Letter from . . . Chicago

Temples of doom

GEORGE DUNEA

It was a wonderful party, with wine and song and delicious food, and although none of the guests had read *Medical Nemesis* they all had a good time. The orchestra played well into the night, and then came the moving moment when the hostess stood up and presented the guest of honour with a plaque, thanking him for having made it possible that she should lead a normal life. Thus came to a happy ending the story that had begun in the preantibiotic era, on 13 July 1937, when an 11-year-old girl was hit by a car while riding her bicycle in the street. The girl was taken to the casualty department at Cook County Hospital with a fractured pelvis and a crushed leg. The senior surgeon took one look at the injuries and said that the prognosis was hopeless. But a young intern begged to be allowed to take the case, worked for many hours to clean up the injured leg, and then packed the wounds with gauze so that they would heal from the bottom. There being a measles epidemic at the time the parents were not allowed to visit the children's ward; but the young intern came every day, dressed the wounds, brought presents, and made the little girl sing songs to lift up her spirits. She recovered; but on returning later to the hospital she was told that the intern no longer worked there.

For the next 42 years she remained determined to thank the young man who had saved her life and whose name she did not even know. On several occasions she contacted the hospital but was told that the records had been lost. Last year, however, her daughters took up her cause, secretly, to surprise her. With the help of an ingenious medical records librarian they discovered a 1937 admitting card with a doctor's name on it but no intitials. Some fine detective work followed, and at last the trail led to an astounded 72-year-old doctor living in semi-retirement in Kansas. The happy story ended with the doctor being flown to Chicago and being feasted by all members of this large Italian family. The ladies each brought a special dish of pasta, linguini, spaghetti, or fettuccini; and even old Khayyám, suitably doused with the vine, might perhaps have reluctantly conceded that after all there are rare occasions when men do receive their reward down here. Needless to say, the doctor was deeply moved. Yet he was not quite certain that he recalled the case. He had forgotten most of his successes, he said; but he remembered his failures, which were "big and bad."[1]

Danger from doctors

Even more critical of the failures of his colleagues is the self-confessed heretic Dr Robert S Mendelsohn, once a believer but now a renegade—in the best tradition of the Cuernavaca school, which thinks that 95% of medicine is unnecessary or outright dangerous; that doctors are the greatest enemy to health; and that most of them are corrupt, dishonest, unethical, uneducated, and stupid. There are no linguini in Dr Mendelsohn's popular book,[2] but only advice to trust your doctor as you would trust a used-car salesman; no minestrone, but warnings to stay away from doctors unless you wish to become one of the 2·4 million victims unnecessarily immolated on the altars of surgery; and no fettuccini, but only adominitions to shun the temples of doom—where the pusher-priests and their acolytes remove the wrong leg, mix up babies, lose patients, humiliate pregnant women, deprive the newborn of their mother's precious milk, where patients are degraded, tortured, mutilated, and starved.

Dr Mendelsohn also recommends that patients should constantly see themselves as a potential market for the products of the medical industry. If their doctor prescribes a drug they should assume that it is dangerous and throw it away—even, apparently, if they have malignant hypertension. And they should also be aware that the magician-doctor-priest is bent on destroying the family, commercialising death, committing "iatrogenicide," undermining preventive medicine, causing cancer with pills or radiation, and cystoscoping inadequately toilet-trained infants in order to keep their urology training programmes fully accredited. Patients should beware of episiotomies, nursery concentration camps, fetal monitoring, and synthetic feeding formulae. They should protect themselves by not telling their doctors anything, by always lying, by constantly asking questions and obtaining second opinions, by bringing along a friend or a relative for protection, and by causing endless trouble, even if they should have to go so far as jumping off the *x*-ray table to escape. And they should know that the doctors' insufferable arrogance is based on fear—which is why they cheat in biology exams, falsify research results, talk down to their patients, abuse alcohol and take drugs, and constitute the major cause of disease in our society.[2]

For dessert, however, Dr Mendelsohn offers as delicious spumoni the "new medicine," which has no empty rituals, no specialists, no diseases, no pusher-priests, but merely health, good food, breast-feeding, an en masse rebirth of the family, a new way of dying, and a very long life expectancy with no infections, cancer, divorce, depression, or allergies. Leading the revolution will be the "new doctor," a politicised, sensitive, skilled, altruistic, courageous, literate man, at ease with patients of all walks of life, well trained in chiropractic, kinesiology, homoeopathy, and acupuncture, aware of the social and ethical foundations of society, constantly informing and educating his patients, busily putting the specialists and even himself out of business, rabidly in favour of breast-feeding, and always in the forefront, leading his constituents to protest against nuclear plants, synthetic baby food, and water fluoridation. Needless to say, he will not wear a white coat, one professional symbol of the authority and supernatural powers[3] which will disappear as soon as the pusher-priests—with their empty rituals, their useless stethoscopes, and their cunningly deceitful bedside manner—are finally expelled from the temples of doom.

Cook County Hospital, Chicago, Illinois 60612, USA
GEORGE DUNEA, FRCP, FRCPED, attending physician

But, while anxiously waiting for the coming of a new generation of breast-fed non-fluoridated doctors, we find the priests of the *ancien régime* addressing some of the very issues that so trouble Dr Mendelsohn. Among these problems are those of a population that is becoming increasingly old. And we find Dr Jack Weinberg, a likable psychiatrist (unlike Dr Mendelsohn's horrid ones, who "encourage people to say bad things about their relatives"), concerned about the problems encountered by this aging population. "We cannot but stand in awe at the courage of an older person whose world must be crumbling all around him, who recognises his failing reserves just when he feels that he needs them most," writes Dr Weinberg.[4] The crisis is more painful in a society where people live in the future rather than in the present or past, for old people have no future and are therefore rejected and pushed aside by the young, thus becoming increasingly isolated and alienated.

Psychopathology of aging

Much of the psychopathology of aging, writes Dr Weinberg, can be explained as compensatory mechanisms designed to make up for a series of irreplaceable losses, to find meaning in continuing existence, and to establish some sense of continuity with the past.[4] Thus when an increasingly deaf grandmother never fails to hear across a crowded room what she is not meant to hear, she is exhibiting as defence mechanism a selective exclusion of stimuli that have survival value by helping her to maintain her self-image. There is also an increasing tendency to conserve energy, so that old people remember the past but exclude recent events, for, being unable to fantasise about the future, they dream of a past when they were still in control. For similar reasons old people may become hoarders, for, having lost people, they clutch at inanimate objects—these being the only meaningful things still left to them. Regressive features of the ego occur in many forms of behaviour, and there may even be hallucinations, in which the aging person creates his own world, rather like a child surrounding himself with toys. Similarly, the development of paranoia may represent a projection on the outside world of the shame and anger at being helpless, so that the old mother who falsely accuses her daughter of stealing food out of the refrigerator is in fact expressing her resentment at being dependent and no longer mistress in her own house.

Dr Weinberg believes that medical students should learn more about the psychopathology of old people if, as doctors, they are to be successful in helping them in their loneliness, their isolation, their sadness, and their realisation that they are nearing their most final and personal loss of all, their life. And, since the modern hospital does little to alleviate the loneliness of dying, there is much to be said for the recent interest in the hospice as an appropriate alternative.[5–7] Though not so widely accepted as in Britain, the hospice movement is steadily gaining ground, with its emphasis on good nursing, adequate relief of pain, and a more humane and personal approach. Hospices are smaller than hospitals and, being built on a more humane scale, provide a more suitable environment, with trees and flowers, more contact with friends, family, social workers, and clergy, and with a team approach designed to keep the patient at home as long as possible. Though more cost effective than hospitals, there have been problems with reimbursement by Medicare and by private insurance companies. Even so, the proponents of the hospice movement hope that a flexible approach towards reimbursement will allow a greater flourishing of a development that can do so much for the patient afflicted with an incurable disease.

At the other extreme of life we also find a certain moving away from the temples of doom, in the increasing tendency of some women to have their babies delivered at home. Several doctors in Chicago are now engaging in this kind of practice; and I recently interviewed one such mobile obstetrician, whose car is his office, whose bleep is his telephone, and who will admit to hospital only those patients who have developed complications. Only women with no history of pelvic infection, amniocentesis, or curettage are accepted for home delivery; they must also live within reasonable distance from a hospital with obstetric services, and in a house that does not have a winding staircase.

After an initial 3-hour prenatal history and examination, there are regular monthly visits; and as soon as the pains begin the doctor moves into the house, staying throughout the delivery. With the doctor in constant attendance and the family also present, every attempt is made to make the delivery appear as "normal" as possible. The professional fee is high, but the total cost is considerably reduced, because, in Chicago, the hospital portion of the bill for a three days' uncomplicated delivery may be as high as $3000. The actual delivery usually takes place on the floor, on newspapers covered by a plastic sheet, and with the traditional buckets of hot water. As soon as the baby is born it is placed across the mother's abdomen, which produces a pleasant feeling of warmth and is said to establish an early close mother-child relationship. But, as the women in labour frequently pace around the house and especially around the kitchen, it appears that a full one-third of the mothers deliver in the standing position, with the obstetrician sitting on the floor or under the kitchen sink helping to extract the baby.

References

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2 Mendelsohn RS. *Confessions of a Medical Heretic*. Chicago: Contemporary Books, 1979.
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5 Alsofrom J. *AMA News* 1979 May 25.
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7 Libman J. *Wall Street Journal* 1978 March 27.

An unmarried male schizophrenic patient asked for help to combat pronounced sexual thoughts. He masturbated between one and three times daily. He had not had hallucinations for two years since having flupenthixol decanoate (Depixol) injections but was unable to concentrate for any length of time. He feels better after treatment with stilboestrol, 1 mg, and oxprenolol, 40 mg, every night. How long can this treatment be continued and is there any alternative?

Physically, once stilboestrol has produced the desired effect the dose should be gradually lowered. I have usually prescribed it in short courses of three to four weeks and then given a rest period, noting how soon libido returns. This may be one to two weeks, or more, and I think this is sometimes helped by suggestion about the strength of the pill. Breast enlargement may subside with the reduced dose, but if it remains pronounced or is a worry to the patient surgery is the only cure; so that is a risk to be considered. Cyproterone acetate may have relatively fewer side effects once the patient has settled down to it. The manufacturers advise various checks. Breast enlargement, temporary or lasting, occurs in about one in five cases.[1] Benperidol might be worth a trial but the patient is presumably still taking flupenthixol. As to duration, I have had patients taking stilboestrol for a few years without pronounced breast enlargement or severe side effects. Cyproterone acetate is a later introduction, and the long-term effects may not be entirely clear. My feeling would be rather similar about oxprenolol. It may fit the case rather well, but the picture with β-blockers as tension inhibitors is perhaps not fully worked out, and a good adjustment of the hormone might make oxprenolol unnecessary. Schizophrenics in remission may have limited insight and contact, and, if at all practicable, the individual rather than the routine treatment must be studied.

1 *Lancet*, 1976, **1**, 1003.