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The future of Homoeopathy*

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Someone began a lecture by saying "Two things are needed in the choice of subject for a formal lecture: the speaker must be interested in the subject, or he will soon bore himself. But he must not know too much about it lest he risk boring his audience". I am interested in my subject so I am going to enjoy myself; I hope *you* won't be bored—but most people are boring when they ride their hobby horse.

I have chosen the title "The future of Homoeopathy" because of the anxiety about it in the homoeopathic world. Some even state that there is no future. Why should this be so when homoeopaths have had to fight for its existence ever since Hahnemann announced his discovery to the medicals of his day? No orthodox medical would consult with our homoeopathic forefathers at the beginning of this century and there was even an attempt to have the practice of it forbidden by law. However, the statistics of the cholera epidemic and a letter from the Government inspector saying that all cases in the Homoeopathic Hospital were true cases of cholera, and that he had seem cases recover which would have died under orthodox treatment, turned the scales. Could we stand up to such inspection today? Or has the Health Service, with its mass-thinking, its dislike of exceptions, its bureaucratic attitude and an insistence on having everything standardized, so worn down the homoeopaths that they have no fight left? Or is it the faint-hearts within the profession, and a desire for recognition and importance? Or is it a lack of the spirit of the pioneers? Whatever it is it must be fought for the future of Homoeopathy.

But what of the future of Homoeopathy? I believe that there was never such a case for Homoeopathy as now, and there has never been such an opportunity for it. Why, you ask? For many reasons—I will try to give you some.

The history of medicine since Hahnemann's day confirms my assertion. Hahnemann discovered this law of therapeutics and presented it to the medical profession over 150 years ago; and we homoeopaths have found no better law since. We have experimented with different potencies and proved more remedies, but the law remains the same. But what about orthodox medicine? Its fashions change as often and as drastically as those of the dress designer. Let me mention a few of them.

1. In Hahnemann's day there was an evil something in the body which had to be got rid of by drastic bleedings, purgings and blunderbuss prescriptions.
2. Then came morbid pathology with the local view of the evil.
3. Then the surgeon began removing the diseased organs whenever possible—tonsils and adenoids, teeth and appendixes were the chief offenders.
4. Then came bacteria and the vaccines.
5. Then chemotherapy—massive doses of arsenic for syphilis and
6. Still more recently, the sulpha drugs and antibiotics are all-important.

But what about the present fashions? Are they coming nearer to the views of Hahnemann? On the surface they would appear to be, in this day of psychosomatic medicine. Was Hahnemann not the first to say that all signs and symptoms of which the patient complained must be taken into account, and of these the mental symptoms, were the most important in prescribing?

While on holiday I have been perusing some recent *British Medical Journals* and I want to share with you some of my gleanings.

"A recent estimate based on findings in general practice showed that one-tenth to one-fifth of the total population was mentally or emotionally disturbed. Some 250,000 new patients are seen each year by psychiatrists in England, and more than twenty people need help for every one receiving it. Several thousand extra psychiatrists are urgently needed."

Again, "Only a minority of patients with emotional disorders present exclusively psychiatric symptoms. Most of them have somatic complaints which may obscure the underlying affective disturbance. An anxiety reaction triggered off by an organic complaint may pass unnoticed against the background of the physical disease. (The homoeopaths wouldn't miss it.) Clearly the physical and psychological parts of the clinical picture need to be sorted out in each case." ". . . Patients with anxiety symptoms showed a more favourable response to green tablets, while the same preparation in a yellow tablet was more effective in relieving depression."

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* The section of Old Archives is presented to the readers in the original form to maintain the originality of the articles with no editorial changes in respect to grammar, language and spellings.

Presidential Address to the British Homoeopathic Congress, London, October 1970

An article on the General Practitioner says, "Clinical skill should enable him `not so much to attach a diagnostic label, as to unravel the undifferentiated clinical problem which is often a complex of physical, emotional and social factors and to take, or initiate, appropriate action'."

So it would seem that although they take the whole man into their consideration they can still only treat him in his various parts. Only the homoeopath can really treat the whole man. The patient's physical and psychological symptoms together, make up the total picture on which he prescribes. And he does not even have to worry about the colour of the pills—they are all white!

Another modern theory is that diseases are general or systemic with local manifestations, rather than local diseases only as thought formerly. I liked this sentence at the beginning of an article: "since dermatologists started thinking of the skin as part of the whole body, relationships have been found between several diseases of the skin and the small intestine".

One of the most fashionable words today is allergy. Some allergists, instead of doing skin tests, are finding that what the patient tells them about their reactions to environment and food gives a better indication of the precipitating factor. They are also desensitizing with smaller and smaller doses of the allergeus. Two steps in the right direction!

Then there are the immunological responses and reactions of the body. Jenner was, in the mid-eighteenth century, a country general practitioner, very concerned about his inability to deal with a smallpox epidemic. It was a remark from a farmer, "You need not worry about my family, they have all had cow-pox, so they are safe" which started him thinking. What was cow-pox? An innocent illness, resembling smallpox, contracted by milk-maids. He devised a way of infecting his patients with lymph from an infected calf. The results were spectacular. Had he not stumbled unwittingly on the homoeopathic principle?—Likes should be treated by likes. The vaccine used today differs from that used by Jenner. It is derived from a case of "vaccinosis", its origin buried in unrecorded data at the beginning of this century. It is now grown on the side of a sheep, from which it is harvested and purified, to make the standardized vaccination we use today—with many severe reactions and long term systemic effects. Have they strayed from the "similar" with consequences predicted by Hahnemann himself?

The homoeopathic doctrine never pretended to cure a disease by the *same,* the *identical* power by which the disease was produced. Are these theories not complete confirmation of the basic teaching of Homoeopathy?

But there is further confirmation—

One of the chief arguments of the opponent of Homoeopathy is that the small dose we give could not possibly do any good. The small dose jibe against the homoeopath is no longer applicable, for there is an increasing realization of the importance of minute quantities, and how easily the delicate balance of nature can be upset. Trace elements are present in microgramme quantities in the body, and biological experiments have been devised to show the effect of acetylcholine on heart muscle in quantities as small as 10^{-15} g/ml.

The scientists' view of life itself is changing. Ionization in the atmosphere has been shown to affect health to a greater or less degree, depending on the sensitivity of the individual. Bach in 1967 suggested that "ion treatment might be worth trying if the patient reacts to one or more of the following circumstances: movement from one place to another, alterations in weather; hypersensitivity to fog . . ." Reactions which our homoeopathic materia medica takes into account, and which can be completely ignored by an orthodox consultant. A patient with arthritis told me that her pains were always worse in wet stormy weather. She was surprised that I was interested. She had seen a rheumatologist who had said "It's no good telling me things like that—weather does *not* affect rheumatism". What a lot we homoeopaths could tell our colleagues if they would listen!

Dr. T. Puck, biophysicist at the University of Colorado Medical Centre, disclosed at the 1950 meeting of the American Chemical Society, that research he had conducted indicated that viruses must carry electrical discharges in order to attack living cells. If living cells are given charges by some other means, the virus is believed to be incapable of becoming attached to the cell, and therefore unable to attack it.

Are they getting nearer to and explaining the action of our potencies?

During the last few years homoeopathic doctors have been asked to speak to more medical societies and to the students' medical societies of the teaching hospitals. Why, one wonders? I think it is because of the increasing doubts and disquiet concerning modern drugs and massive doses. And more patients are asking for homoeopathic doctors. Because they have not one near, they are resorting to the health food shops and naturopaths. They can read in the newspapers as well as we can in the medical journals, of the dangers of the pill, of thalidomide, of antibiotics, of hormones and their effects on food, as a result of battery breeding of fowls, and in calves; of strontium fall-out and its contamination of milk; and of pollution in the rivers. One contributor to the *British Medical Journal* ends his article—"the titanic usurpation by man, of god-like powers, might be stimulating violent opposition in the natural world—the development of immunity to antibiotics by micro-organisms a possible example." He ends "Eternal vigilance is necessary to safeguard the human species."

Let me give you a few more extracts—

Another says: "Oral contraceptives, with their side effects, are an endocrinological insult. I know a gynaecologist who calls his second car 'the pillbox' because he reckons that it has been paid for by women who have consulted him because of side effects from oral contraceptives!"

"Cancer and the Pill. May it not be, that the cancerous risk is much more important than the thromboembolic risk?" asks one medical. "Our ignorance of the possible links between hormone imbalance and breast and uterine cancer is virtually complete."

Many write about antibiotics. One says that "the administration of broad spectrum antibiotics results in a profound alteration in the normal flora of the body. But they are advertised and advocated for pneumonia, septicaemia and failure to thrive in neonates." The writer finds this very disturbing and goes on "antibiotics are already used uncritically enough in man. Looking at the disastrous results of their indiscriminate use in calves there is no reason to suppose that human infants are immune to similar effects".

Under infection in the nursery the writer continues, "effective as hexa-chlorophane is in controlling staphylococcal infection in the new-born, used on the hands of the nurse and skin of the baby, it has been reported to result in an absolute as well as a relative increase in colonization and infection by gram-negative organisms".

These are all fears of the orthodox profession.

Having read half a dozen journals I felt that if we all read the *British Medical Journal* every week we should be more grateful and enthusiastic homoeopaths! It all points to a new respect for nature. Hahnemann believed that we must not deal with it violently, but help it and gently stimulate it to do its own work. He believed that there was a balancing force in man, to keep him in a state of health, in spite of all the stresses and strains of life. If the stress was too great, or the vital force of the body was impaired, signs and symptoms would follow.

There was an interesting article in the *British Medical Journal* on host resistance and survival in carcinoma of the breast. It reads "Probably the increased lymphoid tissue reflects a strong host defence mechanism which is responsible for the remarkably high survival rates following radical treatment. For many years the study of human cancer focussed chiefly on the inherent characteristics and manifestations of the tumour itself. Recently there has been increasing interest in the response of the host and the concept of a natural resistance to malignant disease. Certain intriguing additional questions arise from this study concerning medullary tumours. Why do less than 10 per cent. of women with breast cancer have this change associated with a high degree of host resistance? How can we induce or augment a natural host response in the remainder? By the time most patients present for treatment, is the immune response already exhausted? Does the well-developed host resistance to breast cancer found in some 7 per cent. of cases extend also to other tumours and perhaps to non-malignant disorders?" Call it host resistance or vital force, Hahnemann knew all about it.

Is orthodox medicine beginning to think, like the homoeopath, that the reaction of the patient is the most important thing? But for decades they have known that a person can grow germs in their mucous membranes and remain quite healthy. I have been reading an amusing gardening book and the gardener expresses the same theories in nature. He says: "It is sad to reflect on the innumerable nasty things that grow on every plant. Rusts and moulds and mildews, fungi with names as incredible as their habits are unpleasant. You would wonder that any plant so preyed on, ever survives.

On the whole I am not greatly troubled by these nightmares and to tell the truth I am inclined to believe that neither are the plants themselves, if they are healthy plants. One remembers the old rhyme which goes:

`Big fleas have little fleas,
Upon their backs to bite them;
And those fleas have smaller fleas,
And so—ad infinitum.' "

I hope that I have justified my original statement that there never was such a case for Homoeopathy as today, and never such an opportunity for it. Orthodox medicine in thought, though not in practice, is tending towards homoeopathic ideas, and patients and doctors are anxiously looking for something less dangerous in the way of therapeutics.

What does Homoeopathy offer the inquirer?

It offers him a new approach to his patient and a stable form of therapeutics. Is it more effective than orthodox medicine? Let us go back to the *British Medical Journal:*

Whooping cough—"Antibiotics have no significant effect on the course when administered in the paroxysmal stage of this disease. What treatment could be given for a child racked with whooping cough?" he asks, "for there are no specific drugs and antispasmodics are useless".

How depressing for the general practitioner.

I was called to the country to see a child who had been given whooping cough inoculations by the family doctor but nevertheless had a very bad spasmodic cough. I gave her *Drosera* and a few days later the doctor said he could scarcely believe the difference, and wondered if I would send some of this remedy for his family who had kept him awake for five weeks! This is a way in which we can interest the general practitioner.

One doctor writes: "Teething produces nothing but teeth, and a doctor who diagnoses teething will miss the truth." I have converted many fathers to Homoeopathy through giving *Chamomilla* for teething and *Cocculus* for carsickness. When they work like magic, father **thinks it** is coincidence, but when the next tooth disturbs his night, or he has to stop the car to oblige his child, he is the first to run for the silly little pills—and the conversion is complete.

One doctor in the Question Column asks: "In Bell's palsy, can chilling, due to draught, be a cause?" The answer was "Aetiology remains a mystery. The history of exposure to draught is by no means uncommon. In most cases however, there is no convincing evidence that chilling of the nerve is an aetiological factor."

We homoeopaths know from experience that most of them follow exposure to draughts, and clear quickly on *Causticum.* A maid of one of my patients sat in the back of the car on a long journey. It was a warm day but she felt the draught on her face and tried to protect it. Next day she had a Bell's palsy and her mistress took her in haste to an eye specialist she knew. He was very gloomy—might never quite recover. So on the way home she was brought in to see me. She presented a typical case of *Causticum* and cleared within a week. Many years ago I had been ill and was despatched on a cruise to Madeira to recuperate. I was sitting at the purser's table, and on the second day he did not appear. I was told he had a facial palsy and was being looked after by one of the passengers, a nerve specialist. I knew him, and when I found him sitting next to me on deck, I asked how the patient was. Yes, he'd got a Bell's palsy; very bad luck;for there was nothing to be done till we got back to Southampton ,in three weeks time. I said some homoeopathic *Caustieum* would probably help. He smiled, knowing I was a keen homo3opath, and said: "What a pity we haven't got any". "But I have", said I. "I always carry a case of remedies." His expression became fixed, he mentioned the weather and thought he'd have a little exercise and moved off. And so the poor purser was denied the benefits of therapy, which on many occasions had been found to cure. Some may be like the neurologist, and not believe it can help. But *how* can you prove that the palsy was, or was not, caused by a draught, or that *Causticum* can, or cannot cure it?

When I came to the London Homoeopathic Hospital, I saw results that I had never seen before. I learned by practical experience to associate the giving of the homoeopathic remedy and spectacular result, as cause and effect. In those days research and all the modern diagnostic tools were in their infancy. We were taught, as students, to use our reasoning powers and only to use these new tests to confirm our diagnosis, if necessary, and not to make it for us. Most doctors today want proof before they believe anything, but the doctors new to Homoeopathy are like me—they reason. I had a letter from one a few weeks ago. "Since I met you last I have had some gratifying results" he wrote. "One in particular was a girl in her late teens who had the most severe disfiguring pustular acne. My partners had both seen her and pumped her full of various antibiotics and local preparations with absolutely no result—and this over a period of four months. The poor girl was almost demented and the local dermatologist was unable to effect a cure. I have her *Hepar sulph. 10M* and a week later she returned—her face was almost clear. As% token of appreciation she presented me with a dozen medical cards from various friends and relations!!"

Patients who have been cured of some illness when orthodox medicine has failed have no doubts, and, like this girl, send their friends. That is how a homoeopathic practice grows. When I started I put up my plate. In the first week a lad came in with bad alopecia that no one had helped. He was a beautiful picture of *Lycopodium*, and in a month he had a crop of hair sprouting. For the next year every week I had some male—anything from 18 to 80—wanting me to treat his hair!

But I have strayed from the subject. What can Homoeopathy offer the inquiring doctor? One general practitioner writes: "Our major problems are now chronic degenerative diseases and disabilities of the middle aged and elderly, the congenital or early acquired handicaps of the young, accidents and mental illness which affect people of all ages."

Another writes: "Sociological and psychological training can make the work which previously seemed unintelligible, and often irremedial and frustrating, become intelligible, more manageable and more rewarding."

And another: "Many older patients and their doctors believe that almost any decline in health after the age of 60 years is an inevitable and irreversible result of old age. This tends to hopelessness and therapeutic nihilism", he says.

A modern exasperated doctor writes: "Cannot the writer see that the world is crying out *not* for more specialists, but for more ordinary human, humane generalists who are able to sit down with a patient in a room and deal with all the simple medical needs of the patient. Anyone who looks at the history of medicine will know that at all times there have been popular fads and fashions that have been quickly discredited by the next generation".

He feels "that patients in the supermarket world of the 1970s will be very glad of the individual personal attention provided by the traditional s4 practice." The homoeopathic physician gives this to his patients and how grateful they are especially if it is some strange complaint. How often they say, "What a comfort to have somebody listen to me at last".

A report on. the medical treatment of the rheumatic disorders, including collagen disease, ended thus: “The large number of remedies, their frequent adverse effects and their relatively low efficacy are impressive”.

What can the homoeopath offer?—I do not claim to cure all cases of rheumatism but I think that Homoeopathy in the vast majority of cases can help a bit. **I** should like to give one case.

I was asked to go down to the country to see Mr. H. who had been in. bed for nine months running a temperature of 100°-102° every day, with severe swelling and pains, in his shoulders, elbows, ankles and in his hands and wrists and was in a very bad way. He had heart disease and a very large liver and had had polio as a young man. As I had got no important symptoms by the end of an hour **I** decided to take him into hospital and for the next six weeks I saw him every other day without being able to get hold of his constitutional remedy. I gave him *Calc. hypophos.* for his hands with a slight improvement, *Sanguinaria* for his shoulders with slight improvement, *Aurutn* with a slight improvement, but I got no real effect until the weather changed, and I arrived at the hospital to be told by the Sister that he had kept his finger on the bell all day and that she could stand it no longer. When **I** saw him, he told me that the pain had never been worse, that the pains were wandering from place to place and that this heat had thoroughly upset him. But **I** said, “You have lived for years in Ceylon and **I** thought you liked heat”. “That was quite different”, he said, but this heat was killing him. And every time I got to the door he would call me back to tell me some other symptom that he had forgotten to mention, so I prescribed l0M of *Pulsatilla.* From that moment he did not run a temperature and indeed, m the autu he went out to Ceylon again for his firm and for the next six years he went to Ceylon.

A doctor who has so far only been to one course writes that he finds Homoeo-pathy fascinating and wishes he had more time to devote to it. But he has put all his old rheumatics—these “inevitable and irreversible results of old age” on to *Rhus tox.* 6 in cases where the symptoms agree, instead of Butazolidin, with very good results. How encouraging to start like that, but I hope he will soon be going on to more high potency prescribing.

The general practitioner is under criticism today. An older general practitioner from Cornwall suggests that younger doctors are losing their humanity through too much theoretical training and too little preparation in the art of treating people, not symptoms.

Those inquirers who go on to practise Homoeopathy are, like Hahnemann, looking for something more effective and without the side-effects of orthodox medicine, and they find it most rewarding. We must have general practitioners all over the country, the future of Homoeopathy depends on them. The first requisite in healing disease is preventing it. I think it was Sir James Mackenzie who said that the person who could do this most effectively was the general practitioner. He is the person who sees the beginning of disease: by the time the patient reaches hospital there are generally pathological changes somewhere. The homoeopathic G.Ps. aim is to keep his patient “fighting fit” to deal with all the psychological, physical and bacterial assaults made upon him from the cradle to the grave. And he is the only person who has the wherewithal to do this. In the nursery stage, orthodox medicine relies mostly on environment and child care, rather than therapeutics. Each child has a different temperament as well as a different constitution and the homoeopath realises that a pleasure to one child will be a stress to another. Each one must be studied as an individual. A child fast asleep in bed can reveal a perspiring head on the pillow or bedclothes kicked off. To the orthodox medical it means nothing, to the homoeopath it suggests a great deal. He must learn to be observant. I remember Dr. Eugel describing a case of a girl in bed—I cannot remember the illness—but he hadn’t been able to get good prescribing symptoms and she wasn’t improving. He noticed suddenly safety pins all round the bed and asked why? The mother said—“You said she was to be kept warm but she would push her feet out, so I thought I’d keep them in this way.” *Sulphur* was given and a speedy cure the result.

Each homoeopathic remedy given in the nursery lays a good foundation stone for future health, and as the child grows and begins to show his stress areas, his fears, his personality, his weaknesses, the homoeopathic remedies indicated and given will probably save him from these psychosomatic ailments of later life. Let me describe one child—the *Lycopodium.* At the age of 5 he had a kidney stone, and I sent him into the children’s hospital and called to see him and did my best to entertain him for half an hour, with very little result. However, I had been able to ring the parents. At the age of 10 his mother said to him, “Ian, I am going to take you to the doctor. You repeat lessons up until 10 or 11 at night, you are never asleep much before midnight and I am sure that it is not good for your health.” To which he replied—”Dr. Blackie is my doctor”. The mother told me that he was a very ambitious boy, that he only liked to read and work and could not bear games, that he had the reputation of being rather haughty but she was sure that he was rather nervous and sometimes found it difficult to get on with the other boys. She would say to him, “Ian, do ask your friends to tea”. To which he would reply, “Why, mother, I see them in school” and there it was left. He used to come home at about 5, feeling and looking very tired and he would hang over the table to see what there was to eat because he was so ravenously hungry. But when he actually sat down to the meal he would push away his plate after the first few mouthfuls. And he would always ask for something sweet like jam with his meat, and if he was reading after tea, and there was a box of chocolates in the room, he would probably finish it. He was always apprehensive and used to dread going off to school if the day was a difficult one, because he was sure he would not be able to do it. I gave *Lycopodium* 10M. He got a scholarship for the school he wanted to go to and became head-boy, and in that time he grew very fast, and was thin and very worried-looking and stood with a stoop. He was still at times very tired when he came in from

school but brightened up in the evening, and could work until midnight and feel very well. I used to get messages via his grandmother—` Please ask Dr. Blackie for a few pills to let me sleep", and two or three times a year I would send him one week of *Lye.* 6 to help him again. He then got a scholarship for Cambridge and wrote to me this spring for some medicine because he had some very important exams ahead. This time I sent him what I had originally given him—Lye. 10M. I find that he came out with the highest marks and a gold medal, and the best qualifications he could get. I saw him a month ago, after seeing his mother and she said she was very proud of him, and he was doing so well, but she wished he would spend his money like his brother, and she said to him, "Do spend your money sometimes", but he said, "Supposing something happened to father, then I have got some money to help". All this is the kind of *Lycopodium* that is called closeness, miserliness, and it is because they are usually looking to the future. So many scholars and business men get either indigestion or duodenitis from apprehension, and overwork, and need *Lycopodium.*

I want to mention one other group of cases and they are the hopeless cases.

A man came in to see me one day, to ask if I could see his wife in one of the big teaching hospitals, because she had been there for three months with a nephrosis. She had seen many famous urologists and they had pronounced that at most she had only a week to live now. He had asked that if that was the case then might she see a homoeopath. So I went and met the specialists on the spot and was given all the necessary information about her. She had had a very intensive course of prednisone for twelve weeks. She was swollen everywhere. Her blood urea was 480. I gave her *Eel serum* and in forty-eight hours her blood was down to 140 and the R.M.O. was delighted and thought she was going to live. However, when I next went in he was very gloomy and she was semi-comatose, very bluish in appearance and while I was there came-to suddenly and said, "Where is my letter, who has taken it? I don't want my things removed", and sunk again into semi-consciousness. So I gave her *Lachesis* and left a note for the specialist that it was one of the snake venoms and that Lord Horder had said that the only people who knew anything about snake venoms were the homoeopaths. In twenty-four hours she was a different person and went out in three weeks, very well. No one acknowledged that the homoeopathic remedies had done anything but when she had a very slight relapse two years later, I was sent for at once, and this time gave *Eel serum* 12 with a very good result.

How can we promote, encourage and ensure the future of Homoeopathy? Having attracted the inquiring doctor, he has to be taught. How and by whom is the question.

First a word about the past. I am one of the few who can speak from experience of Homoeopathy in the hospital in its heyday, before the war. The medical staff were unpaid and some of the surgical staff believed in and prescribed Homoeopathy for their patients. Dr. Wheeler used to start his round with a cup of tea while the residents ate their breakfast and finished it in the sitting room with a cup of coffee. No one could be more interesting about the history of drugs, homoeopaths and Homoeopathy. He was a real orator—even at breakfast. He had practised as a general practitioner, and in a sanitorium and enthralled us with his reminiscences. He liked to have two or three T.B. cases on the balcony of King Edward Ward to show us what could be done. Dr. Borland started his round later, but spent as long discussing the cases after' wards; the possible drugs and the reasons for the ones prescribed, or describing cases that had responded to these drugs. He had vast practical experience in a busy panel practice and had the ability of drawing word pictures of cases and drugs that stayed in one's memory. His prescriptions were all high potencies, Dr. Wheeler's low, so I had the advantage of seeing the best of both worlds and was able to compare the results.

Then there was Dr. Tyler, independent and indefatigable, who would teach you to do osteopathy as well as Homoeopathy! All these, and the rest of the staff, were enthusiastic and transmitted their enthusiasm to the residents. We had to prescribe homoeopathically for every case but if a serious acute case was admitted we could always telephone one of the consultants for advice —but not before we had definite opinions of our own. Many evenings the residents would sit, the floor strewn with copies of Choice, Jahr, Kent and Allen, arguing over the indicated remedy. How thrilled we were when we hit a bull's eye!

In those days we had huge outpatient clinics. A member of the staff once complained at a medical staff meeting that I had eighty in my outpatients clinic and no one could do good work like that. My reply was that I did not insist on the patients returning and bringing their friends—and there the incident ended. There were no appointments—all were welcome and how they seemed to enjoy themselves on the crowded benches! Now, you may have to wait weeks for an appointment, patients tell me. What happens to the poor patient who has shingles or who feels unwell and does not want to go to the panel doctor and get an antibiotic? That is one of the causes for anxiety about the future of Homoeopathy. But we can judge the present for ourselves and see if this anxiety is justified. The homoeopathic hospital was founded by keen homoeopaths so that the poor would have the advantage of homoeopathic treatment as well as themselves.

In our three Intensive Courses in the year we aim to teach the materia medica, to give the students practice in taking histories and assessing the value of signs and symptoms. But without the help of the hospital how can they see it in practice?

They are all busy general practitioners and it all takes time, energy, perseverance and they need encouragement. The faculty is a small body, members scattered over the British Isles. I feel that if each member felt some responsibility for the future of Homoeopathy and tried to help any inquirers in his district, much could be gained.

Some of you will have read Dr. Alan Askew's letter in the News Letter. I want to read you an extract:

"Personally I do not believe that Homoeopathy will be propagated by scientific speculation, philosophically aimed at explaining comprehensively its workings, but I do believe that its wider use will demonstrate more and more, and bring more to the public and professional mind, the things it can accomplish. Surely this is the road to success and the way to achieve it is, firstly, to see to it that our homoeopathic hospitals are staffed throughout by those knowledgeable and accomplished in homoeopathic methods. This is surely the purpose of the homoeopathic hospital, coupled with the duties of the staff to teach and train and so pass on their knowledge, and to demonstrate the usefulness of homoeopathic medicine to the younger doctors. The aim, to my mind, should be entirely the practical approach at this stage; the assessment of the patient and the prescribing for the patient on homoeopathic principles in the homoeopathic hospitals. It is a terrible indictment that anything other than this should apply, and homeopaths often, by virtue of their wider interests, are more tolerant, but they should develop an utter and complete intolerance of the situation which exists now. Active endeavour and participation to ensure that homoeopathic hospitals are truly homoeopathic will be the only means of producing a good functional result; just as speculation in the field of philosophic concept will result only in speculation in the field of philosophic concept. Our need is not to prove anything to the other man; our job is to do the work, apply the principle so that the proof can be well seen by all."

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Presidential Address to the Faculty of Homoeopathy*

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Ladies and Gentlemen,

I greatly appreciate the honour of being elected President of the Faculty. All who know the value of Homoeopathy will agree that if the medical profession really understood its meaning and how to apply it, our anxiety that the public will in the near future be in a still worse position regarding availability of homoeopathic treatment would soon be allayed. Although to interest the profession we begin at a considerable disadvantage because medical students hear nothing about the subject except perhaps a jocular remark about a homoeopathic dose, implying that the principle of Homoeopathy, if it could be called a principle, is to give the patient far too small doses of medicine to have any effect. Any alleged cures he hears about later are put down to the unaided work of nature oj.faith. If the condition of the patient was serious or recovery virtually impossible, then he argues that a wrong diagnosis must have been made. This is logical reasoning, but on a false premise.

For example, several years ago a child was admitted to Barton Ward suffering from diphtheria which was confirmed by a throat swab. The child was transferred to a fever hospital next day after having been given *Merc.* cyan. 200. The fever hospital sent the child home as their throat swab was negative. We were informed that we had made a wrong diagnosis. Mentioning this to Dr. Borland he told me that this was not an unusual happening. On one occasion the Superintendent of the fever hospital actually came round at Dr. Borland's invitation to see the laboratory evidence. All he said was that "there must have been a mistake somewhere".

It is hard to believe the ignorance about Homoeopathy in the medical profession and still more in those responsible for the education of medical students. In an address to the British Medical Association Dr. Charles Wheeler said: "To say that the vast body of medical opinion for a hundred years has rejected Homoeopathy is true, but to imply that it has rejected it after trial and investigation is a gross fallacy. Each successive decade has handed its prejudice and ignorance on to the next and the simple tests which would have settled the matter once and for all have never been made, save by the few, who in consequence have maintained the heresy."

Minute or infinitesimal doses of drugs which are commonly prescribed in homoeopathic practice constitute the most formidable mental obstacle for doctors, so that they do not give Homoeopathy a second thought. Students are taught exclusively the use of drugs for their direct chemical or physical effects and for these purposes adequate doses of drugs are obviously necessary.

Not being given the facts about Homoeopathy, the vast majority of doctors, in this country at any rate, imagine that Homoeopathy consists of such treatment as giving a millionth of a grain of aspirin instead of five grains to relieve a headache, or an infinitesimal dose of penicillin to cure pneumonia, which would of course, be absurd. The word Homoeopathy means like sickness, and as this implies, homoeopathic treatment consists broadly speaking in administering a medicine which is capable in health of evoking symptoms similar to those representing the patient's reaction to illness.

It is difficult for anyone trained in the more orthodox use of drugs to see this as a reality, yet Homoeopathy has survived for the greater part of two centuries—despite much opposition—simply because it has given satisfactory results.

Take measles, for example. One child is irritable, intensely thirsty, dislikes interference, especially being moved; another craves affection, is weepy, and is thirstless during the height of the fever. Other children may respond in other ways. It is known that *Bryonia* is capable of evoking in health the kind of reaction of the first child, and *Pulsatilla* that of the second. The homoeopathic treatment of the first child would be *Bryonia,* and of the second child *Pulsatilla.* It is not the size of the dose which makes a medicine homoeopathic, but the grounds (of similarity) on which it is selected. Hahnemann and his pupils practised Homoeopathy for ten years with material doses of drugs, before using potentized medicines which erroneously have been taken for weak or inadequate doses of medicine.

This will be discussed shortly, but it should be made clear that it is only in respect of medicines chosen in this way that there is any question of giving potentized drugs. All experienced doctors and nurses know how different patients react in different ways to any acute infectious disease. Reactions of the *Bryonia* and *Pulsatilla* kind are fairly common, whether it is measles or primary pneumonia or typhoid fever. Such symptom complexes are not directly caused by the pathological process, and it is reasonable to regard them as in some way representing the patient's attempt to get well.

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Read on 24 September 1970

It is well known that when resistance is low—both in the very young and the very old, in the under twos and the over eighties—the effects of antibiotic treatment are not so good as in the in-between age groups. It is, we believe, this factor which can be influenced by homoeopathic treatment.

Some years ago Dr. Priestman and I had the opportunity to treat some hundreds of cases of pneumonia in the Children's Ward. We had between forty and fifty admissions each year of primary pneumonia. A few had had penicillin before they were admitted, and in some we used penicillin, but over 90 per cent. were treated solely by Homoeopathy. In moribund cases penicillin was given as well as Homoeopathy, the first to damp down infection and the second to attempt to raise resistance. Oxygen was of course administered on the usual clinical indications. It was suggested to me that it might be worth while to treat half the patients with Homoeopathy and the other half with penicillin. Obviously such an experiment would be of little value unless many more cases were studied in this way and cases would have to be selected on grounds of age and severity, etc., In any case we felt certain that one child could be lost because of lack of penicillin and another might die from lack of Homoeopathy. Even if we could prove the value of Homoeopathy it might be at too great a cost, and as every statistical evidence of the past of the favourable effects of Homoeopathy has been apparently completely disregarded we would not wish to jeopardise the life of any child even if we had the opportunity to carry out such a survey. Homoeopathy can be tested out in other non-lethal diseases, and on the lower animals. As a matter of interest I tried to find out the mortality rate in other nearby hospitals but was unable to obtain any statistics.

In the early part of this century Dr. Robertson Day studied the statistics of pneumonias treated at the London Homoeopathic Hospital and in other London hospitals. He claimed that the mortality rate was 50 per cent. lower in the Homoeopathic Hospital, but, and this is the interesting point, he claimed that the death rate in *children* was still lower. The advantages of antibiotic treatment are that they do not require special training to administer, but the disadvantages are that their value depends on the nature of the infectious micro-organism. Homoeopathy can be applied immediately, and there are no problems of this kind as a general rule. Also there are no side effects. In other words, our attitude was that if it were possible to cure without danger of side effects, that was the treatment of choice. In very severe cases, or cases not responding or in which the homoeopathic medicine was not easy to find, both were given.

Every now and then some leading member of the medical profession seems to feel it his bounden duty to make some derogatory remarks about Homoeopathy. Although these self-appointed judges do not have much knowledge of Homoeopathy and certainly have never tested it out properly, their influence is such that many honest members of the profession are still further dissuaded from looking into the subject.

A few years ago a Professor whose name I forget suggested that those who practise Homoeopathy give it to patients who have nothing seriously wrong, but when a patient is seriously ill the homoeopaths know full well that "proper" treatment must be given. No claim has ever been made that Homoeopathy is capable of curing everything. Hahnemann himself taught that it would be absurd not to use treatment other than Homoeopathy when conditions warranted it, including surgery which he advocated even in its crude state at that time, for example, in the removal of a stone in the bladder.

Not infrequently doctors argue about Homoeopathy on such false assumptions, that one has to explain to them what they are really discussing, and even then misunderstanding is usually so deeply ingrained that you end up hearing something about faith and suggestion, natural cure and the personality of the doctor!

Dr. Samuel Hahnemann, who discovered Homoeopathy, was one of the foremost .physicians in Europe. At that time—towards the end of the eighteenth century—drugs were prescribed on advice of medical authorities, and prescriptions of up to two dozen ingredients were sometimes prescribed, in the pious hope, as someone put it, that at least one would hit the mark. There was a flourishing trade in unicorn's horns and it is no wonder that Hahnemann. was fiercely attacked by the Chemists' Guilds. The insane were beaten to drive off evil spirits and many patients were purged or bled to death. His first experiment was with Cinchona bark; crude quinine which was one of the few specifics available. Malaria was prevalent in Germany at that time. After taking therapeutic doses of Cinchona bark Hahnemann developed symptoms resembling malaria. He continued to experiment on his family and friends with cinchona bark and several other drugs to find their effects in health, and then, when a patient presented himself whose symptom complex resembled such known drug effects Hahnemann tried out the appropriate drug therapeutically and noted the results. It has been said that Hahnemann might well have happened to develop malaria after taking the Cinchona bark, and it has even been said that he built a system of therapeutics on a single misleading experiment. But Hahnemann was an experienced investigator and he was the last man to be deceived in that way. It was only after six years of such experiments that he published an essay on a new way of discovering the curative power of drugs.

The only reference I had to Homoeopathy as an undergraduate was by Dr. Clarke, a distinguished professor of Materia Medica and Therapeutics at the University of Edinburgh. He gave Hahnemann credit for being the first to put pharmacology on an experimental basis, but added that when it came to the question of doses the whole thing became ridiculous. Professor Clarke said that in a 200th potency of *Natrum sulph.* there would be a single molecule of the drug in a volume of diluent equal to the size of the known universe, and the chances of your patient getting that molecule in her bottle was correspondingly small! That must have been the end of Homoeopathy for thousands of students who,

over the years, passed through his otherwise capable hands. It probably would have been for me also if it were not for the fact that I was paired with a science student in the class of practical physiology, who told me of alleged cures of friends of his by homoeopathic treatment when orthodox treatment had failed. He was a keen Rugby footballer and he found that *Arnica montana* took out most of the aches and pains after the first game of the season. (It is interesting to note that German and Russian armed forces used *Arnica* to help deal with shock in battle casualties in world war two.) I did some reading about Homoeopathy and the idea of giving medicines with the object of stimulating the patient to get well appealed to me so strongly that I decided to find out whether it worked or not. Dr. Henderson Patrick, then Senior Physician of the Glasgow Homoeopathic Hospital, to whom I applied for guidance, said, "Wait till you have qualified and then we will teach you."

I could not wait, however, and experimented on my family and friends as occasion arose, but my first efforts were not very successful. There was only one apparently striking success. A man of just over 70 was severely ill with influenza. It was just after I had qualified. He had delusions of being scattered about in the bed. His daughter told me that it was unlike y anything more could be done because this was, as she aptly put it, "the break up", which, by a coincidence, had also preceded the death of two other members of the family. *Baptisia* has that kind of delirium and after a few doses of the 200th potency he made a rapid recovery, and lived for another seven years.

To return to the question of potentized drugs which has led to much confusion. There was nothing in Hahnemann's early experiments to indicate the size of the dose. He noted that especially in chronic disease there was sometimes a temporary worsening of the patient's condition. He decided to try to find the optimal dose of each drug, enough to work satisfactorily but without what he regarded as side actions. He diluted his medicines by succussion and found to his surprise that similar medicines worked even better when prepared in this way, and thus the term "potentized medicines".

It is only very recently that some light has been shed on the power developed in these medicines. It is a fact known to all experienced homoeopaths that highly potentized medicines act more powerfully than crude drugs or even low potencies, that is medicines which have not been diluted and succussed to the same extent.

In the early part of this century there was a difference of opinion among homoeopaths who used low potencies and those who believed in high ones. Dr. Wheeler compared the results in treatment of some hundred cases of pneumonia and found that the mortality rate was the same, but patients treated on the high potencies recovered much more quickly. Recent work on "anomalous" and "polymerized" water gives support to the view that the effects of potentized medicines may well result from a change in the molecular structure of the solvent. Water molecules form long chains. The length and and type of these chains seem to depend on the physical state of the water, the chemical characteristics of which may be determined accordingly. It is also probable that shaking, or succussion, alters these bonds.

Significant was the work done by the late Dr. G. P. Barnard, Research Physicist, and that of Dr. J. H. Stephenson in New York. Their joint paper on the subject, completed in. 1965, said in part in its summary: "Recent application of quantum chemistry theory to biological systems indicates that these succussed high dilutions may act via the physico-dynamic structure of their solvent phase, rather than the chemical properties of their dissolved solutes. The solvent molecules may arrange themselves into stereospecific, isotactic polymers with the ability of self-replication in the absence of the initial exciting solute. Certain physical qualities of these succussed high dilutions appear to verify this conclusion."

Medicines potentized to the stage referred to by Professor Clarke act powerfully not only on man but on animals. *Pulsatilla* 200 has a reputation among farmers for treatment of retained placenta in cattle.

In order to find out more about omceopathy I obtained an appointment as house surgeon and later as house physician and eventually as registrar at the Royal London Homoeopathic Hospital before the war.

It was soon apparent that my early failures were due to my scanty knowledge of the materia medica and virtually no knowledge of homoeopathic case taking and prescribing. While on the surgical side, I tried out Homoeopathy in postoperative cases especially to try to relieve pain due to flatulence. With expert guidance then freely available, I found that patients who were painfully distended, who obtained relief from eructations, responded well to *Carbo veg.* 200. Those who got relief from passing flatus usually responded to *Lycopodium,* and a number of medicines, especially *Raphanus* 200 were, according to indications, effective in most cases where the wind could not be dispelled in these ways. I used to wait in the evenings after operations and if I failed to get results I gave morphia or in other ways relieved the patient's distress. One of the more striking effects of Homoeopathy was rapid relief of pain in a patient waiting for operation for a protruding lumbar disc, women large doses of Omnopon had failed, by giving *Coffea* 10M. In a case of pleurisy not relieved even by morphia, *Bryonia* 200 gave rapid relief. I gave *Arnica* to a woman who was complaining bitterly of aching pains caused by a fractured neck of femur. It had no effect. As she was weepy, craving sympathy and I could not think of anything else, I prescribed *Pulsatilla* 200. Shortly after she called me as I was passing her bed and said, "Doctor, that second medicine went straight to the spot."

Gradually I became convinced of the therapeutic power of Homoeopathy, there is no other word for it. When

I was acting as house surgeon the children undergoing tonsillectomy were given *Arnica* before operation and *Rhus tox.* 30 afterwards. I had insufficient hospital experience to compare the results with orthodox treatments, but it was obvious that nurses and sisters coming from other hospitals were very impressed with the results in the way of lack of pain postoperatively. As this is the most common operation in children it provided a basis of comparison. None of the children were denied pain killers.

When acting as Dr. Tyler's clinical assistant I saw many interesting cases treated by Homoeopathy. For example, a young woman who had been sent home after investigation for a cerebral tumour which proved to be inoperable. She had a plentiful supply of morphia which had little or no effect. As her health had been undermined by a severe attack of diphtheria, Dr. Tyler prescribed *Diphtherinum* 200 and there was a remarkable easing of pain. The medicine was repeated when pains became severe again with further relief. She lived for several months without much pain. When tackled about the effects of suggestion being mistaken for homoeopathic treatment Dr. Tyler used to say, "Well, if it is, it is a very useful way to apply suggestion".

There is no such recent statistical evidence of the effects of homoeopathic treatment as there was last century in epidemics of cholera in this country and in parts of Europe. In an epidemic in London in 1854, the evidence in favour of homoeopathic treatment was overwhelming, as judged by orthodox authorities, but this was not included in a report of the epidemic. When the Member of Parliament responsible was asked about the omission he said that if he had included it it might have encouraged quackery. The most recent large-scale statistical evidence of the effects of homoeopathic treatment is as far back as the pandemic of influenza following World War I. Homoeopathic doctors in America claimed that their rate of mortality in 17,000 cases of all ages in the second wave of the disease was 0.3 per cent. against an overall mortality of about 20 per cent.

These statistics may be wrong, but any claim to superiority of homoeopathic treatment in the past is put down to the bad effects of orthodox treatment at whatever time the statistics were produced. Although over 10 per cent of medical beds in hospitals are at present occupied by patients suffering from iatrogenic disease, this is still apparently no argument to try out Homoeopathy which is practiced by several thousands of qualified physicians, and sacrilegious as it may be, Homoeopathy is actually taught to medical students in some parts of the world!

Not everyone has the opportunities I have had in seeing a team of expert homoeopathic physicians at work, and if somehow we could overcome the virtual brainwashing of medical students, we should be prepared to make it much easier for inquirers to try out Homoeopathy. Unlike testing a new antibiotic or analgesic in one's practice, some preparation, some study is necessary before Homeopathy can be properly evaluated clinically.

Could we not concentrate on near specifics such as *Arnica* for surgical shock, *Chamomilla* for teething difficulties, *Ignatia* for recent grief and so on. We could include remedies for animals such as *Graphites* for hard pad in dogs for those who have an opportunity to try out Homoeopathy in that way. I think that by a combined effort of experienced homoeopathic physicians a booklet could be prepared which would enable anyone to see for himself what similar potentized drugs are capable of doing, with a very minimum of study.

It might be well to encourage this as a preliminary exercise before taking a place in the post-graduate classes. As a medical registrar, one of my duties was to help in teaching the medical officers Homoeopathy. It was soon apparent to me that the best was was to ensure that any apparently striking results were seen by the doctors. Then and then only would they take up the study seriously.

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Empirical medicine versus rational medicine*

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Madam President, Ladies and Gentlemen,

I have come to this Congress in the hope that, as a result of my experience in the field of research, I may be able to help you in your attempts to place Homoeopathy on a sound scientific footing. I would like, however, to make my own position quite clear at the start. While I believe that there is a reasonable possibility that low potency Homeopathy contains some important scientific truths about the way that drugs act on living tissue, I do not accept that high potency Homeopathy has any rational basis. I developed this theme in a paper to your Congress in 1967 and I do not propose to pursue it now.

Like all fair minded physicians, I recognize that there are many medically qualified homeopathic practitioners who treat their patients conscientiously and with a high degree of human understanding, and whose success is at least comparable to that of their allopathic colleagues. Just as in allopathy, a large part of this success can, I believe, be attributed to suggestion, to the establishment of a relation of confidence between patient and physician, and faith of the patient in his doctor. Every good physician knows the importance of this in medical practice and laments the loss of much of it in the present form of the National Health Service.

How far, however, can the whole of Homoeopathy be explained on this basis? There are certain factors in my own experience which suggest that there is much more to it than this. Being interested in Homoeopathy I have experimented with it occasionally and one repeated experience has made a deep impression—the use of homoeopathic *Arsenic* in the treatment of diarrhoea. I have been a medical officer at numerous boys' club camps, and quite often one is faced, especially in hot weather, with **a** few cases of severe diarrhoea. With no other satisfactory treatment to hand, I resorted to a low potency of *Arsen.icum album* with results which astonished me. Time after time the symptoms disappeared within a matter of hours, and the boy or leader was fully fit by the following morning. It may have been suggestion, but I find this hard to accept.

Further, two experiences in my own boyhood left a lasting impression. One occurred on a farm where my family stayed regularly on holiday. A cow ate an excess of wet clover and blew up like a balloon, quite a common occurrence at that time, I believe. The only known treatment was surgical—puncture the abdomen to allow the gas to escape. My father gave the cow a dose of *Lycopodium.* Anything more ridiculous than seeing a gigantic cow given a teaspoonful of water can hardly be imagined. Yet, within half an hour the animal was back to normal, having passed very large quantities of wind. On another occasion a group of farm dogs developed hysteria as a result, **I** think, of eating too much white bread. To my youthful mind their behaviour indicated clearly that they were mad. A homoeopathic remedy, *Ignatia,* I think, was added to their drinking water and within a very short period of drinking it each dog stopped careering round the farmyard and became quite quiet and friendly. While my father undoubtedly had a deep understanding of other human beings, I seriously doubt if he had the capacity for mental communication with dogs or cows! None of these, and other similar experiences, constitutes any proof of the validity of Homoeopathy—they may have been attributable to chance—but they leave me in a dilemma. My common sense tells me that there must be something in Homoeopathy, and my rational scientific mind rejects it. This explains my continued interest in Homoeopathy and desire to see it put to controlled scientific test.

All medicine began as an empirical science. Trial and error, use and wont. Treatment was prescribed, drugs were used, because they had been shown to be effective previously in similar situations. The "how" and the "why" were scarcely relevant. All this has changed now, particularly during the present century. There is still a large component of empiricism in all modern medicine, but it is rapidly being overtaken by rational medicine, medicine which demands an explanation. Not just the doctors, but the patients also, are responsible. Gone are the days of "just trust the doctor" and "yours not to reason why". Partially educated by the mass media, the patient wants to know why he is being given a particular treatment, what does it do, and how does it work. No longer satisfied with the fact that others have been cured previously this way, if given the choice he will go where he gets these questions answered. Homoeopathy is one of the few forms of medicine which is still entirely empirical; it will not survive **if** it remains so. You cannot answer the question "How does this homoeopathic remedy act?" You cannot even answer the question "Where does it act?"

As a result of intensive laboratory investigation and controlled clinical trials, but particularly the former, other forms of medicine have become more and more rational, and Homoeopathy has been left behind. The discovery of vitamins, for example, revolutionized a large part of medicine. Scurvy was explainable in terms of vitamin C deficiency; pernicious anaemia, previously fatal, was amenable to treatment with vitamin B_{12}. Then there was the discovery of insulin and diabetes became controllable. Then the sulphonamides, with the possibility of the control of attack by

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A paper presented to the British Homoeopathic Congress, October 1970

specific micro-organisms. Then the antibiotics, without which modern allopathic medicine would seem sadly deficient. All these advances stemmed from prolonged, meticulous study not at the bedside, but in the laboratory. The question you must ask, therefore, is "How can Homoeopathy become part of the advance in rational medicine?" Homoeopathy, too, must become the subject of controlled clinical trial and stringent laboratory test.

Let us look at the laboratory aspect first. The first step is to review what has already been done. There is quite a large amount of publisbed work relating to Homoeopathy but it has never, to my knowledge, been reviewed critically. A start was made on this following your last Congress, but I have not heard what became of it. Most published work does not contain enough information to be immediately assessable; if the research team is not well known it is necessary to meet them and discuss their work with them. It may be necessary to visit the actual laboratory, see the facilities available, and watch a series of experiments carried out. As this is time consuming and expensive, there must be an initial filtering process. From this survey some of the better investigations can be selected for more detailed study. And in the long run, a few really sound pieces of work must be selected for repetition. I was at a scientific meeting recently at which a paper was presented involving tests with the meat extract Oxo. A critical questioner asked why such an impure preparation was employed. The speaker replied that it was available on both sides of the Atlantic. The inference was that scientific work of any kind cannot be considered to be valid unless repeated on both sides of the Atlantic with similar results. There is quite a lot in this, for no investigation can be accepted at its face value. I read a Ph.D. thesis recently which involved a study of the effect on animals of changes in the concentration of various ions in the environment, carried out in a highly reputable laboratory. Changes in the behaviour of the animals occurred, but were traced in the end not to changes in ion concentration, but to changes in air flow which were employed to vary the concentration of ions. Yet in other parts of the world elaborate investigations are proceeding based on the assumption that the changes were due to the varying ionic environment. Things are very often not what they seem, and effects may be attributed to the wrong cause.

In this process of critical review of previous work, the initial filtering process can be carried out by the relatively inexperienced but in the long run you will need expert advice. You will never, however, be able to get much help from people like myself, who are on the staff of large university departments with extensive teaching and research commitments. Those of us who are interested are hopelessly submerged in a mountain of paper work concerned with teaching, with obtaining finance for research, with university expansion and with government administration of one kind or another. We have virtually no time for scientific reading or original thought, we keep our own research projects going only by working through the night, and we are continually frustrated at having to waste much of our creative effort in what we sometimes regard as administrative nonsense. In a department like my own the average working week for the staff is 55 hours, the peak for some is about 70 hours, and the minimum 35 hours at some points in the university vacations.

Ideally, you need to find a physiologist, or similar laboratory scientist, and a statistician, who have retired recently and who are interested in seeing that Homoeopathy is given a fair trial, to act as scientific consultants. You would have to be prepared to pay normal consultant rates for this service, however, and expert advice is expensive. Difficult though they are to find, such people do exist.

If selected research projects are to be repeated or new ones initiated you will require an experienced supervisor. Here you must appreciate that proper supervision cannot be carried out from a distance. The supervisor must know a good deal about the research worker himself, he must see him actually at work to assess his thinking and his ideas by discussion almost on. a day to day basis. This is difficult enough to achieve within a large institute. It is almost impossible if supervisor and research worker have to travel in order to meet. It is quite impossible if the only communication is by the exchange of results and ideas in writing. Further, the type of laboratory facilities required for any research involving substances at great dilution are highly specialized and not easily obtainable even in established research departments. Large quantities of sterile glassware, facilities for autoclaving solutions, dust and germ free laboratories, expert technical help, to name but a few. Thus, there are a limited number of places where this kind of work can be carried out, and the research worker must go where the facilities and supervision are available. Such facilities have been offered to you, but so far there have been no takers.

This brings us to the problem of where to find the appropriately trained research workers. One wants, if possible, to find someone who has spent several years in a university or research department, probably in training for a higher degree. Such people are in great demand in industry and you would have to compete for them. Establish a research fellowship paying, say, between £2,000 and £2,500 per annum, advertise it nationally and see what happens. You never know; someone suitable might come forward. Ideally, of course, you want a person who is already interested in Homoeopathy.

At the same time you might be able to launch a younger man into suitable training. Establish one or two research scholarships paying at a rate of about £1,000 to £1,500 per annum and try to interest recent graduates in pharmacology or physiology. To make clear why this question of training is so important, let me describe what is involved in training for research in a university department like my own. The individual may hold an honours degree in science, or have recently graduated in medicine, in some cases both. If he is a science graduate he has already, in his four year honours

course, spent his final year studying physiology full time, he has been trained in the various research techniques used in the department, has learned to study and analyse the literature critically, and has carried out a small piece of original research work described in his honours thesis. Very recently I heard the Dean of the Faculty of Medicine in Glasgow describing the honours course to potential candidates. He emphasized, and I fully agree with him, that taking such a course makes you a different person, with a quite different outlook on life. The same is true for graduates studying for higher degrees. During their two, or usually three, year period of study they develop the capacity for original thought; they learn that even the simplest things are capable of misinterpretation; they learn that knowledge is in a constant state of flux, that many of the so-called facts in text books will not stand up to critical analysis; they learn how easy it is to be deceived by appearances; they come to appreciate the need for elaborate experimental and statistical controls; they learn that nothing can be considered to be established fact until confirmed in several independent investigations. It is a painful and disturbing process involving, as it does, the discarding of pet ideas and conditioned upbringing. One of my own medical postgraduates, just completing his two year period of study, came to me recently—I was worried because his project had not been particularly successful—and told me how immensely grateful he was for the opportunity of studying in the department, that his complete outlook on life had changed and that he felt a different person and a much better doctor. Almost the exact words that the Dean had used to the undergraduates.

Looking back on my own career I feel that, even after three years of postgraduate study, I was only a research worker in embryo. More than fifteen years, and five projects, later I believe that only now am I able to assess critically my own work, let alone that of other people. And I am very much aware of the tendency for all of us to select, quite unconsciously, the particular results from our experimental situation which support our preconceived ideas.

The young men who embark on postgraduate training do so on grants and salaries which no unskilled manual worker would tolerate for a moment—about £600 per annum for a science graduate and £800 for a medical graduate who is a year or two older, perhaps 25 or 26. True, they are benefiting themselves in the long run, but they will also be able to give much more in their later professional life. Further, the medical graduate could earn more than twice as much if he remained in a hospital or entered general practice. The research student works long hours, at least comparable to those of the young hospital doctor, and often has a wife and family to support. But still they come, and we have more applicants than we can take, sure evidence of the value placed on such training. Is it too much to hope that one or two people with an interest in Homoeopathy might come forward?

You may wonder why such a person could not be put straight on to a homoeopathic project during his period of training. The problem is that a graduate worker studying for a higher degree must be put onto a problem which is almost certain to yield useful information. He cannot be given a project which might prove wholly negative. There is, however, an intermediate possibility and that is that some experiments relevant to Homoeopathy might be included as a side branch of the main project. Suppose, for example, that the main project were concerned with the rate of differentiation of isolated cells in tissue culture under various physiological and pharmacological conditions. Some homoeopathic preparation which is reputed to stimulate cell growth could be introduced into one series of cultures. If the test proved negative this would not jeopardise the main project. Or, to bring the experimental situation closer to the disease situation, a homoeopathic preparation reputed to aid wound healing, *Arnica* or *Calendula,* for example, could be administered to a series of rats with skin wounds as part of a larger investigation of, say, the role of body iodine levels in recovery from superficial burns. Unfortunately, such side issues usually develop into major investigations in their own right, and the investigator is forced to abandon them if he is to proceed with his original research programme. Nevertheless, this approach should certainly be pursued.

I would like to touch just briefly on the type of research which borders on extra-sensory perception. Tests with the emanometer, for example. Based on the assumption that specimens of the body fluids, blood or saliva usually emit some kind of specific radiation, the instrument involved an electronic tuning circuit with a human subject as the detector, and a human operator. It was claimed that, quite apart from its use in the treatment of diseases, it could be used to distinguish between homoeopathic remedies and inactive controls in identical bottles. In the hands of my father, W. E. Boyd, it appears there was some justification for this claim. An official investigation, conducted by Lord Horder in 1925, produced a positive result with a high degree of statistical significance, and the results were published. I cannot see anything wrong with them myself, though I am told that the design of the tests would not satisfy the statisticians of today. Following my father's death, my brother and I carried out a series of experiments with the instrument in which we were unable to produce any definite evidence that supported the Horder result. I reached the conclusion that any successful test depended on the operator rather than on the instrument. I also concluded that with three human variables —the test sample, the subject and the operator—it was impossible to control the experimental situation satisfactorily. In my experience it is difficult enough to achieve this with an isolated tissue preparation in a bath in a sterile laboratory. Further research on the emanometer was abandoned by us as unprofitable and that particular instrument fell into disuse.

Interest in the instrument revived a few years ago when Dr. Willie McCrae volunteered to participate in a test to distinguish between a homoeopathic potency and a control. The experiment was designed by a statistician and a physiologist and conducted by Dr. McCrae on his own emanometer. The results have been analysed but not yet published, though I understand they will be made public shortly. Whatever the outcome, even if it is negative or

inconclusive, one important point will have been established. This type of controlled experiment will help to dispel the view widely held by medical scientists that those who practise Homoeopathy will avoid all attempts to have it critically investigated. Quite how this attitude has arisen, I do not know, nor is it supported by my own experience. It may be due to the special difficulties in conducting clinical research in Homoeopathy which I shall discuss shortly.

At this point I want to suggest, however, that any research in this type of field involving instruments like the emanometer, pendulums and the like should be left entirely to the experts. I do not say that there is nothing in it. But I do sincerely believe that inexperienced people dabbling in fields of which they know little can do nothing but harm. In the present climate of scientific opinion, for any of you to do this would be a certain way of bringing Homoeopathy into disrepute.

It will be clear from what I have said that laboratory research is only for those who have had special training for it. But nearly all of you are practising physicians and surely there is some way that you can contribute to research in the clinical field? I think that there is, and would like to suggest some ways in which this might be achieved. In clinical research I think that there are three basic conditions which must be met:

1. The studies must be satisfactorily controlled.
2. The number of subjects must be large enough to make statistical analysis useful.
3. The results must be based on objective measurements.

Not all clinical research is based on objective measurement. In many cases the symptoms experienced by the subject, or the disappearance of them, are used in the assessment of new pharmaceutical preparations. But if homoeopathic preparations, which in terms of present-day knowledge cannot contain any molecules of the original substance from which they were prepared, are to be used it seems to me vital that the tests should be objective and, wherever possible, carried out by some independent body such as a hospital pathological laboratory or public health department. Blood tests, and tests for the continuing presence of micro-organisms, are the two most obvious examples of the kind of objective measurements I have in mind.

To obtain a large enough sample, ideally the research should be carried out in a hospital ward. This would also reduce the number of other variables involved in treatment in individual homes. Unfortunately, or fortunately according to how you look at it, there are few diseases at present which result in large numbers of victims arriving in the same hospital at the same time. Epidemics of measles or scarlet fever severe enough to justify hospitalization are things of the past. Otherwise, measles might have lent itself very well to a controlled clinical trial. Further, you would be unlikely to get the co-operation of hospital authorities in tests which involved withholding an effective allopathic remedy from a group of patients, except perhaps in the case of chronic ailments. I discussed these points with my brother, and the following ideas emerged.

Dysentery is common among young children and epidemics are quite frequent, especially in nursery schools. Allopathic treatment is quite often relatively ineffective and no very serious results would ensue if it were withheld from half the children who could be treated homoeopathically. The objective test would be the rate of disappearance of dysentery bacilli from the stool. You would probably wish to use homoeopathic remedies suited to the individual in this case.

Secondly, gastroenteritis is still sufficiently common to bring large numbers of children into hospital. The most important element in orthodox treatment is the preservation of fluid and electrolyte balance, and good nursing. Except in severe cases, antibiotics could be withheld without risk. All the children would be nursed similarly and their fluid and electrolyte balance maintained. Half the cases would be treated homoeopathically in addition. The objective tests might include the time elapsing before vomiting ceased and the stools became properly formed. In this case, homoeopathic *Arsenic* might be sufficiently specific to be used for all cases.

A third possibility might be to take a leaf out of the allopaths' book and use serum titre measurements as the objective test in a homoeopathic versus allopathic approach to the treatment of rheumatoid arthritis. I do not know much about this type of serum test and there might be a better way of doing it, but I do know that homoeopathic physicians claim to have particular success in the treatment of chronic and intractable disease; this is an obvious field to explore. No doubt you will be able to think of better examples than the ones I have given, but the principles involved should be clear.

The next possibility to consider is the large scale prophylactic survey. I believe some of you have already initiated a study involving the complete labour force of certain industrial concerns using a homoeopathic influenza vaccine administered to half the workers and an identical placebo to the others. The objective test here is, presumably, a comparison of the number of working days lost due to influenza in the two groups. An eminently sensible scheme. It occurs to me that this type of approach has great possibilities in the veterinary field. I am told that during the recent outbreak of foot and mouth disease many farmers who administered homoeopathic *Borax* to their cattle prophylactically had little trouble with the disease. If this is true, it would form the basis of a very good research project. The local

public health authorities are bound to have quite detailed records of the incidence of the outbreaks and the farmers are unlikely to have forgotten their experiences. It would be a formidable, but not impossible, task to interview all the farmers in several counties which were affected. Maybe you have already initiated this.

Then again, would it be possible to initiate some national investigation involving a large number of homoeopathic doctors who encounter a limited number of cases of some particular ailment, again one in which improvement could be measured in objective terms? Each doctor would give half his group the recommended allopathic treatment and the others homoeopathic treatment. The results of the tests, statistically insignificant for a small group, would be collated in some central office and analysed statistically. Renal infections, perhaps?

What I am trying to suggest is that you should work out in detail a number of contingency plans for clinical research projects any one of which could be put into operation in the event of a significant outbreak of the disease. It is doubtful whether a local approach to hospitals or public health authorities would meet with a favourable response. Busy people are likely to discourage anything which looks like being an administrative nuisance. Such an approach would require to be co-ordinated at national level and directed to the Ministry of Health. If Homoeopathy is to continue as part of the National Health Service then the Ministry has a responsibility to see that it is subjected to a fair trial. But if the approach is to be to the "top", then you must go with completely specific proposals, saying exactly what you want, where and when, and with supporting documents detailing the projects. If you go with some vague proposal that Homoeopathy ought to be put to the test and could the Ministry not do something to help, you are almost certain to be turned away.

I would like to conclude this part of my paper by emphasizing that, in my view, all clinical research is a means to an end, the end being a rational explanation of how Homoeopathy works which will be achieved only in the laboratory. Nevertheless, clinical research is important because if a large enough volume of evidence could be produced demonstrating clinically that Homoeopathy is as effective, or more effective, than allopathy in the treatment of disease this could lead to the launching of laboratory research by some body such as the Medical Research Council on a scale far beyond anything that you could imagine at present.

In case I have launched you into contemplation of rosy vistas of the future, let me bring you back to earth with a thud by reminding you that, at present, there is no way of demonstrating conclusively that any one of your homoeopathic potencies beyond a 12x is different from the lactose granules or alcohol in which it is prepared. And potencies below 12x would, if analysed, be shown simply to contain the same components as the corresponding simple dilution of the original drug. Until some method of doing this is devised which is simple to repeat and more or less 100 per cent. accurate, laboratory scientists are not going to take much interest in the subject.

It will be obvious from what I have said that to launch any major research programme in laboratory, hospital or clinical practice involves the expenditure of a great deal of money. A small project in a university department, where the salary of the staff and the basic facilities are provided from existing sources, may cost £5,000 over a three year period. A major project involving a whole research group quite often requires supporting finance of the order of £50,000 over the first few years. And that only supports one of the research groups in one institution. If you wish to launch a worthwhile programme of research into Homoeopathy, this is the scale on which you must think. To say that this order of finance is quite beyond you would, I think, be incorrect. Homoeopathy has a great deal of support among members of the general public, and many of these supporters are by no means poor. Other private bodies which finance research from public contributions, such as the Muscular Dystrophy Group and the Spastics Society have an annual turnover of hundreds of thousands of pounds and, in some cases, a million or more. I spend a large part of my time trying to obtain financial support from government and from non-government sources to keep the physiological research in my department going, such is the economic state of the universities. You must do the same. I know that some of you already devote much time and effort to fund raising, but the scale of this must be extended.

May I, perhaps, be allowed to tease you a little? Would any of you who are earning, say, £5,000 a year in homoeopathic practice be prepared to adjust your standard of living to £4,000 a year if it enabled sound research to proceed? This is the *minimum* order of sacrifice made by senior medical scientists in other fields. In many cases they earn only half of the salary of their opposite numbers in the National Health Service when Merit Awards are taken into account. If you are a young medical graduate with a keen interest in homeopathic research are you prepared to undertake the necessary training on a salary of about £1,000 a year when you could earn more than double this in practice? This is the position of the young medical scientist in fields other than Homeopathy. Or are the rest of you prepared to find the necessary funds to make this degree of sacrifice on the part of your young enthusiasts unnecessary?

Is it too much to hope that *all* of you might take part in controlled clinical trials, that *some* of you with sufficient experience might plan and direct local clinical research projects in hospitals, industries and the like, and that *one or two* of you, backed financially by the others, might embark on a training programme for laboratory research? All this would mean considerable expenditure in time and money, but it might be well worth the sacrifice.

In conclusion, may I suggest that you must dissociate yourselves publicly from the practice of Homoeopathy by all who have not received a proper medical education and who do not keep abreast with advances in medicine. You must dissociate yourselves from all research which involves the untrained dabbling in fields they do not understand. You

must preserve, and perhaps even elevate, the standards of postgraduate education in Homoeopathy so that they are unquestionably comparable with those of other recognized forms of medicine. You must establish, by controlled trial and objective test, that your success in treating patients is at least as great as that of your allopathic colleagues. Only then will you be taken seriously by the rest of the medical profession, and medical scientists in particular, and given a fair hearing.

For I am quite clear about this: unless the proponents of Homeopathy are given a fair hearing; unless students and young doctors can have a chance to study it at first hand without prejudice to their future careers; unless some serious attempt is made in the clinical world and in the laboratory to test the validity of the principles on which it is based, then Homoeopathy will die. Existing homoeopathic institutions will be swallowed up gradually in the expansion of other forms of medicine, and proposed institutions within the plans of new hospitals will be eliminated in the interests of the national economy. The writing is on the wall. In this day and age there is no room for purely empirical medicine. It must be rational as well. I am very conscious of the splendid achievements of your President in tackling these issues in recent years. I came to this Congress to pay tribute to just that.

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Empiricism*

***FRANK BODMAN*, D.P.M., F.F.HOM.**

The *Oxford Dictionary* defines empiric as based on observation and experiment, not on theory—whence empiricist a person relying solely on experiment; a quack.

By the beginning of the eighteenth century the age of authoritarian dogma was coming to an end; there was a wariness about too many hypotheses and an interest and respect for the tangible and visible.[1]

In his Harveian Oration, Sir Harold Himsworth, the Secretary of the Medical Research Council, stated: "There are only two kinds of scientific activity; investigations aimed at understanding naturally occurring phenomena—research—and investigations at applying knowledge so gained to human neecla--clnent."[2]

Homoeopathic medicine fulfils both these requirements. It is based on experimental pharmacology—the provings; and on clinical experience, the application of the knowledge gained by the experimental provings of drugs. Here we homoeopaths are in the best of company; as Sir Harold pointed out, Darwin's whole work was based on this method, the observational. Jenner's observations on vaccination were the foundations of immunology, and it was Flemin's observations that led to the discovery of antibiotics. But the accumulation of observations by themselves does not necessarily lead to progress or development. As another great researcher has pointed out, "the pedantic mind considers it unethical to generalize beyond your evidence. Yet that is what all the great hypotheses do. The discovery itself is of necessity always intuitive if it is really new."[3]

Hahnemann's observations on his personal experiments with cinchona bark led him to the great generalization of Similia Similibus Curentur. Empirics or rationalism? Surely we need a combination of both.

A Nobel Prizewinner has claimed that "the basic texture of research consists of dreams, into which the threads of reasoning, measurement and calculation are woven".[4] And the same man wrote: "We know life only by its symptoms." What better confirmation can we ask for Hahnemann's dictum in his *Organs of Rational Healing,* that only the changes in health of the body and mind which can be perceived externally by means of the senses can guide us in the selection of the remedy?

After twenty years' study of vital processes, Szent-Gyoergi, the discoverer of vitamin C, points out: "There is a basic difference between physics and biology. Physics is the science of probabilitis. If a process goes 999 times one way and only once the other way ihe- physicist will not hesitate to call the first `the way'.

"Biology is the science of the improbable and I think it is on principle that the body works only with directions which are statistically improbable. If metabolism were built on a series of probable reactions and thermodynamically spontaneous reactions, then we should burn up and the machine would run down, as a watch does if deprived of its regulators. The reactions are kept in hand by being statistically improbable and made possible by specific tricks which may then be used for regulation, so that in living organisms reactions are possible which seem impossible or at least improbable to the physicist."[4]

These are not the speculations of an armchair theorist. Szent-Gyoergi has described his scientific career. He began in histology but found this too narrow moved on to physiology, and found this too complex, focussed on pharmacology, and found he must study biochemistry, and when this did not give him the answers, turned to submolecular physics, and this involved him in the theories of wave-mechanics. All this in twenty years and a Nobel Prize as a spin-off.

Hahnemann's pharmacological experiments began in 1805. These were the first organized provings.[5] But before 1790, when he translated Cullen's *Materia Medica,* he had already published thirty-one books and articles and was recognized as one of the leading scientists of his day. He had met and discussed with Lavoisier; he had made careful experiments on crystallization, he had investigated the fermentation of wine in a series of elaborate experiments, incidentally involving succussion, for he realized the importance of repeated contact; he had researched into the adulteration of drugs and devised tests that were sensitive enough to detect contamination to the degree of one part in 30,000. As one contemporary reviewer pointed out, accuracy prevails everywhere; melting points, specific gravities, solubilities in water and alcohol. He invented new apparatus and devised new techniques for reducing all sorts of substances to powder. later employed in his triturations.[6] Moreover his pharmacological experiments were confirmed by independent observers who hoped to refute his findings. Particularly of note were the reprovings of Jorg in 1825[7] and of the Vienna Society of Physicians.[8]

Hahnemann did not recognize hereditary maladies; but Dudgeon, the Victorian homoeopath, considered that congenital faulty constitutions must be regarded as one great source of chronic disease.[5]

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A contribution to the discussion on Professor Ian Boyd's paper read to the British Homoeopathic Congress, London, October 1970

Recent research has shown that individuals vary in the rate that they metabolize drugs. For example isoniazid and sulphatlimidine are inactivated by enzymes which acetylate these drugs in the liver. Individuals can be classified as slow or rapid inactivators.[9] The slow inactivators can be expected to produce more side effects, or in other words a proving richer in symptoms.

Homoeopaths had recognized that all the symptoms a medicine can produce are not to be observed on one prover only; it is necessary to test it on many subjects.

Chronic disease was a challenge to Hahnemann. To find a solution he proved another forty-seven drugs between 1816 and 1828, and these included such invaluable remedies that we use daily as *Cakarea carb., Causticum, Graphites, Bali carb., bycopodium, Natrum mur., Phosphorus, Sepia* and *Silica.*

Without these experiments, we should be seriously handicapped today. We may not find his theories of chronic disease acceptable, but his clinical observations on the conduct of treatment of these illnesses are still relevant and modern investigations give support to his notes on aggravations and suppressions and on the importance of time-dependent changes in symptoms. Recent progress in immunology has shown the complicated relations between the two main defence systems of the body; one the immunoglobulins in the plasma; the other the sensitized lymphocyte cells.

In his recent Parkes-Weber Lecture,[10] Dr. Turk has shown how in chronic infections such as leprosy and syphilis, one or other of these two different defence mechanisms come into action or fail at different stages of the illness, so that patients do not stay at the same immunological point. At one extreme the cell are the chief defenders, while at the other end of the scale, the plasma globulins take up the struggle. Treatment will upset the balance, so that the roles of the defence mechanisms are reversed and symptoms characteristic of the early stages of the illness will recur, particularly in the shape of skin eruptions. It is encouraging to have a scientific explanation of the clinical observations familiar to homoeopaths for nearly two centuries.

Of course, there are still many unsolved problems in homoeopathic medicine as there are in biology. There are still unknown reactions which in American scientific slang are labelled "black box" reactions which they hope to clarify later.[4]

Meanwhile one promising line of inquiry is the current research into the problems of the water of crystallization; it has been shown that the water molecules in crystals arrange themselves in complicated polyhedra around the chemical in the crystal; and the evidence suggests that this arrangement holds good for substances in solution. What is fascinating is that around the larger organic molecules met with in biology as many as 136 water molecules are built up in a complicated lattice around the guest molecule.[11]

These hydrates are stable up to 40 °C.; further these hydrates of the larger molecules tend to be unique in structure, in other words, specific. Of further interest to homoeopaths is an interesting finding in the researches on the structure of these hydrates, the air also participates to some extent in stabilizing these lattice structures by being trapped within some of the interstices of the open lattices. Has this not a bearing on the function of succussion in the preparation of our potencies?

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Trials and tribulations*

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Madam President, Ladies and Gentlemen! I must apologise for this title. It was born in a moment of despair and I have asked myself ever since whether trials are indeed only tribulations. This congress has as its over-all subject that of research. "During the sixteenth and seventeenth centuries" writes Charles Singer, the eminent medical historian, "the human mind cast off its medieval vestments and, having refreshed itself at the Spring of Antiquity, turned to array itself in the garments of the New Philosophy . . . The method of Research had been determined by Galileo at the beginning of the seventeenth century. The meaning of Research was determined by a second great investigator, Newton, at the end of the same century. With him we enter the Age of the Reign of Law. Galileo showed men of Science that weighing and measuring are worth while. Newton convinced a large proportion that weighing and measuring are the *only* investigations that are worth while."[1] This as well as the following quote was written in 1928, just over forty years ago. Enormous advances have been made in all the sciences including medicine since. Would Singer, one might ask, write now as he did then? His closing words seem just as applicable despite the fact that the face of medicine has changed. "Faced by facts of this order there are those who constantly urge increased activity in medical research. Research can only be prosecuted by those whose talents specially fit them for the work. With reason it may be and is doubted whether there are many in Western Europe or America who could profitably be employed on medical research who are not already so employed. It is easy to make investigations on a certain level but those best qualified to judge, are of the opinion that the general level of medical research has fallen not risen of late years. The number of publications has multiplied manyfold, but there are those who doubt if there is much increase in investigation of the first order . . . It must be borne in mind that the object of fact-collecting is the deduction of Law. Not all facts can be collected, for facts are infinite in number and it is therefore necessary to select. Selection involves judgment, the final and indefinable property of Mind; for if from the facts no laws emerge the facts themselves become an obstacle, not an aid to scientific advance."

If we accept the statement that the object of fact collecting is the deduction of law, the logical corollary is the need for further fact collecting to confirm law. Singer in these few terse phrases gives the essential meaning and reason for research. Implicit in his careful, condensed and lucid statement is also the reason for failure. Scanning of my own work with asthma shows that its aim was ill-defined. The facilities were inadequate as compared with the set-up of any chest clinic where such work would normally be carried out. As time went on the question whether the material would be suitable for analysis became an urgent one. It seemed as if obstacles were surrounding me on all sides. Yet like a blind man without a stick or trained dog I blundered on, hoping that light would come from somewhere and that the faculty of sight and perception had not been completely lost.

Briefly, the material consisted of cases of asthma and bronchitis. All age groups and both sexes were represented. A few were new cases to the hospital of which not one had not had previous extensive, partially successful therapy. A few had been on corticosteroid therapy. Imtal had, fortunately for me, not yet been introduced. The majority of patients had been seen by me in the general medical clinic previously. Some were referrals from other clinics. Those on corticosteroid therapy came with the express purpose to be weaned from it—facilities for establishing the level of adrenocortical function were not available, as indeed they cannot be in any small unit. The clinic operated under different conditions from other out-patient clinics. The number of cases was strictly limited, aiming at, though not always obtaining, hour per patient. They were all seen by me, as a rule alone, though occasionally doctors attending for instruction were present. Thus several new factors entered into the set up. The patients felt important; they were the chosen ones and were allowed to communicate more and for longer. As, whenever possible, they were seen more frequently than O.P.D. conditions allow, they certainly had a better chance than others to spit out their troubles, to uncramp, to decongest, to relax and let the air out of their over-expanded, clamped down chests. They felt cared for at last, a very potent therapeutic factor in any doctor patient relationship, but perhaps particularly so in asthma, which is one of the conditions which arise when there is no, inadequate, or sometimes sudden withdrawal of love. I need hardly add that these factors would make the material unacceptable to any form of analysis. However, I did not feel justified in using only placebo, whether in every case or alternate cases, for a month to try to assess this factor as the patients were often quite ill and some had not been "doing well", which was one reason for sending them to me. Slowly, however, a few facts did emerge. The paucity of good prescribing indications, particularly in cases much treated with conventional drugs, was one of the most striking and recurring findings. Briefly, omitting cortisone, the drugs most commonly used belonged to the sympathomimetic or antihistamine group of drugs, coupled not infrequently with sedatives and a variety of expectorant mixtures. However partial their therapeutic effect, they blur the syndrome, the widest spectrum of which, as is appreciated by you all, is needed for the selection of the homoeopathic remedy. Thus the need to find a reliable hook on which to hang the prescription crystallized. Memories are short. But however blurred, the situation around the onset of the first attack could always be reconstructed, if not at the first interview, at subsequent ones.

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A paper read to the British Homoeopathic Congress, London, October 1970

Samuel Hahnemann wrote extensively on the significance of this point.[2] In a large proportion of cases the remedy related to this situation opened the case and some measure of improvement, sometimes very striking, was obtained in all cases with the exception of those treated with cortisone over a long period of time.

In this form of history taking, of work with a patient, not only fact collection but also selection takes place. This selection relates to the knowledge of what is needed to find a remedy according to the Law of Similars, the principle upon which homoeotherapeutics is based. And thus fact finding appeared to lead towards proof of Law. But I must point out yet another trap. This method is closely related to one used in psycho-analytical work. There also a change may and frequently does occur due to the psychotherapeutic aspect or component of the situation. As you are all aware, one of the most frequent statements we meet is that we are amongst the best psychotherapists, the implication being that the remedy is relatively if not absolutely insignificant. Dr. Twentyman drew attention some years ago to the synergy of the two components—the remedy and the psychotherapeutic effect of the physician—and has been in danger of being misquoted ever since. I think that it is essential here to remain very alert. Certainly where the onset of the condition is related to psychological trauma of one sort or another, the trap is almost certainly a pretty foolproof one. Where, however, the condition arises in connection with a so-called physical cause, most commonly an infection, but not invariably so, our homoeopathic reductive method is unlikely to be so dramatically curative. One would argue that the remedy related to this incident must play a great part in the response. This is a very fine point and here **a** very serious and urgent question arises. The onus of trying to find an answer in our field of therapeutics rests on us. How to approach the problem which can be expressed best in the form of an equation: Is Physician plus Patient equal to or less than Physician plus Patient plus Remedy. Can we conduct and construct trials in such manner that this equation becomes accessible to analysis and solution? Whether we think we can or no we must try. Well constructed clinical research is a sine qua non without which we cannot hope to survive much longer. And it is necessary that we not only survive but flourish, for the situation in medicine, despite or because of incredible progress, is fear-arousing. The sick are often more sick than the situation seems to warrant, due perhaps to the increasing panic of what the drug will do to them. The fear of drug-therapy is widespread. It has become a symptom of a severe anxiety state which transcends nation, race, religion or politics. This equation has to be solved in every situation where factors other than Physician and Patient enter into the therapeutic situation.

Research, however, is not an instrument of conversion, if this indeed is our aim. Certainly we need more informed physicians with an aptitude for this particular approach. But do we not even more urgently need the willingness for referral of suitable material? For this to happen we require a well informed medical public. Some of us have experienced a nagging dissatisfaction, discomfort at our inability to make ourselves understood. We have not really the right to say that our ware in unwanted until we can put something in the shop-window and sales-room which meets a requirement and is intelligible. In my opinion we severely underrate one serious difficulty—that of making ourselves understood. We speak a language which is peculiarly our own. We have to be bilingual—our uninformed colleagues are under no such obligation. This seems to me to be one of the not by any means unsurmountable obstacles which have stopped us from being more successful than we have been and even now are.

In order for any research to be accessible and structurally acceptable trials must be conducted along lines used in other therapeutic fields. We may have to select, we may have to adapt, in order to suit our own particular need. One admirable introduction to research aims and methods is *A Handbook for Research in General Practice* edited by Eimerl and Laidlaw for the Royal College of General Practitioners. In their opinion eight stages are involved in this herculean task. From the necessity of recognition of the existence of a problem they proceed to the need to define the problem and thence to reduction of the problem to its constituent parts, preparation of questions which by their nature describe the constituent terms. Further to formulation of answers derived by observation to the series of questions developed; to examination of information gained from ascertained data on to the evaluation of information gained in relation to the original problem and finally to a valid conclusion. The would-be researcher is warned that the first step takes the longest time and may take years! However you note their fundamentally positive attitude in the last note. Let me repeat: to a valid conclusion! Is the material available to us in whatever conditions we are working actually suitable? Papers are being read to this congress and we are being given ample opportunity to discuss the issues arising out of the material. Casework is always useful to the individual and can well be the impulse which sets a stone rolling—another doctor into the pool! cold and refreshing—you emerge shivering and are rubbed dry by other aspiring initiates. But one swallow does not make a summer though it might be the herald announcing the arrival of others.

The kind of work I have been doing over the years certainly allowed me to deepen my understanding of a most difficult syndrome, one which has always been and will be even more in time to come a challenge to the profession. For where do we go when the present methods have outrun their usefulness? Rethinking and subsequent rephrasing of my questions allowed me to confirm one aspect of the Law of Similars. Yet I would and could not expect this sort of painstaking work to cut any ground when it comes to the equation: is Physician plus Patient equal to or less than that of Physician plus Patient plus Remedy. Double blind trials are difficult in every field and though perhaps not impossible are even more so in our field, owing to the principle inherent in the mode of prescribing. I think we could try and select conditions or syndromes in which each case can be its own control or such that have as yet no known successful therapy, if any. One of the best examples of the last can be found in the original work in the treatment of tuberculous

meningitis which prior to the advent of specifics was practically always fatal. Though the disease took many diverse forms its course was sufficiently predictable within certain acceptable boundaries. There are still conditions which have no satisfactory therapy which have a predictable course which would give us the material we need, such as for instance herpes zoster, herpes simplex, a curse to the dental profession and patient alike, bronchitis, infective hepatitis and other liver conditions, nephritis and so forth. But can we find sufficient numbers? Have we, to mention something very basic, the laboratory facilities? Speaking to a non-medical friend of mine recently on the phone on this subject who happens to be Singer's niece and has inherited his lively mind I was surprised to hear her say tersely and with conviction, "What you need is what used to be called in the war Operational Research—use all the suitable minds you can find, penetrate into centres of clinical research and . . ." And suddenly I had a vision of a superbly trained company of paratroopers descending . . . well you can complete the vision for yourselves. For some, I am sure very good reason, I note that I have omitted to mention the vast field of allergy and virus infections. Indeed there is a plethora of material. Then let us face the searching question: What is lacking?

Dr. Aldridge who has been kind enough to agree to open the discussion will I hope give an account of her work in a chest clinic. She stands alone amongst us, I believe, with this unique opportunity and I for one would be most interested to hear what she has to say. I am sure also that she will not disappoint us and will raise points I have glossed over or not raised at all so that a lively discussion will ensue.

But before I close let me beguile the few minutes left to me with a free rendering of a section of a story by Hans Christian Andersen, writer of tales for the young in heart and of the best documentary films taken direct from life. The king of the land of mice had graced a reception with his presence. All sat down to a grand dinner. The menu was excellent: bread, bacon-rind, candle-grease and sausage as much as you wished at least twice over. Everyone was happy; not a crumb was left—only the wooden skewers on which the sausages had been mounted were strewn around the floor. You know how things are, how one thing leads to another. And there had been no shortage of champagne. Suddenly from nowhere: how to make soup from wooden skewers. That was the question. At last the King rose and announced that he would take unto himself, as his wife and queen, her who prepared the best soup. What a to-do! They should have a year and a day and travel scholarships or study grants. Many were tempted yet the obstacles were so very formidable. Suppose they met a cat? And what would happen to their loved ones during their absence? Four, however, took courage and each one armed with a wooden skewer set forth, each on their own way—to the East and the West, to the North and the South. All with the firm intent to be victorious. Undaunted they made their way to places of learning. Their adventures were many. Let us follow one of them. She was highborn. Her grandmother who had had much learning remembered reading in an old manuscript that intelligence, imagination and feeling went into the making of a poet and surely only a poet could know how to make the best soup. So the mouse set forth to find the first ingredient. She remembered an old saying: Go to the ants and learn about operational research! So not heeding hunger or thirst, nor indeed any dangers, she halted not until she reached her destination—a great antheap—Battersea chest clinic perhaps? The ants, it is reported, are respectable people overflowing with intelligence. The queen is full of wisdom. Beside the ant hill stood a very tall tree much taller than the antheap, it could not be denied. However one did not mention this. One dark night a poor ant had lost her way and climbed a little way higher than any ant had ever climbed. And when she returned she just had to tell the others that there was something bigger just outside their own front door. But that was unheard of. What an insult! And so the truthful ant found herself condemned to wear a muzzle all the days of her life and would you believe it—to lifelong solitude! Shortly afterwards another ant found the same tree and climbed it and made the selfsame discovery. With remarkable presence of mind she told her tale, excelling herself. It was so profound no one could follow her. Great honour was bestowed upon her and after her death her memory was immortalized. The queen was so wise! What better to do than to swallow her whole!; then she proceeded on her way and when she met the bird Phantasia quickly pulled a feather from his tail and sat down to eat it. It was a hard task but she made it, for her teeth were sharp and her hunger great! Now she had Intelligence and Imagination. Where to find the last ingredient? Had not a sage written that there were books the sole purpose of which was to free man from unnecessary tears? The pages are like sponges and soak up the feelings. She remembered a few books which had looked very appetising; they seemed much read for they were oh, so greasy, all but bursting with meaningful content. She sat down and devoured one whole novel in its entirety, leaving only the covers. And then another, more slowly, until at last she felt something moving inside her and then ate a few more pages to make quite sure. And now she was a poet. Alas! Her head ached, her guts hurt, she knew not where to put herself for pain. Then, oh wonder, thoughts like fireworks, ideas so many that, well can't you guess?, she had enough for a new soup every day of the year! Shall we emulate this example? Shall we send out four young mice, forgive me, men, to search, to learn, to incorporate those ingredients, to come back a year and a day hence and tell us how to make the best soup? Or shall we kidnap an ant who will tell us the truth though we would not of course reward him with a muzzle and lifelong solitude.

Madam President, I have told my tale. The effort which has gone into the making of my soup is nothing compared to that which has gone into yours to make this Congress a unique occasion in the lives of homoeopaths.

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Opening of discussion following Dr. Brieger's paper*

DR. SYBIL ALDRIDGE

I have been tremendously encouraged, in listening to Dr. Brieger's stimulating paper and the other papers which have been read this morning to find that others too have encountered many problems similar to those which I have been trying to solve over the past two years. And these difficulties have been encountered although the doctors who have spoken have been conducting research either in their own homoeopathic practices or in a homoeopathic hospital.

My own attempts at research have been carried out so far in a hospital where, apart from my own work, only allopathic treatment is used, and on patients referred to me by general practitioners who use only allopathic drugs. In doing this work I have tried to keep the object of the research as simple as possible and to find an answer to one question only.

I have tried to use objective data as far as possible in estimating the effect of adding one homoeopathic drug to the treatment of selected patients with chronic bronchitis and obstruction of airways. These have been simple data such as records of pulse, respiration rate, respiratory function tests, sputum (quantity, viscosity, colour, culture), weight changes, and, where indicated, X-rays, E.C.Gs. etc. I have hoped that such objective data would eliminate to a large extent the factor of optimism in both doctor and patient about the results of the treatment.

Some of the problems I have encountered have been due to the way that Homoeopathy works, and some to the conditions under which the work has been carried out, i.e. in a world of allopathic medicine.

First let us take the problems due to the way Homoeopathy works: These are problems which face anyone who starts a trial of a homoeopathic drug, for instance:

1. One must decide on the most effective potency for the patients to be treated, also the frequency with which the drug should be given. I was interested in Dr. Raeside's suggestion this morning, that treatment of those not responding satisfactorily to the potency used, might be tried later on with the same drug but at a different potency.
2. Then one had to select those patients who seemed to be most suitable for inclusion in the trial. It was not possible to take a random sample for I had to find patients who would co-operate by taking the treatment regularly. They had also to be people who could attend regularly at comparatively short intervals without losing their pay or risking the loss of their jobs. Furthermore they had to be patients who would be able to report accurately the information I was asking for and patients whom I had already observed for at least a year, in order to have a base line for comparison. Finally I thought that the patient's type, or his symptoms, or both, had to fit in with the picture of the drug I was studying.

Then there were the more formidable problems of working in an allopathic hospital,with patients referred to me by G.Ps. who onlyused allopathic treatment.

1. I was asked to get the permission of the G.P. who had referred the patient before starting the patient on the trial drug. When I did this I got different reactions. Some G.Ps. said they had been interested in Homoeopathy in the past, but had not the time to study it or practise it. Others agreed on the understanding only that the patients should not be taken off their allopathic treatment unless they became sufficiently improved to warrant it. One or two made it clear that they did not believe in Homoeopathy.
2. Another difficulty has been that when patients became ill at home they called in their G.P. and were given allopathic treatment, possibly antibiotics or steroids, and it was often difficult to know what had been prescribed. One or two of the patients in the trial were also admitted to other hospitals for conditions unconnected with their chest complaints, and I was not always aware of these interludes until the patient turned up again to see me.

Finally there was the question of whether it would be possible to do a control series of patients or a double blind trial.

With regard to the control series, I considered that the principles of Homoeopathy are such that each patient is unique, and the fact that another patient is of similar age, background or other characteristics, does not necessarily mean that he is suitable as a control.

Furthermore, from the nature of the drug chosen for study, which was *Antimony tartrate,* all the patients were severely ill with pathological changes in the lungs, so I did not feel justified in asking them to make the extra effort to attend more frequently unless they were, in fact, having the real treatment. Nor did I feel that any of them should be deprived of a chance of benefit.

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* The section of Old Archives is presented to the readers in the original form to maintain the originality of the articles with no editorial changes in respect to grammar, language and spellings.

It did not seem possible to make each patient his own control or to do a double blind trial by giving half the patients the drug and others a placebo for a certain length of time, and then switching the treatment over for a further similar period. This was because I did not know how long the beneficial effect (in those who had received the real treatment) would last when the treatment was discontinued.

We are left with many new ideas and questions from the paper Dr. Brieger has given us, and the contributions of other speakers this morning:

1. Should a trial be repeated using different potencies for those who have not seemed to benefit?
2. Is it justifiable to use placebos in the very ill?
3. The necessity of defining clearly the question to which one wants an answer.
4. What measurements are really useful in assessing benefit from treatment?
5. How to eliminate the factor of the doctor's sympathy from the results of drug treatment.
6. How to assess the effect of other domestic events, such as a death in the family or other disaster.

Can we show in our researches that

Physician + Patient is different from Physician + Patient Remedy?

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Clinical investigations into the action of potencies*

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Today there are methods of measurement in the biological sciences which were not open to Hahnemann and his contemporaries, let alone Kent or our own Drs. Wheeler and Borland. These doctors have shown in their practice of medicine that homoeopathic treatment is successful. We still do not know how the remedy, chosen because it is homoeopathic to the patient, effects a cure. We do know quite a bit about how man becomes immune to the childhood infectious illnesses, and specific antibodies can be demonstrated after a natural infection and after the administration of a vaccine. During the early investigation into measles vaccine, the oral route was used, but no rise in the measured antibodies took place and no further studies were undertaken.[1] Today immunization, apart from that for poliomyelitis, is by injection; although the Bavarian State Institute of Vaccination have over the last three years developed an oral vaccine contained in a pill that appears to give protections against smallpox. The use of disease products in treating illness is not new to the homoeopath. Hahnemann introduced *Psorinum* about 1833, having proved the remedy obtained from the sero-purulent matter contained in the scabies vesicle, in the 30th potency, and he mentions it in the *Organon* (I, p. 104). Other nosodes were introduced in succeeding years: *Hydrophobinum* in 1833, *Anthracinum* in 1836, *Medorrhinum, Syphilinum, Tuberculinum, Variolinum, Diphtherinum,* all in the 1870s (dates taken from Dr. Dewey's book *Practical Homoeopathic Therapeutics).* All these were given provings and administered on ordinary homoeopathic principles. And here I should like to quote Hahnemann's footnote to paragraph 56 in the VI edition of the *Organon:* He is talking about methods of healing and has described that introduced by Galen as "Contraria contrariis". In the footnote he adds a word on Isopathy: "To attempt to cure by means of the very same morbific potency contradicts all normal human understanding and hence all experience. Those who first brought Isopathy to notice probably thought of the benefit which mankind received from cowpox vaccination by which the vaccinated individual is protected against future smallpox infection and as it were cured in advance. But both, cowpox and smallpox, are only SIMILAR, in no way the same disease. In many respects they differ, namely in the more rapid course and mildness of cowpox and especially in this, that it is never contagious to man by mere nearness. Universal vaccination put an end to all epidemics of that deadly fearful smallpox to such an extent that the present generation does no longer possess a clear conception of the former frightful smallpox plague.

"Moreover, in this way, undoubtedly, certain diseases peculiar to animals may give us remedies and medicinal potencies for very similar important human diseases and thus happily enlarge our stock of homoeopathic remedies.

"But to use a human morbific matter (a Psorin taken from the itch in man) as a remedy for the human itch or for evils arisen therefrom ——

"Nothing can result from this but trouble and aggravation of the disease." It occurs to me that Hahnemann, as in so many other things, was well ahead of his day in this indictment of human material for isopathic treatment for we now know of the dangers of antigen-antibody complexes forming in such vital tissues as the heart, in rheumatic fever, and in kidneys in various forms of nephritis.

Further work along somewhat different lines was undertaken by Dr. Edward Bach (1886-1936), a bacteriologist who examined the organisms found in faeces and classified them into seven groups: Proteus, Dysentery, Morgan, Faecalis alkaligenes, Coli Mutabile, Gaertner, and No. 7, according to their fermentation action on sugar. He prepared vaccines out of them and these were later potentized and used in the form of homoeopathic nosodes. Drs. John and Elizabeth Paterson and Dr. Charles Wheeler collaborated in this work and related the nosode to the homoeopathic remedies indicated in patients showing a preponderance of one or other type. These nosodes have not been proved like the earlier ones, but have been found useful in clinical medicine.

Moving still further from the basic homoeopathic method of medicine selection, other nosodes were introduced at this time and the names of Drs. McDonner, Justina Wilson and Kenyon are closely associated with their preparation, and introduction into medical practice. The nosodes were mixed, and the dose given less frequently so that one dose a month was found to be effective. The indication for giving the nosode was general ill health following the infection from which the nosode was derived. This was found to be of particular help following the 1918 influenza epidemic. *Influenzinum* was prepared from cultures from the nose and throat swabs of a patient recovering from the very virulent post-war influenza, epidemic in 1918—and has been in use ever since both as a treatment for depression and other after-effects of 'flu, and in the prevention of influenza.

There was a great advance in the field of bacteriology after this and by the 1940s viruses were being grown in the laboratory. Influenza viruses were being isolated, and vaccines prepared. Homoeopaths were not slow to take advantage of this, and in 1957 pure specimens of influenza virus A 1957, virus A 1954, virus B 1954 were obtained by

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A paper read to the British Homoeopathic Congress, London 1970

our homoeopathic chemist, A. Nelson & Co., from the Wright Fleming Institute. These were potentized and used in conjunction with *Infittenzinum 1918* in making an anti-flu vaccine. This new preparation was given an international trial during 1961-3, doctors from America, Britain and Germany co-operating. In all only 385 subjects received the nosode and of these 54 contracted influenza, a protection rate of 86 per cent. Early experience during the Asian influenza epidemic of 1957-8 using this newly introduced nosode, was reported at a Faculty Meeting held on 5 December 1957. The nosode was used in the thirtieth potency, and a high rate of protection was reported.

I have been unable to trace any other national or international reports on clinical investigations of this nosode. Yet thousands of our patients have benefited by taking Nelson's Influenza and "Common Cold" Tablets each winter, and have reported freedom from 'flu and colds when others at work and at home have been suffering this prevalent acute illness. Vaccines to be given by injection have been developed and improved over the last thirty years, and in the last few years the Medical Research Council Common Cold Research Unit in Salisbury has produced a live attenuated influenza virus vaccine which is administered by nasal spray.[3] The pilot study involved 200 volunteers and the field is now being extended to include 2,000 persons. This preparation would be much cheaper to produce than the injected vaccine, one dose of which costs about 15s. Our homoeopathic preparation is even cheaper, but without proving its effectiveness it will remain unacceptable to the medical profession in general.

There are many problems associated with the production of an effective vaccine (see D. A. J. Tyrrell, "Influenza Vaccination", *M.N.T.*, May 15 1970). Of first importance is the variability of the antigen; new strains of Influenza A appear every two years, and of Influenza B less often. The last epidemic of Hong Kong 'flu was caused by a new strain and vaccines to earlier strains would give no protection. The collection of the virus, its satisfactory growth in the laboratory and then the manufacture of the vaccine in sufficient quantity takes time. A person's immunity is conventionally measured by the presence of a high titre of specific circulating antibody, and a low susceptibility to natural and experimental infection. However, subjects who have a high titre of tissue antibody in the nasal and bronchial mucosa, even without circulating antibody, show a high resistance to infection. Injected acqueous vaccines (killed virus) do not induce a rise of these IgA antibodies, but a nasal spray vaccine of live attentuated virus or killed virus does, without necessarily producing a simultaneous rise in circulating IgG immunoglobulins. Evaluation of any vaccine should include measuring the circulating and tissue antibodies, as well as antibodies to virus enzymes. Challenge by a live virus in an artificial "epidemic" with a measure of the "take" rate is also used in assessment.

Parenteral vaccines have adverse effects, amongst the most unpleasant are allergic reactions to the traces of egg protein or penicillin that remain after purification. There may be a local infection at the site of injection and a mild attack of 'flu may be experienced. Reported protection rates vary from 40 per cent. to 70 per cent.[4] and immunity may last only three to six months.

All this begs a lot of questions about the epidemiology of influenza, but the question before us is whether we can prove that the homeopathic preparation of influenza virus gives at least equal protection, at less cost and with practically no side effects. Even if this is not proved, will the study of antibodies after taking the nosode throw light on the action of potencies in the human body? The biological model of vaccine and vaccinated provides a fascinating tool for exploring the action of potencies, and immunological work in the animal may well reveal more about the power we have in our hands as clinicians. It would be salutory indeed if the biological scientist could answer some of our questions, leaving us clinicians to concentrate on teaching other doctors the art of homoeopathic prescribing for the benefit of more patients.

Experimental studies

1. My first aim was to show if there was a rise of antibodies to the oral nosode. The Hong Kong variant of Influenza A virus was prevalent during the winter of 1968-9 and this was considered the most suitable virus to use. A. Nelson & Company obtained a freeze-dried sample of virus A2/Hong Kong/I/68 direct from the World Influenza Centre Laboratories. They prepared the 30th centesimal Hahnemannian potency in the usual way and supplied me with single dose vials of granules. I found twenty-seven volunteers with difficulty. Among them were nurses from the Royal London Homoeopathic Hospital, a group of nuns, and students, many of them pharmacy students of London University gathered together by John Stenning, himself a medical student.

   The volunteers were required to sign a form which explained the procedure. Venous blood samples were taken before and two weeks after administration of the nosode, which was given in three divided doses twelve hours apart. The serum was separated and stored in the deep freeze until needed. The experiment took place in March, May and June 1969, and the antibodies were measured at the beginning of July 1969, at the Clinical Research Centre Laboratories, Mill Hill, through the courtesy of Dr. D. A. J. Tyrrell, its director. A standard technique to measure the haemagglutinating antibodies was used, and I was able to be present during part of the lengthy process.

   Results. Four volunteers had symptoms of a slight cold a day or two after taking the granules, otherwise there were no ill effects related to the experiment. Five had been vaccinated in the conventional way, and of these only two showed high haemagglutinating antibodies. Five showed antibody titres above 100, and of all seven high pre-vaccine titres, four remained the same after the oral nosode, and three dropped slightly. The twenty other subjects

showed no change; the haemagglutinating antibody titre remained <10 before and after the oral nosode.

Conclusion. Administration of the oral nosode in the manner described produced no rise in circulating haemagglutinating antibodies to the virus.

2. My next study was to find out, by a double blind technique, if any protection against colds and flu was given by Nelson's Influenza and "Common Cold" Tablets. I felt that if I could demonstrate significant protection I would be able to justify further studies into antibody production.

Method. Volunteers were again needed and I was delighted to have the cooperation of a number of the previous group—although some were already engaged with Dr. Raeside in proving a homoeopathic remedy. I asked for volunteers from the families who brought their children to the Royal London **Homoeopathic** Hospital, and I was also given facilities in two hospital geriatric annexes by kind permission of Dr. F. Binks.

Again the procedure was explained to the volunteers who signed a form on entering the trial. A single nightly powder was given at fortnightly intervals for four doses (covering two months). The powders, marked X and Y were .randomly allocated, as individuals and family groups entered the trial. "Contact with 'flu or colds was noted and whether the subject caught it. A questionnaire was returned if this happened and a further form sent out to be returned three months after taking the last powder.

Thirty-four old people were given the nosode, and 36 others volunteered between November 1969 and February 1970, when the trial was closed.

Results. The old people had considerable pathological changes, and it was impossible to assess contact history, except in two who were home at Christmas and caught 'flu which was in the household. It was not easy to assess the significance of two or three who might have had colds; I decided it would be best to discard these figures.

That left only 36 starters and of these six failed to reply to a follow-up letter, and one started the powders too late. With such small numbers I wondered if it was worth reporting this section of the experiment. I tabulated the results under four headings of exposed to 'flu or not exposed, and caught and not caught, and found that the figures could be analysed statistically in a special way to assess the significance.

	Exposed to influenza			Not exposed to influenza		
	Total	**Caught**	**Not caught**	**Total**	**Caught**	**Not caught**
Powder X (n = 13)	9	7	2	4	0	0
Powder Y (n = 16)	16	6	10	0	0	0

Using the two-by-two table involving small numbers the probability works out at 0.0554 in favour of powder Y giving a measure of protection. The statistician of the College of General Practitioners who kindly provided me with these figures, concludes: "This result is not significant, but nearly so, so it would be worth while collecting further data."

The figures then show a preference for powder Y—which was in fact medicated. One subject reacted to the first powder by having the symptoms of a cold, but remained well the rest of the winter without taking any more powders; another did not take the powders until March 1970, and writes in June: "Anyway, whether it was the powders or just luck, I've got through what was an abominable winter without 'flu for the first time in my life". That was with the medicated powder. One subject on the unmedicated X powders was able to look after children with 'flu without catching it herself.

Conclusion

It would appear that a useful measure of protection was afforded by these powders. Method of administration was arbitrary, but the fortnightly dose would appear to be logical if tissue antibodies are produced, since immunological reactions take ten to fourteen days to reach their peak. How long protection lasts is impossible to say, but some of the colds that were caught were over a month after the last dose of vaccine. This study does not provide any data on the dosage that should be recommended. Further studies are needed.

I invite your comments on the usefulness of this model in ascertaining the bodies' response to a homoeopathic potency.

I wish to thank all those who made this study possible as volunteers; Mr. Ainsworth and Mr. Everitt who helped with the historical background; A. Nelson & Co. who supplied the virus potency; Mrs. Buckland of the Clinical Research Centre Laboratories, Mill Hill, for measuring the antibodies; Mrs. Thompson, statistician of the Royal College of General Practitioners, for providing the statistical analysis; and the Homoeopathic Educational and Research Trust for financial support.

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Double blind proving trials by medical students*

***NOEL J. PRATT, M.R.C.S., L.R.C.P.,* M.F.HOM.**

This is a shortened account of four proving trials of homoeopathic remedies, done by medical students at Cambridge University in 1958, 1959, 1963 and 1964. You will wonder why there has been such a long delay in reporting them; there are several reasons. It was intended to ask the Editor of the *B.M.J.* to publish the findings in the form of a preliminary communication, but the draft report was too long and I did not see how to condense it. The statistical assessment did not reach the desired significance because of the small number of positive reports. On the advice of the late Dr. Douglas Ross publication was postponed in the hope of arranging further trials on the same model. But two attempts at further trials were unsuccessful, and there have been no more opportunities since. The years have slipped by, and the matter has been on my conscience, and now I hope with your help to add further evidence until the figures achieve statistical significance.

The story began with a letter from the late Dr. Douglas Ross to the *B.M.J.,* published on 28 September 1957, concerning the general misunderstanding of Homoeopathy. This letter was answered by Dr. Fergus Campbell, University Lecturer in Physiology, and Fellow of St. John's College, Cambridge, who offered to arrange simple controlled experiments with the help of his medical students. After much correspondence and planning, a meeting was arranged with the students of St. John's, and I explained the plan of the trial devised by Dr. Campbell, as well as telling them about Homoeopathy and answering their questions. In due course another trial was arranged the next year, and a third in 1963 with the help of members of the University Medical Society, and a fourth trial in 1964 at Emmanuel College. I take this opportunity of thanking the students for their reports, and Dr. Campbell for planning the trials, and wish to pay tribute to the late Dr. Douglas Ross for his encouragement. I am grateful to Mr. Dudley Everitt of A. Nelson and Co. for providing the sets of doses, and to the Homoeopathic Research and Educational Trust for their generous financial help.

The sets of doses of granules were issued in numbered boxes; 50 per cent. being medicated with the potency of the selected remedy, and the rest having a flavouring of S.V.R. to prevent anyone distinguishing the active sets from the placebos. The sets were distributed by double-blind random selection, with small notebooks in which the students were asked to record day by day any variations in health, however transient or trivial they might appear at the time. Anyone who notices no variations in health in a period of six weeks is either in astonishingly good health or is, perhaps, just unobservant.

During the introductory lectures the students were told that any of them under treatment for any illness should not take part in the trial; only one was so excluded, because he had diabetes. One other mentioned that he regularly got hay fever every May, but as this trial took place in February, he was not excluded.

The students were told that they could withdraw from the trial at any time if they wished, giving the reason; none withdrew, though naturally many failed to complete the course. I assured them that in the unlikely event of unpleasant or incapacitating symptoms developing, an antidote was available; I had *Camphor* in reserve, but no-one asked for it.

A total of 230 sets of doses with notebooks were issued, and 103 were returned to me; not a bad percentage considering that I was unable by reason of distance to meet the students every week to remind them to continue the weekly dosage. Of these 103 reports, 12 contained symptoms and signs which I considered typical of the remedy. Ten of these students had taken the potency, and two had taken the placebo. So my assessment was correct in 10 out of 12 cases, which I am informed is likely to occur by chance once in seven or eight times.

In the first trial the remedy was *Rhus tox.,* in the second trial *Spigelia,* in the third, *Lycopodium,* and in the fourth, *Magnesium phosphate.* The 200th potency was used in all the trials, because it has the reputation of being the most provocative potency, the most likely to produce aggravations in therapy, and provings in trials. The interval between doses was seven days; I would have preferred ten days as being the time in which sensitivity reactions develop, but as it is so much easier to remember to take a dose on the same day each week, I agreed to that.

The proving symptoms and signs were as follows; In the *Rhus tox.* trial:

1. Swelling of both knees after each dose.
2. Persistent muscular stiffness.
3. Persistent itching of the skin of the abdomen.
4. Itchy spots on the chin.

All four of these students had taken the potency.

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In the *Spigelia trial:*

1. Toothache on one day and headache on three other days.
2. Toothache on two days.
3. Headache on the first day and increased pulse rate on the eleventh day.
4. Headache on the eighth day.

The first three students had taken the potency, and the fourth had taken the placebo.

In the *Lycopodium trial:*

1. Anorexia and slight pains in the abdomen.
2. Flatulence in the bowels.
3. Stomach ache after dinner.
4. Stomach ache at an unspecified time.

The first three students had taken the potency, and the fourth had taken the placebo.

In the *Magnesium phosphate* trial, the 28 reports contained no proving symptoms or signs at all. This was surprising to me; even in 28 healthy young men I would expect some to have an occasional cramp or colic or transient neuralgia some time in the period of six weeks. Perhaps *Magnesium phosphate* is not a suitable remedy for a proving trial because it is a normal constituent of the body, being an essential enzyme co-factor. Perhaps the inorganic chemical remedies are not as a class suitable for proving trials. The alkaloids, or the naturally occurring alkaloid complexes, may be the most provocative of provings as well as amongst the most valuable in therapy.

Two further trials were attempted; one at Homerton. Teacher Training College, and the other at the Technical College at Norwich. The first failed because the College Medical Officer said he wanted a letter from me explaining the trial; I wrote to him, but had no reply whatever. The attempt at Norwich was politely rejected on the grounds that it was considered that the students would be at some risk, and were mostly under age. In both cases I decided it was useless to press the matter. I have not attempted to arrange a trial at the University of East Anglia because I might be accused of a breach of medical etiquette, appearing to try to acquire patients.

So I offer these findings in the hope that they will provide a basis for further work on the same model, to add to the figures and achieve statistical significance. I shall be glad to co-operate with anyone who is invited to give a lecture to medical students or others, so that the lecture can be followed by a trial to test the claims made of the reality of the action of potencies.

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Where are we going?*

D. F. SMALLBONE, M.B., CH.B., M.R.C.S., L.R.C.P., M.F.HOM.

I have deliberately chosen this rather nebulous title, because as well as giving an outline of my current research projects, I want to enlarge upon the problem of making Homoeopathy a driving force in medicine, today and tomorrow.

Firstly let me outline my current projects. As you will no doubt have seen from recent press articles I am currently investigating the results obtained from immunization against influenza, using Nelson's Cold and Influenza vaccine. This consists of a three-point survey involving the said vaccine, standard allopathic vaccines and a control group. This has not been organized as a double blind trial, but selection is nevertheless random. Being medical officer for several large and small firms, I am requested to provide immunization for groups of employees of these firms. The selection of these people is entirely at random, and they are asked to volunteer to have the standard vaccine. This group covers males and females of all age groups, and covers the whole income strata. The selection of the two other groups is again random. My practice will be divided into two groups, at presentation for consultation. The patients as they attend are given either Nelson's homoeopathic vaccine or S.L. The first patient has one, the next patient the other, and so on, until an equal number of patients have had either allopathic or homoeopathic or placebo treatment.

The next major decision is what criteria we are to use for deciding the effectiveness of the vaccine. Obviously the most decisive method of determining the diagnosis of influenza, is to ascertain the specific influenza antibody titre level on suspicion of infection. This really is impractical with such large numbers. Therefore the method to be used is as follows:

Dignostic criteria for determining influenza as the cause of illness:

1. Fever.
2. Aching throughout the body.
3. Symptoms lasting more than forty-eight hours.

Measurement—illness lasting three days or more conforming to criteria and certified by a doctor.

These questions should be put to the participating patients, at not more than monthly intervals, as memory is notoriously prone to fault at longer periods. This should ideally be accompanied by presentation of a card to the participating patient, with the symptoms on it. They can then fill in and return in the event of illness. Another essential item to be recorded is the incidence of any symptoms that may be regarded as side effects of the vaccine. These can be sorted later.

Selection must be randomized and double blind.

I have already managed to interest a major drug company in my project and they are awaiting the outcome of the results.

One great advantage of using a comparison method, is that if my results using allopathic vaccine approximate to the results of previous trials carried out in this sphere, then the results of the part using homeopathic vaccine, at the same time, and under the same conditions, must be equally valid, and cannot be disputed, by either the drug companies concerned, or our less enlightened colleagues.

I already have several doctors who are co-operating in this trial, both allopaths and homeopaths, but I would be grateful for anyone else to join, provided they are willing to abide by the conditions I have laid down. Anyone wishing to do this should approach me and I will let him have the necessary forms and conditions.

My second project is more long-term and is again a three point comparison, using allopathic treatment, homoeopathic treatment and control. It differs in one major respect, however, in that the treatments are all carried out in the same individual. Basically I am going to obtain permanent records of the lung function of patients suffering from chronic bronchitis. Base line recordings will be made over a period of six months before these patients undergo any treatment. They will then be put onto the allopathic bronchodilator which seems clinically and subjectively to produce the most relief. This will be chosen on a trial and error basis. After a month of treatment, and whilst still on treatment, their lung function will again be assessed. A clearing period of at least two months will then follow. After this time the appropriate homeopathic remedy will be determined and they will receive treatment. Their lung function will be re-assessed. A further waiting/clearing? period will be allowed, and the lung function will again be determined. I say "query clearing", as homoeopathic treatment may produce total continued relief, or will take a long time to clear.

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This will be evident from the results.

Inevitably, there will be a certain waste of time involved in this method, as patients may require intercurrent treatment and clearing periods will be required before the next stage is proceeded to, in order to eliminate extraneous improvement, Of course, control readings must be taken on these people before proceeding to the next stage, to prove this.

I will now come to the final section of my paper. *Where are we going?* What do we expect of Homeopathy now, tomorrow and in twenty years time? If we are not to remain an isolated non-entity, and are to expand to occupy a reasonable status in the medicine of the future, we must rationalize our type of medical practice—and spread it.

How do we spread it? Firstly we must have first class teachers, to give us their knowledge in a simple, unbiased, scientific manner. All knowledge is basically broadcast by communication. We can show that the results of our form of medicine are at least as good, if not better than any other form. To do this it is essential to communicate with as many people outside our circle, and not divorce ourselves from other more orthodox practitioners. This is not an easy task, but then a doctor's job is not an easy one. We can and must show both clinically and experimentally that Homoeopathy works and works well. We must be able to converse sensibly, in a scientific world, with non-homoeo-pathic colleagues and provide reasonable theories for the mode of action of Homoeopathy. We must also use modern science and its explanations to our advantage and not shy away from it.

Research must be co-ordinated and the results available to all, and I mean all. We mustn't fear being proved wrong, by our results, and we mustn't cover up or predetermine our results. A genuine spirit of research is required, and it must be truly international.

Our aims must be clear and precise, even in our art which is not always -clear-cut. In my mind research has three major functions:

1. to show concepts are possible and to substantiate theories,
2. to cotepare processes and methods and results; and
3. to improve treatment—especially where we are concerned in our methods of approach and confirmation of remedies.

I feel that we must also define the boundaries where we expect Homoeopathy to be of help and work to find ways of widening these boundaries.

We need a director of research, who is paid to do his job, and therefore is not financially penalized. He must be able to criticize projects and correlate with work already performed. He must be able to classify conclusions and control research as a whole. He must arrange comparative trials and arrange that the results of international research, both in the direct field of medicine and also in associated sciences, are available to those people undertaking research either clinical or pure.

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Homoeopathy—a beginner's problems*

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We are all beginners. When we rapidly cast off the first burst of self-confidence with which we stride out of medical school into the professional world clutching our elegantly inscribed diplomas, we realize that what we have been taught in these august institutions is merely a foundation, barely yet reaching ground level, upon which we will be daily adding bricks of knowledge and experience until an edifice of reasonable solidity is established. This building process, however, goes on. However lofty the structure may become, it is never roofed over, and the sky still looks just as far away. In other words, the more one knows in medicine the more one realizes the deficiencies in one's knowledge of both medical facts and human nature. As one wise old G.P. once told me: "The day you know it all, lad, is the day to pack it in."

This is what gives me the confidence, as one of the younger members of the Faculty, to discourse upon some of the problems and difficulties with which I have been faced in gradually attempting to introduce homoeopathic medicine into my practice. Further, my first stumbling steps (indeed I am only just getting beyond the crawling stage) are still sufficiently fresh in my mind to be all too easily recalled, and I hope this account of them may prove of some assistance and amusement for my younger colleagues—and perhaps will help our seniors and teachers to better understand the anxieties and frustrations facing a young doctor attempting to absorb the elements of Homoeopathy at the present time.

Where do the problems begin? Perhaps the first is the emotional problem of justifying to oneself the decision to investigate an unorthodox form of medicine. One is constantly being bombarded with opportunities for expanding one's medical knowledge. The Royal College of General Practitioners, one's local hospital group, the universities, etc., are all constantly sending out enticing circulars implying that unless one can discourse intelligently on the dopamine levels in the substantia nigra or the excretion of 17-ketogenic steroid, one is definitely unfit to be entrusted with the care of the victims of the next 'flu epidemic. Psychologically it is therefore a traumatic decision to divert oneself away from adding a few more bricks to one's main structure and start on what might at first seem a small lean-to. I think that if more people could be convinced at the start that that small shed might eventually rise to be as tall and solid a structure—indeed become firmly a part of—the main edifice, more recruits would be forthcoming. I am sure that the excellent publicity work being done at present by both the Faculty and the Homoeopathic Research and Educational Trust will play a very important part in ensuring that the real place of Homoeopathy becomes known to a wider group of G.P.s, with the result that for many more this difficult first step, up which so many are afraid they will stumble, will become much more easily negotiable.

The thinking processes in Homoeopathy are very different from those with which most young doctors are familiar. We use a mode of speech which has its origins in a day when all doctors, homoeopaths and allopaths alike, considered the individual and prescribed for the patient, not the illness. We live in a different age. Disease processes are regarded in isolation and the terminology has become more precise and unambiguous. In Homoeopathy our phraseology takes us back to the elegant days of the eighteenth century when philosophy and science were one and the same discipline. By the standards of the young doctor freshly escaped from medical school, our language is full of imprecisions and ambiguities. This is a very difficult communications problem, and I am not sure how it can be overcome. The whole thinking process of Homoeopathy depends upon a broad-based wide-ranging language. Tying ourselves down to the modem vocabulary of science would seriously inhibit our ability to communicate with each other. It is precisely the fine shade of emphasis or loose but meaningful adjective conveyed by the patient upon which we rely. It is impossible to convey this to the present-day medical student. In medical school one is concerned primarily with making diagnoses. One is taught, it is true, to take down laboriously in one's notes the actual words used by the patient in describing his symptoms, but this is used merely as a basis for discussing and elucidating the essential pathological process. When one is more experienced and has a reasonably wide range of diagnoses available for the instant recall, one rapidly loses the habit of accurately recording the patient's actual words.

In Homoeopathy the patient's words are themselves the diagnosis—that is, they are the pointers which one uses to guide one to the prescription, not merely the physical findings, and certainly not the physician's interpretation and collation of the patient's descriptions. One of my most difficult problems on the first course I attended was retracing my steps back from the rapid diagnosis G.P. approach to the early student days when one really listened to what the patient had to say because one did not possess a wide repertoire of diagnoses.

I think that, perhaps, the new student of Homoeopathy might be given a more gentle transition. That before the elements of potentization (a bewildering introduction at my first lecture on my first course) and the mysterious constitutional prescribing are revealed, the use of specific disease remedies might be used as a lead-in. Of course this is not true Homoeopathy, but in general practice most of us are going to use Homoeopathy first in the way we use modern drugs, namely as an instant cure for specific conditions. This is certainly how I used Homoeopathy first—and it was

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some time before I had the courage to dabble in high potency constitutional prescribing.

I was very pleased at the last three or four courses which I have attended to find that clinical teaching on real live patients was taking an increasingly prominent place, and that the students were themselves being encouraged to participate more in history-taking. This is guaranteed to ensure that on leaving the course the young doctor has sufficient self-confidence to be able to take a history from a patient without embarrassment at having to ask such apparently ridiculous questions, particularly if one is suddenly introducing Homoeopathy to a patient for whom one has previously written out one's prescription for Franol or tetracyline before the poor man had even finished telling you that he had started to get breathless again. The sudden inquiry not only about the colour and consistency of his sputum and the periodicity of his breathlessness, but as to his liking for meat, chilliness and response to sympathy runs the risk of at first undermining the relationship of confident trust which the bored indifference of the doctor can often engender in the patient—who interprets it as extreme competence ("He didn't need to examine me—he knew what was wrong straight away—he only had to look—didn't even have to tell him my symptoms . . .").

We have now got to the stage of discussing the actual introduction of Homoeopathy into general practice. This is where the personality of the doctor and his relationship with his patient results in, perhaps, a greater diversity of problem (or lack of problem) than anywhere else. I can only speak from personal experience. Homoeopathy—proper Hahnemannian Homoeopathy that is—takes time. Even symptomatic prescribing often requires the investigation of several features which would not be considered in conventional medicine. Thus one might need to know more detail about the nature and severity of a pain, its diurnal variations or its relationship to position. Here let me say that I firmly believe that these questions, and many others which we ask in taking a homoeopathic history, ought to be part of *any* good history taking. We tend to avoid them in conventional practice not because of lack of interest, but because their answers are not *necessary* in order to decide the treatment, however interesting they may be in better understanding the disease process. Homoeopathic prescribing therefore takes longer—certainly at first. Much of one's routine work in general practice is dealt with by a sort of superior system of conditioned reflexes. In treating tonsillitis it takes a while for the penicillin reflex to be replaced by the *Belladonna* or *Merc***.** reflex.

The other problem one meets in commencing acute prescribing is the availability of medicines. At the end of the first course I attended I was presented, as we all were, with a little case of about a dozen remedies in low potencies, with a leaflet of instructions for beginners—a sort of idiot's guide to the treatment of common ailments. This has been of great value, and, in fact, these few remedies served a wide range of conditions. I have continued to replenish these and add to them from time to time, but there is a limit to the number of bottles one can keep lying around in a modest N.H.S. surgery. The service provided by Nelson's is remarkable for its efficiency, but it is not easy to convince a patient that on this occasion he has to wait until the postman arrives the next morning before he can commence his treatment, whereas on the previous occasion when he had the same symptoms, he was able to get his antibiotics dispensed by the local chemist immediately. With the best will in the world, the small private pharmacist, who already has to carry a large stock of very costly branded modern drugs, is reluctant to clutter yet another of his overflowing shelves with bottles of mysterious powders and pills which one doctor in the locality may or may not use, and which in any case carry a very small profit margin. The answer is probably that one can dispense oneself from one's small stock something which as nearly as possible approaches the need of the patient, and then the more accurate prescription can be telephoned to Nelson's or some other chemist, instructions being given to the patient to start his new medicine as soon as it arrives.

Some people would perhaps disagree with this and advise that Sac. lac. should be used under these circumstances. I cannot justify this with my conscience. The patient I am referring to is the acutely ill person who has come to the doctor he or she trusts, in order to obtain as rapid relief as possible for his symptoms.

One of the main stumbling blocks in the introduction of Homoeopathy into a busy N.H.S. general practice is not only the question of time (practice gradually reduces the time necessary to take a homeopathic history as one's reflexes become reconditioned), but the fact that in a large group practice the results of one's homeopathic prescribing may be followed up on one's day off by one of the partners who is unfamiliar with Homeopathy. For the sake of continuity one owes it to one's patients, whatever treatment they are receiving, that they are going to be able to get advice easily and rapidly from whichever doctor is on duty in the event of anything going wrong. This means that if one is using Homeopathy widely, one is likely to be rung up on one's night off by an irate partner who has been dragged out of bed to investigate some poor individual who has had an aggravation. This is a hazard of any kind of specialization within a group—despite the fact that the Royal College of General Practitioners still feels that specialization should be encouraged. Incidentally I would be most interested to hear of the experience of any homoeopathic G.P. who makes use of the Emergency Treatment Service. Potentially this difficulty can be even greater under those circumstances.

So far I have discussed only symptomatic prescribing in low potency. Time was one of the main reasons why I was such a long time getting started on the rethinking of my victims of chronic disease in homoeopathic terms. Time is required not only in taking a history, but also in plodding through the turgid pages of Kent's *Repertory*. I have already mentioned the language barrier of homoeopathic terminology to the young recruit. Kent, I'm afraid, nearly proved too much for me. I feel that it is time the Faculty and the Trust, perhaps in conjunction with their American and European counterparts, started thinking in terms of sponsoring a new repertory making use of the contemporary jargon, rather

than that of the last century. I am sure that it is not only the convenient size that makes the Boericke *Materia Medica and Repertory* the most popular reference book amongst the younger doctors. The currently available edition is a revision of 1927, which makes it the most modern in outlook and phraseology—although, of course, being forty years old still means that it is hopelessly out of date in many respects.

I think I have now just about learned my way through Kent, and the time I spend on repertorizing is getting less. Also, of course, familiarity with certain groups of remedies, and sharpening of one's powers of observation, speed up history-taking by guiding one more rapidly to a group of possible remedies, thus allowing one to ask specific differentiating questions. In fact browsing through Kent can be very diverting and amusing. One finds glorious relationships and modalities, one of my favourites being "toothache after coitus". Of course these are the sort of entries which are guaranteed to make one's non-homoeopathic friends scoff, and which show us just how far homoeopathic has drifted from general medical thinking. I had the pleasure recently to come across a perfect gem of a little book entitled *Homeopathy Fairly Represented* by William Henderson, Professor of Pathology, University of Edinburgh. This was published in 1853, and was a reply to a scathing condemnation of Homoeopathy by none other than his famous Edinburgh colleague, Dr. James Young Simpson, obstetrician and initiator of chloroform anaesthesia. Simpson apparently (I have not read his book) made an issue of the strange relationships we seek out in Homoeopathy. Henderson's comment deserves reiterating. He says: "Among the unimportant or absurd effects ascribed to a medicine Dr. Simpson selects 'cough excited by playing on the piano', and the instance may be taken as the type of this class of objection . . . Is it so very extraordinary that playing on the piano should excite a cough? I do not know—but I have certainly heard of as curious consequences following the sound of music. Does Dr. Simpson know what happened to Rousseau whenever he heard the bagpipes? . . . If not, I am sorry—I dare not tell him. All I can venture to say is that a cough was a joke to his misfortune."

Well, does anybody know what *did* happen to Rousseau whenever he heard the bagpipes? I would dearly love to know. As David Frost used to say: "the mind boggles".

At first taking the history can be a frustrating and distressing business. I well recall groping with the history of one poor old lady, desperately trying to extract a positive leading symptom or characteristic upon which to repertorize. I eventually got onto the dietary aspect and started inquiring about her likes and dislikes. Indifference to all kind of foods was the response—until I got onto eggs. "Ah!" she said, "I cannot touch eggs, I hate them—I never have been able to tolerate them". Happily I was just in the process of writing "aversion to eggs" in my notes when she suddenly added "but I *love* duck eggs". Who has tried looking for duck eggs in Kent?

I do not know that there is a lot more I can add to this outline of the main problems I have personally faced in grappling with Homoeopathy as a beginner. Why, you are probably asking yourselves, have I persisted in my interest in the face of these difficulties. The answer to that is that the compensations more than outweigh the difficulties. The relationship between the patient and doctor is of a much closer nature in Homoeopathy than in conventional medicine. Perhaps this is how it was in the balmy pre-N.H.S. days when doctors actually had time to talk to their patients. However the homoeopathic doctor necessarily possesses a more intimate knowledge of his patients and their families and backgrounds, their fears and aspirations, than a conventional practitioner. This can be a double-edged sword: the homoeopathic patient, I find, tends to lean more heavily on the doctor because of this special relationship which he feels.

But what one learns from Homoeopathy not only helps one in one's practice of Homoeopathy. Of necessity much of my work in my busy large group practice is still conventional. Having acquired what one might call the homoeopathic approach—the detachment and observation, the interest in every reaction of the patient, one inevitably becomes a better doctor all round. The antagonistic and arrogant patient is less likely to irritate one if one has learned to sit back, observe the mood as a symptom, and absorb oneself in watching for other signs of a particular drug picture to emerge. I recall one particular patient whom I could hear muttering and cursing as he stumped down the corridor to my consulting room leaning heavily on two sticks. He burst through the door, looked distastefully around the room and opened the conversation with: "Don't know why I'm here—bloody charlatans." For the first fifteen minutes or so he shifted every few minutes from one chair to another, muttering highly offensive remarks about my competence. Every question was answered very reluctantly with a comment about 'damned silly question—it's my damned arthritis I'm here about'. So it went on. I was getting nowhere. Somehow, due to my homoeopathic training I managed to keep my temper, and pressed on with an increasing feeling of hopelessness trying to extract a history. Suddenly I realized that he had stopped shifting uncomfortably in his chair. And when I looked up, to my astonishment, he was weeping—and for ten minutes or so he sobbed without interruption, then finally he managed to say: "For God's sake help me doctor—I can't go on like this. I'll probably kill myself." And so we went back and started again going through the history, and a clear *Pulsatilla* picture emerged. I suggest that in my pre-Homoeopathy days, I would probably have lost my own temper, antagonism would have been met with irritation and the gap between us would have widened to such an extent that he would have walked out (or been thrown out!) long before the façade of his defence against his extreme depression and his pain had cracked.

I am still a beginner—I will, I hope, always be a beginner, but my little lean-to is growing fast alongside the tower of my knowledge. Already it is strong enough to act as a buttress, giving support and strength where it is needed. What is more, I am a better doctor.

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Iscador therapy of breast cancer*
Breast cancer and iscador therapy

DR. MED. RITA LEROI

General aspects

Cancer of the breast is one of the major problems in oncology today. For twenty or thirty years, it has not been possible to improve the survival periods. More than half the patients die within five years. At the same time the incidence has increased to a degree that is statistically significant. In Sweden, for example, cancer of the breast is 70 per cent. more common now than it was twenty years ago. In the U.S.A. alone, 29,000 women a year die of breast cancer and a further increase must be expected. The introduction of hormone therapy made it possible to reduce the suffering, but it did not improve the percentage of cures.[1]

Causes[2, 3]

The factors which cause cancer of the breast and also the increasing frequency of this condition are multifarious. The normal female breast develops as part of the well-balanced interplay between the activities of various endocrine glands. During the years when a woman is of child-bearing age, proliferation and involution of epithelial tissues follow each other rhythmically, a process very easily subject to all kinds of disturbances.

Psychic conflict situations, stress, an irregular mode of life, etc., may upset the hormonal balance. Chronic infections, so very common today, tend to have the same effect. Disturbances of hepatic function and therefore inadequate degradation of oestrogens may also cause imbalance. Excess of oestrogen appears to be a major factor responsible for the preliminary stages of breast cancer, for the dysplasias which are becoming terrifyingly frequent, even in young girls. According to Butenandt,[4] the follicular hormone is under certain conditions a carcinogenic agent with specifically organotropic action.

It is also established that half of all patients with cancer of the breast have never breast-fed, and in the remaining half women with fewer than three pregnancies are in the majority. The risk of developing cancer of the breast increases with the number of abortions and with any reduction in the period of lactation.[5]

The effect of the pill in the long run still remains to be seen, and also whether courses of oestrogens for rejuvenation have carcinogenic effect.[6] Roy Hertz[7] of the National Health Institute in the U.S.A. warns against their abuse because of the long latency period with malignant disease. Animal experiments have apparently demonstrated that an epidemic of cancer due to ovulation-inhibitors is certainly within the range of possibility.

Careful history-taking also demonstrates how suprisingly often physical trauma, the knock against the breast, can be the triggering factor.

The disposition to cancer of the breast increases with age, reaching its maximum between the ages of 40 and 65.[8, 9] During that period, the directing and form-giving influence of the ovarian hormones is lost, formative forces weaken, the mammary gland has served its function and may now all the more easily become subject to degeneration.

Progress and prognosis

The progress of the disease is incalculable.n No other malignant tumour shows so many different and bizarre variations in its course. Histological studies, division into stages, gradingn and the investigation of sex chromatins do not really give very satisfactory indications as to prognosis and this is not surprising since the psychic condition of the patient plays a crucial role. The prognosis is very poor indeed with cancer of the breast if it occurs during pregnancy; only 17 per cent. of these patients survive.

Very often the disease has spread much further by the time the diagnosis is made than the division into stages would lead one to expect. Eight to twenty-five per cent. of patients with a locally defined tumour in stage I and no enlargement of axillary glands show involvement of the parasternal lymph nodes, and 20 per cent. have distant metastases. In stage II, with mobile axillary glands, parasternal lymph nodes are involved in 30-75 per cent., and the supraclavicular lymph nodes in 20-60 per cent. of cases, and 50 per cent. show haematogenic metastases. In 90 per cent. of cases, a recurrence is an early sign of the tumour process becoming generalized.

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* The section of Old Archives is presented to the readers in the original form to maintain the originality of the articles with no editorial changes in respect to grammar, language and spellings.

Translation from the German of two papers and case histories from *Mitteilungen aus der Behandlung maligner Twmoren mit Viscum album, 2,* No. 1 (1970), published with the kind permission of the Society for Cancer Research, Arlesheim, Switzerland. Translator: R. E. K. Meuss, F.I.L.

Surgery

The extensive, "heroic" operations are less commonly done nowadays, because they give no better results than the classic methods of Rotter and Halstead, with removal of the pectoral muscle and clearing of the axilla. The preferred approach now is limited surgery. Here one relies on the defensive powers of the organism" as evidenced by lymphogenic infiltration of the primary tumour and reactive swelling of regional lymph nodes, for example.[14] It is known that the number of recurrences increases after prophylactic removal of regional lymph nodes.[15] Realizing this, MacWhirtern carried out only a simple mastectomy, and Demmer'? and Salzern reduced intervention even further, to the removal of the segment of the mamma, leaving all healthy axillary glands. The results achieved with this approach have been at least on a par with those of radical surgery, and in combination with Iscador therapy they have definitely been better.n The psychological factor of retaining the breast also plays a very important role and affects the prognosis, particularly in younger women.

Irradiation

Though it has been in use for forty years, the value of irradiation is still in dispute.[2']

Preoperative X-ray therapy is usually employed in stage III, with tumours fixed to the skin and thorax, local ulceration or involvement of supraclavicular lymph nodes. Even if high doses are used, this will only sterilise 20 per cent. of tumours. Side effects include skin necroses, fractured ribs, fibrosis of lungs, oedema of arms. Dedifferentiation of tumours has also been described.[22]

Many centres no longer employ postoperative X-ray therapy in stage **I** because results are said to get worse with this.[23] But postoperative irradiation is commonly used in stage **II,** either by the conventional method or by high voltage. Again some authors doubt the value of this.[23]

Irradiation is indicated for osteolytic secondaries in weight-bearing bones and also for the pain caused by bone secondaries.

Irradiation will however always weaken the defences.[24] Very often secondaries will appear elsewhere during or after irradiation, or already existing secondaries will show more rapid growth.

Cytostatic agents

These weaken the defences to an even greater extent. They inhibit the formation of antibodies to such tumour antigens as are known today.[24] This means that after temporary inhibition and reduction of the tumour the disease will often return with renewed vigour.

Hormones

With the introduction of hormone therapy it has become possible to achieve longer remissions in cases with recurrences and secondaries, and to ameliorate the symptoms.[1] The most physiological method of using them is no doubt the elimination of ovarial function in the treatment of women of child-bearing age who have developed recurrences. The exhibition of male hormones, and after menopause also of female hormones, is not without danger and has only proved effective in a certain percentage of cases. The physical and psychic changes involved must also be taken into account.[25] Adrenalectomy and hypo-physectomy are still considered problematical.[26] The patients are largely dependent on substitution therapy with vitally important hormones afterwards.

The approach most commonly used nowadays is shown below in schematic form (from *Schweiz. Med. Wocher schrift 96*, No. 8, 1966: H. Studer and M. Dolder, "Die Therapie des metastasierenden Mammakarzinoms").

Aspects of thepapy[29, 30]

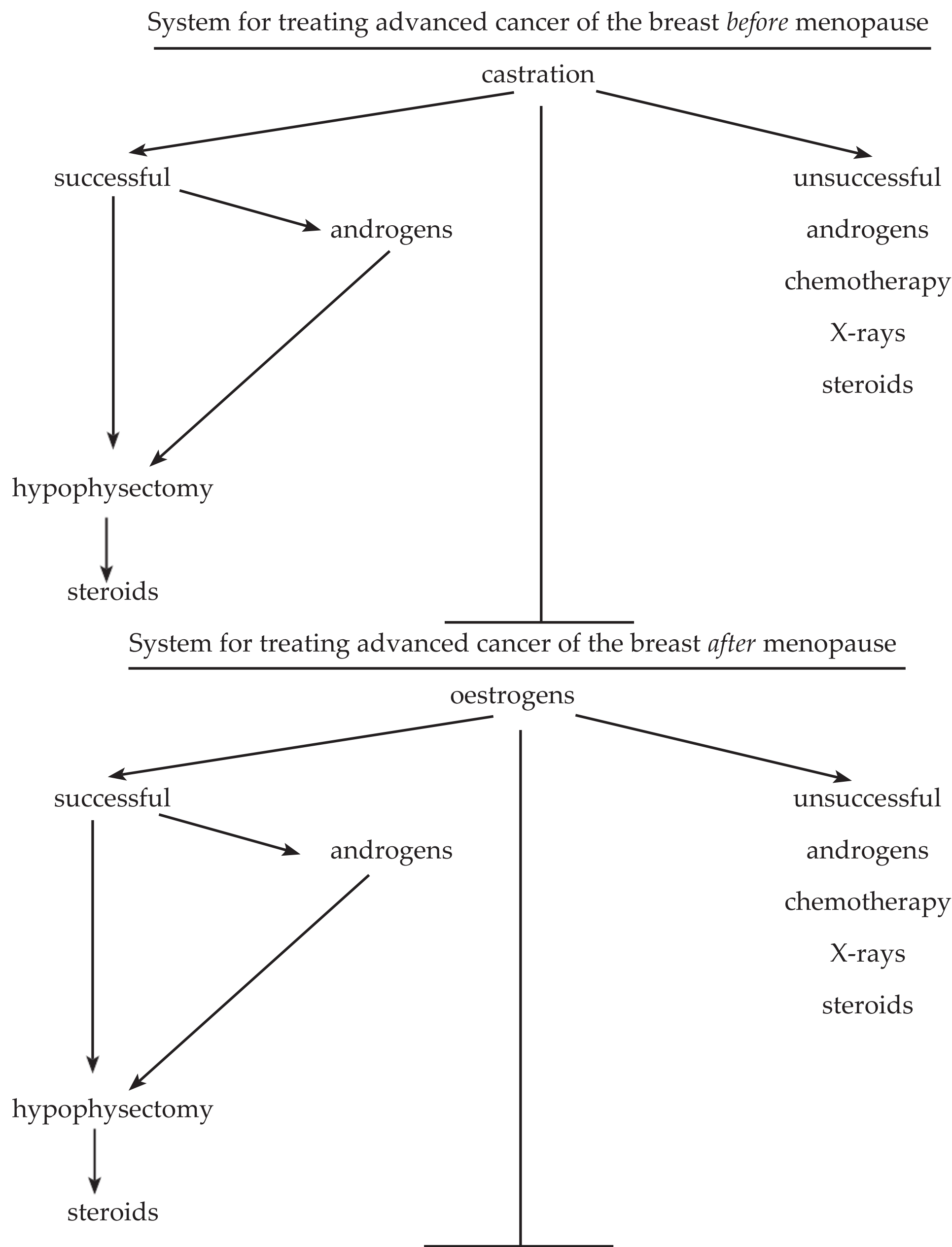
The female breast, first of all part of woman's beauty, is intended to become an organ of full, generous goodness. The growing child receives its formative forces out of the mother's own bodily substance. The process, still on the level of instinct and drive in mammals, is elevated into the sphere of freedom in the human being.

Because of the causative factors already described, one should be aware of certain hygienic measures that might well be aimed at, both for the prevention and the treatment of this disease.

The following would be worth achieving:

Harmony and strengthening of the forces of soul, of thinking, feeling and willing; in children through the right paedagogic approach, in adults through their own efforts at exercise and training.

Sublimation of instinctual life through artistic, creative activities.



Strengthening of the individual personality through selfless dedication to a meaningful task, centering on the child if the woman is a mother.

Relief of fear through acceptance of destiny.[27, 28]

General prophylaxis

Regulation of genital function with Menodoron dil. and injections of Ovarium D3. etc.[32]

Protection of the breast, avoidance of brassieres stiffened with rigid strips of plastic, etc. Breasts should be kept warm.

After any trauma to the breast, Ungt. Arnicae 5%, or Ungt. Calendulae 5 per cent. should be massaged in for some weeks. Breast should be kept under observation.

Lactation: Species lactogogae Tea, 2-3 cups daily, to stimulate lactation, or Carum carvi dil. 10%, 15 drops t.d.s.

Puerperal mastitis: Lactation to continue if possible, or remove milk with a breast pump, in addition to other treatment. Sites of incision should later be kept under observation.

Weaning: Not too early, nor too abruptly, wait till the amount of milk decreases naturally. Breast feeding should not continue after six months.

Specific prophylaxis

Selection of Iseador preparations.

Before menopause: M c Ag (the form of Iscador used for organs connected with the genital system).

After menopause: P c Hg (the form of Iscador used for the skin and structures related to it.)

The years of *transition:* the two forms of Iscador just mentioned in alternation. Two to three series of fourteen injections each, in the following sequence:

Strength 5, 5, 4, 4, 3, 3, 3,

seven days break, then again

Strength 5, 5, 4, 4, 3, 3, 3,

with injections given twice a week, subcutaneously, around the breast.

Iscador is indicated for any form of dysplasia of the breast (mastodynia, adenosis, fibrosclerosis, fibrous cystic mastopathy, mammary cysts).

Supportive therapy for dysplasia of the breast

Internally:	Formica D8-D15 to stimulate metabolism Thuja D8-D15 if there is congestion Fluorspar D8-D15 for cysts Magnesite D8-D15 for fibromata	Five drops t.d.s. each
Externally:	Conium maculatum Rh 5%, ungt. or Vespa crabro 1%, ungt. or Quartz 1%, oleum	in the daytime
	Hot compresses with Calendula 10% 1 coffeespoon/1 glass of water	at night

Diagnostic and preoperative therapy

The breasts should be examined every six months, with the patient both standing and lying down. The four quandrants and the axilla are palpated, and breast and nipples observed whilst the patient slowly raises her arms. If suspicious resistances or contractions are found, a mammography should be done, and possibly also a chest X-ray, as well as such other investigations as the Kaelin capillary dynamolytic test, crystallization test, blood count, sedimentation rate. Prophylactic Iscador therapy should start immediately, and the patient be kept under observation. If the resistance remains stationary and other investigations do not give rise to suspicion, one can wait, keeping the patient under observation. If there is any decrease in size, surgery is indicated.

If the diagnosis is obvious, at least seven injections of Iscador should be given at twenty-four-hour intervals before operation, and if possible even fourteen injections at intervals of one or two days, to strengthen the defensive functions. (The value of this preoperative therapy has been confirmed in animal experiments.)[31]

Postoperative Iscador therapy

This should start immediately after the operation, as follows:

Steinthal I

during the 1st year, 6-7 series, St. 4-2, every second day

during the 2nd year, 5-6 series, St. 4-2, every two to three days

during the 3rd year, 4-5 series, St. 4-2, twice a week

during the 4th-6th year, 3-4 series, St. 4-2, twice a week

(e.g. St. 4, 4, 3, 3, 2, 2, 2,

4, 4, 3, 3, 2, 2, 2)

Steinthal II

during the 1st year, 7-10 series, St. 4-2%, every second day

during the 2nd year, 5-8 series, St. 4-2%, every two to three days

during the 3rd year, 4-7 series, St. 4-2%, twice a week

during the 4th-6th year, 3-6 series, St. 4-2%, twice a week

(e.g. St. 4, 3, 3, 2, 2, 2%, 2%,

4, 3, 3, 2, 2, 2%, 2%)

Steinthal III-IV

1st-3rd year, almost without interruption, St. 3-3%, every second day

(e.g. St. 3, 3, 2, 2, 2%, 2%, 3%,

3, 3, 2, 2, 2%, 2%, 3%)

in subsequent years: reduce dose with caution.

In cases classifiable as Steinthal I and II, pauses of seven days may be made after half a series has been given, but only from the second year of treatment onwards. If irradiation is to be used, continuing Iscador therapy is an advantage.

Additional postoperative therapy

Internally: *Formica* D4 dil., to stimulate metabolism, particularly in patients who are underweight, 5 drops t.d.s.

Stibium praep. D6 trit. if there is danger of recurrence, 1 knife-tip full t.d.s. Argentum arsenicosum D6 trit., especially in adipose patients who lack form, 1 knife-tip full t.d.s.

For long-term therapy, the combined remedy Vitis comp. is very suitable. This stimulates hepatic function. (Calcium formic. D2 20 mg./Fragaria vesca D5 20 mg./Vitis vinifera, folium sicc. 40 mg.)

If temperature reactions to Iscador are inadequate: Inj. Acidum lacticum D3 s.c., twice weekly. For disturbances of hepatic function: Inj. Lycopodium D3, s.c., twice weekly, or Inj. Stannum per Tarax. 0.1 per cent., s.c., twice weekly.

Externally: Quartz (Silica) 1 per cent., oleum, or Weleda Skin Tonic, applied to the area of the scar.

Treatment of advanced cancer of the breast, recurrences and secondaries

At the Department of Surgery of the hospital in Vienna-Lain (Medical Director: Prof. Dr. G. Salzer), Dr. M. Giinczler has developed an adjuvant from the root organs of the mistletoe. This is called Senker (haustorium). By using this for the prevention of metastases, Dr. Giinczler was able to reduce the incidence of recurrences and the mortality rate among her patients to a significant extent. At the same time this remedy has proved effective in the treatment of secondaries with cancer of the breast.[20]

Corresponding to the form of Iscador used, Senker M or P, D6 +D30 is mixed with the Iscador and injected with it.

Bone metastases	Injections of Cerussite (Plumb. carb.) D8-D20, s.c., every second day, possibly alternating with Pyromorphite (Plumb. chlorophosp.) D8, s.c., or Pharmacolite (Calcium arsenate) D8, s.c., and in addition Calcium carbon./Cortex Quercus 10 ccm i.v. (Wala).
	Per os: Weleda Calcium Supplement 1 and 2, morning and night resp. Symphytum D3/Arnica D6 aa, 10 drops t.d.s.
	Externally: Ungt. Uraniniti dressings over the affected area at night. Quartz 1 per cent. oleum, in the daytime.
Pleuritis carcinomatosa	Aspiration of fluid, and intrapleural injections of 1-2 ccm. of whichever form of Iscador the patient is receiving, Strength 2%.
	Injections of Bryonia/Stannum D3/D10 s.c., every second day (Wala).
Lung metastases	Petasites in the following forms:
	Pneumonium LA, 30 drops t.d.s.
	Pulmonium Cough Syrup, 1 coffeespoonful 5 times daily (Wala).
Skin metastases	Injections of Quartz D20, 2-3 times weekly.
	Externally: Uraninite ointment dressing at night; Quartz 1% oleum, or Calendula 5% ungt., or Balsamicum ointment, in the daytime.

	For ulcerated tumours: Viscum mali 5%, gelatum; Calendula 5%, ungt.	
Stimulation of hepatic function	Stannum per Cichorium 0 -1%	
	Lycopodium D3	in turn by s.c. inj.
	Taraxacum D3	
	Per os: Hepatodoron (Fragaria vesca, fol. 20 %/Vitis vinifera, fol. 20%), 1 tablet t.d.s., or Chelidonium comp., 20 drops t.d.s.	
For pain	Formica comp., or	
	Quartz/Oxalis comp. (Wala), or	by s.c. inj., in turn, depending on reaction
	Aconit. comp. (Wala) or	
	Papaver somniferum D3	
Venous stasis in the arm due to recurrences in the axilla	Per os: Amaryllis D6/Scilla D3, dil. aa, 15 drops t.d.s.	
	Externally: Elevation and stroking massage with Prunus spin. e flor. 5%, oleum (Wala).	

For general directions as to treatment, see the new edition of *Directions for the use of Iscador.*

The results of treatment will largely depend on the ability to understand and treat the individual case, on artistic feeling in composing the treatment programme, as well as on careful observation and watchfulness. As with all other cancer patients, the physician must always come in again with new healing impulses.

From the Records Department at the Lukas Klinik in Arlesheim

DR. MED. LISELOTTE HEISEL

In due course of time, the case histories of patients treated at the Lukas Klinik will provide us with information as to whether and how far Iscador therapy is superior to other methods of treatment for cancer patients. Now that the clinic has been in operation for six years, the numbers of patients are beginning to be big enough to permit statistical assessment of the mode of action of Iscador, so that we no longer have to rely entirely on the description of individual cases.

To begin with, we investigated the results of treatment in cases of breast cancer. The first question was: Did Iscador extend the period of survival compared to cases not treated with Iscador?

Out of 543 cases with histologically confirmed carcinoma, 258 in stages I and II received “adequate” therapy, i.e.

1. they were given more than three courses of Iscador,
2. treatment started no more than twelve months after operation.

The distribution of stages is 50 per cent. (stage I): 50 per cent. (stage II).

The progress of patients was followed up until the day of assessment in 100 per cent. of cases.

The figures for survival among these 258 patients are as follows:

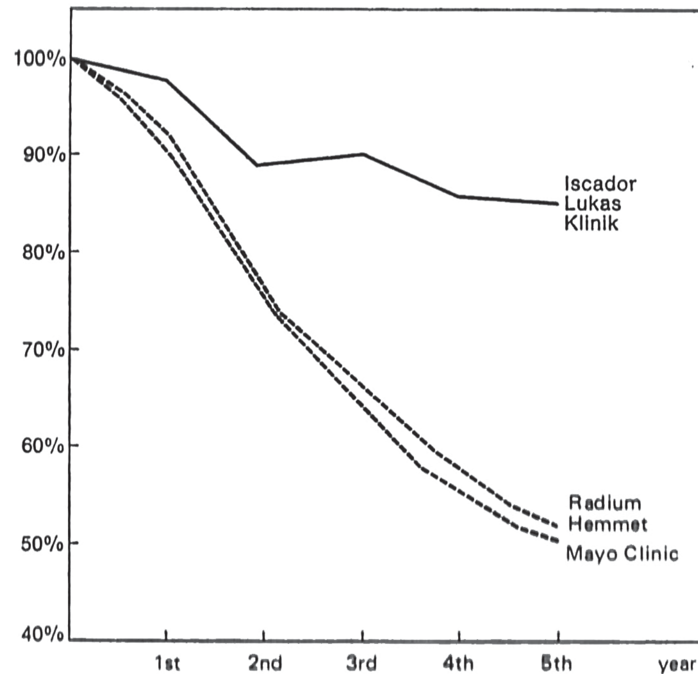
250 out of 258 survived the 1st year of treatment = 96.9 per cent.

151 out of 168 survived the 2nd year of treatment = 89.9 per cent.

99 out of 110 survived the 3rd year of treatment = 90.0 per cent.

60 out of 69 survived the 4th year of treatment = 86.9 per cent.

35 out of 41 survived the 5th year of treatment = 85.3 per cent.



Eighty-five per cent. of patients therefore reached the five-year-survival limit. After five years, our survival curve lies approximately 30 per cent. above those for comparative groups from the Mayo Clinic in the U.S.A. and Radium Hemmet in Stockholm; this means that the survival rate has been *improved* by 50 per cent. Prof. Bauer of the Gynaecological Hospital in Heidelberg has published a paper comparing the results of nineteen authors and giving the figures for a total of about 30,000 cases; individual results show a greater range of variation, but the average five-year-survival rate again works out at 53 per cent.

However, it must be said that the statistics of a unit for postoperative therapy cannot really be compared with those of a surgical department, because conditions are too different. For this reason, a control group was made up from our own case material, and the progress of 105 patients not given adequate treatment (less than three courses of Iscador, or treatment started more than twelve months after operation) was followed up until the day of assessment: distribution of stages: 54 per cent. (stage I): 46 per cent. (stage II).

The figures for survival were as follows:

94 out of 105 patients survived the first year -= 89.5 per cent.

78 out of 87 patients survived the second year = 89.7 per cent.

55 out of 69 patients survived the third year = 79.7 per cent.

36 out of 50 patients survived the fourth year = 72.0 per cent.

18 out of 28 patients survived the fifth year = 64.2 per cent.

The survival rate improved by 30 per cent.

The question as to whether Iscador therapy extends the period of survival compared to methods of treatment not using Iscador, can therefore be definitely answered in the affirmative.

Case histories

The results of postoperative Iscador therapy are really very satisfactory in cases of breast cancer. This was also demonstrated in a number of serial studies, where the difference from patients given conventional therapy was significant. The results of treatment for advanced cancer of the breast and also for recurrences could still be better. However, the three case histories given below may illustrate how intensive and comprehensive therapy can achieve regression of metastases and extend the period of survival.

Case history No. 1 Lukas Klinik

Mrs. H.W., born 1905.

Diagnosis: Carcinoma of the right breast, stage II, surgically removed in 1954. Recurrence removed and irradiated in 1964. Skin metastases in 1968.

Previous history: Measles and chickenpox as a child. Scarlet fever at age of 20. Postparturition psychosis when 28. Cancer in right breast, stage II, when 49, surgically removed, ovarectomy. At age 58, operation for cataract. At age 59, recurrence in scar, surgically removed and irradiated. Histologically carcinoma adenomatosum et solidum scirrhosum.

On admission, in March 1964: pyknic, slightly adipose, lively journalist with tendency to depressions. General condition good. Status following recurrence of carcinoma of breast, surgically removed and irradiated. Scars show no reaction, no signs of further recurrence. Blood and urine tests n.a.d.

Treatment: Iscador P c Hg, St. 4-2, every second day in combination with Formica comp. As it was suspected that bone metastases might be developing, inj. of Cerussite D8. Per os: Vitis comp., Calcium Supplement I and II, Cardiodoron B, Lycopodium D5. Externally: Silica Oil applied to breast, yarrow tea compresses over liver region. Also curative eurythmy and painting.

March 1966: Treatment was carried out consistently. Now pains all over the body, severe depressions. No objective signs indicative of metastases. Suicide attempt and admission to psychiatric clinic.

February 1968: Iscador therapy had been stopped for almost two years. Now local recurrence, not confirmed histologically. Irradiation. Iscador therapy resumed: P c Hg, St. 5-3, twice weekly.

October 1968: Extensive lenticular skin metastases with ulceration at one point. Oedema of arm. ESR 28/64 mm. Hgb 83 per cent. The patient is receiving psychopharmacological drugs. Iscador therapy intensified: P c Hg, St. 4-2, every second day and Senker P D4/D30.

March 1969: *Skin metastases have almost completely regressed.* Only the ulcerated area shows no change. Oedema of arm persisting. ESR 17/41 mm.

November 1969: Two new lenticular nodules, otherwise condition remains stationary. ESR 17/40 mm. Hgb 90 per cent. General condition good, patient fully able to work.

Summary: A woman of 59, psychically unstable, comes for treatment when she has had a first recurrence of a carcinoma of the breast. No new recurrence whilst she is on regular Iscador therapy. After a suicide attempt and discontinuation of therapy, a new recurrence and later skin metasteses develop. Skin metastases regress almost completely with intensive Iscador therapy combined with Senker P D4/D30. Period of observation since skin metastases developed: one year.

Case history No. 2 Lukas Klinik

Miss E. St., born 1901.

Diagnosis: Breast cancer, stage II, surgically removed and irradiated in 1961. Bone, abdominal and skin metastases since September 1968.

Previous history: Measles and whooping cough as a child. Throat and kidney inflammation at age of 20. Frequent colds. Menopause at age of 50.

January 1961: Carcinoma of left breast, stage II, scirrhus, surgically removed and irradiated.

In 1968: After psychic shock, deterioration of general condition, loss of weight, cramps in legs.

September 1968: Thoroughly examined at Department of Surgery, University Hospital Heidelberg: multiple tumours in abdomen. Generalized metastases in all sections of skeletal system. Conclusion: *Condition quite hopeless.*

October 1968: *On admisgion:* The patient, a retired post office official of graceful, slender build, nervously cheerful by temperament, sometimes seems a little absent and dreamy. She does not really like getting to the bottom of things. Pale complexion, hair greying brown, abdomen dilated, lively movements lacking in energy. No pain. Multiple skin metastases over the whole of the abdomen and on the right breast. Diffuse osteoplastic and osteolytic bone metastases.

Rectal examination: Solic tumour masses palpable on both sides in the small pelvis. At the site of the body of the uterus, a solid resistance the size of a fist, bulging out against the rectum. Two solid resistances the size of small fists palpable in the umbilical region.

Hgb 58 per cent. ESR 17/59 mm., alkal. phosphatase 18.8 KA units, serum copper 200 γ%, serum iron 54 γ%.

Treatment: Iscador M c Ag, 2 per cent. daily, going up to 5 per cent. -I--Senker M D4/D30 and injection of Cerussite D8 twice daily, Ferrum Hausmann i.v., blood transfusions. Per os: Vitis comp., Siderite 10 per cert., Digestodoron, Taraxacum D4, Mag. phos. D3, and a cardiotonic (Miroton-Knoll). Curative eurhythmy.

March 1969: General condition satisfactory, appetite moderately good, slight pain of changing locality. Abdomen gradually swelling up.

Status: Cystic tumour the size of a fist in right lower abdomen, nodular resistances elsewhere in small pelvis, bulging out against rectum. No progression compared to October 1968. Ascites.

April 1969: Permanent drain established because of ascites. Eight litres of fluid removed. After this, temperatures of up to 39.5 °C. for seven days. Drain removed. Blood transfusions. The patient's condition improved after this, so that she could be discharged home again.

November 1969: General condition moderate. Weaker on the whole. Appetite moderate. Stools regular. Renewed ascites. Hgb 80 per cent., ESR 64/106 mm., alkal. phosphatase 28 KA units. After puncture for the ascites, and Iscador given intraperitoneally, condition improved again. Patient now takes a daily walk for up to one hour and has hardly any pain.

Treatment: Iscador M c Ag, 2-5 per cent. daily + Senker M D30. Injections of Stannum p. Tarax. 0.1 per cent. and Bryonia/Stannum D3/10 s.c. Per os: Carduus benedict. 10 per cent./Paeonia 10 per cent./Scilla D2.

Summary: A woman aged 67, admitted when her condition was regarded hopeless, with generalized metastases. The condition had been confirmed by histological examination of ascitic fluid and of one skin metastasis: carcinoma solidum scirrhosum p. dissolutum. With intensive Iscador therapy and additional treatment as indicated, the patient's general condition could be improved and the tumour process held almost stationary. The treatment of her anaemia with blood transfusions and iron preparations is an important aspect, as is the treatment given to support the heart and circulation. The effects of a febrile condition developing and continuing for seven days after the insertion of a permanent drain for ascites were remarkably beneficial. Period of observation so far: sixteen months.

Case history No. 3 Lukas Klinik

Miss K.-L.K., born 1930.

Diagnosis: Recklinghausen's disease, multiple sclerosis; carcinoma of right breast, stage III, surgically removed in 1968, with carcinomatous pleuritis.

Previous history: Whooping cough, chickenpox and pseudocroup as a child. Neurofibromatosis started at 14, gradual onset of MS with 21. In 1968, neurological examination at the university hospital in Berne accidentally revealed an extensive effusion in the right pleura, with tumour cells. This led to the discovery of a carcinoma of the breast with enlargement of axillary glands (histologically an adenocarcinoma tubulare et solidum simplex). Surgery: Simple mastectomy; axilla was not cleared, as metastatic development was already advanced.

March 1968: *Status:* Small-boned, dark-haired, lively woman, general condition moderate. Works in an office. Well-healed mastectomy scar. Pleural exudate on right. Spastic, atactic disturbances of gait and abnormal reflexes as concordant with medium severe MS. Multiple neurofibromata of various sizes, particularly on the trunk. ESR 47/75 mm., hgb 68 per cent., serum copper 124γ%, serum iron 28.5 γ%.

Treatment: Initial Iscador therapy with P c Hg, St. 4-2, every second day. Later Iscador M c Ag, St. 4-2, every second day. Furthermore injections of Bryonia D3/Stannum D20. Per os: Cardiodoron B, Vitis comp., Siderite 10 per cent. Externally: hyperthermic baths, Oleum ether. Eucalypti 10 per cent. rubbed into the chest. Treatment of the MS. Curative eurythmy, painting and sculpture.

April 1968: X-ray castration.

May 1968: General condition improved. Pleural effusion remained stationary.

October 1968: Thoracentesis necessary twice. Aspirated fluid contains cell structures of a carcinoma simplex. Iscador given intrapleurally causes *temperature to rise* to 39 °C. *for several days.* When her temperature was back to normal, patient felt very well, and the remaining effusion was slowly resorbed.

Treatment: Iscador M c Ag, St. 3-2 per cent. and Senker M D4/D30. On the days between, injections of Bryonia D3/ Stannum D10.

December 1968: Remaining effusion very small. Patient feels well. Working full-time again since May 1968.

July 1969: Increasing disturbance of gait due to MS has improved with hyperthermic baths, massage and curative eurythmy. Tiny residual effusion in right lateral pleural sinus.

December 1969: Patient fully able to work. General condition good.

Summary: A woman of 38, with the unusual combination of neurofibromatosis, multiple sclerosis and a carcinoma of the breast with metastases. After limited surgery and X-ray castration, but no further irradiation, Iscador therapy was given consistently, with the result that a carcinomatous pleuritis which had been histologically confirmed several times, gradually regressed. As in case history No. 2, a febrile temperature persisting for several days was followed by a definite turn for the better. The good result is also very much due to the co-operation shown by the patient-she keeps to a regular

daily routine, with artistic activities and niental pursuits to balance her routine work.

(Unless otherwise stated, the drugs mentioned are available from the Weleda Companies, and they will also supply copies of the new edition of *Directions for the use of Iscador,* on request.)

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The Faculty of Homoeopathy

28TH SESSION 1970-71

The first meeting of the session was held at the Royal London Homoeopathic Hospital, Great Ormond Street, W.C.1., on Thursday, 24 September 1970, with the President, Dr. D. M. Foubister, in the Chair.

The minutes of the eighth meeting of the 27th session were read, confirmed and signed.

Donald Macdonald Foubister, B.SC., M.B., CH.B., D.C.H., F.F.HOM. then gave the Presidential Address. In the discussion which followed, the doctors considered the possibilities of preparing a booklet explaining Homoeopathy to the orthodox doctor, a suggestion made by Dr. Foubister in his Address.

The President was thanked for his Address and received the applause of all present.

This concluded the business and the meeting adjourned.

Report of the British Homeopathic Congress—London 21-24 October 1970

Firstly I must state that the papers given at this Congress will not appear in full in this report, as they can be read in their entirety elsewhere in this edition of the journal. Hence only the relevant parts that evoked discussion will be quoted.

The Congress took place in London during 21-24 October 1970, under the presidency of Dr. M. G. Blackie. It was composed of scientific sessions, mainly devoted to research, and held at the Royal London Homoeopathic Hospital, and social events, in the evenings and visits for the ladies and accompanying persons.

I shall record the events as they occurred, from day to day. For the report of the ladies' events I would like to thank my wife.

Before the Congress proper began, an informal group met for discussion in Hahnemann House. This meeting was kindly attended by Prof. Ian Boyd who answered some of our queries and attempted to point out the guide-lines we should adopt in any programme of research we might embark upon. The problems and difficulties of research were discussed. This was followed, on the evening of Wednesday, 21 October with a Dinner and Dance held at the Washington Hotel in Curzon Street. This provided an extremely good opening for the Congress, as it allowed the initial reserve to be overcome very early on in the proceedings. The Dance finished at about 12.30 a.m. and was thoroughly enjoyed by all who attended.

Thursday 22 October

The President, Dr. M. G. Blackie, opened the Congress and introduced the Chairman for the morning, Dr. N. J. Pratt. Dr. Pratt gave the first paper entitled "Double-blind proving trials by medical students". The trials had been carried out between 1959 and 1964, but had not been published because of their lack of statistical significance. The student response was only 45 per cent. in an overall of four trials. The remedies used were: *Rhus tox., Spigelia, Lycopodium* and *Mag. phos.* The results of the *Mag. phos.* trial were totally negative. The poor response of trial candidates indicated why double-blind trials were not particularly satisfactory in this field of research.

Dr. S. J. L. Mount opened the discussion. This was brief and pointed out the effects of relative sensitivities of individuals and it was decided that only about one in six people were sensitive. Further discussion was postponed until after the following paper.

The Chairman then introduced the next speaker, Dr. C. O. Kennedy, who gave his paper, "A controlled trial—a preliminary study". He began by explaining the need for and use of controlled trials in the study of Homoeopathy, and stated that research acts beneficially as a reassurance of clinical impressions, which are notoriously prone to error, and provision of statistics, to provide a basis for argument and discussion. He mentioned the wartime trial with mustard gas burns, which showed that *Rhus tox*. reduced the depth of burns, as a form of treatment, and that homoeopathically prepared *Mustard Gas* given prophylactically drastically reduced the severity and depth of the burns. Added proof was provided that the minute dose worked, due to recent research carried out by allopaths, in hyperactive children. It was found that very small

doses of dexamphetamines given to these children had a remarkably beneficial effect. He then described his own project for the use of *Arnica* in the reduction of post-operative complications, carried out in the surgical department of the Royal London Homoeopathic Hospital. It had been found that postoperative pulmonary complications were related to the site of abdominal operation only, and that the incidence had not changed in the last thirty years. His work with *Arnica* was continuing. The trial to date had too small a number to be conclusive, but the problems involved had been elucidated and the trial would continue.

A general discussion on the two papers was then opened by Drs. Mount and Raeside. Dr. Mount discussed the

difficulties that had been encountered in attempting to institute this particular project. He then called upon us to collect and collate all research done to date, and proposed that a group be set up to do this.

Dr. Raeside briefly outlined the difficulties encountered in the organization of his own provings. He pointed out that scepticism and cynicism in the participants tended to produce artificial results. There was a need to ensure elimination of the variables, such as potency and time of the year. He also queried the need to have only one remedy and pointed out the ethics involved of not "treating" the patient.

Mr. Booth, F.R.C.S. stated that controls were essential, otherwise the results would just not be accepted by our colleagues. Dr. W. W. Young reminded us that the remedy has no inherent power, but that it acts through a living organism inducing a reaction. This was not comparable to the action of a pharmacological drug. He also reminded us that the remedy only requires brief contact to initiate a reaction and does not require ingestion. Dr. H. W. Boyd thanked Dr. Kennedy for his paper, but asked if the patients were comparable, such as for weight, age, sex, etc. He said that the trials should be followed up in another centre and he would be pleased to organize this in Scotland. Dr. Kennedy replied that Wightman had stated that no other factors mattered, only the site of operation. Dr. B. S. Rose suggested the use of *Arnica* in dental extraction. This was supported by Dr. Burns with the use of *Calendula* mouthwash. Dr. I. Bachas queried why we should not use existing statistics as controls and treat the patient with the appropriate remedy. Mr. Booth stated that there must be conformity with modern allopathic research to be acceptable. Dr. Foubister suggested the use of standard injury production and check healing after use of the appropriate remedy. Dr. High stated the need for a more scientific approach and the necessity of having reproducibility.

Dr. Pratt then thanked all those who had taken part and the meeting adjourned for coffee.

After coffee Dr. Pratt introduced Dr. J. E. G. Brieger, who gave her paper "Trials and Tribulations". She debated the relative use of trials, and stated that there was a need for research to produce good results. Dr. Brieger then went on to tear apart her own research project into asthma and bronchitis, and gave the reasons for not publishing as being that there had not been sufficient insight into the problems involved in setting up the project. Some facts had emerged, however. These were the fact that there was an overlaying of prescribing symptoms due to prior orthodox treatment, and the lack of suitable patients. The useful results of her trial were side-products of the project and not the hoped-for conclusions. She said that one could not take into account the psychotherapeutic effects as these are intangible. There is a greater need to inform rather than for us to try and convert. She stated that we must talk the language of our colleagues and not expect them to learn ours. There is a need to define, produce structure of research, examine data, correlate and conclude. She said that individual research was useful to confirm your own belief, even if it was not conclusive to the uninitiated.

Dr. S. Aldridge then opened the discussion by saying that there were even greater difficulties for people who were not entirely homozopaths at heart. She went on to say that the difficulties in her view were potency, frequency of dosage, suitable selection of cases, the intelligence of the subjects to report, the inability to follow up over a prolonged period, compatibility of medicines and the difficulty of working with allopaths only. Dr. Aldridge agreed with Dr. Brieger in that it still left in doubt whether the following formula was true: Patient plus Physician is less than Patient plus Physician plus Remedy. Dr. Ledermann suggested that double-blind trials were not impossible in Homoeopathy. He said that he had done trials, aided by the Medical Research Council, by selecting the remedy indicated, then by either the appropriate remedy or placebo being given as treatment, selection being at random. The seriously ill and patients undergoing other forms of treatment, concurrently, must be excluded.

Dr. Bachas said that results of remedies in children and animals could be seen directly without the psychological factor being involved. This was denied by several other doctors. She also said that patients may act as their own controls by comparing results with previous allopathic treatment.

Dr. Brieger queried the first statement and also the second, as there was the influence of the improved consultation.

Dr. Kennedy explained that over a long period of time and with treatment by the same physician, a patient can act as his own control. Or this can also be ascertained by the use of Sac. lac. as a control, when the improvement is in doubt.

Dr. Foubister strongly recommended the use of homoeopathic remedies in veterinary work and the proving of these in this field.

Dr. Hughes-Games suggested that there were three profitable lines to follow. In chronic complaints there was a strong psychological factor. In the field of preventive medicine there was little psychological factor, and in the acute non-self-limiting illnesses there was something definite to measure, that is things like colony counts.

Dr. D. E. H. Tee, Experimental Pathologist at King's College Hospital, said there was a definite need for accurate measurements of parameters, to prove effectiveness, and that there was a definite need for deliberate animal experiments.

Dr. High agreed with Dr. Tee but said it did not solve the original equation proposed by Dr. Brieger. He agreed whole-heartedly with Dr. Ledermann. A discussion followed on the relative merits of deliberate animal experiments, which ended by Dr. Tee offering to give any help he could in providing measurements through his own laboratories.

Dr. Young asked why the earlier allopaths did not need to make measurements but were still able to alter the course of medicine. This was adequately answered by Dr. Tee, who said that measurements were helpful but were not the end result. He said that there are two types of research. One was clinical and the other that of proving the basic essentials. These should be combined as they are complementary. Dr. Aldridge thought that the taking of measurements was not always necessary. Dr. Semple pleaded for the taking of more measurements, not because they were needed clinically, but in order to use the same criteria as orthodox colleagues.

Dr. Ledermann requested the help of Dr. Tee on bowel flora examinations and measurements.

Dr. High requested caution as faith alone can heal, and so many other extraneous factors could play a part.

Dr. McCready felt that doctors were convinced, in the end, by their own experience and not by statistics. Dr. Fergus Stewart said there were two good reasons for trying homoeopathic remedies and these were that they did no harm to the patient and that they are cheaper.

The Chairman then brought the morning session to a close. The delegates adjourned for a buffet lunch at the Hospital.

After lunch the Chair was taken by Dr. D. M. Foubister. He introduced the first speaker, Dr. A. E. Davies, who gave her paper, "Clinical investigations into the action of potencies—the immunological approach". Dr. Davies began with a brief outline of the history of the influenza virus and the prevention of the disease. Her investigations concerned the prophylactic treatment of influenza by using Nelson's homoeopathic influenza vaccine, and an attempt to determine whether antibodies were produced by its use. She showed that its action was definitely not through the antibody reaction, but her research did show that there was possibly justification for continuing in a much larger trial, as there was marginal statistical evidence that the homoeopathic vaccine did act as a preventive. This was using the Medical Research Council's method of statistical analysis.

Dr. D. F. Smallbone was then introduced and read his paper, "Where are we going?" Dr. Smallbone began by outlining two current projects that he had started. The first was a trial using Nelson's homoeopathic influenza vaccine, standard allopathic influenza vaccine and control. The second was a method of using the patient as his own control, by the taking of measurement recordings of lung function analysis before treatment, after allopathic treatment, and after appropriate homoeopathic treatment. The remainder of his paper consisted of an attempt to analyse what was expected of Homoeopathy and how we should be trying to guide its path in order to ensure its continued existence and growth.

Dr. Foubister thanked the two speakers for their interesting papers, and called upon Dr. J. B. Williamson to open the discussion. He agreed that "communication" was absolutely essential. He said that the difficulties involved should be ironed out now, and that all doctors who could should help in these trials, to this end. He said that the Cold Research Centre had predicted only a 5 per cent. morbidity. This was too small a number of sufferers to give conclusive results, but that this trial should continue in order to ensure the exact procedure be established for a future epidemic year. We must be prepared.

Dr. Watson agreed with these sentiments.

Dr. Fergus Stewart said that he would not expect antibodies to be produced by the homoeopathic dose, as the antibody reaction required a molecular antigen and this is not provided by the homoeopathic dose.

Dr. Raeside reminded us that Nelson's vaccine could produce reactions and that he did not see the need for controls. An allopathic doctor then supported both the papers whole-heartedly.

Dr. Twentyman said that using vaccine is isopathy and not homoeopathy. He also said that research raised doubts and uncertainty, and that only cure gave conviction.

Dr. Semple, who is a bacteriologist, pointed out that antibodies are not the only factor, and that cell sensitization probably played a bigger part. The antigen—antibody reaction was then propounded by Dr. Ledermann. Dr. Young stated that agglutinins, antibodies and antigens are unreliable, and discussed "genus epidemicus" and autogenous nosodes.

The Chairman then introduced Prof. Ian Boyd, Buchanan Professor of Physiology at Glasgow University. He gave his paper "Empirical medicine versus rational medicine". He opened by stating that he thought we were at last coming on to the right wave-length. He gave brief examples of his own experiences in Homoeopathy. He said that there was a need for stringent laboratory testing, a review of literature and visits to the research centres involved, and that research required confirmation from other parts of the world. He had offered facilities at his own university and said that there had been no takers. He then described the requirements of research and research workers. He thought that Homoeopathy should be proved in stages and not one or two large leaps. He felt that the attitude of outsiders was that homoeopaths would not allow impartial investigation. Clinical research can be carried out by all, providing it was satisfactorily controlled, and the numbers involved were large enough. He also emphasised that the results must be based on objective measurements. He suggested several fields that were immediately available for easy research. He

suggested that we should try and interest the Ministry in our research. He also stressed the fact that although clinical research was useful until an active principle could be demonstrated, Homoeopathy would never be fully accepted. His final statement was that Homoeopathy would die unless something was done soon.

Dr. Bodman opened the discussion by thanking Prof. Boyd for an interesting and stimulating paper. He then pointed out that Homoeopathy could be investigated like any other science, but that as in two different sciences the methods used had to be somewhat different. He mentioned the fact that recent advances in other sciences may give us the answer to some of our queries. for instance, the fact that water of crystallization was found to be a polyhedral lattice around a carrying molecule, and that this was both unique and specific.

The Chairman then adjourned the meeting until the following day.

During the session the ladies were touring the House of Lords (see separate report).

The evening event was a reception at Guild Hall at which Her Majesty the Queen graciously consented to be present. We assembled at Guild Hall at about 8.30 p.m. Informal talk between groups was helped out by the serving of champagne. Her Majesty arrived at 9.15 p.m. and many of the doctors taking part in the Congress were presented. Her Majesty expressed great interest in the work they were doing and in the Congress specifically. The presentations were followed by an excellent buffet meal, and the Queen left about 10.15 p.m. We paid our respects to our President, Dr. Blackie, individually and then made our way back to our hotels.

Friday, 23 October

The morning session opened with Dr. Priestman in the Chair. Dr. Flury, the Treasurer of the International Homoeopathic League, asked if he might say a few words before starting the business proper. He was granted permission and outlined the work of the League and requested financial support.

Dr. Beale then gave a paper on a trial carried out on migraine patients in South Wales. He gave one case of *Natrum, mur.* in detail.

Dr. Calcott reported on two successfully treated cases of recurrent dendritic eye ulcers.

Dr. High described the difficulties he had met in organizing a trial of the seasickness remedies used for the treatment of blisters.

Next, Dr. T. M. Gibson gave a paper on a case of presumed angina of effort. The patient was in attendance, and was able to answer queries which arose, from the floor. A discussion ensued on the harmful effects of ingestion of cane sugar. This was joined by Drs. Lester and Askew.

Dr. Beale then returned and gave a second case of severe migraine.

Dr. Brieger said that she had found that when a constitutional or deep-acting remedy was used in illnesses such as diabetes, the dose of insulin required in that patient was reduced. She also said that *Staphisagria* had a much deeper action than is usually accepted, and was akin to *Natr. mur.* She begged us not to use trials for self-conviction, as we should be convinced by our own results, clinically.

Mr. MacLeod, a veterinary surgeon stated that specific remedies were not always necessary, as he used, with great effect, *Cocculus* on all cases of carsickness, in dogs.

Dr. Doney gave one of his own cases.

Dr. Raeside suggested that *Cocculus* should be given before the start of the journey and should be continued frequently through the journey. He mentioned the fact that in the Migraine Clinic of Dr. Twentyman, they had used mixtures of remedies.

Dr. Blackie replied that mixtures should never be given.

Dr. English described a case where the repertorized remedy had been no help, but the constitutional remedy had brought about dramatic relief.

Dr. Hamish Boyd agreed with the findings of Dr. Brieger. Discussion continued on the relative merits of high and low potencies and constitutional remedies.

Dr. Askew reminded us that we were treating the patient as a whole and not the disease entity.

Dr. Bodman said that Homoeopathy had a real advantage, in that it could cure migraine, which allopathy could not do.

The Chairman brought the meeting to a close and we adjourned for coffee in the Hospital.

After coffee Dr. R. A. F. Jack presented two cases. This was followed by two cases presented by Dr. F. Johnson. Dr. S. J. L. Mount then presented three cases and this was followed by a case of Dr. Wilson's. The Chairman, Dr. Priestman, then opened the meeting for discussion.

Dr. Stewart said that in cases of aluminium sensitivity it was essential that the person should give up using aluminium utensils. A general discussion followed on the problems of contamination. Dr. Blackie thought that apart from certain strong aromatic preparations, such as camphor, the only other contamination that mattered, *was* personal. The discussion was pursued by Drs. Williamson, Blackie, Smallbone, Mount, Hamish Boyd, McNeil and Martin. Dr. Bodman mentioned a case of brucellosis. The discussion continued with the relative merits of the use of Sac. lac. This was pursued by Drs. Campbell, A. E. Davies, R. A. F. Jack, and Johnson. Dr. Twentyman mentioned the use of *Crataegus* in paroxysmal tachycardia. Dr. Hutt brought up the subject of long-term uric acid levels and Dr. Priestman mentioned the reverse peristalsis action of *Nux. vom.*

The meeting was then brought to its conclusion by the Chairman, and we adjourned for lunch at the Hospital. We were joined for lunch by the ladies.

The last session of the Congress began after lunch. The ladies were invited to this session to hear the Presidential address. Dr. Bodman took the Chair. Dr. G. H. Lewis was introduced and presented his paper "Homoeopathy—some beginner's problems". This was a very amusing and useful account of the problems besetting a beginner in homoeopathic practice. It must be read in its entirety to obtain the full value and therefore I do not propose to précis this speech.

The discussion following, was opened by Dr. Eduard Schepens, from Belgium. He said that we must have exact symptomatology before prescribing high potencies. He felt that there was a just reason for revising the repertory, but that we must not deny the fact that many patients describe the symptoms as found in our repertory.

The discussion continued.

Dr. Bodman then asked to bring up a matter of business that had arisen over lunch. As a result of Prof. Boyd's lecture and the programmes arising from yesterday's papers, it had been suggested that a research sub-committee be set up to follow up research projects, and interest the Research Council. It had been proposed that this include Drs. Kennedy, Davies and Smallbone. Argument followed, but it was eventually decided that this matter should seriously be considered, and should be under the auspices of the Council of the Faculty of Homoeopathy. This was supported by Drs. Ledermann, Brieger, English, Foubister and Kennedy.

Dr. Bodman then introduced the President of the Congress, Dr. M. G. Blackie, who gave her Presidential address. This again I feel would be detracted from by my attempts to précis. I feel that the address should be read in full, and this I recommend be done, before you continue reading this report.

Dr. Bodman proposed a vote of thanks for the address and Dr. Blackie received a rousing ovation. The Chairman then officially closed the business part of the Congress and the members retired.

During the morning part of the session, the ladies had a conducted tour of the Queen's Gallery at Buckingham Palace, a report of which may be seen at the end of this report.

The evening's event was the Official Banquet held at the Savoy Hotel. The participants gathered at this hotel for pre-dinner cocktails at about 7 p.m. An excellent dinner was enjoyed by all, and was followed by the speeches. The Queen and Royal Family were proposed and toasted. Mr. Samuel Goodenough then proposed the toast of Samuel Hahnemann and Homoeopathy. The guests and visitors were proposed in an amusing speech by Dr. Alan Askew. This was responded to by the guest of honour, the historian Sir Arthur Bryant. The President of the Congress was proposed by Dr. Hamish Boyd, and surprise presentations of bouquets of flowers were made to the President, Dr. Blackie, and to Miss Majendie, for all her help behind the scenes.

The final event was a trip to Hedingham Castle which took place on Saturday, 24 October. I was unfortunate enough to have to miss this event, but I gather that a most interesting and rewarding day was had by all.

Finally my conclusions of the Congress

I feel that the standard of material and presentation of the papers was very high. The conformity to time schedule and orderliness of the sessions was due to much behind the scene planning. For this I would like to thank and congratulate the planning committee. After attending this Congress I feel that Homoeopathy has a real chance to make its voice not only heard but understood. This is only a beginning, but it does mean a lot of hard work, not by a few, but by all who have a genuine desire to see Homoeopathy succeed. I think the next decade will decide our fate, and will show us who are the people with not only a desire to see Homoeopathy taking its rightful place in the world of medicine, but who also have a regard for the fate of humanity as a whole.

D. F. SMALLBONE

The Ladies Programme

Thursday, 22 October—The House of Lords

The ladies gathered at the Royal London Homoeopathic Hospital a few minutes before 12 noon, when we left by coach for the House of Lords. We were met by the Earl of Cork who was our host for lunch. After a very ample meal we were joined by Lord O'Hagen who together with the Earl of Cork gave us an extensive and informative tour of the House of Lords. We began our tour in the Queen's Robing Room and continued through all the chambers of the House and then down the long corridor into the House of Commons. Having thanked our hosts for spending so much time with us, we returned by coach to the Royal London Homoeopathic Hospital.

Friday, 23 October—The Queen's Gallery of Pictures

At 11.45 a.m. we met at the entrance to the Queen's Gallery which is in Buckingham Palace Road. I arrived just in time to see the Changing of the Guard at Buckingham Palace.

Most of the pictures we saw were painted by Thomas Gainsborough and included "Johann Christian Fischer". After spending some time in the picture gallery we returned to the Royal London Homoeopathic Hospital. At 1 p.m. our husbands joined us for lunch and afterwards Dr. Blackie's very interesting Presidential Address.

Saturday, 24 October—Visit to Hedingham Castle

This visit included members of the Congress and their ladies, who left the Royal London Homoeopathic Hospital by coach at 10 a.m. for an all-day visit to Hedingham Castle.

I would like to thank Mrs. Raeside who looked after us so carefully during these visits.

R. SMALLBONE, S.R.N., O.H.N.C.

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The Labiatae Plants of warmth*

WILHELM PELIKAN

With three thousand species, the Labiatae are very much a family of medicinal plants. Where another plant family may show this or that medicinal variation as something special and unusual among an abundance of species, every single one of the Labiatae is a medicinal plant. If the medicinal plant generally strikes us as a one-sided development of the family type, then the Labiatae as a family must be regarded as a particularly one-sided variation of archetypal plant nature.

This one-sidedness is due to the extraordinary extent to which this plant family permits the cosmic forces of warmth to influence it. That is its essential nature. Warmth takes hold of the Labiatae and organizes their development to a far greater degree than any other plant family. Of course, other plant families, and in fact every plant family, do also have their share of the action of warmth, but none to the same extent as the Labiatae. The centre of the impulses for such warmth activity lies, as with all plants, outside the plant body, in the cosmos, in the sun. Only man, the being who has an ego, bears such an impulse-centre as part of his being, within himself; he is a being with his own warmth. A particular relation between man and the Labiatae arises through the warmth in the make-up of those plants.

This warmth-element finds physical expression in the production of special, fiery, aromatic substances, etheric oils. These are substances which may be said to want to become warmth themselves. In them, warmth has taken substance, as far as this is possible, towards its own essential nature. These substances are extremely volatile, with rapid expansion from the fluid to the gaseous state, easily inflammable, and burning with a bright flame. The vapour is invisible and colourless, it allows light to pass through it, but at the same time robs it of radiant heat, letting the light emerge bright but cool. This is called adiathermancy by the physicists. The etheric oils have no relation to the watery element, nor to the earth. They do not dissolve in water, nor do they dissolve minerals or salts. They do dissolve substances which also owe their existence to the action of warmth: waxes, resins, fats. The etheric oils contain a great amount of hydrogen; etheric oil of rosemary, for instance, is the plant substance containing the most hydrogen; and hydrogen is the substance most closely related to warmth in the whole earth .sphere.

Cosmic warmth-activity is differentiated into different temperature zones over the earth; parallel to this differentiation the various species of Labiatae develop from the main type. This type unfolds its possibilities parallel to those differentiations in warmth activity as follows:

The Labiatae prefer the Mediterranean, avoid the tropical jungle, and in fact the tropics altogether, but also the cold regions. They love wide, open fields, dry—even stony—slopes, wild scrub land, sunny hill tops. Here they develop their most characteristic and noble species. Lesser varieties are found in damp meadows, near brooks, in the shade of woods; these species have rough, coarse, sweat-like scents. One can smell how the element of warmth does not gain ascendency as it does in the purer species, but must fight against the obstructive forces of damp and darkness. In the tropics, the cosmic sphere, and particularly cosmic warmth, is drawn too strongly into the earthly sphere; this is not the place for the Labiatae. In the colder regions, the cosmic forces do not get hold of the earth strongly enough, and here, too, the Labiatae are absent. In the mountain regions of the Mediterranean, with their short rainy periods in spring, the long, dry, bright summers, where cosmic forces continue to rule for a long time, the type develops to its greatest perfection. Here grow the noblest, the wonderfully aromatic species of lavender, rosemary, thyme, sage and others.

With regard to warmth activity, therefore, the Labiatae prefer the middle one of the climatic zones, the rhythmic middle of the earth body; and out of this warmth activity they develop their etheric oils, preferably in their own rhythmic region, in the leaf region.

Having visualized the distribution of the Labiatae over the climatic zones of the earth, we must next picture the distribution of their life cycles within the cycle of the seasons. They are above all summer-flowering.

The root process of the labiate plant comes to grips with the mineral element in the soil. It does not like the half-mineral, half-living consistency of swamp soil, nor does it take hold on a living substrate as the parasite does. But nevertheless this root process does not really make the mineral nature of the earth part of itself. That which we might term "turned-up earth", namely a tree, develops only as a rare exception among the Labiatae. For them, it is enough to have enlivened the mineral; and the plant then immediately strives towards the opposite pole. A watery congestion of growth, like that seen in the succulent plants, is equally foreign to the Labiatae. A simple pair of cotyledons is followed by the other leaves of the shoot; no trouble is taken to form or arrange them with loving care; simple, undivided and decussate, further leaves follow. In the "normal" plant, say a Ranunculus, the single pair of cotyledons is followed by the rising spiral of alternate leaves, showing a rich variety of forms, and only in the end again contracted into a simple

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* The section of Old Archives is presented to the readers in the original form to maintain the originality of the articles with no editorial changes in respect to grammar, language and spellings.

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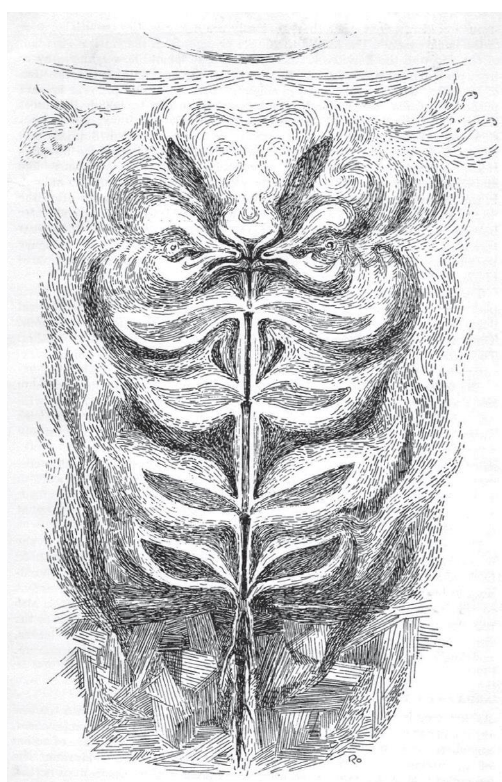
leaf, the little sepal in the circle of the calyx: similar to the early form and leading to the higher beginning of floral development. This whole range of leaf development is limited to very simple forms in the labiate plant—evidence of a strong, rapid striving towards the flowering process. The leaves, the stems, already begin to give off fragrance; in this, too, they anticipate the flowering process, are already warmed through and inflamed like flowers, whilst a "normal" plant first mercurially weaves the airy light element into those of water and earth. To this "mercurial" process belonging to the leaf, a "sulphuric" and "phosphoric" are added in the Labiatae. In the circumstances it will be no surprise that the form of the calyx already resembles that of the corolla. If a sage blossom is plucked from its calyx, it will be seen that the latter has the same form as the flower. The flowers themselves appear in such abundance, in such a great variety of peculiar forms and strange conformations, that they obviously are a key to the essential nature of the labiate plants. The axis of the flower changes from the vertical direction of the shoot to the horizontal, and with this the labiate flower moves away from plant nature, towards animal nature. For the horizontal is the direction of formation and movement of the animal. Upper lips arch up, lower lips are pushed outwards; throats and gullets open up, forms to match the insect linked with these flowers. If blossoms like that are filled with wax, the impression resembles the head of a bee with its proboscis extended. Stamens and stigma become organs moved by a touch. The insect flying to the flower is received, enveloped, its movement even elicits a movement in response, like an echoed movement. The juices of the plant also surge towards the animal, in the formation of nectar; this is all the more abundant the more often the flower is visited. If a bee visits thyme, sage or other labiates, this is an encounter between warmth-animal and warmth-plant. The animal maintains a temperature level similar to that of the human blood in its hive. It gathers the sugary warmth-spiced nectar to transform it into honey, raising it to a higher sphere of life, that of the animal, permeated with warmth.



The Labiatae are one of the great families of bee-plants, therefore. Their plant processes reach out towards bee nature as nothing else in the plant world does. Names like bee-nettle and Melittis (Greek for bee) express these relations. The warmth-plant and the warmth-animal determine and demand each other. The astral sphere which takes hold of the Labiatae from the animal side, completing them, proves to be particularly permeated with warmth.

The fruits arising from such a flowering process are dry little nuts containing seeds with a high fat or oil content. These, too, are very much saturated with warmth. (Volatile and fatty oils are related through their connection with warmth, but at the same time also polar opposites. In volatile oils, substance separates out into the warmth element, a centrifugal process. In fatty oils, substance absorbs the warmth element, a centripetal process. In volatile oils, material substance strives towards the sphere of warmth; in fatty oils, warmth moves into the substance. Volatility is the essence of the one, envelopment, concentration, that of the other.) Juicy fruits produced by the watery element are lacking.

Having looked at the labiate life as a whole, let us return once more to the formation of the leaves. It strikes one that the meagre amount of play permitted **in** the shaping out of the labiate leaf—from the broad leaf of melissa or wound-wort to the needle-like leaf of rosemary or thyme—faithfully reflects the extent to which cosmic warmth actually takes hold of the species. And this is also reflected in the taste of the leaf, from the mildly aromatic one of melissa to the fiery, peppery taste of summer savory and thyme with their narrow leaves, and finally the burning, caustic flavour of the small leaf of Teucrium marum.

Areas for the therapeutic activity of the labiatae

As flowering is so strong in this family, being pushed right down into the leaf region, one may expect stimulating and warming activity, firing the metabolism, anywhere between metabolism and rhythmic system. And the sphere of action of the Labiatae does indeed cover an area from digestion to respiration. The processes of warmth and the intensive sugar process (the formation of nectar) establish a relation to the member of man's being which is active in processes of warmth, basing itself on the sugar process in the blood: the ego. The activity of the ego, in the metabolism, in the formation of the blood and in the respiratory processes, is quite generally influenced by medicinal plants from among the Labiatae. These plants do not intensively concern themselves with the mineral, earth element, and because of this their medicinal action also does not noticeably extend to the system of nerves and senses. Nor do powerful astral impulses press in to any abnormal extent anywhere in the Labiatae, breaking through the region of the formative forces, the etheric, right into the physical sphere (this is characteristic of the formation of alkaloids in poisonous plants). As a result the Labiatae also do not have any particularly immediate effect on man's astrality, such as narcotic, anaethestic actions, dimming consciousness. The accent is on the activity of the ego organization in the metabolic sphere, with an inclination towards the rhythmic system. Depending on the specific form developed by the individual species of this family, this or that organic sphere will be specifically addressed: either the blood, or the gastrointestinal region, the heart, the lung, the uterus. Over and above this, the Labiatae will assist quite generally to control any unrestrained astral activity, and place the astral body under the rule of the ego. Weakness of the ego in many different forms can be treated with these plants, right down to that organic failure of the ego organization resulting in diabetes mellitus.

In the form of herbs and spices, too—this family includes a great many herbs—the Labiatae stimulate the ego to conscious participation in the processes of digestion, by making it aware of taste, of savour. The scents of the family all have that stimulating, awakening, harsh and fiery note which strengthens the ego. There is nothing sweet, cloying, indulgent or benumbing about them.

The most important medicinal plants of the family

As the Labiatae get their key-note from the element of warmth, let us first of all consider the most typical species, those where the warmth-principle is fully dominant. These are headed by rosemary. They are followed by those where the element of warmth has to assert itself by fighting against opposing formative principles, or where it is muted.

Rosmarinus officinalis, wild rosemary

This looks like a small, spiky pine tree; the dark green leaves are contracted into needles, and the shape of the shrub, which may be up to man's height, is compact, forceful and composed; only during the flowering time, briefly as it comes and goes, something more volatile passes over it: the delicate violet floral haze of the small pseudo-spicules on their brief shoots. But that is just a short moment in spring. The sunshine of the long, hot, dry Mediterranean summer finds the plant composed within itself, almost rigid. The aroma produced within it is fiery, but severe, strong, strengthening consciousness, rousing. The scent might well be called fiery-salty, and at the same time there is something of the solemnity of incense about it. The coastal mountain regions of Spain, Italy, the Riviera, Dalmatia, Greece, Asia minor and the islands of those regions are "rosemary country". The almost impenetrable thorny scrub, the maquis, covering those stony slopes is its favourite landscape, especially close to the sea. The rosemary bushes are cut every three years and the oil distilled from them varies from place to place, and also from year to year; it is determined by the climate and the soil, that is, the way in which warmth-cosmos and earth combine in the plants concerned. The flowers give excellent honey.

The ancients valued rosemary more for their rites than as a medicinal herb, using it as a consecrated ornament for both gods and men. Its medicinal virtues were discovered in the Middle Ages; at that time it became very closely linked with man, as evidenced by many popular traditions; for christenings, weddings and the burial of the dead a sprig of rosemary was chosen; as a pot and garden plant it crossed the Alps and "grew close to the heart of man". This was the era when the egoic force struggled to emerge in the evolution of man; the human being was becoming an individual, the forces of individual responsibility were wakening in the soul as it was permeated with ego, a new member of the soul was born, the "spiritual soul". Strangely enough it was at this time that various Labiatae took on particular meaning for human beings—as plants to be used in popular rites, to have around one, having made them acclimatize to one's own environment, and also as cooking herbs.

Rudolf Steiner has characterized the essential nature of the different medicinal actions of rosemary in that this plant strengthens the ego and its effects on the other members of man's being. This explains its action on fainting attacks, states of exhaustion due to intellectual overstrain; also the action on the blood organ, as this is the physical foundation on which the ego can unfold its activity. The blood process is activated. Chlorosis, inadequate menstruation, circulatory disorders are favourably influenced. Parallel to blood activity, the proper permeation with warmth is also promoted. Once the organs are given **a** better blood supply and warmth, ego organization and astral body can come in more effectively. This plant promotes digestion, "firing the metabolism", and acts as a sudorific. Where the higher members of being have a cramped hold on muscle tissue this relaxes; it also is of service in the treatment of epilepsy. A nervous

system worn down by excessive intellectual demands is permeated more strongly by anabolic processes. But above all rosemary is a remedy for the treatment of diabetes mellitus. Rudolf Steiner was the first to draw attention to this, and in his lecture cycle *Spiritual Science and Medicine*, he describes, in the fifteenth lecture, how a weakened ego organization unable to control the process of sugar formation lies at the back of diabetes mellitus. (The ego organization is specifically active in the sugar metabolism, and the special need for sugar in human beings is indicative of this.) The ego, being too weak, withdraws to the periphery and develops a strong intellectualism through the brain; one of its main spheres of action, on digestion, production of blood and respiration, it leaves to the astral body. The way in which the ego works in that main sphere of action has a counterprocess in the plant world, where forces from outside the earth induce the plant-bearing earth to produce etheric oils. Using such etheric oils in baths is one method of treating weakness of the ego.

By developing "spiritual sense organs" capable of doing so, it is possible to perceive the interplay of astrality and egoity around the plant (which consists of a physical and an etheric body). In one of his lectures (3 May **1918),** Rudolf Steiner described how the astral aspect of the plant flows, circles and whirls around the flower. It strives to combine with the purest element, the "soul of the sun's ray". The ray of the sun is permeated with the same force as that contained in our astral body. Physical light is the external body of astral light coming from the sun, and the element which glows around the body of the plant is intimately bound up with the astral radiated by the sun. "You have a wish, a will, an emotion, because you have an astral body—here wish, will, emotion is what swirls around the flower up there. What does it want then, as it swirls around the flower? It wants to absorb, to take up the soul of the sun's ray, and with the soul the purest part, the ego, and it is a continuation of the sun's ray that passes through the plant to the centre of the earth. In this activity of the spiritual content of the sun's ray, passing through the plant down to the centre of the earth, the activity of the plant's ego finds expression. And so spirit, plant and sun act together."

Chemical analysis has shown that apart from the etheric oil (in which alpha-pinene, i-camphene, cineol, d- and 1-camphor and d- and 1-borneol have been found), rosemary also contains resins, bitters and tannins. That is how they "come apart in one's hand"—but where is the spiritual bond between them, i.e. the essential nature of rosemary? It is difficult to find the word rosemary again by just looking at the letters a e o y m r s. It is equally difficult to see anything of the essential nature of the plant in the various substances which are the end-product of analysis. But this essential nature, with its own peculiar features, will become apparent again if the etheric oils, tannins, bitters, etc., are seen as the outcome of activity on the part of the members of the plant's being. According to Rudolf Steiner,

1. the cosmic plant-ego finds expression in the production of etheric oils;
2. the cosmic astrality of the plant manifests among other things in the formation of tannins; these are, so to speak, the organ which conveys the astral impulses to the etheric body of the plant. If the astrality of the plant acts too intensively into the physical sphere, breaking through the region of etheric formative forces, plant poisons, alkaloids, develop;
3. the development of forces in the etheric body which attract the astral finds expression in the production of bitter substances.

The medicinal action of etheric oils, and particularly that of rosemary, therefore consists in stimulation of the ego. Tannins make the astral body inclined to combine with the etheric body. Bitter substances stimulate the etheric body to take the astral body into itself.[1]

***Lavandula officinalis*, lavender**

Something fiery and forceful emanates from the rosemary shrub. Lavender is gentle, pure restfulness. Its foliage is scanty; almost contracted into needles, but still soft are the leaves. The shoot branches near the ground like a candelabra, with leaf spirals tending to contract into rosettes. From these the flower spicules rise, thin and upright. In them, the leaf element has been overcome. Quite different from rosemary, the inflorescence with its pure, sweet "lavender blue" is one of the chief organs in the life of this plant. It unfolds in summer, with the plant striving strongly into this revelation of flowers, leaving the less perfect organs, the herb, behind and below. An organ borne so nobly must then also form one of the noblest scents we know in the plant kingdom. Something clean, soothing, comes to us from it.

The plant loves dry, warm slopes in the western Mediterranean, liking warmth and also much light. It develops most perfectly in the mountain meadows of the maritime Alps, where it covers the ground like heather. As it descends to lower regions, the aroma grows less delicate.

As a remedy, lavender also stimulates the ego-organization, but more in the direction of calming, controlling the astral body. In this sense lavender "strengthens the nerves", calms, brings sleep, and also relaxes spasm, counteracts faintness, revivifies. It makes the blood rushing to the head remember its proper course, stimulates metabolic activity; in paralysis it helps the ego organization to relax its tight grip on the paralysed limb. Added to baths, lavender is helpful in sciatica, gout, rheumatic disease: conditions partly due to the fact that the metabolism is not under the ego's control and therefore has become subject to the irregular katabolic activity of the astral body.

Thymus vulgaris, thyme

This plant, contracted into the form of heather, or of a minute cypress, grows on stony ground in the full sun of Spain, central and southern Italy, Dalmatia, Greece. It requires little from the soil, needs hardly any water, but all the more of the cosmic light and warmth. The small, fleshy leaves, almost contracted into needles, strive upwards strongly, together with the shoot; every summer the inflorescence, in clusters the colour of purple heather, pushes its way above them. Bees love those tiny blossoms. The herb has an aromatic, fiery flavour; the scent is strong, peppery, warming, slightly musty.

When the warmth organization—and with it the ego—does not fully permeate the stomach and lungs, when there is a tendency to develop colds, or any organic region holds "too much water, and too little warmth", thyme can be helpful. Children with rickets, an exudative diathesis will benefit from thyme baths, and the plant is a remedy for persistent bronchial catarrh and even whooping cough. It is also useful in gastritis, gastric spasms, colics—if the organic region lacks warmth. With an overactive thyroid on the other hand, the metabolic stimulation given by this fiery herb may go too far; thyme must be used with caution.

Thymus serpyllum, wild thyme, mother of thyme

A "softened" thyme. It, too, loves dry, sunny meadows in the mountains, though also the dampness of dew, and rises up to the snow line. Its habitat is not only south but also north of the Alps. Its scent is part of the aromatic fragrance of summery alpine meadows. Bees find rich pasture in the whorls of purplish flowers rising from a foliage that clings to the ground (small leaves, linear or curved). In popular medicine, wild thyme was regarded as "lady's herb" (Our Lady's bedstraw), dedicated first to Freya and later to Mary. It was thought to promote menstruation, but also confer chastity, i.e. getting the sexual functions into a healthy rhythm, ruled by the ego. Otherwise its medicinal use is similar to that of "true" thyme: for whooping cough, cough; to "strengthen the nerves", for spasmolysis (gastric spasms, asthma, epilepsy), and added to the bath for weak and scrofulous children.

Teucrium marum, germander, cat thyme

The leaves of this graceful shrub are very small and greatly contracted. The shoots strive upwards and end in the inflamed crimson of the flower spikes. Fiery and caustic, stinging, is the scent of the leaves if they are rubbed; burning and as hot as the hottest pepper is their taste. This plant, with the accent much on the flowery, volatile element, has an action similar to that of thyme, but more directed at metabolism. It fires the liver process, promotes the flow of bile, fights the tendency to stone formation. It also has emmenagogic properties, and the plant has been used to treat paralysis of the limbs; further for inflammations of the upper respiratory tract and proliferations in the nasal region.

Salvia officinalis, sage, red sage, white sage

As the preceding examples have shown, the characteristic of the labiate process is that the "warmth ether" enters deeply into the region of the "life ether". This interaction finds expression on the one hand in aromatic processes involving volatilization (action of the warmth ether), and on the other hand in the compact form of the plant, always gathered in closely around the stem element (action of the life ether). Such a polarity can also be seen in Salvia. The sages are the largest genus in the family of Labiatae; there are 500 species of them. This means that the type has been able to remain very flexible in them. Sage is as "particularly true" labiate, and Salvia officinalis is one of the most impressive representatives of the genus, so that it deserves more detailed treatment.

"Sage country" are the bare chalk rocks of the Dalmatian coast, the barren slopes of the Balkans, Greece and Spain. On such slopes, sage is like incense on an altar of nature; its scent is severe and solemn, similar to rosemary, but rougher, closer to the earth. It is a real summer plant, with sturdy, woody stems, strong, thick, wrinkled leaves, strong ribs and veins, not contracted into needles, but into narrow lancets. From the leafy half-shrub rises the imposing inflorescence, determinedly separating itself from the leaf region; the flowers are large and aromatic, full of nectar and particularly shaped to fit the body of a bee. And so in the current of warmth-filled development the sage plant rises up quickly to an upper region, there revealing itself in the exhalation of scent, the production of etheric oils and a rich flowering; but in contradistinction to this it also takes up into itself solidifying, formative elements, also apparent in physical form, in the abundant development of tannins as well as resins, and considerable deposits of salts (calcium oxalates). The dried leaves contain 2 per cent. of etheric oil, 5 to 6 per cent. of resins, and 5 per cent. of tannin.

The action of etheric oils born in warmth on the ego organization which works in warmth processes has now been sufficiently described. Resins are like etheric oils condensed to the solid state, formed through warmth activities, but mummified. They stimulate ego activity in the system of nerves and senses. Tannins, arising from astral impulses (this is particularly obvious from the fact that much tannin is formed around animal-plant galls), act on the astral body. Rudolf Steiner[2] drew particular attention to the importance of the tannin from sage in the treatment of asthma. According to him, the "inner appetite" of the organism is lacking in the case of asthma. "The whole organism is something of a subtle organ of taste. Only later this tasting function is localized . . . in the area of the palate and tongue . . . In subconscious

spheres, then, the human being savours and produces the inner experience of appetite throughout the whole of the organism . . . There is such a thing as lack of appetite on the part of the organism . . . (the asthmatic) has no desire whatever to take the ingested food substances particularly in the direction of those parts which enter into the whole of the circulation. Now it is a good thing to know how one can get at an organism . . . which has no appetite, which means that the proper connection between etheric organism and astral organism has been broken, for that is what it means to lose the appetite. In a case like this it is always good to give the organism the right dose of the tannic acid obtainable from sage leaves, for instance, . . . or from oak leaves. This is a substance of particular importance to the astral body, stimulating it to extend its activity to the etheric body." It is interesting in this context that a species of sage growing in Crete, Salvia pomifera, frequently produces cherry-sized galls at the ends of its shoots, very 'sweet and edible when young. (In the formation of galls, etheric plant nature and astral animal nature combine particularly closely.)

To the healing process of warmth which is a key-note of the labiate species we have so far discussed, sage adds the tannic processes to give firmness. The resulting formative processes tauten tissues, give form to bloated tissue. An overflowing fluid organism is held in check, warmed through; glandular activity in particular is placed under the rule of ego impulses. Excessive lactation, abnormal perspiration are therefore held in check by sage. It has anti-inflammatory and also tissue-forming, wound-healing properties if used in compresses, washes, gargles, etc., for inflammations of the throat, etc. Like the other labiates we have been discussing, sage also stimulates egoic activity in digestion, metabolism and blood formation, of course.

Satureia hortensis, summer savory

As a wild plant, the summer savory has its habitat along the eastern Mediterranean and on the shores of the Black Sea. It holds a place between rosemary and sage, and shall be mentioned briefly. Its growth is woody and bristly, needing a lot of warmth, with the leaves once again contracted almost into needles. The plant loves rocky slopes, covered with boulders. It is not surprising to find that it stimulates the appetite, has antispasmodic and sudorific actions, fills the digestive organs with warmth, but also has emmenagogic and indeed slightly aphrodisiac properties. The plant contains etheric oils and also some tannin.

Hyssopus officinalis, hyssop

The shoot is slender but tall, closely covered with narrow lancet leaves. It bears aloft the blue or reddish-violet blossoms held together in a pseudo-spicule, with their stamens spilling out. Its home is in southern Europe and the dry regions of western Asia (Turkey, Caspian Sea, Aral Sea), where it may be found on rocky, stony hills and mountains. The scent of the crushed leaves is warming, camphor-like, and a bit animal-like, as of a badger. In addition to its warming properties it has those due to the camphor it contains—relaxing and antispasmodic; the rhythmic region of the plant is abundantly developed, and correspondingly the medicinal action is aimed more at the rhythmic system, with chronic bronchial catarrh, asthma, but also the regulation of perspiration, as the indications. The oil will also ameliorate severe pain from wounds.

Origanum marjoram, sweet marjoram, knotted marjoram

Another plant coming from the warm south of Europe, though marjoram does not like the rocky mountain slopes so much, but rather warm, light garden soils and the cultivating hand of man. The germinating seed is grateful for shade; it develops into a graceful, beautifully formed plant, even its lower parts permeated with the mild aroma, striving upwards irresistibly, with gently rounded leaves drawn close to the stem, and soon it is crowned by the flower spicules. Each spicule looks like a small bee-hive, with numerous small white blossoms half concealed in it when they come out in high summer. It requires the long period of southern sunshine to ripen seeds capable of germination; they are full of fatty oil. The mild scent of the leaves gives a beneficent, warming sensation—like the dark warmth of the baker's oven. The etheric oil, produced through cosmic warmth, but in more gentle fashion than in the Labiatae we have discussed so far, also contains camphorous substances. From the same cosmic forces derives the fatty oil surrounding the seed to shut off the influence of earthly forces, so that the seed may remain fully open for the cosmic formative powers which impress upon it the germ of the formative law of future growth. Rudolf Steiner specifically mentioned marjoram seed as a medicinal agent (in a remedy to regulate the menstrual cycle). Majoram has powers to fill the metabolism, and particularly the sex organs, with warmth. It strengthens the stomach and intestines, cures colics and diarrhoea, promotes conception and menstruation. Its sphere of action also includes antispasmodic properties useful in asthma, vertigo and paralysis. In combination with Melissa, it is an excellent remedy for inflammations and weakness of the child-bearing organs.

Some points regarding the formation of seeds

As the seeds develop, part of the plant is first of all separated off from the whole, subjected to partly paralysed processes of growth and decreasing vitality, and finally tied off completely from the whole. This part would have to deteriorate into chaos had it not been permeated with new formative forces after pollination. These—and this is a finding of spiritual scientific research—stream into it from the cosmic periphery. We have already described how the higher

aspects of being of the plant are linked with that cosmic periphery. The specific constitution of the seed protein of the species concerned serves as a "filter" to separate out from the abundance of cosmic influences those relevant to the plant. Because of pollination, the seed protein becomes chaotic at first, and this removes it from the sphere of influence of earthly forces, forces radiating outwards from a physical centre which find their most perfect expression in dead, mineral existence. The seed protein now comes under the influence of the universal forces which radiate inwards. The chaos is penetrated by the cosmos, and can again become a microcosmos, something that is alive and developing. The process of oil formation always linked with seed development serves to isolate the seed from the forces of the earth. It disappears during germination, when the plant once again looks for, and makes contact with, the forces of the earth.

Origanum vulgare, common or wild marjoram

This plant might strike one as a more robust variation of marjoram. It grows wild in Europe and right down into Asia, crossing the Alps. It is taller than marjoram, and the inflorescence with its reddish flowers rises more strongly above the leaf sphere. Poor, mountainous positions, or warm places at the edge of forests are favoured by the plant, whilst cultured ground repels it. The wild marjoram, too, has a warming, stimulating effect on the sexual sphere; it has been used in uterine disorders, dysmenorrhoea, amenorrhoea; the restraining, mastering forces of the ego are brought to bear again (action against erotomania, nymphomania, onanism). After what has been said so far it will not surprise us that colds and catarrhs affecting the respiratory organs and weakness of the metabolic organism are also helped by it. Wild majoram has diuretic properties, relieves congestion in the hepatic and portal regions.

Like sweet marjoram, Teucrium marum and other labiates acting on the sexual sphere, wild marjoram also has an effect on the nasal region which is related to it: against inflammation, chronic coryza, polyps.

Ocymum basilicum, sweet basil

This plant, with broad, fleshy leaves stressing very much the herbal aspect, comes from a warmer but also damper climate than the labiates we have been discussing so far, from Hindustan. To the warming note of marjoram is added a fiery, clove-like nuance. The leaf shoots end in slim, spiculate inflorescences consisting of pseudo-whorls one piled on top of the other; the flowers are white and full of nectar. This plant, sacred to the ancients, was used for the stimulating warmth it gave to the digestive organs, for its action of cleansing the uterus, promoting birth and lactation, and an aphrodisiac effect. It was also used in catarrhal disorders and inflammations of the mucosa in the urogenital tract. Once again a calming effect is present, and the plant relieves the pain of spasms.

Melissa officinalis, balm, lemon balm

I should like to point out briefly how many of the Labiatae bear the specific name officinalis, an indication that they have been well known in medicine, and to chemists, for centuries.

This graceful perennial herb, nettle-like in its growth, expresses its essential nature particularly in the foliage. Instead of the needle-like, contracted leaves of the "fiery labiates", we now have broad, well-formed leaves, pair following pair in rhythmic sequence with no particular change in form as they pile up. The fiery scent of the labiates we have been considering so far is now moderated into a mild, refreshing lemon scent. Pseudo-whorls of a few white flowers rich in nectar arise in the leaf axils of the upper nodes. This is another important bee-plant, its Greek name being the same as that of the bee (melissa). Corresponding to its external form this plant loves a milder warmth, more moisture, and even some shade—especially in its native region of the Mediterranean and the Orient. Warming, refreshing, enlivening is the action of Melissa, directed less at metabolic and more at rhythmic processes, as one would expect from its rhythmical, leafy nature. It promotes the menses and conception, subdues states of sexual excitation, and also has stimulating and calming effects on the . digestive tract, antispasmodic and carminative, ameliorating nausea and vomiting; but on the whole its action extends more in the direction of the rhythmic system than that of the labiates discussed so far. Palpitations, cardiac neurosis, even pectanginous states are within its sphere. Sleeplessness, hysteria, melancholia, attacks of faintness often accompany those conditions and will also respond to Melissa. Carmelite Water has a distillation of balm as the chief ingredient.

Marrubium vulgare, white horehound, common hoarhound

Even more than with Melissa, the shoot with its rhythmical sequence of leaves, node following node, is the chief organ; from the leaf axils of each node arise the almost spherical small white pseudo-whorls with their tiny flowers. The plant is found throughout Europe, right down into Asia; it loves rubbish heaps, dry, bare, but warm places. The egg-shaped leaves are contracted into wrinkles, only slightly aromatic, but very bitter; they also contain tannin.

Even more so than with Melissa, the medicinal action is directed at the rhythmic system. It is not so much a plant of warmth and more one of rhythm. Marrubium does also help in catarrhal gastritis and enteritis, stimulate hepatic function, promote menstruation, but what is much more important is its action in mucous congestion of the bronchi, chronic bronchitis, whooping cough, senile asthma; it stimulates the circulatory system and regulates the beating of the heart. It also reduces excessive salivation, especially in cases of mercury poisoning.

***Leonorus cardiaca*, motherwort, lion's tail**

This European and Asiatic plant which grows on waste land, in village lanes, dry pastures, along fences and hedges, also intermingles leaf and flower formation, drawing the inflorescence down into the region of leafy rhythm; the pseudo-whorls of pinkish labiate flowers sit in the leaf axils of the tall pile of nodes. Not only is the leaf rhythm more strongly emphasized in this plant, but the shape of the leaf itself is shaped out in more detail than in most of the Labiatae; it is divided and arranged in triangular lappets. The plant is only faintly aromatic, with a musty and slightly repellent scent, and the taste is very bitter. Corresponding to the nature thus expressed, the medicinal action has largely shifted from the metabolic to the rhythmic region. Amenorrhoea, dysmenorrhoea, sterility and climacteric symptoms do also benefit, but the accent lies on the help this plant gives with palpitations, anxiety, dyspnoea, weak cardiac function with intermittent pulse, angina pectoris; oppression of the heart from the metabolism, Roemheld's syndrome.

***Lycopus virginicus*, bugleweed**

This slim, narrow perennial also shows an overdeveloped leaf rhythm in a numerous succession of leaf nodes, with circlets of tiny white flowers drawn into the axils. The inflorescence is dissolved up and distributed over this rhythmic leaf region. It is completely subjected to it. Like those of the last species, the leaves are deeply incised and feathery. Lycopus grows near slowly flowing waters in the Atlantic coastal regions of North America. In this species the labiate type must therefore come to terms with water. The power to form etheric oils is accordingly subdued, but the formation of tannin and bitter substances increased. Even more so than with Leonorus, the medicinal action has shifted from the metabolic to the rhythmic system. Here we have a good cardiac stimulant; it has been successfully prescribed for weakness of the heart after overexertion, with anxiety, dilatation of the heart, and tachycardia in conjunction with Basedow's disease. On the other hand Lycopus also acts on the blood process itself; it has been used to treat icterus, haemorrhoidal bleeding, and pulmonary haemorrhages in patients with diseases of the lung.

***Menthe piperita*, peppermint**

This species prefers the more temperate warmth of our latitudes, with much light, and damp peaty soil. The broad lanceolate leaves follow each other closely along a stem up to two feet high, and continue all the way up to the pointed pseudo-spicule of violet summer flowers. In this plant the warmth-principle of the Labiatae fights with the damp and cool element, and this makes it stimulating and warming, relieving congestion in the digestive system, spasms and flatulence, strengthening menses and potency, relaxing uterine spasms. On the other hand it also has the vitalizing and calming properties, refreshing, relieving palpitations and cardiac anxiety. And this plant of warmth and water particularly stimulates the organ in which fluid organization and warmth organization are interacting with each other, the liver.

***Mentha pulegium*, pennyroyal, run-by-the-ground**

This plant from the river valleys of Eurasia and the Mediterranean also lives intensively within the rhythmic leaf element. From the thin ground shoot branching off into runners rise the light green aromatic shoots, bearing small egg-shaped leaves, their nodes encircled by pseudo-whorls of small violet blossoms, layer upon layer. So once again the inflorescence is drawn down into the rhythmic leaf and stem region and divided up. This plant belongs to very wet places, it even chooses salt marshes. Even more so than in the case of peppermint, the warmth-related labiate nature fights against the watery principle foreign to it. Pennyroyal does not lack antispasmodic activity, stimulating digestion and filling this region of the body with warmth; its effect on the liver is even stronger than that of Mentha piperita. The emmenagogic effect becomes so powerful that it causes abortion; the circulation of blood is increased for the urinary organs, the colon and the genital organs—even to the extent of causing haemorrhage; diuresis is promoted. Diseases of the lung, asthma and whooping cough have also been among the indications for pennyroyal.

***Hedeoma pulegioides*, squaw mint, American pennyroyal**

This plant has its habitat in gravel pits and similar siliceous sites in the central regions of North America. It smells like mint and resembles the common hoar-hound in its growth. Once again, small white flowers sit in the leaf arils at the nodes. As with the species just described, the main action—emmenagogic, abortive, against dysmenorrhoea and leukorrhoea—is basically the promotion of warmth and blood circulation, but also in establishing order throughout the genetial sphere—particularly the female sexual organs, these being much more rhythmical in nature than the male. There is also stimulation of liver, gall and splenic activity.

Orthosiphon stamineus

This herb, which provides the Indian kidney tea, grows in Indo-China, the Archipelagus and Australia. The leafy stems are similar to those of peppermint, ending in a pseudo-spicule built up from whorls. The pale blue flowers reach out a long way, with long thin tubes growing horizontally and long stamens pouring from the flower in the same direction. The tea prepared from the plant contains etheric oils, tannins, a glycoside and a high proportion of potassium salt; it

acts against mineralizing processes in the metabolic sphere, against uric acid diathesis. Kidney and bladder stones, inflammatory rheumatism, gout, even arteriosclerosis and diseases of the liver and gall bladder are treated with it. But above all it supports the kidney process, and is considered a good remedy for disorders of the kidney and bladder, the early stages of contracted kidney, chronic inflammation of the kidney, the formation of gravel and stones in the kidney, haematuria and albuminuria. This labiate carries warmth processes with a solvent action, which like the ego organization hold the balance between inflammation and hardening, into the kidney region, the organ of Venus. It is interesting that this medicinal plant has its habitat in the region inhabited by a race which physically shows a particularly strongly developed kidney process, so that one might call it the "Venus race".s

Teucrium scorodonia, wood sage, sage-leaved germander

In the damp, cool, shady element, the labiate type, so closely bound up with warmth, meets a sphere foreign to itself; the warmth element within it is forced to come to grips with elements inimical to it. Musty, sweaty scents, harsh, bitter taste indicate this struggle. One such plant is the wood sage; it grows on siliceous soil on the edge of forests and in clearings, on the upper edges of granite ravines in the forest, and in cuttings in western Europe. From a ground shoot branching off into runners rises a tall, narrow, leafy shoot, with egg-shaped, lanceolate, hairy, pale green leaves, ending at the top in a slim spike of pale yellow labiate flowers; these grow all round the stem, but all face in one direction, towards the strongest light. Etiolated, rank—that is how the whole thing strikes one; pale and extended because of lack of light. In addition to the various characteristics already described for the Labiatae, there is now the silica process in Teucrium scorodonia. This makes the struggle for light easier for the plant. Silicic acid promotes the light metabolism, as experimental studies by L. Kolisko have demonstrated.

Rudolf Steiner has recommended the plant for supportive therapy in tuberculosis. Quite recently, plants rich in silicic acid have altogether become known for their activity in this direction. Tuberculosis is a disease due to lack of light. The organism's faculty for the "development of inner light" is weakened. Successes have also been reported in the treatment of tuberculosis of the testicles and of the bones. It has already been mentioned for several species that the labiate will benefit the sweats of phthisic patients, something which also applies to this plant.

Teucrium scordium, water germander

This species of Teucrium loves the muddy soil on the banks of rivers and lakes, river meadows, ditches and water-logged meadows. It is adapted to the element in which it lives by having ground runners with many roots. The leaves are more rounded. The plant creeps and yet produces an upright shoot striving towards flowering. The pale red flowers are fitted round the leaf axils in pseudo-whorls of just a few blossoms. The herb has been found to contain an etheric oil with a musty, garlic-like scent (indicative of a sulphur process), tannins, bitter substances. The action of this medicinal plant is directed at the fluid organism: it is diuretic and sudorific, effective against mucous obstruction in the digestive system, glandular inflammations (including orchitis); furthermore against chronic bronchitis, tuberculosis, empyema of the lung, also ozaena, purulent sinusitis of the maxillary sinuses. The labiate action, with the sulphur component added to it, is carried up into the rhythmic system. This plant, which draws the flowering element down into the rhythmic sphere of leaf and stem, is helped by the sulphur process to assert in the watery, earthy, cool sphere its own nature as a plant determined by warmth. These "combative processes" give it its medicinal action.

Glech,oma hederacea, ground ivy, alehoof, gill

When spring brings new life to the fields, the wintery hold-up of life is overcome, one of the first spring plants, the first of all the labiates to flower in dry and sunny places where no shade yet falls (hedges, walls, roadsides and under fruit trees), is the ground ivy. From its creeping runners, for ever taking root anew, it sends up flower shoots with blue-violet blossoms. It is the first plant of spring to transform the cosmic warmth given to the earth into warmth-filled plant nature. The leaves are still rounded, with indentations round the margins, corresponding to the formative forces of the watery element, but they are permeated with a mild, aromatic warmth. The foliage withstands the cold of winter. After the flowering period, the plant creeps all over the ground with its runners; it belongs to the earth. The flower whorls which turn towards the light are drawn into the leaf arils. Leaf and flower impulses intermingle. The plant belongs to central and northern Europe and neighbouring regions of Asia as far as Siberia. The taste, aromatic, earthy, and harshly bitter, reveals the presence of etheric soil, tannin and bitters.

The plant has been used to stimulate metabolism quite generally, particularly in spring, for weakness of the bladder, congestion of liver and spleen, weakness of the digestive tract, insufficient blood formation; furthermore for diseases of the respiratory organs with a tubercular basis, bronchial asthma, scrofula, calculi and jaundice, application being both internal and external; all this is very similar to the actions of the other labiates we have been considering, especially those mentioned last. There is therefore no need for further details.

Galeopsis segetum (G. ochroleuca), downy hemp-nettle

This plant belongs to the damp areas in western Europe and grows on siliceous sandy rubble, i.e. crumbled, broken

primitive rock, a soil which on the one hand is completely mineral, and on the other is permeated with air and sufficient moisture. Spiky, and with elongated hemp-like leaves, even its hairy, bristly appearance shows that the siliceous element is not only the soil in which it takes root (it flees from chalk), but also plays a part internally in giving the plant its form. The "upper" stories of the leaf nodes bear pseudo-whorls of very striking large pale yellow flowers shaped like animal heads (gale-opsis = weasel's face). The ash of the downy hemp-nettle has a high silica content (18 per cent.). Like the siliceous Teucrium, Galeopsis is a good remedy for diseases of the lung due to weakness of the light metabolism in the organism; it is one of the components of the "Silica Teas" so successful in the treatment of certain forms of phthisis. Its warming properties are gentle, the plant is only weakly aromatic.

Lamium album, white dead-nettle

This labiate may be found almost anywhere in the cooler parts of Europe, very much like a weed, and shows only traces of the warmth character of the family. Having a strong upward growing trend in the leaf and stem region, it really does resemble the stinging nettle; only that the floral element combines with the leaf rhythm, node following node, with pseudo-whorls of many large white, wide-throated flowers. The flowering time is from April to October, and occasional flowers may be found even in winter. The sweet-scented, slimy-sweet, slightly harsh dried flowers are on old remedy; enveloping, dissolving mucus, relieving inflammation, its main sphere of action unfolding in the kidney and female genital organs. Leukorrhoea, hardening of the uterus, lack of tone in the uterus, premature menses belong to the sphere of action of the dead-nettle flower; also stiangury, retention of urine in old men, inflammatory processes involving the urinary passages. The dead-nettle is like a faint echo of the fiery labiate motif, in a cool, damp, earthy medium.

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