourselves to one external factor of disease, the microbe, without taking into consideration that our main objective is to help the tendency of the organism towards the re-establishment of its equilibrium, can only give a very incomplete therapeutical result.

If, for example, we consider *chronic rheumatism* as a lesion of the joints, there is no other treatment than surgical interference; if we consider it as an effect of a microbial action, we can intervene only with antiseptics, serums, vaccines or by extirpation of infective foci. But the case is very different if we consider this disease as the result of a defective reaction of the neuro-endocrino-humoral integrative mechanism, toward a constellation of environmental conditions, a defective reaction which causes certain specific disturbances in general metabolism, whose ultimate result are the lesions of the joints. Following this conception we can readily conceive the possibility that by acting through other external forces we can re-establish the normal response of this integrating mechanism, with its neuro-endocrino-humoral factors.

This last conception is corroborated by clinical and laboratory researches. Such disturbances of metabolism, especially as regards sulphur, are present in some forms of rheumatism, as I have demonstrated in previous researches. Moreover the effects upon rheumatism of waters and baths these powerful modifiers of the neuro-endocrino-humoral mechanism, and also the action of the various modes of "shock therapy," clearly demonstrate the effectiveness of treatment directed towards the power of adaptation or general condition of the body.

A new period is beginning for our Science. We are approaching a new medical peak and once more as in Sydenham's days, by a return towards the Greek sources, Medicine becomes more powerful. The Neo-Hippocratic theory is one of these great synthetic conceptions so

important for the progress of human thought, and although no Hippocrates, no Newton, no Einstein have yet appeared to give that theory its precise formulation, much has already been accomplished even with the vague and fragmentary notions that we possess. The dynamic point of view, which is dominating all other sciences, is being introduced into Medicine. We speak of forces and not of lesions. The human being is considered as a whole, as a psychophysical unit, disease is conceived as an integrated and dynamic process, diagnosis becomes more precise because more complete, treatment becomes more effective, and clinical observation, the method of Hippocrates and of Sydenham, is once more established as the basis of Medical Thought and Practice.

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La période médicale actuelle est décrite comme " Période Néohippocratique." Les principes qui ont guidé la Médecine pendant un siècle cèdent le pas à une conception plus large dérivée de la doctrine des Anciens Médecins Grecs et décrite comme Néo-humoralisme, ou plus précisément Neo-Hippocratisme. Cette conception qui manque d'une formulation précise comprend trois grands principes.

(1) Le principe du Vitalisme suivant lequel les êtres vivants sont caractérisés par le fait que toutes leurs fonctions se font suivant un certain plan et sont dirigées vers un but précis.

(2) Le principe d'Integration Biologique suivant lequel tous les organes, cellules et molécules du corps sont en corrélation étroite et le corps est intégré et agit comme un tout, une unité.

(3) Le principe de l'intégration pathologique suivant lequel la maladie n'est pas un processus local mais une réaction générale du corps, un défaut d'adaptation au changement des conditions externes.

Cette conception a profondément modifié la pratique médicale. Le diagnostic devient une triple opération intellectuelle.

(a) Diagnostic de "maladie" l'ancien diagnostic nosologique qui ne représente qu'une étape vers le diagnostic vrai, la conception de "maladie" n'étant qu'une fiction nécessaire pour notre travail.

(b) Diagnostique fonctionnel "du malade" qui donne la réponse à la question jusqu'à quel point les diverses fonctions de la vie, physiques et psychiques sont troublées par la maladie. C'est la détermination, exprimée en termes dynamiques, de l'adaptabilité du corps aux modifications extérieures.

(c) Diagnostique de la "constellation" des facteurs étiologiques (diagnostic des conditions étiologiques et non pas d'une "cause," la "cause" unique ne pouvant pas être comprise en Médecine moderne.

L'importance de la méthode clinique est rétablie par cette conception car seule la méthode clinique est capable de nous donner le vue d'ensemble du malade. L'importance de l'intuition en diagnostic est aussi rétablie car l'intuition seule nous donne le sens des valeurs des différents symptômes. Le diagnostic étiologique devient plus complet et comprend toutes les conditions étiologiques et leur mode de combinaison et non une "cause" artificiellement séparée. Enfin les "spécialités" sont mieux réglées, la spécialisation dans le domaine chirurgical étant démontrée possible mais dans le domaine de la médecine interne impossible et allant à l'encontre des principes scientifiques contemporains.

Das heutige Zeitalter ist vor kurzem als die Periode des Neo-Hippokratismus beschrieben worden. Die Grundsätze die die medizinische Wissenschaft seit hundert Jahren geleitet haben scheinen einem umfassenderen Begriff zu weichen, der von den alten Griechischen Ärzten her stammt und die neue humoral Theorie, oder richtiger neuer Hippokratismus, bezeichnet wird. Obgleich diese Theorie noch nicht genau formuliert ist, kann man sich vorstellen, dass sie auf drei Grundsätzen beruht: (a) das vitalistische Prinzip nach welchem lebende Wesen sich durch zwehmässiges Streben kennzeichnen; (b) das Prinzip etiologischer Vervollständigung nach welchem alle Organe, Zellen und Moleküle des Körpers in enger Wechselbeziehung zu einander stehen, weil der Körper ein ganzes darstellt und als solches reagiert; (c) das Prinzip pathologischer Vervollständigung (Einheitlichkeit) nach welchem eine Krankheit nicht örtlich verläuft sondern eine allgemeine Rückwirkung des ganzen Körpers ist, d.h. eine mangelhafte Anpassung an geänderte äussere Verhältnisse.

Dieser Begriff hat die medizinische Praxis stark beeinflusst. Die Diagnose besteht demnach aus drei Teilen: (a) Diagnose der "Krankheit," der örtlichen Verhältnisse — die alte nosographische Diagnose welche nur ein Schrittstein zur wahren Diagnose ist; Krankheit ist nur eine "erdichtete" Idee die für unsere Arbeit nützlich ist; (b) Diagnose der persönlichen Funktionsbedingungen — die Frage in welchem Grade der Einzelne von seinem Leiden geschädigt wird beantwortet, bezieht sich auf

das ganze Individuum, psychisch sowie physisch und versucht dynamisch den Grad der Anpassungsunfähigkeit des Körpers festzustellen ; (c) Die Diagnose der Zusammenwirkungen und Beziehungen der ursächlichen Faktoren.

Die Wichtigkeit der klinischen Untersuchung wird wieder bestätigt als die einzige Methode die einen Eindruck des gesamt Zustandes des Kranken gibt ; die Wichtigkeit der intuitiven Anschauungsweise, die Fähigkeit den Wert der Symptome und ihrer Zusammenwirkung zu erfassen. Nach dieser Lehre wird die Behandlung auf eine "Konstellation von Ursachen" gegründet und der dynamische Krankheitsbegriff gibt die Möglichkeit Funktionsstörungen wieder herzustellen. Die Art der medizinischen Praxis wird geändert, die spezialistische Betrachtungsweise wird bei der innere Medizin beseitigt und nur für die chirurgischen Behandlungsmethoden beibehalten.

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