

bacteria. In our next issue, we will examine the experimental evidence furnished by the biological sciences in order to discover whether here the attributes of cause can be established.

B. K. S.

### THE TEACHING OF HOMŒOPATHY

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We assert that an understanding of the principles and practice of homœopathy would greatly increase the healing powers of doctors who acquired it. If all practising doctors could use it, the general health standard of the population would be raised; children would benefit during the susceptible growing period, healthier adults would result, and their senescence would be delayed and lightened.

There is an enormous amount of ill-health, unhappiness, and time lost from work, because of chronic diseases, which are little improved by the measures now generally used for their cure. I need instance only rheumatism, tuberculosis, peptic ulceration, and skin diseases. In spite of the brilliant discoveries of the antibiotics, which homœopathic physicians are also glad to use, the recovery of patients from acute disease is quicker, and more satisfactory when the homœopathic remedy is given; its scope in chronic disease is little affected by these modern advances.

As I see it, the object of the Faculty of Homœopathy is to preserve the principles of our specialty and to improve and propagate the art of its practice in the cure of disease, until it is properly taught in all medical schools, or until it is superseded by something better. Therefore, it is our moral duty to teach homœopathy to a far larger number of doctors.

## HOW BEST TEACH HOMŒOPATHY?

This problem falls naturally into two parts: how to catch the hare, and then, how cook him? The first is more difficult: to interest doctors in the subject so that they have a positive desire to learn it.

There should be a strong appeal in homœopathy, not only to the idealist, who wishes more strength to help his fellows, but also to the more scientific type, when he has grasped the underlying philosophy and the reasonableness of the method. Why, then, are there so few students today? The uncertain times, economic pressure to get settled quickly in practice or hospital job, the contemptuous indifference of so many teachers of medical undergraduates may all be blamed. It is very easy to prejudice youthful minds as the Nazis recently showed, and I have not seldom experienced in undergraduates emotional resistances induced by the jibes of eminent opponents of homœopathy, by intellectual snobbery, or by fear of the social consequences of following so unorthodox a line. It is fair to say that the majority of undergraduates are not like this, in fact are keenly interested when they get an adequate view of the subject.

Ideally, homœopathy should be taught to medical students in their final year, but at present the curriculum is too overloaded and our teaching must be post-graduate. I feel that all the Fellows and Members of the Faculty of Homœopathy must act in this matter. The teaching may be left to a few, but the getting of students—the pioneer work, the lighting of the spark of curiosity and interest, must be done by all of us. The main attraction of homœopathy is the possibility of better results; these results must be demonstrated in order to inspire the wish to imitate them.

Nothing puts off an enquirer like tales of marvellous cures which are not demonstrated unless it be a display of ignorance regarding modern diagnostic and therapeutic

ideas, with expressions of contempt for all non-homœopathic methods. I am afraid that in the past there has been too much of this and we are reaping the fruit today in the indifferent or contemptuous attitude of medical public opinion. A sensible attitude about what is curable and an appreciation of other measures will go a long way to diminish antagonism in experienced doctors. This is not "selling the pass" of pure Homœopathy, as I can almost hear some of the diehards exclaim! In my view it is quite possible to practise pure Homœopathy today and yet help in the main stream of medical progress.

I had the opportunity of seeing Dr. Gibson's paper beforehand, and I thoroughly agree with what he says about a modern presentation with the dropping of archaic words, etc. His point about the relative safety and simplicity of our treatment is a very good one; he might have added cheapness. The public are beginning to be alarmed at the "heroic", painful, and even dangerous methods of investigation and treatment now practised in some places, and hospital expenses are rising at a rate far in excess of results. There is a happy medium in these matters. We would do well to bear in mind Hahnemann's opening sentence in the *Organon*: "The physician has no higher aim than to make sick folk well, to pursue what is called the Art of Healing".

As a means of interesting the profession in our subject, Dr. Gibson's suggestions that records of consistently satisfactory results of recent date be published, is well worth following up. Dr. C. E. Wheeler made a similar suggestion a few years ago. He asked all Fellows and Members of the Faculty to send in notes of fifty consecutive cases to the Journal. He was convinced that without selecting cases at all, we could show results good enough to attract other doctors to look into homœopathy. All that was necessary was an honest description of the case, an accurate diagnosis, and reasons for the choice of the remedy. Now is the time for action on these lines.

I have asked my colleagues in Glasgow for their views on the problem of spreading homœopathy among the profession, and I am indebted to Drs. Emslie, S. Gunn, A. MacNeill, Gordon Ross, and T. F. Stewart, for their suggestions.

In Glasgow, as Dr. Emslie and others have pointed out, the Homœopathic Hospitals are so small that acute cases can seldom be admitted the day they fall ill and must be sent elsewhere. The out-patient clinics deal with 17,000 to 20,000 patients per year, but we have only 30 adults and 30 children's hospital beds, and no beds at all for infectious fevers. These acutely ill cases are, of course, best for demonstrating the superiority of homœopathy. Therefore, in Glasgow we need a Hospital of 100 beds. One was projected before the War and £90,000 gathered, but I fear our new Hospital is still far away.

On the positive side, I think it is a good thing that our hospitals are in the National Health Service. It will keep homœopathy in the current of Medical progress and it will enable young doctors to work in homœopathic hospitals without jeopardizing their financial future by staying outside the service. We need, then, bigger and better hospitals inside the National Health Service, staffed by doctors who will take enquirers into the wards and out-patient clinics and let them see everything.

Proof of the value of homœopathy should gradually accumulate in the hospitals' routine work, and from research. Propaganda is necessary to get money for such research and also to give financial help to young doctors desirous of studying the subject. The Research and Educational Trusts recently formed in London and Glasgow and co-operating in the common cause, are the first steps towards this.

The occasional lectures to undergraduates or doctors, such as have been given by experts like Bodman, Boyd, Julian, Paterson and Weir, are of definite value in arousing interest and might be extended. The *British Homœopathic*

*Journal* and also some standard text books should be available to all medical students in their libraries.

Dr. G. Ross has pointed out to me the value in a minor way, of accumulating letters from grateful cured patients, as proof of the superiority of homœopathy. Some certainly make impressive reading!

Now as to the students, when we have got them! Looking into homœopathy, they go through I think, two stages. The first of cautious and suspicious enquiry, the second of enthusiasm and insatiable demand for more. Some rush into stage two, but the best ones are slow in their acceptance of the new ideas. A few never get beyond the first stage. They have the closed minds already mentioned, and seize on anything that seems bizarre or unscientific and make of it an unsurmountable obstacle. "He who comes to seek after knowledge with a mind to scorn and to censure shall be sure to find enough for his humour but none for his instruction."

It is fair to appreciate the mental struggle in a doctor who is studying Homœopathy for the first time. Radical changes in his philosophical attitude to the problems of disease, especially chronic disease, are required. In my view Homœopathic Philosophy should be absorbed gradually, almost inevitably, as he learns and uses the Homœopathic Materia Medica, and not forced too quickly on him. He will soon realize we deal not in specifics for syndromes, but for distinct types of vital reactions, and that homœopathy really does treat the patient, not just the disease.

Our potencies remain the great stumbling block to many minds, though they do not present such difficulty to those acquainted with modern physics. There are two ways of getting over the enquirer's potency difficulties. (1) Either refuse to discuss the subject, as John Paterson does and state that Homœopathy does not depend on potencies, and can be practised quite well without using them. (Gibson also dismisses the potency problem some-

what airily when he states that the immense potentiality of the infinitely minute is becoming a scientific commonplace). (2) The other way is to go into the matter fully as Boyd does to give the students all the known facts in biophysics and biochemistry that relate to the subject, using spectroscopic methods, electronics, enzyme actions, electro-cardiographic work, and so on as illustrations. This is strong meat and perhaps Paterson's method is the better to arouse interest at first, but sooner or later the potency question must be faced. Once the beginner has obtained some really good results himself, this problem should not deter him, but how much easier our missionary work will be when Boyd's researches have solved it.

For the study of homœopathy *de novo*, a good and complete text book is still needed. We want a book which will enable the enquirer to test out the subject himself. It should include a section on the principles of case taking and remedy selection and administration, a short materia medica giving the essence of the commoner remedies, and a small repertory. The genuine student will soon grow out of such a book and seek the larger *Materia Medicas* and *Repertories*, but these are too full for the beginner, and I am sure, deter many because of their complexity and their somewhat archaic presentation.

At present one has to advise beginners to study in several books. I favour Tyler's Correspondence Course, and her "Drug Pictures", Nash's "Leaders", Allen's "Key-notes", and pamphlets of Gibson Miller on "The Comparative Value of Symptoms in Selection of the Remedy" and "A Synopsis of Homœopathic Philosophy". Sooner or later the real enthusiast will have to get Kent's *Repertory*; his willingness to pay the price of this, almost £7, is a test of his keenness.

The ideal course of instruction will certainly include lectures on the principles and rules for practice and on materia medica. Those I think should be kept practical at first and the philosophy left till later. But homœopathy

is largely an art and in my opinion the Out Patient Clinic is the best place to teach it. Too many lectures without demonstrations do not sink in. Homœopathic *Materia Medica* can be taught only by repetition, by constant allusion and comparison and discussion—not really by formal lectures.

As students develop their knowledge, they must be practised in handling Kent's *Repertory* themselves. It is impossible to get the best out of this monumental work without guidance at first. Each student should be given a copy to use, while the case is actually being taken by the teacher. Reference books on *Materia Medica* should also be available and then the case is summed up by the teacher, and the reason for the choice of remedy given.

A small class, not more than six, is best for this type of work. It is exhausting for the teacher, but rewarding in the gradual increase of skill and enthusiasm of the students. I shall always be grateful to Dr. Margaret Tyler, of beloved memory, and to Dr. W. W. Rorke, for teaching me in this way.

In Glasgow we run a three-months' course of lectures, and clinical demonstrations on these lines. But the time is far too short, and the keen students continue to attend the clinics for one or two years. Long attendance at one clinic has the added advantage that doctors can see for themselves what kind of results are being obtained. In Glasgow, the cases are taken just as they come, the only selection being to limit the number of new patients to the time available. The lecture and clinical demonstration are given on the same evening each week to suit busy doctors. In my opinion short intensive courses are useless for beginners, though they have value for those more experienced.

After the young doctor has learned the rudiments (for it will take half a lifetime to become a master of the subject) there is nothing better than a period spent in assisting an older homœopathic doctor in general practice. Here he will gain experience in dealing with acute illnesses and

emergencies. It is an obvious limitation of his earlier teaching, as I have outlined it, that the emphasis has all been on chronic disease. He will now be amazed at the speed of recovery from diphtheria, and other grave infections under the simillimum, but if he is a wise man he will also begin to define to himself the scope and limitations of homœopathy, and he will not withhold other measures when these are needed. By virtue of his skilful use of homœopathy, thus integrated into modern medicine, he will have become a more complete and perfect physician.

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## DERMATOLOGICAL REMEDIES IN BRIEF

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The homœopathic physician knows that the disease lies beyond the external manifestation, that the micro-organism of any disease is simply a physical expression of a subversive force in which the life force in its predisposed weakness has allowed the disease to enter.

Many skin eruptions are due to external irritants or to internal toxins. A dermatitis develops because the skin cannot tolerate the onslaught from without or from within. If strong local applications are used on the already damaged skin the dermatitis will become more severe and extensive.

Cutaneous infections, whether they are bacterial or idiopathic, will often clear under the use of remedies chosen according to the law of similia.

It has been my experience that numerous skin diseases will yield to one of the following remedies prescribed according to homœopathic rule. It is well to remember