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POTENTIZED MEDICINES FOR USE IN HOMŒOPATHY

SOME POINTS FOR THEIR PREPARATION AND CARE

DR. W. RITCHIE McCRAE

Much has already been written on many essential details which require to be followed in the preparation of good potencies. The last important lecture on this subject was addressed to the British Homœopathic Society by Dr. Leaser. The points which he emphasized are invaluable for reference and they should be closely followed.

The greatest danger of contamination of a potentized medicine is potency energy from other similar preparations. This is undoubtedly the most frequent source of trouble. We must examine all known facts concerning potency energy so as to try to understand what it is we have to take precautions about. This lecture draws attention to certain important details which have come to light through the electro-physical research of the past quarter of a century, and they demonstrate how very important it is for us to exert a constant care to make sure that these stray energies will not distort our clinical results.

Boyd has explained in the course of his research reports that potentized medicines depend for their peculiar properties on a *quality* as distinct from the element of quantity. He deduces that this quality is of the nature of some still

undefined electro-physical state. In the early stages of potentization a change of a colloidal nature can easily be discerned in many triturations of insoluble substances, e.g. gold. The Brownian movements of such preparations are, of course, beyond question. In this obvious physical demonstration of the delicacy of our preparations we get a fore-warning of the need for meticulous care in guarding our medicines from extraneous disturbances.

Work carried on in London for the past twenty-five years (excluding the late war years) has been concerned with an intensive study of these phenomena. In the last five years a technique has been developed which has been of the greatest help in assisting one to detect the presence of contamination in potentized medicines and of ensuring that the medicines employed are free from contamination. It has been found that many of the medicines distributed by chemists of high repute are quite free from contamination and that great precautions have already been taken by such chemists to ensure that their potencies are of the highest quality. It has also been found that many other medicines show the presence of contamination and as a matter of interest a list of contaminated medicines which required replacement with fresh supplies during one year is shown. It consists of 122 medicines some of which are medicines of common use.

A surprising thing about this investigation is that when a contaminated potency was found, all the series of potencies of that medicine were also contaminated if they came from the same source. The series might be 6c, 12, 30, 200, 500, 1m, 10m, 50m, and cm. The detection of this contamination and the technique employed is a purely electro-physical phenomenon about which more will be written at a later date so meanwhile you must accept this statement of fact for what it is worth.

For a while, to be as fair as possible, it was thought that possibly a particular medicine including its whole series of potencies might at some time in its potentized life have

become sensitive to some sort of extraneous electro-physical disturbance. It is natural that we might look at the problem from this aspect, because we are still so much in the dark about the precise nature of the special qualities of potency energy. Further observations make it fairly evident that the chief cause of contamination lies in other directions, principally from faulty technique in the preparation or handling. The first indication that contamination did not take place in the laboratory was when replacements were ordered from the same source as the contaminated potencies and these replacements were also contaminated throughout their series. The most important finding came when requests were made with instructions that the series should be made *de novo*. It came as a shock when it was found on occasions that such new potencies were not good. This startling experience is really quite in keeping with our known facts and it is very important that we should deal with them now.

It was shown by Boyd in his early research that if two vials containing fluid potencies of different medicines were placed in close juxta-position with their corks off one medicine influenced the other quite appreciably as seen from their electro-physical reactions. It was also observed in his early research that if a bottle containing a potency was filled from another bottle containing a fluid free from potency the free bottle was subsequently found to have the potency energy transferred to it.

These observations are of fundamental importance to the whole subject of homœopathic pharmacology. They come into consideration with very special reference to mechanical means of potentization. The greatest danger with potentizing machines arises from the distribution of moisture on to their component parts by means of splash or atomization. That it is a danger and that it is full of difficulties in designing such machines there is no possible doubt. We have been aware of this trouble for many years. When the new dispensary was constructed in the

London Homoeopathic Hospital a special delegation was appointed to examine all the known potentizing machines. Search was made in France, Germany and Switzerland for an ideally designed machine, but the question was not solved. All designers have been faced with problems, but few of them were aware of all the dangers of contamination by potency transference. The chief problem to solve was how to keep the fluid being potentized within exact proportions so that loss from splash would not occur through the changes in running up a series of potencies. When we consider this we find that when there is no obvious or measurable loss from splash there is still a great deal of danger from seeping moisture due to atomization in the process so succussion.

We know that potency energy can be fixed in a comparatively dry medium, e.g. in *saccharum lactis*. There is every evidence that potency energy may remain for a very appreciable time on any surface when dry heat is not applied to it.

Taking these few details into consideration we can readily understand that the different parts of a potentizing machine, and the immediate environment of it, present surfaces which can be a constant threat to the safety and purity of their products. It is very obvious that if the neck of the bottle or contrivance holding the fluid is patent, there is a danger of the spread of moisture which is almost impossible to overcome in a practical manner. There have been many attempts to design bottles or tubes with bends and curves intended to deflect splash in order to keep the fluid being potentized within limits. In some respects this may be successful, but so far as dissemination of moisture by means of atomization is concerned there is still a danger. So far as contamination by other means (if the operator is ignorant of the subject) there is also *much* danger.

In the usual design of potentizing machines the holder or lever which grips the bottle to develop succussion is very easily contaminated by potentized fluid. When one

particular medicine has gone through its range of potencies a new bottle with a new medicine is attached to the gripper. When succussion recommences the danger of fluid escaping from the mouth of the bottle is again obvious. This fluid can act as a conductor which takes up, by contact the potency energy still remaining on the surface of the gripper and adds it to the new fluid inside the new bottle. It has been noted that even when the bottle has a cork in its mouth this is not a certain method of preventing the transference of contamination.

This is a disaster of no mean degree, but it is a disaster which continues. Repeated investigation has shown that this method of contamination in mechanical potentization often takes place in the early stages and it is conveyed from stage to stage throughout all subsequent potencies of that medicine. It is a sad thought to realize that from the start to the end of this series of potencies they are all inaccurate. From the therapeutic standpoint this is a condemnation which must be sounded because the potentized result will not give the full clinical success which it ought to do.

In order that mechanical potentizing machines should be effective and safe it is important that they should have a design which takes cognisance of the dangers now known to modern science. They should be constructed in such a manner that all parts which could act as recipients of potency energy are able to be disconnected and sterilized in dry heat after each series of potencies have been run off. Although this is not all of the problem involved it would go a long way towards the manufacture of useful potencies. There is no reason to suppose that such a machine is impossible to make and its construction would be a step in the right direction. The next step is one which has much greater difficulty to overcome. That is, the construction of a machine which would not pass on any potency energy from the early stages of a series so that they are able to impregnate subsequent dynamizations of the later stages.

Again, from the electro-physical view there are some aspects which command special notice. When a drug is selected through the aid of its electro-physical properties, the presence of contamination can, through its peculiar influence, create such a false impression that it may become impossible to select that drug even if, by name, it is the correct drug for the patient. It also has to be put on record that the influence of contamination often has, in the past, so altered the electro-physical properties that it has appeared to be the correct drug when in fact it was wrong. Advance of technique gained through long experience has put one on guard against such errors.

It will be of general interest to describe one detail of how it was possible to confirm this observation. A drug was selected which by all known standards of electro-physical knowledge appeared to comply with all details of accuracy. Subsequent examination of the patient's reactions showed that these had not been influenced in the appropriate manner. This was invariably accompanied by no obvious improvement in the clinical state and was very often associated with an increase of some of the symptoms or even an addition of new disturbances. These irregularities made it essential to put such potencies under a special scrutiny. Technique was developed to confirm the detection of contamination and without any doubt it became obvious that such potencies had to be replaced with new ones re-made from the beginning of the scale.

There is good reason to believe that even when a potency is contaminated, if that drug is homœopathically correct it may elicit a good response clinically and very probably it will elicit such encouragement to the prescriber as to make him think it a good medicine. All the same such a medicine will not give a completely satisfactory response clinically except occasionally in acute diseases. A recent example occurred in an influenza epidemic. The clear picture of *Gelsemium* was presented by a patient which made it unnecessary to delay its adminis-

tration till confirmed by emanometer test. The response was immediate and completely satisfactory. At a later occasion this same *Gelsemium* potency was found to be contaminated and had to be replaced with the remainder of its contemporary series of potencies. This special problem is obviously a very complicated one which is involved in the whole policy of research and remains under constant surveillance for criticism. The vital point which concerns us now is how to develop our technique so as to be certain of eliminating all faulty potencies. Every effort must continue to be made to see that technical errors of mechanical potentizing machines are brought to the notice of those who design and use them.

Examples of other means of contamination can easily be exposed. A very obvious and simple one is by transferring a cork from one bottle containing a potency to a wrong bottle; the cork of course acts as a conveyor of the wrong potency to the medicine. Then there is the gross error of using a bottle which has been emptied of a particular potency by filling it with a different potency; this is quite inexcusable. It should be mentioned here all the same, if for no other reason but to recall that potency remains for a time (which has not yet been computed) in a bottle, and such bottles should not be used again unless they have been subjected to a temperature of at least 140° Centigrade in dry heat for a full hour.

Another, not so obvious means of conveying contamination is through refilling a bottle containing the residue of an old potency with a fresh supply of *Saccharum lactis*. Potency energy can easily be transferred to the stock of fresh *Saccharum lactis*. This means that that stock of fresh *Saccharum lactis* becomes the source of contamination for other occasions.

We must always remember this quality of potency energy and its ease of transference. The practice of good Homœopathy depends on the great care and the great respect which we bestow on our medicines all the time. Every

minute detail of our movements when handling bottles with potencies should become a habit so that we become automatic in our safe treatment of them. It would seem quite harmless to a casual observer to see a cork reposing on a table and to watch it being picked up again and replaced in its proper bottle. The critic would want to be sure that the cork was properly removed; that it was laid on the table with the top of the cork flat on the table and that it was not too close to any other cork. This might seem quite unnecessary to many, but when we recollect that a cork lying on its side can readily leave its potency energy on the table ready to contaminate the next cork, there is nothing fussy about the advice.

When we consider what are the difficulties and dangers of making a series of potencies it is probably correct to say that the method described by Hahnemann in his original work is still the safest. In the matter of succussion he used a different bottle for each stage of succussion and he succussed them by hand. This method is still employed by pharmacists. A neat arrangement of racks is often employed to receive the series of potencies as they are made. They are often constructed in two tiers. Before succussion begins the niches in the top tier take the bottles with the diluent. The operator commences his succussion. He adds the drop(s) from his first potency (or mother tincture) to the first bottle on the rack. He succusses this and places it in the first niche on the lower tier after adding its drop(s) to the second bottle. He proceeds in this manner until he has finished his series and all the niches are full on the lower tier. The racks are usually made of wood.

These racks can easily become impregnated with potency energy through repeated use. The method to avoid the transfer of contamination here is to make the racks of metal and see that they are sterilized in a hot air oven after each series of potencies has been made. A hot air oven is really an essential equipment for a pharmacist

who prepares potencies. A safe method of clearing metal parts is to subject them to a temperature of 160° Centigrade dry heat for a full hour.

This leads us to the importance of segregating all unmedicated vehicles such as *Saccharum lactis*, distilled water or spirits of wine in a part of the dispensary which is well away from prepared potencies. The most meticulous care should be taken to safeguard that area from contamination by the transfer of potency energy. One cannot be too emphatic on this point. A wise additional safeguard is to employ movable meal plates to receive unmedicated vehicles and to sterilize them periodically in dry heat. That such a precaution is wise will be realized when we recollect that a single drop of a liquid potency or a grain of sugar carrying a potency can be a menace to any large bulk of unmedicated vehicle and will contaminate it instantaneously on contact. On one memorable occasion more than 300 different potencies all prepared to a specified stage of potentization for intensive research purposes were all found to be contaminated. They were all sent in *Saccharum lactis* granules and the suspicion was that the stock sugar had become contaminated at some time in the pharmacy.

In these days with many electrical devices as a normal equipment of life we should also remember that a magnet will most certainly damage a potency. Strong electro-magnetic surges from the moving coil of a loud-speaker have been known to do so when a vial of a potency has been placed beside a radio set. Experiments with an ordinary magnet have been repeatedly made and there is no question at all about the danger.

Referring to the detail of handling bottles containing fluid potencies there is a point which should be remembered. It is a wise precaution to have good long corks which can be gripped without allowing the fingers to touch the lip of the bottle. If the fingers come in contact with the moist lip of the bottle they can easily be the

means of transferring contamination to the next bottle handled, especially if handling bottles in quick succession has to be carried out as in a hospital dispensary. The practice now is to wash the hands thoroughly with soap and water preferably hot water and dry them with a clean hand towel. It would be a great advantage to instal a hot air drier in the dispensary for such thorough drying. The skilled dispenser will always be on guard against hand contamination and will see that the corks are sufficiently long for safety.

There is another detail which has to be considered in regard to hand contamination. In a busy dispensary we have seen the following procedure carried out in the preparation of doses for administration. A bottle is taken from the sterile stock of bottles. A drachm (approximately) of the stock potency is poured into this clean bottle. The stock bottle is replaced in its rack and the other bottle is held under a tap, 6 to 8 inches from its fine nozzle. The tap is turned on to allow a long thin stream of water to fill this bottle to the required level. Of course this procedure is fraught with the danger of potency transfer to the fingers, but with proper washers to the taps and with good water nozzles a skilled dispenser becomes very proficient and there is little to fear. The day will come when all such dilutings will be carried out with separate pipettes and when each pipette will be used once only before being set aside for dry heat treatment.

There is a common method of administering potentized medicines which has been handed down from generation to generation of physicians and regular patients and which should be reviewed now in the light of our present knowledge. This refers to the practice of asking for a tumbler of water and for the physician to add his potency to the water. If the patient is instructed not to allow any of his tumblerful of potentized water to touch anything but his or her own lips, and after the dose or doses have been taken, to put the tumbler straight into the oven for ade-

quate sterilization before even washing it, then all is well. We have had our strongest suspicions aroused on several occasions when it seemed that not one but many utensils in a household have been the means of interfering with good health through potency contamination. These occasions have been mostly in families who have dabbled in amateur attempts to employ homœopathic treatment on themselves. We all know how difficult it can be to elicit a good response when treating such patients. No organized research has been done to justify these fears, but it is very easy to see how potency energy could encroach on to wrong carriers.

The properties of potency energy are so very unusual and their action on sensitive patients is so striking that we sometimes observe a most peculiar effect. A highly sensitive patient is given a single dose of a potency in the consulting room and a box of unmedicated *Saccharum lactis* pills. After two or three weeks the patient reports that he or she (usually she) has experienced a strong and unpleasant reaction which did not cease until the pills were stopped, and then, when the pills were taken again the symptoms returned. Sometimes a long period would elapse before the pills were resumed—maybe two or three weeks. The frequency of such a report puts the idea of suggestion or coincidence quite out of the question. When these offending pills are examined they are found to be active with some kind of electro-physical disturbance. We are led to conclude that when the patient takes a pill from the box a charge of potency energy (or something akin to that) is transferred from the fingers to the pills and the repeated doses of this energy keeps up the aggravation. When such an event occurs it has been the rule to advise the patient to destroy the remaining pills and when the symptoms have subsided completely, a fresh box of unmedicated pills is supplied and this phenomena of disturbance does not then repeat itself.

It is more than probable that such a peculiar response

was elicited because the original potency was from an inaccurately chosen drug. Advancing experience in electro-physical work and adjustment of possible errors through improved technique has created a very strong belief that this can be the most likely cause of such intense and prolonged aggravations. Even so, we must now realize that if it is possible to create such a response on one obviously sensitive case it is natural to believe that it will happen often, probably very often. If it does, then it is not always true that by giving a patient *placebo* we are only giving one dose of medicine; we are in fact helping the patient to take as many doses of something at least closely akin to the original potency as in each of the pills.

This observation therefore brings a very important aspect out of what we term "*Placebo*". It places a strong responsibility on the dispenser and it must encourage him to take as much care of unmedicated substances used for *placebo* purposes as he does with potencies. It is obvious that contamination of a *placebo* with potency energy will create as much confusion as dispensing a wrong medicine, and, of course it can easily be the means of completely obstructing the desired clinical result aimed at.

It would seem that here we have entered the realm of fantasy but we have often felt that we have been there before. When we learn to respect the true nature of this astonishing quality in potency energy, fact and fancy begin to sort themselves out. With this in our thoughts we should turn to those incredibly high potencies which give us clinical results equal to our highest hopes. Take for example the potencies supplied by the Skinner potentizing method. Consider a hundred thousandth potency. Here is something which has been supplied on the understanding that its product is similar to potentizing the original drug 100,000 times. Each stage is computed by comparison to be equivalent to the normal method of adding one minim of one stage of potentization to 99 minims of diluent for the next stage. In reality the machine merely keeps up

a constant flow of diluent and the duration of the flow (under pressure) is measured so that at a decided period the equivalent amount of diluent (viz. water) will equal that amount necessary to equal 100,000 stages of potentization. We have now learned that potency energy is an extraordinarily retentive energy. We know that without heat it is difficult to remove it from a glass container. We know that it can be transferred easily by fluid conduction. We can therefore adjust our conclusions about Skinner potencies and those of that ilk. A constant stream of water which itself is not contaminated with previous potency energy will not readily remove potency energy which has once been introduced to a glass container. We have no justification in saying that what is termed a 100,000th (cm) potency is an accurate statement. It is merely a modification of that original potency which was put into the container when the stream of diluent commenced to flow.

(To be continued.)

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SOME POINTS FOR THEIR PREPARATION AND CARE

DR. W. RITCHIE McCRAE

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A reference to the mortar and pestle for triturations must be made. The standard which is necessary for correct trituration was laid down by Samuel Hahnemann himself and should be adhered to. Dr. Leeser has demonstrated the convenient method of using *Lycopodium* spores and of observing their adequate disintegration microscopically as a means to achieve this standard. There has not been sufficient research conducted to show what degree of heat may be safely applied to the various types of pestle and mortar. Some such standard should be attempted. So far we can only say that it is absolutely imperative that all pestles and mortars should be cleaned and baked after use, or each kept specifically for its own drug.

Another method of dispensing potencies is quite certain to lead to contamination. This is the practice of taking trays of corked bottles of potencies and clamping them in

their trays. Then they are inverted and all the corks and necks of the bottles are dipped in troughs of melted paraffin wax. These troughs of wax become impregnated with potency energy and so serve as a sure method of contaminating every batch to follow. Many specimens of potencies from waxed bottles have been examined and not one has been found to be free from contamination.

The care of potentized medicines and their administration is a topic for most careful consideration in a hospital ward. The nursing staff and the new house officers should receive special advice to acquaint them with the elementary problems involved. There is little object in taking all the care which is necessary in the pharmacy and dispensary if uninformed personnel proceed to create confusion with the potencies once they enter the wards. When a single dose of a potency is prescribed in the Royal London Homœopathic Hospital the patient takes it directly from the vial supplied from the dispensary. When several doses are prescribed the dispensary supplies a separate sterile medicine glass for the additional doses and this medicine glass is returned to the dispensary for re-sterilizing when that course of treatment is completed. This is a comparatively simple procedure and brings to the nursing staff some reason for the care which is necessary to see that each medicine glass is ear-marked for its respective patient. Stray medicine glasses in a Homœopathic Hospital should never be tolerated. Their only legitimate place is in the dispensary, and medicine glasses used for crude medicines should be of a different pattern to those used for potencies. This very important problem could easily be overcome by the following simple procedure which would do away with the necessity for any medicine glass when repeated doses are prescribed.

Homœopathic physicians have learned from long experience that it is advantageous to alter the potency when several doses are given. Let us suppose that a patient has been ordered to have four doses to be given at specified

intervals. The dispenser would supply a vial with the potency prescribed and three other vials half full of diluent. The vial with the potency should have a distinguishing mark on the top of the cork, say a simple "x" and the other corks would be blank. When these are delivered in the ward the nurse would mark the blanks "1," "2," and "3" on the corks. When it is time to give the first dose from "x" she would first transfer several drops of that potency to No. 1 and then give the contents of "x" to the patient. When it was time to give the dose from vial No. 1 she would first succuss the bottle with three strong succussions holding the vial in her right hand and striking the closed first against the palm of her left hand three times. Then she would transfer a few drops from fluid No. 1 to vial No. 2 and give all the contents of No. 1 to the patient. The same procedure would be followed when the time arrived for the third dose (vial No. 2) and so the last dose in vial No. 3 would be an impregnation from No. 2 and it would in turn receive its three succussions just before being administered to the patient. After each dose is given its vial should be discarded, or, in times of shortage it may be returned to the dispensary for resterilizing except for the cork which should certainly be discarded. It is of no importance to measure the number of drops transferred from a potency to diluent. One drop is as effective as ten. Remember that it is the infinitesimal dynamic or electro-physical quality of the potency which is conveyed.

A further detail is worth mentioning because of the value its experience has afforded in the past. When it is necessary to send a dose of a potency in its dry form by post, it will be found to be of real advantage to wrap it, as with any normal medicated powder, in paper, and then to envelop this powder and paper in a cover of thin lead foil. This extra precaution is taken to obviate the contamination of the potency as well as to protect any other content in that postal packet from the potency, such as accompanying *Placebo*.

Another detail of special concern to us is the state of the patient's mouth before it receives potency. All the observed facts relating to the electrophysical properties of potentized medicines have shown us what very delicate preparations they are. The quality of this state is such that their effect on the patients' reactions is instantaneous. A new adjustment of the patient's electro-physical balance commences from the very instant the potency touches the mucous membrane of the mouth. It is therefore reasonable and right that each dose should be given at a time when there has been no food, drink or smoke in the patient's mouth for at least a full hour beforehand. To be meticulous you will also advise female patients not to apply cosmetics to the face or lips beforehand, for these can add very many foreign elements to the mouth. They become the vehicles of such complex synthetic perfumes and dyes! What else but contaminations can these be?

Unit doses which have been prepared and sealed with all the care and knowledge of a skilled pharmacist can be most admirable and safe manner of giving homœopathic treatment. The seal should not be broken until just before administration to the patient and they should be given direct from the vial supplied. Alternatively they can be used for impregnating the first of a series of doses when additional sterile vials with diluent are employed as already described here.

There is very much here to make us feel astonished that homœopathic treatment has maintained its high standard of excellence even until to-day. We are equally astonished at the marvellous insight which came to Samuel Hahnemann when his remarkably accurate observations and experiments brought him to realize that his delicate potencies were possessed with a dynamic quality quite peculiar to themselves and requiring the utmost respect for their safety. But we must remember that in his early experiments, and for many years after, his disciples used potencies which still retained something of their original physical

qualities. It remained for Boyd to show in his recent publications that his research has carried us a step towards that stage which reveals that Hahnemann was quite accurate in his observations. His instructions for dynamizations have opened a vast field for research where the physicist and the physician can still co-operate for the benefit of the healing art. It is up to us to take every known precaution to ensure that our remedies are as accurate and pure as possible. It is precisely on this account and along such lines of accurate observations and experiments that we can advance our knowledge and gain the confidence of scientific co-operation in medicine. We know from bitter disappointment that the highest achievement in clinical success carries no weight except for our own enthusiastic encouragement. All this encouragement comes to us directly from this dynamic element, from this electro-physical quality elicited by potentization. Boyd has achieved a triumph which carries Hahnemann's technique and observations safely into the realm of modern physics. It is well within our power to help to maintain this remarkable advance for the honour it brings to our prestige, but this means a constant and devoted care of all the knowledge at our disposal in every minute detail.

A LIST OF MEDICINES FOUND TO BE CONTAMINATED AND REQUIRING REPLACEMENT DURING THE PAST YEAR

<i>Aesculus</i>	<i>Arum mac.</i>	<i>Bovista</i>
<i>Aethusa cy.</i>	<i>Asaf.</i>	<i>Brom.</i>
<i>Agar.</i>	<i>Asar. eur.</i>	<i>Calc. ars.</i>
<i>Ailanth.</i>	<i>Avena sat.</i>	<i>Calc. fluor.</i>
<i>Anthracin.</i>		<i>Calc. sul.</i>
<i>Ant. crud.</i>	<i>Bacill.</i>	<i>Camph.</i>
<i>Amm. carb.</i>	<i>Bapt.</i>	<i>Cann. sat.</i>
<i>Arg. nit.</i>	<i>Bell.</i>	<i>Carbo an.</i>
<i>Ars. alb.</i>	<i>Bellis per.</i>	<i>Carbo sul.</i>
<i>Ars. iod.</i>	<i>Bor. ac.</i>	<i>Carbo veg.</i>
<i>Ars. met.</i>	<i>Bothrops</i>	

<i>Chel.</i>	<i>Grindelia</i>	<i>Nux vom.</i>
<i>Chenopod.</i>	<i>Guaco.</i>	
<i>China</i>	<i>Guicum</i>	<i>Oenanthe croc.</i>
<i>Chionanth.</i>		<i>Opium</i>
<i>Chrom. ac.</i>	<i>Hep. sul.</i>	<i>Ornith.</i>
<i>Cicuta vir.</i>	<i>Hydrast.</i>	<i>Oxal. ac.</i>
<i>Cistus can.</i>	<i>Hyper.</i>	
<i>Cinnabar</i>		<i>Petrol</i>
<i>Cocc.</i>	<i>Ign.</i>	<i>Phos.</i>
<i>Collin.</i>		<i>Pic. ac.</i>
<i>Coloc.</i>	<i>Kali ars.</i>	<i>Psor.</i>
<i>Croton</i>	<i>Kali iod.</i>	<i>Puls.</i>
<i>Card. mar.</i>	<i>Kalmia</i>	<i>Pyrogen</i>
<i>Cedron</i>		<i>Rhodo.</i>
<i>Cham.</i>	<i>Lachnanth.</i>	<i>Rumex</i>
<i>Cupr.</i>	<i>Lauro.</i>	
<i>Cupr. ars.</i>	<i>Lith. carb.</i>	<i>Sabal. serr.</i>
<i>Cyclamen</i>		<i>Sang.</i>
<i>Cypriped.</i>	<i>Mancin.</i>	<i>Secale</i>
	<i>Mag. sul.</i>	<i>Selen.</i>
<i>Equiset.</i>	<i>Mang.</i>	<i>Senecio</i>
<i>Erig. can.</i>	<i>Menyanth.</i>	<i>Spong.</i>
<i>Euphrasia</i>	<i>Mephitis</i>	<i>Staphis.</i>
<i>Eupator, per.</i>	<i>Merc. cor.</i>	<i>Sul. ac.</i>
	<i>Merc. cyan.</i>	
<i>Ferr. met,</i>	<i>Merc. iod. rub.</i>	<i>Thal. met.</i>
<i>Ferr. phos.</i>	<i>Merc. sol.</i>	<i>Therid.</i>
<i>Ferr. pic.</i>	<i>Mez.</i>	<i>Tellur.</i>
<i>Ferr. sul.</i>	<i>Moschus</i>	<i>Tub. bov.</i>
<i>Formic ac.</i>	<i>Myositis</i>	
	<i>Naja</i>	<i>Verbasc.</i>
<i>Galium.</i>	<i>Nat. ars.</i>	<i>Viol. od.</i>
<i>Gambog.</i>	<i>Nat. sul.</i>	<i>Viol. tri.</i>
<i>Gels.</i>	<i>Nit. ac.</i>	
<i>Graph.</i>	<i>Nux mosch.</i>	<i>Xanthox.</i>

SUMMARY

Boyd's discovery through experimental research that potentized medicines possess a definite quality of some undefined electro-physical nature is referred to.

The danger and ease of the contamination of potencies by stray potency energy is stressed.

The unsuspected danger of contamination entering into the preparation of a series of potencies when mechanical potentizers are used is described and suggestions for overcoming this are explained.

Examples of clinical results being confused by using contaminated medicines are recorded.

Warning of dangerous techniques when dispensing potentized medicines are given, and methods for safe dispensing and care of potencies explained.

The accuracy of Hahnemann's experiments and observations is repeated. Boyd's modern research confirms these early discoveries. Their scientific importance for the constructive development of Homœopathy and medicine as a whole is the natural conclusion.

DISCUSSION

The discussion was opened by Miss JENKINS, Chief Pharmacist to The Royal London Homœopathic Hospital. Remarking that Dr. McCrae was the genial and kindly chief of the Dispensary, Miss Jenkins added that behind the man was the machine—the Emanometer—which set a very high standard of efficiency rather difficult to achieve without a great deal of time at one's disposal.

She believed that a great deal lay between the idealism of Dr. McCrae and the carrying of it out in any Dispensary. She considered that granules were the safest method, but they had been found very elusive and difficult to dispense. When they were tried some years ago they slowed up the work of the Dispensary very much, and it had been necessary to go back to liquids. She was very interested in the hand-drying machine. Did Dr. McCrae consider that drying the hands was sufficient in itself, or was it necessary to wash them as well?

She thought that a great deal could be done in the wards, where the nurses did not seem to know the importance of care in the handling of

medicines. All the hard work put in by the Dispensary was of no use if precautions were not taken in the wards.

Finally Miss Jenkins suggested that Dr. McCrae might like to spend an interesting month's holiday in her department—and see how difficult it was to obtain perfection!

Mr. EVERITT thanked the Faculty for inviting him and other chemists to listen to the most interesting paper. He felt that the homœopathic pharmacist owed a great debt to the Emanometer and to Dr. McCrae for explaining the technique and implications to them. He suggested that safe results in dispensing could be obtained by following two golden rules.

(1) Never use a bottle, flask or other container twice—always use a new, clean one.

(2) Never medicate an empty bottle; but only one which has previously been filled by the unmedicated substance to be dispensed.

These were simple precautions, but only once in a hundred times were they carried out by the person in the ordinary pharmacy, they being unaware of the electro-physical phenomena.

Mr. BOIT said that he had read in Nageli's work (1941)* that it was necessary to wash bottles in mineral acid, followed by distilled water, before sterilizing, which was not sufficient in itself. There was a minor point in regard to the lead foil used for wrapping medicines sent by post, as suggested by Dr. McCrae—it must not, of course, be radioactive lead foil.

On the question of machine-made potencies, he had been disappointed by Boyd's paper in 1949 on "The Threshold Action of Microdoses of Mercuric Chloride on the Activity of Diastase in the Hydrolysis of Starch" (Boyd, 1949), † in which the author described all the precautions, yet disposed of succussion in one short paragraph:—

Succussion of a shock type was used during the preparation of the microdoses to ensure relatively similar mixing and to maintain uniformity with the general technique used in connection with previous experiments. This succussion was achieved by the raising to a controlled height of a wooden block carrying a metal container into which the bottle of microdose had been inserted. The fall of the block on to hard rubber balls was accelerated partly by the tension of a rubber cord and partly by the falling weight of the moving part carrying the metal container holding the bottle.

There was no mention of the weight or the distance dropped—in other words, of the amount of energy used in each succussion. This energy was important. Mr. Boit thought that the difference in potencies produced by different machines was a question of the energy involved. Unless one was

* Nageli (1941). *Homœopathic Recorder*, Jan., p. 68.

† Boyd, W. E. (1949), *Brit. Hom. J.*, 39,234.

sure of the energy applied, one could not make a comparison of their efficiency.

Mr. LEESER said that those machines that succussed at all, did so by vibration, not by hitting against a solid stop or anything like that: in contrast to the "hand-made" potentizing succussed against the palm of the left hand, or, as Hahnemann directed, against a leather bound book. What was the effect of metals on potency? Dr. McCrae had suggested wrapping medicines in lead foil, but he had always been brought up to the idea that potency energy was destroyed on contact with metals. For that reason, also, he had been surprised to hear about sterilizing pills on metal plates.

In sterilizing mortars and pestles, the question was not whether one could subject the porcelain to the heat and time required for sterilization, but whether the fixture of the pestle to the remainder of the machine would stand such treatment, he having had experience of bad fixtures.

Dr. G. R. Mitchell recalled that, according to Dr. Boyd, potency energy is retained by anything which is not an earthed conductor. In this particular, then, it would seem to resemble a static charge. Might it not happen, then, that the energy would run to earth through the body when one dipped a spoon in the dissolved remedy?

The danger of cosmetic contamination had made itself apparent to Dr. Mitchell on an occasion when he was about to place a powder on a patient's tongue. As he was about to do so she licked her heavily made-up lips, so he refrained from giving the medicine then and advised her to take it when she first weakened the following morning! For the same reason, when giving a patient a remedy to be taken in the morning, he always enquired whether they wore dentures and, if so, whether they took them out at night. If they did so he warned them to take the powder before replacing their dentures so as to avoid carrying contamination into the mouth immediately before taking the dose.

Dr. P. G. Quinton said that he had been practising for over twenty-five years and had many times poured medicines into glasses, yet the patients seemed to get well. He thought one could get too particular about glasses. Old fashioned homœopaths always brought out a couple of tumblers on a tray for the doctor to make up his medicines. He was sure those tumblers were not sterilized—they were washed up in the ordinary way in the sink. But it did not seem to have any effect on the medicines. Even if it was wrong scientifically, good clinical results were obtained.

Dr. Alva Benjamin said that he had been thinking along the same lines as Dr. Quinton. He recalled the Horder Commission's verdict on Dr. Boyd's experiments in 1926, that they were satisfied that there was something in potencies but that did not guarantee therapeutic value. To paraphrase this, although potencies might be contaminated electro-physically was that any justification for saying that this contamination in-

terfered with the main potency? There might be over-emphasis here. He had a box of medicines which he got when he came to this country after the first world war, and he was using them effectively as grafts still, although he did not take all the elaborate precautions suggested by Dr. McCrae.

Dr. McCrae had stated that if the cork were taken out one should be sure that the top was on the surface of the table. Should that make any difference? Surely the whole cork carried the potency? He could not see any distinction. And did Dr. McCrae suggest that the dispenser should put her hands into a temperature of 140°C., which he said was necessary for sterilization! Possibly there must be a distinction drawn between electro-physical contamination and the value of a medicine therapeutically.

Mr. Eiles said that it was possible to triturate until the pestle and mortar had become too impregnated for any sterilization.

A Member of the audience asked whether boiling alone was sufficient to sterilize?

Dr. Fraser Kerr said that he might, perhaps, be permitted to answer the query as to the strength of the blow needed for percussion. Both the strong and the weak worked. There is a picture of one Hahnemann's disciples (Jenichen) describing how at an early hour one morning the 6,000th potency was born. It had been prepared by transferring from one vial to another, each being given so many succussions "with my strong right arm."

On the other hand he had an elderly and frail patient whose condition clearly called for *Bryonia*. The patient was instructed in diluting and succussing and did so properly each day. On about the forty-ninth day he rang up to say that his bowels were constipated, his bladder a nuisance again and his rheumatism was bad, in fact all his symptoms were returning. According to Hahnemann's observations (*V. Organon*, sixth edition) this is the aggravation from the continued repetition of slightly raised potencies of the correct remedy and shows that even this mild succussion was efficient.

Dr. W. Lees Templeton wondered whether Dr. Boyd did not answer many of the points made in his booklet on low potencies when he replied to the argument, often advanced against Homœopathy: "How can a small dose of something act therapeutically when the patient already had small doses of it in his food?" To this Dr. Boyd replied: "Unless the key fits the lock, it will not have any effect." Contamination did not fit the lock, and did not have any effect, and though we should be as careful as possible, he did not believe that any meticulous care is necessary. In any case he wondered if drug potency radiation could ever be "sterilized."

Dr. T. Douglas Ross said that he was particularly interested in storage.

He bought granules in bulk and stored them in bottles, side by side. He avoided grafting. He had a suspicion that if *Saccharum lactis* was kept in a drawer in the middle of other bottles containing granules, it did have an effect on the *Saccharum lactis*. It should be kept by itself. He had given up storing tinctures in drawers, because the air in such drawers must become contaminated since the tinctures were always evaporating.

Sir John Weir said that at one time he wondered whether in a series of powders the first (medicated) one affected the others. He had been reassured by a chemist that the risk was negligible if the medicated powder was dry, and he could not believe that a continued improvement would be obtained in a patient if the other powders were active.

In grafting medicines great care had to be exercised: some merely added extra sugar granules, others also used a drop of S.V.R. and then vigorously succeeded. The extra granules should be placed on a fresh piece of paper and then dropped into the bottle: in this way there is the least chance of contamination.

If ever a body of men had to have trust it was physicians in their chemists, they were absolutely in their hands; if otherwise, the doctor lost faith and patients did not get the benefit expected. Sir John knew the chemists realized how much depended upon them and their care.

He agreed about the interference of cosmetics and hair oils on the effect of our remedies, some were very potent.

Mr. Leiser in a further contribution to the discussion, pointed out that whilst the ordinary chemist had to comply with certain standards which were laid down, the homœopathic chemist had nothing except his conscience. He suggested that the Faculty should do something to lay down what they required of a homœopathic chemist.

Dr. McCrae, replying to the discussion, said that it would be wise for the dispenser to wash her hands in soap and water before using the hot-air drier. The idea of washing bottles in a mineral acid first and then in water was initiated by Hahnemann himself, but Dr. McCrae believed it was often unnecessary to use an acid if dry heat was used—and this was the only known method of eliminating potency energy.

He did not advocate direct contact between the powder and the lead foil; there should be a layer of paper in between. The idea of the foil was to make a small electric seal inside which the potency would not be subjected to electrostatic energies. Also he had not implied that one should put the potentized medicines directly on metal plates. It was, of course, quite true that metal in direct contact would damage the potency through the oxidization of the metal. It would not, however, be the potency which was put directly on the plates, but the container.

The question of succussion and the force of succussion was one which had never been treated scientifically; and it would probably be a long time

before it was possible to answer it. Boyd's experiments seemed to show that beyond a certain point succussion produced no appreciable increase of potency energy.

Recently, however, Boyd had shown that there was a change with every succussion, that the mere movement of a fluid potency was sufficient to alter the potency.

As to leakage of potency to earth through a metal spoon, he did not think that anyone would take the trouble to earth the spoon. The amount of earthing when the spoon was held by a person was not a source of danger.

It was true that face powder would be a deterrent to a potency's effect. He did not think, however, that the smell of hair oil would interfere with the potency energy; contact with the oil would, of course, be a gross contamination.

How was it possible to put the potency into a tumbler and get a response, although the tumbler was not sterilized? The answer was that there was a part of the key which fitted part of the lock—but one would not be so certainly achieved. Boiling alone would not be certain to destroy potency energy.

Placebos must be stored well away from potencies, and earthed metal containers were best for keeping the latter when bottled.

Dealing with the question of the contamination of powders, Dr. McCrae said that if one potentized powder was put in a packet containing other unmedicated powders all the powders would tend to take up the potency energy. If the single potency powder were in the least degree moist then all the powders would certainly be charged with the potency energy.

Many older homœopathic practitioners told how they had had medicines for many years. That showed the extraordinary nature and retentive quality of the potency within glass, and very obviously it was all the more reason for the precautions which he had suggested and for the points which he had made to ensure their safe storage. When re-charging a vial with *Saccharum lactis*, Dr. McCrae recommended taking a clean vial, filling that with the required quantity of *Saccharum lactis*, adding a drop or two of alcohol and then pouring this damp sugar into the vial of the potency. Discard the spare vial which would then have become impregnated with the original potency energy. In emergencies a clean slip of paper could be used to transfer a fresh quantity of *Saccharum lactis* instead of the clean vial, but this paper method is not free from danger as stray energies from the fingers may damage the producer.

—*The British Homœopathic Journal*, April, 1952.