

**Randolph, Theron G. *Environmental Medicine : Beginnings and Bibliographies of Clinical Ecology* ( Fort Collins, CO : Clinical Ecology Publications, 1987), ISBN: 0943771013. xviii, 381.**

### **Statements from the Preface**

Dr. Randolph says he has been compared with Ignaz Philipp Semmelweis (1818-1865), who, together with Louis Pasteur, has been credited with the germ theory of disease. “I have been referred to as a spokesman for the roles of common foods and environmental chemicals in the induction and perpetuation of many poorly understood physical and mental illnesses in specifically susceptible persons.” He continues, “Both Semmelweis and I were impressed by the apparent significance of our clinical observations. We both felt strongly that a wider application of our concepts and techniques to demonstrate these relationships in the practice of medicine was mandatory.” (vii)

“Creativity in science leading to productive scientific revolutions is initiated by individuals, rather than by a committee of peers. Scientific revolutions in medicine are usually started by individual physicians as a result of observing and treating their patients rather than emerging from board rooms of medical schools. This is precisely how the subject of clinical ecology developed.” (vii)

“Observations of a half-dozen practicing allergists (including Duke, Rowe, and later Coca and Rinkel) laid the groundwork for what came to be called clinical ecology, by reporting their inductively derived observations of interrelations between specific environmental exposures and chronic illnesses of specifically susceptible patients. It was subsequently learned that Hare in Australia had made similar observations starting two decades earlier. I noticed these interrelationships beginning in the mid-1940s. Inasmuch as localized allergic syndromes had already been described, I focused my attention on manifestations resulting from the impingement of specific foods and environmental chemicals on susceptible persons presenting systemic illnesses. These personal-exogenous interrelationships were interpreted in terms of specific adaptation as they manifested either as stimulatory or withdrawal reactions, depending on the patients’ degree of individual susceptibility and factors of exposure.” (viii)

“The original observations of these pioneers which led to the present concepts and techniques of clinical ecology were all made inductively, in that they were based on thousands of detailed clinical observations of chronically ill patients in the course of their responses to given environmental exposures. This accumulated knowledge led to hypotheses which were then confirmed and extended as they were applied more widely in the practice of medicine. Workable concepts and techniques from this accumulated evidence of causal interrelationships led to the development of the diagnostic-therapeutic technique of comprehensive environmental control in a hospital unit ... This technique of isolating a patient from inadvertent exogenous exposures as a baseline for observing the clinical effects association with single re-exposures to previously avoided materials turned out to be the ultimate diagnostic-therapeutic technique in this new approach to this old field.” (viii)

He names Arthur F. Coca, Albert H. Rowe, and Herbert J. Rinkel as the three pioneer clinical observers [besides himself] most responsible for the development of clinical ecology. (ix)

As it's Appendix A, Randolph's book reprinted the article by Steve McNamara, "Environmental Illness," which appeared originally in *Pacific Sun*, week of August 5-11, 1983. This article itself is interesting and explains the controversies among physicians, and the background for the controversies, about the treatment of allergies, but it looks too long for quotation. It explains that there is (or was) a struggle between the conventional allergists and the clinical ecologists. We need comments about the article Dr. Crinnion, to explain the matter concisely, and as an update. The article also briefly mentions Dr. Randolph's case with the "beet sugar" patient, putting that more into its historical context, of the development of this medicine. McNamara says that clinical ecologists have taken their message to the public because the medical establishment would not listen. The question is, then, what has happened since 1983, when the article was first published, and Randolph's book reprinted it in 1987?