

Bibliotek for Læger

A journal devoted to medical history, ethics, philosophy and clinical theory, founded in 1809

Finn Collin:

Scientific dishonesty according to Kuhn.

Bibl Læger 2005;197(2):108–25.

Thomas Kuhn's philosophy of science, as presented in *The Structure of Scientific Revolutions*, has led to a fundamental reorientation in our understanding of the scientific process. The implications of Kuhn's work for issues concerning the notion of scientific fraud have hardly been touched upon in the literature, however. Still, on a number of points, Kuhn's position appears to raise challenges to the traditional conception of scientific fraud. The pertains to his constructivism, to his notion of "anomalies", and to the very notion of a "paradigm" with its inherent implications of methodological pluralism and relativism. This article presents these challenges and provides suggestions as to how they might be handled by agencies that adjudicate cases of scientific dishonesty.

Thomas Söderqvist:

How can recent biomedical objects be displayed?

Bibl Læger 2005;197(2):171–89.

The rise of biomedicine in the last 50 years is a major challenge for medical history museums. Traditionally these museums display concrete, tangible and easily recognisable objects, like medical instruments and wet-specimens of tissues and organs. But biomedical research and clinical development is rapidly moving away from these kinds of tangible objects. The rise of molecular medicine and the emerging digitalisation of medical practice make medical objects become more and more abstract, non-tangible and difficult to recognise. As a consequence medical history museums are facing a major cognitive problem: how to display medical objects that are almost invisible, hardly elicit any emotional responses, and are difficult to understand?

Mogens Norn:

An alternative iris-analytic clinic: Sus Pade in Vejle, Denmark.

Bibl Læger 2005;195(2):190–205.

Sus Pade (1955–2002) was trained in ceramic work and in iridology. In 1974 she established her famous iris analytic clinic in Vejle, Jutland. Here, she also taught pupils in iridology for certification.

Photographic documentation and objects were donated in 2003 to Medical Museion, University of Copenhagen.

Sus Pade's comprehensive written material for students reveals not only the colour and localisation of the many iris points, believed to represent digestive organs in circulus pupillaris and lungs, heart, limbs, etc. in the circulus ciliaris of iris, but also signs of diabetes, tuberculosis, threatening suicide, dementia etc. in the pupil rim. Internal diseases were represented in lens, conjunctiva and sclera.

The examination of the client could also include percussion of lungs and abdomen, gastric acid examination and first of all a detailed conversation: the anamnesis.

The iris signs were examined in a slit lamp and stenographically marked on an irigraph, and later connected with case reports with ordinations, based on alternative therapy, such as homoeopathic drugs, esoteric psychology, Yin-Yang-, magnet-, vitamin-, mineral-, zone-, art-, and sound therapy. Some case reports are published in the appendix.

Sus Pade's slit lamp photos are commented, as well as her iridology is compared with scientifically based medicine.

Johan Schioldann:

The lithium pioneer Mogens Schou – half a century with lithium.

Bibl Læger 2005;197(3):209–16.

In the late 19th century, the Danish brothers, Carl and Fritz Lange were the first to use lithium systematically in the treatment and prophylaxis of "periodical depressions" – by Erik Strömberg named "the old Danish lithium treatment". The Lange brothers believed that these depressions were caused by uric acid diathesis. However, with the abandonment of this concept as fallacious during the first decades of the 20th century, lithium treatment fell into oblivion. In 1949 the Australian psychiatrist, John Cade, heralded the modern lithium treatment with his seminal paper on the anti-manic effect of lithium – "one of the major medical discoveries of the 20th century". In 1954 Mogens Schou and his associates at Risskov, Denmark, among them Strömberg, confirmed these claims in the first placebo-controlled, double-blind trial in psychopharmacology, designed by Schou. The anti-manic effect of lithium became evidence based. Over the next decade, Schou introduced lithium into international psychiatry. Subsequently, in 1967, preceded by sporadic observations by G.P. Hartigan of Canterbury, England, Poul Christian Baastrup, Schou's countryman, and Schou himself – independently of one another – of lithium having a prophylactic effect in recurrent affective disorders (bipolar and unipolar), Schou and Baastrup could publish their systematic but open trial which bore this out. However, their findings were to spark fierce controversy in the international medical press, spearheaded by Michael Shepherd and Barry Blackwell of Maudsley, London. Finally, in 1970, Schou and Baastrup confirmed the observations in a controlled double-blind randomized trial that in the opinion of Paul Grof of Ottawa was "unparalleled in psychiatry". Authorities on manic-depressive illness such as Fred Goodwin and Kay Jamison went on to characterize this trail-blazing discovery as "one of the most important advances in modern psychiatry". Thus, also the prophylactic effects of lithium in recurrent affective disorders became evidence-based. Having revolutionized the treatment of manic-depressive illness to the benefit of millions throughout the world and thus undoubtedly saved many from committing suicide, Cade, Schou and Baastrup – "the three fathers of modern lithium therapy" – have inscribed their names in the history of medicine.

Mogens Schou:

My journey with lithium.

Bibl Læger 2005;197(3):217–28.

I was born 1918 in Copenhagen and worked in psychiatry and experimental biology. From 1952 until my retirement as professor of biological psychiatry in 1988 I have studied lithium treatment of mood disorders. My journey has had high points and low points. From confirmation of an antimanic action of lithium to observations indicating a recurrence-preventive action, to a non-blind, prolonged trial showing such an effect, to skepticism and criticism from England, to a double-blind, randomized and placebo-controlled trial that documented the prophylactic action, to confirmation in many countries and global acceptance, to strong and at times unfair competition from the pharmaceutical industry, and to recent revival of interest in and use of lithium. Lithium has been marveously kind to me.