PRESIDENTIAL ADDRESS

DR. FRANK BODMAN, M.D., D.P.M., F.F.Hom.

LADIES AND GENTLEMEN,

I am very conscious of the honour you have done me in electing me as your President, and I assure you that I will do my best to serve you. I have an uneasy feeling as if the honour was prematurely bestowed, perhaps an unfamiliar feeling of filial respect, as I recall that my father, Hervey Bodman, never held office.

He had all the requisite attainments, a first class intellect, gold medallist of his year at the hospital where he trained, a brilliant diagnostician, and an accurate prescriber as I had reason to discover, when I took over his out-patients and his meticulous case-records. For homœopathy, it was unfortunate that his religious convictions were so constricting, that he avoided public office and could not be persuaded to assume responsibilities and honours which should have been his. His contributions to homœopathic literature were regrettably few, but the Homœopathic Hospital as Bristol, of which we Bristol homœopaths are so proud, was in large part the consequence of his professional association with the generous donors.

When our excellent Secretary rang me the other day on the long distance 'phone and asked me for a title for this address, I was rather taken aback—I had somehow acquired the notion that the President had carte blanche in choice of subject, and it seemed a limitation of my freedom that I must commit myself so far in advance, and in the short space before those accursed pips terminated our talk.

The only formulation that came to mind was the "Future of Homœopathy", but the more I have reflected since, the more I have deplored my rash impulse.

One medical historian (Zilboorg) accuses the forecasters of self-indulgence in writing in advance the history of the future:

"However if we wish to take stock of the past and consider it not as a springboard for our phantasies about the future,

but as a solid foundation for our present, we shall become humble and a bit diffident. We shall leave the future to take care of itself as it always does and amidst the cheerful confusion of the present we shall seek to sort out and to formulate the tasks which we have inherited from the past and the burdens which it threw upon our shoulders. We shall wonder whether and how the task can now be accomplished and the burden lightened."

"Phantasies about the future"—a psychiatrist has made a distinction between wishing and wanting. (Helwig.)

Living in an ideal world is infantilism pure and simple; wishing is a child-like trust in fate, it is to live in a child-like dream world in which everything is accomplished by the love and esteem of others : I suppose in our ideal world every qualified doctor would be a homœopath, but it can only be a phantasy that the Royal College of Physicians will insist on homœopathic medicine as an essential part of the curriculum.

Wanting involves doing something about reality. It induces the feeling of being able to cope with everything oneself, but this may lead to an anxious attitude, when it induces the compulsive feeling that one must do everything oneself. There is a risk of becoming harsh and dull, because the one who wants must force himself and others to do things. The one who wishes is willing to be presented with something. The one who wants desires no presents, but cannot give away anything himself.

We must guard ourselves not only against hysterical wish fulfilments, but also against obsessional hectoring.

Eighty years ago the Homœopathic Society and the Congress were anxiously asking themselves why the rate of increase in recruits was slowing down. They could boast a membership of nearly 300, compared with the handful of men who had founded the Society thirty years before.

In the ten years since the last War our numbers have remained steady, at just over 200 qualified doctors out of some 50,000 medical men in the country.

May I refer once again to my own family as an illustration. My grandfather, born about the time that Quin founded the Society, qualified in Aberdeen where one of his professors

was an ardent homœopath. He had five sons, four of whom entered the medical profession, and two of them became homœopaths. In the next generation, there were again five sons, all entering medicine, and again two are homœopaths. In the fourth generation, there are again five sons, of whom only three have reached University age, and only one is reading medicine. You might well say that even under optimal conditions only a fraction of medical students will take up homœopathic practice.

At one time I was inclined to think that homœopathy appealed only to a special type of inborn temperament, but of course I was wrong. You have only to look around you, upon the Past Presidents of the Faculty to realize that they include extroverts and introverts, thinking types and intuitives; and I have come to the conclusion that it is not so much a question of temperament, but a question of the significant experiences undergone.

Not everyone has the good fortune to suffer these experiences, and of those who do, perhaps only a favoured few recognize their experiences as significant. It is the Parable of the Sower—some seed fell by the wayside, some fell among thorns—and some fell upon good ground.

You may cavil at the implied predestination; but Dr. Nicoll's analysis of the parable throws light on the way a new idea may be received. There is "the man who understands nothing, the man who understands intellectually, the man who understands emotionally but not enough."

However desirable it might be, it is most unlikely that every doctor will become a homœopath : if we are to leave childish wishful thinking behind, and face the situation realistically, we must resign ourselves to the fact of belonging to a minority and a very small minority at that.

A choice has to be made.

One of the most eminent living doctors has written (Schweitzer) :

"Progress always consists in taking one of two alternatives, in abandoning the attempt to combine them.

"The pioneers of progress have, therefore, always to re-

ckon with the law of mental inertia which manifests itself in the majority who always go on believing that it is possible to combine that which can no longer be combined. . . .

"We all mean the same thing really. One may just let them be, till their time is over, and resign oneself not to see the end of it, since it is found by experience that the complete victory of one of two historical alternatives is a matter of two full (theological) generations."

It is fruitless to imagine that homœopathy can be combined with orthodox medicine as it is at present taught in our Universities. The approaches are radically different. Let no man join what Providence has put asunder. I must admit that in the past I have spent many hours searching amongst the pronouncements of what Dr. Curran has called the elder medical statesmen, of signs of grace, of symptoms of an understanding of the tenets of homœopathy, of the beginnings of a reapprochment from the leaders of orthodox medicine, of evidence of a forthcoming detente from the Councils of the mighty—and indeed not without some success.

But do not let us deceive ourselves. These obiter dicta may have their value in reassuring the wavering enquirer, but they should not be necessary for the established homœopathic practitioner. Surely his experience should have taught him to know within himself : confirmation from outside authorities should be superfluous.

It is difficult for minority groups to avoid an inferiority complex. This craving for support from outside is perhaps one of the symptoms.

But on the other hand, there is almost an equal risk of a superiority complex ; the little band, only we are left, to whom has been vouchsafed the revelation, and who have not bowed the knee to Baal nor kissed him.

Perhaps you are muttering in your beards, why this surfeit of Biblical references ? I can only apologize and say that they are the first that come to mind.

Perhaps for me, entry into the homœopathic fold was easier than for most of you, because I was born and bred into a minority group—a very exclusive religious one,

The restrictions of this group were so severe, the social contacts in childhood so limited, that even by the time I reached my prep. school I was inured to the idea of being an outsider. Friendships outside the tiny circle were discouraged, and I passed through my school life without making a friend.

No doubt this was good for my character, but I was precociously self-sufficient, and learnt to over-value my intelligence and under-value my feelings. But having in self-defence secreted a carapace impervious to the opinions and criticisms of my fellows from a tender age, I was able to ignore the condemnation of my chiefs and professors when I proposed to study homœopathy, and to return to my home town to practice, undeterred by the gibes of my fellow students who had already started their professional careers.

I had broken free from the bonds of the religious minority group, but had enlisted in another minority group—the homœopaths—out of the frying pan into the fire !

With this peculiar personal experience I realize that I am unfitted to appreciate the difficulties of the orthodox practitioner brought up in normal environment, who, faced with the decision to join the minority group of homœopaths, must run the gauntlet of criticism from his friends and comrades, and the pressure of professional opinion. I realize he is much more vulnerable than I was, and will need a moral courage that I cannot claim. Nevertheless I may be permitted to venture a few remarks on the hazards of minority groups in general.

The minority group is separated from the traditional community by the differences in its beliefs and convictions. The group is bound together by its beliefs which become organized into a dogmatic system, which is fiercely defended against the disbelief of the world. The consequence of this self-imposed isolation is that any contacts with the outside world are aggressive. Not only do these aggressive contacts provoke a corresponding response from the unbelieving world, but there is a well-known tendency for the aggression to strike not only outwards, but inward within the group. (Tolsma.)

This phenomenon of the aggression directed both inwards and outwards of the minority group was well exemplified in the

earliest days of homœopathy, and has been a feature in its history and development in nearly every country in the world.

Not only has there been an embittered strife between homœopathy and orthodox medicine, but even within the group, there have been divisions of opinion between low and high potency addicts, between "unicistes" and the supporters of the drainage theories, and so ad infinitum.

A modern philosopher has reminded us that :
"only at the moment of formulation is an idea its very self. Then it has the clarity of a Platonic form, the property of one illumined mind, a metaphysical and logical whole.

"But to survive the idea must adapt itself to an impure medium, the medium of life : otherwise it is doomed to sterility.

"If it imparts form to new institutions, it will also in turn be deformed by institutions which are still strong." (Mumford.)

It was this inevitable process of the corruption of his pure idea that Hahnemann was unable to accept. And as a result of this failure, he was directly responsible for the dissolution of the first association of homœopathic physicians, and indirectly responsible for the closing of the first Homœopathic Hospital after only four years. (Haehl.)

Our philosopher sums up "this hard truth" :

"Every formative idea in the act of prolonging its existence, tends to kill the original living spirit that brought it forth. And yet without undergoing this transformation and extension, the idea would have remained inoperative and self-enclosed. Once born into the world an idea has an independent life, apart from the hopes and intentions of the parent." (Mumford.)

I have heard it alleged that the homœopaths are working up a blind alley : that they are the fossilized remnants of eighteenth-century thinking.

But I believe this criticism is wide of a mark.

The homœopaths are kept in contact with the realities of medicine because their main objective is treatment.

Military techniques indeed can become fossilized in peacetime, lacking the incentives to reform that war will finally bring.

But the homœopathic physician is constantly at war with disease. There is no retreat into the laboratory for him, no flight from the patient into the statistician's ivory tower. Was it not Paracelsus who cried "Let us forget words and manners and heal our patients" ? To him the treatment of the diseases was more important than a true understanding of it. (Zilboorg.)

Likewise Hahnemann, who writes in paragraph 28 of the *Organon* : "It matters little what may be the scientific explanation of *how it* (*the cure*) *takes place* : and I do not attach much importance to the attempts made to explain it."

And in a footnote to paragraph 12 he comments : "*How* the *vital* force causes the organism to display morbid phenomena, that is, how it produces disease, it would be of no practical utility to the physician to know, and will forever remain concealed from him."

This sweeping statement is bound to stick in the throats of a generation brought up to value "know-how". Trained to a scientific approach to medicine, this denial of the value of an understanding of vital processes appears almost medieval in its obscurantism.

In a lecture on the Scientific Basis of Medicine, a dermatologist puts his finger on an outstanding problem : "Much of the present difficulty is that the scientific discipline is one whereby the individual is taught to assess his results, not by the light of his own experience, but by comparison with controls and standards which are acceptable to, and may have been set by, others." (MacKenna.)

It has been well said that in all branches of medicine there is a craft to be learnt and an art to be practised, as well as a science to be studied. (Hubble.)

That medicine could be approximated to an exact science is only another example of wishful thinking. And if any medical student still harbours such notions, the leader in the *Lancet* on the three hypotheses of the action of insulin should prove an astringent corrective.

After the therapeutic nihilism of the 'twenties, it is remarkable how a generation later the pendulum has swung the other way towards over-treatment.

This year's *Medical Annual* contains headings such as "Cortisone, dangers and side effects" (Bishop), "Cytopenias due to Drugs" (listing some 23 groups of drugs carrying dangers to the blood forming organs) (Scott), "Complications and side effects of chlorpromazine" (Anderson), "Renal complications of Peptic Ulcer treatment" (Wilson), "Retrolental fibroplasia" (Ayoub) (due to overdoses of oxygen), "Resensitization to Streptomycin" (Ellman).

In the last three months, there have been articles in the *Lancet* and *B.M.J.* on Liver damage associated with Phenylbutasone therapy (MacCarthy and Jackson), Megaloblastic anæmia due to Phenytoin Sodium (Ryan and Forshaw), Complications of oxytetracycline and tetracycline therapy (Brodie *et alia*), Aplastic anæmia and Myeloid leukæmia after irradiation of the vertebral column (van Swaay), Penicillin anaphylactoid shock (Calvert), Desensitization of nurses allergic to penicillin (O'Driscoll). I quote only the titles from the index pages, but the details make depressing reading. A Ministry of Health report shows that *many* nurses have had to abandon their career on account of sensitivity to penicillin (quoted O'Driscoll), not a few nurses, not some nurses, but *many*.

It is clear that in some quarters, individuals have begun to wave the red light. After yet another Coroner's inquest one doctor thinks "it would be wiser to discontinue the use of chloramphenicol altogether". (Suchett-Kaye.)

Another physician points out that "the only drug now effective in generally antibiotic resistant staphylococcal infections is erythromycin, and its use may be life saving. On the other hand resistance to this drug is acquired rather rapidly and its general use in a hospital for five months bred a resistant population of staphylococci which at the end of this short time was found in the noses of more than half the staff." (Garrod.)

A dermatologist forecasts that "in another fifteen years time when all staphylococci are resistant to all antibiotics, we will return to the old antiseptics" and he hopes that we will not have forgotten *Sulphur* ! (MacKenna.)

When pathologists study the tissue changes in tuberculosis after chemotherapy, they find the "healing" of a very inferior

order. There is none of the active repair which follows a simple injury, only if the patient's resistance is sufficiently good, is an appearance resembling resolution to be found. (Dick.)

The Lettsonian Lecturer sums up that failure in treatment with current anti-bacterial drugs seem in many instances to be attributable mainly to failures of host resistance. (Scadding). He suggests the next great advance in the treatment of tuberculosis will come by attacking the disease through the *defence mechanisms of the host* !

Another authority regrets the tendency to forget or minimize the powers of natural resistance. (Dunner.)

But perhaps the most illuminating examples of the current practice of medicine have been disclosed in the correspondence in the *B.M.J.* on the routine treatment of measles with sulphonamide or penicillin. (Lund.)

These mass production methods applied to the practice of medicine and the treatment of sick individuals provoke the strongest possible condemnation from homœopathic physicians.

Perhaps such practices are in part a legacy of the World War and the necessity of dealing with large numbers of sick soldiers and displaced persons at any one time. Routine procedures may have their place in the prevention of disease, such as vaccination, inoculation against diphtheria, malaria prophylaxis. Even these preventitive measures will have their occasional casualty ; but, per contra, routine procedures in treating illness are bound to result in a more than negligible complication rate.

Even in the field of prophylactic immunization, the attempt to immunize the subject against two or more diseases at once was found to defeat its own object. The immunity reactions tend in part to cancel each other out. (Barr, quoted *Medical Annual.*)

But though we may cavil at this or that example of standardized treatment, the fundamental objection is that in general medicine to-day the individual is losing his rights and his values, just as he has lost them in other spheres. There is more than a danger that he has become a cipher in a statistical table, a

spot on the curve of a graph, a square on a histogram. If his correlation coefficient is within a certain range, then he is dismissed as not significant. If on the other hand, his site when plotted is wide of the mark, he may be "corrected" or "smoothed away". And this attitude of the research worker, who frequently is either, or later becomes, the teacher, is bound to have an effect on the student's appraisal of the patient. But in addition to the dead hand of the statistician, the conditions of medical practice since the introduction of the National Health Service have highlighted the basic philosophy of the average general practitioner. And this is really a survival of the Early Victorian era—utilitarianism—or the greatest health for the greatest number.

One does not disparage the real utilitarian virtues when one points out that the utilitarians "buried too many ultimate problems in the mere routine of busy work" . . . "their answer to all of life's enigmas was to work a little harder and to forget about it". This means, as one philosopher has pointed out (Mumford) "that their final remedy was the cultivation of insensibility".

The utilitarian is the dominant in our society ; the romantic individual, glorying in his uniqueness and his unlikeness to other men is the recessive.

However, as a French writer has pointed out, "Still too strong to be a slave, and not strong enough to remain the lord of creation, the devalued individual of the five-year plans is losing nothing of his strength." (Malraux.)

Hahnemann's technique of diagnosing the sick man in terms of his individual susceptibility to a particular medicine emphasized the value of each individual variation. And perhaps an important function of homœopathic medicine is to serve as a carrier of individual values during a phase when these values seem in danger of being lost.

Just as the Celtic monks in Ireland preserved the spirit and traditions of Christianity in the dark centuries when all seemed lost in Western Europe.

With such responsibilities, we must see to it that our own future is safeguarded—in this country.

Homœopathic hospitals and homœopathic practitioners are part of the National Health Service. But eternal vigilance is required if doctors and institutions are to preserve their freedom of action.

Where we have friends and supporters on Regional Boards and Executive Committees, we must take care to cultivate them, for there may be times when we shall need their support. I sometimes have the feeling that to the administrative officers we have not much more than nuisance value, and that we are tolerated with some degree of patience, because in another generation we are expected to die out.

It is important, threfore, that the Faculty takes steps to maintain a high morale in its members and associates, and every effort should be made to keep in close touch with those men who are working in the outlying districts and are not connected with any institution. Perhaps more could be done in the way of organizing refresher courses for the scattered individual practitioners. Further, every effort should be made to encourage associates to take the examinations for membership of the Faculty.

As for new recruits I believe it is important to reach the medical student through the various University Societies and Hospital clubs, with a presentation of the nature of Homœopathic medicine in order that common misconceptions and all too prevalent fallacies about homœopathy may be cleared away.

But I do not expect direct entry into the ranks of homœopathic practitioners immediately after qualification.

I consider we are more likely to find recruits amongst those men who have been in practice some years and have become dissatisfied with their results.

The newly qualified doctor after his marathon of examinations, pre-registration hospital appointments and military service, is unlikely to be in the mood for further studies.

The principles of homœopathy are only likely to appeal to the nature individual, who has worked through his materialistic phase and has become, to use an old-fashioned phrase, more liberal-minded.

First catch your hare——

But, having caught him, are we satisfied that we do the best for our recruits ? There has in recent years been considerable criticism of lectures as such—one general practitioner looking back said, "it was hard to get much good from a lecture". (Batten.)

A teacher of medicine is of the opinion that "students learn far more by taking cases themselves than from anything else". (Curran.)

The tutorial class, the "grind", the catechism, the ordeal by question at the bedside; these are the effective means to the acquisition of knowledge.

In the recent opinion survey carried out among Scottish graduates, a clear-cut majority demanded more practical teaching. (Mair.)

All this places heavy responsibilities on the men and women who are appointed lecturers and tutors. Are we satisfied that their rewards are adequate ? When the time alas must come for them to retire, are the inducements sufficient to find others to replace them. I realize that most of the teaching staff, if not all, are activated by a vocation—and that by current University standards, their rewards are negligible—but in these days of financial stringency, a new generation of professional men is arriving who fankly will be unable to spare the time to assume these responsibilities unless more adequately rewarded.

It is clear that much will have to be done to supplement the endowments that provide the honoraria for our lectures, endowments that date back for half a century when the value of money was far greater.

As for further research, a hundred years ago a lecturer in homœopathic medicine concluded his lectures then :

"Medicine is and ever must be a progressive science, and though Hahnemann has, by the brilliant discoveries of his genius, given it a gigantic push-forwards, the desired goal of healing diseases, tuto cito et jucunde, is not yet fully reached. There are still vast difficulties attending the selection of the remedy : the rule for the administration of the appropriate dose remains yet to be discovered. The best periods for the repetition of the medicine are still uncertain, and there are still

many diseases that are not amenable to the very best treatment." (Dudgeon.)

Dr. Dudgeon's conclusions are still apposite to-day.

Ladies and Gentlemen, the future of homœopathic medicine is the responsibility of this Faculty. I do not believe that homœopathy is at the end of a blind alley.

Rather I believe that homœopathic medicine is the bearer of the Hippocratic tradition, of the art and craft as well as the science of treatment; and I deliberately emphasize treatment.

"Let us not then rest contented, with what has been done, but let us each ask ourselves, what is still to do and let each contribute his mite towards the great work." (Dudgeon.)

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DEPUTATION TO HEALTH MINISTER, WEST BENGAL

The following members with Dr. B. K. Sarkar, as leader met the Health Minister at Writers' Buildings on Friday, the 25th October, 1957 : Drs. B. K. Sarkar, D. N. Chatterjee, J. N. Chatterjee, J. N. Majumdar, B. B. Choudhuri and Dr. S. N. Mondal. The Registrar also accompanied.

Dr. Sarkar narrated in brief the stages by which the Council has accepted the Degree Course with I.Sc. as minimum standard for admission, and the syllabus of study as approved by the Ministry of Health, Government of India. He also referred to the recommendations of the Homœopathic Advisory Committee about the ad hoc grants to some of the Homœopathic institutions, and requested the Health Minister to recommend the ad