

AIDS: The Mystery and the Solution. Alan Cantwell, Jr., M.D. Los Angeles, California: Aries Rising Press, 1985, 188 pages, \$14.95.

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Perhaps nowhere is the ruling paradigm more enconced under an impenetrable umbrella of social, political, and financial concerns than in medical science. The fact that alternative paradigms meet not only with little receptivity but with outright hostility and antagonism demonstrates the non-dialectical and rigidly linear ontology that has evolved in medicine. Thus, when from within this superstructure of medical society, a practitioner presents alternative views (if not alternative paradigms) that run strictly counter to accepted medical lore, we may expect a range of responses varying from surprise, to skepticism, to repression. Dr. Alan Cantwell, Jr., while not *really* offering an alternative paradigm, *does* offer an alternative etiology for Acquired Immune Deficiency Syndrome (AIDS). Citing published medical literature to support his argument, Cantwell posits the existence of saphrophytic bacteria as possible etiologic agents in patients with AIDS and possibly Kaposi's sarcoma (KS). Cantwell goes a step further in stating that AIDS may be similar to KS as well as to Pneumocystis carinii pneumonia (PCP), insofar as all three may merely be symptoms of such "fast acting" bacteria. In short, AIDS may not be the disease but the symptom.

Certainly it has been substantiated that laboratory analysis of diseased (as well as normal) lymph nodes may indicate positive for such diverse bacteria as staphylococci, streptococci and coliform. Most researchers, of course, view these agents as opportunistic invasions by foreign bodies. Moreover, in the last decade, when it has become scientific fashion to speak in terms of the "Cancer virus," to voice alternative causes of cancer is nothing short of heresy. For Cantwell, however, both cancer and AIDS have similar etiologies in acid-fast, variable-sized coccoid and rod-formed bacteria. And such bacteria may become pathologic only under certain bodily and psychological states, similar to the finding that infection with *tubercle bacillus* does not necessarily result in the illness "tuberculosis" but may be moderated by stress conditions which can weaken the body's immune response, as well as moderation by other illnesses which can likewise weaken the body's ability to fight off the bacillus. Naturally, in light of the uncannily simultaneous "discovery" in America and France of the HTLV-III virus, which is now viewed as the "cause" of AIDS, Cantwell's argument may seem already to have been superseded. Yet, his model relies on the explicit assumption that such bacterial agents form a natural part of the body's biophysical system, and only under atypical conditions of stress, illness, and physiological fatigue may the normal bacterial balance be lost. Because, as Cantwell argues, many individuals showing positive on the HTLV-III antibody test often remain perfectly healthy, while other individuals diagnosed with AIDS do not test positive for HTLV-III antibodies, medical researchers should not abandon the search for bacterial agents.

Cantwell wittingly complains about the tag “sexually transmitted disease” (STD) in its particular association with AIDS. On one hand, he feels that many forms of cancer are also contagious (again, a claim obviously counter to current medical lore—but Cantwell had proposed bacterial causes and infectivity of cancer before the AIDS issue surfaced). On the other hand, Cantwell argues that the term “sexually transmitted disease” may be tautological, inasmuch as tuberculosis or the common cold would have to be classified as a STD.

Whether Cantwell’s out-on-a-limb stance will be seen as complete heresy may not really be the point: more important is opening up scientific inquiry toward other competing models of explanation to find out what AIDS can tell us about the body’s immunological response, how that response may relate to cancer, and (more theoretically) how alternative epistemologies of treatment and disease add to the creative tension inherent in the process of model-building and research design. (See both D.F. Horrobin’s excellent editorial in the premiere issue of *Medical Hypotheses* [1975]; as well as William Sergio’s impassioned but well-researched book: *The Anti-AIDS Pill: ZPG 1* [1985].) It was not so long ago that Dr. William Coley found that patients inoculated with streptococcus often responded toward fighting off cancer: the idea being that one agent can muster the body’s natural immunologic defenses against another more noxious agent. Nevertheless, radiation became the treatment of choice, and Coley’s method died in the wind. And ten years ago those researchers who called for the holistic approach in medicine probably found that their pleas landed upon ears turned away. Yet, if we compare even early holistic claims to some of the work being conducted at present, we can witness theoretical similarities: for example, Dr. Steven Rosenberg is treating certain cancers using interleukin-2, which does not treat the site of the tumor only but the whole body, activating T cells to fight against *all* cancer in the body (read all disease).

While Cantwell’s book certainly does not challenge the “germ” theory of disease, it does allow for flexibility of medical perspective. In parts Cantwell’s polemic becomes repetitive, a pardonable fault, perhaps, in view of his overwhelming task of positing alternative etiologic factors in both cancer and AIDS. But bold works such as Cantwell’s push us toward preventive medicine as well, for as Kenneth Pelletier has so often argued, many individuals are living longer but not healthier lives (or as one television personality has ruefully expressed it, “I’d rather look good than feel good”). This inverse valuation appears to be the result, in part, of a medical science that typically corrects illness after symptoms appear, that routinely cuts rather than heals, and that treats most disease as an extraneous invasion by foreign particles. It seems ironic that the specialty areas which have evolved in medicine may be isomorphic to medical science’s view of the body as a not-very-unified-whole, with particular organs standing primarily in proximity to each other—and only secondarily in relation to each other. It is this relation, this balance, that Cantwell urges us to explore.