

HOMŒOPATHY TO-DAY

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EARLY DAYS

Christian Friedrich Samuel Hahnemann, the founder of Homœopathy, was born in 1755 and died in 1843. So far as India is concerned, the earliest recorded case of homœopathic treatment appears to be the treatment of Raja Ranjit Singh of Lahore in 1839. According to a report (reproduced in the *Homœopathic Herald*, Calcutta) submitted by the late Dr. Mahendralal Sarkar to the Homœopathic Congress held in London in 1881, John Martin Honigberger practised in Calcutta for some years up to 1860 and was known as a Cholera doctor. He published in 1852 a book entitled "Thirty-Five Years in the East, Adventures, Discoveries, Experiments, and Historical Sketches, relating to the Punjab and Kashmir, in connection with Medicine, Botany, Pharmacy, etc., together with an original *Materia Medica*; and a *Medical Vocabulary* in four European and five Eastern languages." His successes in homœopathic treatment drew the attention of Raja Ranjit Singh, who, though unwilling at first, placed himself under the treatment of Honigberger against vehement opposition from his court physicians. The Raja improved considerably under the homœopathic treatment and was so pleased that he presented to Honigberger a pair of heavy gold armlets and a pair of expensive Kashmir shawls. This added fuel to the fire of jealousy of the Court Vaid and Hakims, who ultimately 'managed to wrest the distinguished patient from the hands of the foreigner, and succeeded in sending him to the other world' in less than a fortnight. The Calcutta Review of January 1852 contains an article entitled, "Homœopathy and its Introduction to India", from which we learn that "the system has been extensively practised by amateurs in the civil and military services and by other gentlemen; and the success that has attended their prac-

tice, both upon Europeans and natives, has been such as to astonish themselves and all those who have witnessed it." The same paper mentions three homœopathic hospitals in India, "That just opened in Calcutta and those established by Mr. Brooking at Tanjore and Paducuta, under the respective Rajas." The hospital at Calcutta was very short-lived, though it was started under the patronage of Sir John Littler, Deputy Governor of Bengal.

The progress of homœopathy in Bengal during the latter half of the nineteenth century was marked by the continued enthusiasm for homœopathy both in the amateurs and professionals. Mr. E. de Latour of Indian Civil Service was a very successful practitioner. A deputy magistrate under him, Maulvie Zianuddin Hosein was a zealous convert. Dr. C. F. Tonniere, M.D., was also a sincere and convinced homœopath. A very great stimulus came from Babu Rajender Dutt who performed many extraordinary cures and was the gentleman who converted Pandit Iswarchandra Vidyasagar to homœopathy. Babu Rajender was also successful in curing Raja Sir Radhakanta Bahadur, whose case was declared as hopeless by the leading Indian and European physicians of the city. In 1864, Dr. Thiennette Berigny came from Melbourne and successfully practised homœopathy in Calcutta. The conversion of Dr. Mahendralal Sarkar, M.D., D.L., C.I.E., to homœopathy in 1867 marked the beginning of a prosperous epoch in the history of homœopathy in Bengal. Babu Lokenath Moitra, inspired by Pandit Iswarchandra and Babu Rajender, began to practise homœopathy in Benares and attained great reputation after he succeeded in curing the wife of the late Mr. Ironside, Sessions Judge of Benares. This case also had been declared as hopeless by the best European doctors of the city. The resulting enthusiasm of the local people led to the establishment at Benares of a homœopathic hospital in 1857. Dr. Leopold Salzer, a graduate of Vienna, and later an assistant of Lutze at Köthen, came to Calcutta in 1867. A homœopathic dispensary was

started at Allahabad in 1869 under the management of Babu Preonath Bose. Another dispensary was started at Agra in 1870 under Babu Gobindachandra Ray. Homœopathy had a brilliant welcome in Jaipur when the Maharaja sent for Dr. Salzer for his treatment. The year 1878 witnessed a very unhappy incident. Dr. Mahendralal Sarkar, who was a member of the Faculty of Medicine of the Calcutta University was practically forced to resign on account of his conversion to homœopathy. The academic controversy which raged in the Senate and the memorable letters of Dr. Sarkar remind us of the days of Socrates and Galilio. Homœopathy was described by his opponents—all allopaths—as a “system of absurd transcendentalism, tintured largely with positive quackery”. Dr. Sarkar’s learned and dignified replies are regarded as invaluable gems in our homœopathic literature. Dr. Sarkar was a genuine worshipper of science. It was he who founded the Indian Association for the Cultivation of Science. A man of his calibre certainly did not surrender to quackery! Those who are interested in his historical aspect of the subject may profitably read Dr. Sarkar’s paper on India, already referred to.

THE PRESENT CENTURY

Since Dr. Sarkar’s time up to the present day, the study and practice of homœopathy have steadily progressed through the following decades not only in Bengal but also in other provinces. A large number of practitioners, both amateur and professional have had very successful practice and have cured innumerable patients. It will be futile to try to enumerate the large number of homœopathic practitioners who have added to the reputation of homœopathy from time to time. A large number of institutions for imparting homœopathic education have sprung up in different parts of the country, though the standards vary and there is entire lack of uniformity or cooperation. The medical literature relating to homœopathy has also been

enriched by a large number of very useful publications in the form of dictionary, materia medica, and practice, treatises or manuals on anatomy and physiology, those on treatment of specific diseases, and so on. A large number of these books have also been translated in various Indian languages. Provinces outside Bengal have also been deeply interested in Homœopathy. Homœopathic institutions, associations and educational schools or colleges and hospitals have sprung up in many parts of India, though, as I have already remarked, they are conspicuous by the absence of any uniformity in standard and general outlook.

If we look outside India, we find that the system has innumerable adherents in almost all parts of the world. America has been, as in all other matters, highly progressive in the study, practice and propagation of homœopathy, though a little slackening is noticeable during the last quarter of a century, due probably to the discovery of the so-called miracle drugs, *viz.*, the coal-tar derivatives and other chemical compounds, which are supposed to have conquered certain specific diseases. Great Britain has a host of devotees and the system has been officially recognised by the State, though its status is not exactly the same as that of the allopathic system. It has a large number of devotees in France, Germany, Switzerland, Italy, Scandinavia, Holland, Denmark, Spain and Brazil.

In India, the provinces which have been progressive in the matter of homœopathy are Bengal, Bombay, Uttar Pradesh, Madhya Pradesh, Bihar, Madras and Mysore, though the last two provinces seem to lack the enthusiasm of the other provinces.

THE PRINCIPLES OF HOMŒOPATHY

In our limited space we can give only a very brief outline of the main principles on which homœopathy is based. One of the basic assumptions is that there is within the human body something, which we may call life or vital

force or dynamis, that maintains the whole physiological system in proper working order. Disease of any kind, whether apparently limited to a particular limb or extending over the whole body, is supposed to be due to some disturbance in the vital force which is no longer able to keep the normal state of equilibrium. The drug is something which assists the vital force in such a way as to bring it to normal and thus to destroy the disease. It is not possible in a few words to elaborate the exact nature of the action and reaction between the drug and the vital force and between the drug and the disease. The second important point is the principle of the law of similars. To begin with, let us take a very trivial example of two fingers of two hands being scalded by heat and then one of the fingers being dipped in hot water and the other in ice-cold water. It is common knowledge that relief will be obtained by the former finger and not the latter. That is to say, injury due to heat is relieved by the application of heat in a lesser degree. Thoroughgoing experiments of this nature extending over a long period, performed with the greatest care and in accordance with strictly logical methods have led to the discovery of the law of similars by Hahnemann. In Hahnemann's own words, "Homœopathy consists in the administration of a remedy for a disease, which, if given to a person in health, is capable of producing similar (not identical) symptoms to the disease—'Similia Similibus Curantur', likes by likes are cured. You are palsied—you use Strychnine which produces palsy; you are griped—you use Colocynth which gripes; you are sick—you use Antimony which produces sickness; you have asthma—you use Ipecacuanha which produces asthma; you are relaxed in bowels—you use Rhubarb, which relaxes the bowels. This is the law of likes curing likes. Refute these truths if you can, by showing a still more efficacious, certain and agreeable method than mine; refute them not by words, of which we had already too many; but if experience should prove to you, as it has done

to me, that my method is the best, make use of it to save your fellow creatures, and give the glory to God."

Another basic principle is the administration of medicine in almost infinitesimal doses. So far as the mother tinctures or crude bases are concerned, when they are used medicines, there is not much difference with the allopathic medicines, though there are certain fundamental differences in the mode of administration. When dilutions are made, the drug is not merely divided and sub-divided, but actually potentised, that is to say, the drugs become more and more powerful by the process of succussion. Even in simple dilutions, such infinitesimal doses do possess medicinal properties. On this point reference may be made to Sir J. C. Bose's lecture on "Life and Its Mechanism", in which he describes the increase of the power of assimilation of a plant by the administration of infinitesimal dose of a poison—one part in a billion, which actually corresponds to the twelfth decimal or the sixth centesimal dilution of homœopathy. It was proved by Professor Richet, the famous physiologist, in 1905, that Formol acts in the infinitesimal dose of one-millionth part of a milligram to 222 gallons of fluid, in the process of lactic fermentation. Gabriel Bertrand, Professor of Chemical Biology of the Faculty of Sciences of Paris and at the Institute of Pasteur, showed that a dilution of one milligram of manganese in 2220 gallons of culture medium stimulated the growth of the fungus *Aspergillus Niger*. The dilution is equivalent to the tenth homœopathic potency. W. Burrige, late Professor of Physiology and Principal, King George's Medical College, Lucknow, and Dean of the Faculty of Medicine, has worked out the limits at which certain substances are found to be active. He has shown, for instance, that Pep-tone and Choline are active in a concentration of 10^{-15} , which means the dilution of a quart of the substance in a lake 50 miles by 10 miles and 3000 ft. deep.

It can be shown that when the potency is very high, we cannot detect the existence of any material element of

the drug. The fact is that in the peculiar process of obtaining the successive potencies (not merely mixing with the diluting medium), the drug, before disappearing, changes the properties of the fluid, in some way which we do not yet fully comprehend, and imparts to it its own characteristic therapeutic value. It is not quite unthinkable that the process of potentization energises the potentiating medium in a manner peculiar to the drug potentized, though lumps of the drug may not be traceable.

The fact that a drug given in an infinitesimal dose may cure a disease produced by the same drug given in big doses, is quite consistent with the well known physiological law, called the Arndt-Schultz law, which states that large doses have an effect on the living tissues opposite to that of small doses.

The whole system of homœopathy is based on a philosophy and a store of practical experience, which are not quite the same as in allopathy. The logical and intellectual approach is different. It may not yet be possible to elucidate the logical and philosophical foundation of homœopathy in a manner easily comprehensible by modern science, but it must be possible in future to bring it in line with the so-called modern scientific ideas which themselves are bound to go deeper and acquire wider significance and application. For instance, the idea of a vital force existing in the body and influencing the physiological processes has come to be accepted by the modern physiologists, though they have not yet been able to comprehend its true nature. Reference on this point may be made to McDawall's (formerly Halliburton's) "Physiology and Biochemistry", Centenary Edition (1950), p. 235, lines 3-4 ; p. 327, lines 10-11 ; p. 245, lines 39-40 ; p. 350, lines 17-20 and p. 525, lines 6-9. On p. 345 we have the statement, viz., 'For example glucose is more easily absorbed than lactose or xylose, although the latter has a smaller molecule. This is in direct conflict with physical laws and can only be explained as a result of vital action on the part of the cell.' So

the vital force is beyond the range of what we usually understand by the science of physics and chemistry.

There is one aspect of homœopathic treatment which has already been implied in what we have stated before regarding the nature of diseases as disturbances of the vital force. Except in some cases of traumatic origin, most of the ailments imply derangements of the physiological mechanism and so that treatment must relate to the whole body and the whole person and not to a particular limb or a particular spot. Homœopathy treats persons and not diseases, for diseases are after all mere convenient names of certain groups of symptoms. There are many diseases or groups of symptoms which perhaps do not possess any convenient name. Moreover, the symptoms of a patient may be such as to cover a large number of diseases at the same time. As a matter of fact there is hardly any ailment which, strictly speaking, is confined to a very small part of the body, and is independent of the other parts. Moreover, the temperament, taste, habit, etc., play an important part in the physiological disorders of the patient. Heredity, environment and psychological factors are also very important in determining the true nature of the physiological breakdown. This fact is also gradually being appreciated by the allopaths. For instance, we have in the British Medical Journal (24th February, 1934) the following: "Far too little time and attention is devoted to the study of the individual, and the sick man is often forgotten in the study of the disease." Again, the British Medical Association, in its report on the Training of a Doctor, says, 'It proposed a drastic overhaul which involves a different approach. The approach is based on the conception of disease as a disturbance in the structure and function of the organisation and regards simply as a descriptive convenience the concept of disease as clinical entities'. This is exactly what the homœopaths also say.

With regard to the diseases supposed to be *caused* by bacteria or parasites, the homœopathic view is that bacteria

and other pathogenic organisms are able to cause damage only when the physiological machinery is out of order. Take the trivial example of four persons A, B, C, D shaking hands with E, whose hand is full of scabies. A catches the infection while B, C, D do not. This shows that there is already something wrong in A, so that he invites the infection, while B, C, D escape. Unless you cure A of that something, it is no use killing the parasites by corrosive substances, for, even if you are successful in somehow clearing off the fingers, A will again catch the infection at the next opportunity. The fact is that you cannot infect B, C, D because they have not already the disease which invites the parasites. This is the reason why the famous homœopath Dr. Burnett described the germs as guests of the disease. The therapeutic methods of getting rid of the infections are of course quite different according to the two schools of thought. I cannot help reproducing an article by Thomas R. Henry in a recent issue of the Journal of the American Institute of Homœopathy.

A REMARKABLE NOTE

Germs aren't always guilty, doctor says. Blamed too often as cause of disease.

Medicine may have gone too far in blaming sickness on germs, says Dr. Rene J. Dubos of the Rockefeller Institute, himself one of the foremost scientists in the field of antibiotics to kill disease-causing micro-organisms.

There is strong evidence, he told National Institute of Health Scientists the other night, that bacteria and viruses become dangerous only when the set up is fixed for them. Otherwise even the most virulent of them are harmless. Every person, Dr. Dubos said, carries in the body throughout life a host of supposedly deadly microbes which live in blood and tissues as harmless guests until something happens to start them on a rampage.

Although the presence of the right micro-organisms is necessary for the particular disease, Dr. Dubos insists, the

real cause is the "something", or combination of "somethings", of which the present day physician is usually quite ignorant. There is even danger, he told the National Institute of Physicians in a lecture given in honour of Dr. Rolla H. Dyer, the retired Director, *that doctors who eliminate one form of supposedly malignant micro-organism with some of the extremely potent new drugs are just making room in the body for the increase of some worse kind.* (Italics mine).

Recent experiments have shown, Dr. Dubos said, that it is practically impossible to infect volunteers picked at random with some supposedly highly infectious diseases, because experimenters do not know how to upset the internal environment so as to produce the right conditions.

During the last war, he explained, an epidemic disease causing great concern to military authorities was bacillary dysentery. In some areas nearly all soldiers were victims. The causative organism was well known. But when investigators tried to reproduce the malady in the United States with human volunteers the effect was a complete failure. However, when doses of the bacillus, obtained directly from sick soldiers, were fed to the volunteers, not a single case of bacillary dysentery was produced. The best that could be obtained, and only a few, was a mild syndrome of food poisoning.

Efforts to transmit common cold, to which everybody seems susceptible, to volunteers have been equally unsuccessful. The cause of this malady which sweeps through communities is almost certainly a virus. It is contained in nose and throat washings of cold victims. But it is almost impossible to transmit these at will. Volunteers simply cannot be made to develop sniffles, except in a few cases. Most striking, Dr. Dubos said, have been the recent English experiments. Volunteers were kept in complete isolation for two weeks to make sure they were not on the verge of colds at the start of the trials. Then they were placed in conditions supposed to be favourable to colds—

placed in drafts, subjected to quick changes of temperature, made to wear wet sacks and sleep in wet clothes. Still inoculation with the supposed virus produced only occasional colds. The real precipitating factor which must be very common in every body's environment remains unknown.

The same thing was demonstrated very strikingly more than a century ago when a cholera epidemic broke out in Hamburg. This was at the dawn of the germ theory of disease advanced by Pasteur and Koch. It still had many bitter opponents among the foremost physicians of the day. They held that the micro-organisms the two great biologists have discovered were not the causes of diseases but only secondary invaders of diseased tissues. Koch had just demonstrated the germ of cholera and it was found in the blood of all the Hamburg victims. One of the principal opponents ridiculed the idea; he obtained tumblerfuls of the live virus from the Hamburg dead and he and his students drank them. None developed any symptoms of cholera. There was something unknown in the temporary environment of Hamburg which made it possible for the germs of cause disease. This "something" did not exist in the environment of the bold scoffer's medical school. A similar experiment was performed, with much the same results, with the tubercle bacillus, which Koch also had just demonstrated.

Long before anybody knew anything about germs, Dr. Dubos told the National Institute doctors, many physicians were very successful in treating patients—and some of them acquired large fortunes. They had no sulfa drugs, no anti-biotics, no immune serums. They were not faith healers or fakers but extremely honest reputable men. The secret of their success, Dr. Dubos said, probably lay in a highly developed and perhaps instinctive skill in treating the patient as a whole rather than looking, as does the modern doctor, for one cause of a condition and treating only that.

The germ theory of disease, he insisted, now is probably in its twilight despite its magnificent successes during the last century and despite the fact that new germs and new germ-killers doubtless will be discovered. It will remain only as a part of a new medicine which will try to find scientific bases for the "art" of the old doctors.

Every living cell, Dr. Dubos said, is the result of all sorts of evolutionary forces which have put it into equilibrium with outside forces and with forces within itself. Disturbance of any factor in the equilibrium will result in disease.

The next age of medicine, he held, will concentrate more on equilibria than on germs.—Thomas R. Henry.

GENERAL OBSERVATIONS

The article quoted above is significant in many ways. It shows that however successful the modern allopathic drugs might appear to be, it is a fact that the system of allopathic medicine has not yet arrived at a logical theory of diseases or a logical law of cure. It proceeds more or less on a catch-and-kill principle and on the use of highly poisonous chemical compounds in violent and heroic doses. The human body is not a simple physico-chemical compound. It is an extremely sensitive and extremely complicated mechanism with innumerable nerves and tissues and cells, governed by a vital principle and highly responsive to internal and external stimuli of all kinds. A word, a sight, a smell, a sense of joy or grief or worry, even the thought of a distant object or the memory of a past event—all these and innumerable other experiences of our environment, have profound influence on this highly sensitive organism. In the circumstances, how can any reasonable person swallow the assertion that the modern allopathic drugs have no injurious effects? How can one believe that a poisonous chemical, introduced either directly through the veins or through intestinal absorption, will only pursue and kill just the desired pathogenic micro-

organisms and leave the body without affecting any other tissues or cells? Harmful effects of these drugs have actually been noticed and called "side-effects" and attempts have been made to counteract them again on more or less the same principles. Bad effects of some of these drugs are now too well known. The administration of some of the newly discovered drugs is also accompanied by so many dangerous side-effects, that a proper administration of these drugs together with necessary precautions would require a pathological laboratory attached to the patient's bed-room for regular periodical examination of the various body-fluids and physiological processes.

We are passing through an era of speed and violence and the trend of allopathic drugs is in keeping with the prevalent ideology. It is their speed and violence which appeal to the modern man. Four persons are found to suffer from constipation. Suppose that milk is prescribed for them. Two of them benefit by it but it has no effect on the other two. It shows that constipation may not be the whole picture. Moreover, the pathological causes may be different. For instance, it may be due to the kind of food taken by the patient, or to deficiency in the mucous secretion of the intestines, or to the weakness of intestinal muscles, or to partial inactivity of the nerves controlling peristalsis. There are many other details about the health of the persons concerned which have to be taken into account. It is just likely that fruit-juice or some change of diet would be suitable for the other two patients. Such choice obviously involves the consideration of the persons as a whole and not merely their so-called 'disease' constipation. But if you apply a violent remedy like castor oil or any one of the innumerable bed-pills, then of course such individualisation is unnecessary. Castor oil would act equally (?) almost on all human beings of the world and perhaps even on horses, tigers and elephants. No one would deny that under certain circumstances, drastic measures are necessary. If you have to deal with a serious riot in the

city it may become necessary to call out the military and be prepared for its 'side-effects'. But such occasions must necessarily be very rare. Unfortunately, these drastic and violent drugs are being used too often and in almost all the cases we are subjecting ourselves to the risk of very grave side-effects, sometimes immediate and sometimes remote.

Individualisation of the patient is one of the basic concepts of Homœopathy. No two patients are exactly identical. That is why there is hardly anything like a specific remedy in homœopathy. The avowed aim of homœopathy is "rapid, gentle and permanent restoration of the health, or removal or annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles" (Hahnemann, *Organon*, Sixth Edition, § 2.)

THE ECONOMIC ASPECT

It is perfectly true that cheapness or otherwise of a drug has no relation to its efficacy. At the same time the practical utility of a drug for a man, who is not a millionaire, does depend on the cost in varying extent. If you prescribe for a patient a drug, whose cost is absolutely beyond his reach, it matters little for the particular patient whether the drug is good or bad. Modern allopathic medicines, like all other commodities, have far higher prices than a common man can reasonably offered to pay, especially in a poor country like India. Modern allopathic treatment depends not only on expensive drugs, but also on various pathological examinations, X-Ray photographs, etc., which are equally expensive. Consequently to the millions of people who live outside the big cities, amenities of modern allopathic treatment are not available at all. Homœopathic treatment is perhaps the only form of treatment which can do any good to these people who cannot dream of benefiting by the modern allopathic treatment. It is also highly doubtful whether we are justified in spend-

ing enormous sums of money only in the big cities for a handful of patients and merely for the benefit of some doubtful diagnosis and more doubtful recovery. The modern allopathic medical discoveries, not being based on a rational and logical foundation, are in most cases sporadic attempts at solving very specific problems of health on arbitrary assumptions; the discoverers are thus compelled to revise their conclusions every six months of a year and sometimes render lacs and lacs of rupees worth of apparatus obsolete at frequent intervals. Such a play with money may be quite in order for people who have more money than they know how to spend, but is highly reprehensible in an indigent country like ours. We may indulge in these medical luxuries and medical curios when we become richer. As the circumstances are at present, homœopāthic treatment is the only form of treatment which is the most suitable for most of the people.

This economic aspect of the problem is however, a very minor one. The fact is, as will be apparent from what has been said, that the principles of homœopathy are based on the logical foundation of the Uniformity of Nature, carefully performed observations, experiments and generalisation by the strictly logical methods of induction. The principles are discoveries, not inventions. They do not and cannot change every year and will apply equally to every man and woman, irrespective of his or her cast, creed, physical features and pecuniary circumstances.

It will also be apparent from what has been said that the scientists are gradually being forced to accept the basic ideas of homœopathy in many respects. They have agreed to the acceptance of the vital force, they have agreed that in disease, there is something beyond the 'germs', which influence the internal mechanism of the body; they have begun to realise that an ideal treatment is the treatment of the person and not merely of the disease, that large and small quantities of drugs have opposite effects (Arndt-Schultz law), that extremely small doses can have bene-

ficial effects, that likes cure likes (c.f. serum-therapy or vaccine-therapy), that the modern drugs are too violent and do produce very harmful side-effects. These are all partial aspects of the comprehensive homœopathic theory. It is also agreed that "many physicians were very successful in treating patients—and some of them acquired large fortunes. They had no sulpha drugs, no antibiotics, no immune serums. *They were not faith-healers or fakers but extremely honest, reputable men* (italics mine). The secret of their success probably lay in a highly developed and perhaps instinctive skill in treating the patient as a whole rather than looking, as does the modern doctor, for one cause of a condition and treating only that." Chances are ten to one that Dr. Dubos referred to the homœopaths, though we do not like to compromise his position by unwarranted assumptions. He did not mention the word 'homœopath' probably as our orthodox ladies do not mention the names of the elder brothers of their husbands.

So the allopaths are fast approaching the logical height to which the genius of Hahnemann raised the healing art a century and a half ago. The only stumbling block seems to be the highly potentised drug, whose practical efficacy has left no tinge of doubt. It is hoped that this point will also be appreciated in no distant future. Hahnemann was a self-made genius, a linguist, a physician, a scientific and clinical experimenter of the highest order and above all a righteous and conscientious man with his soul in God. Researches of Boyd and others are likely to lead to the bridging of the above gap between Hahnemann and the modern medical men. As Dr. Dubos has said, the new medicine of the future will try to find out the scientific bases for the 'art' of the old doctors, who, by the way, were not faith-healers or fakers, but extremely honest, reputable men, and in this attempt, it is hoped that Homœopathy will establish itself as the most scientific, most rational and the most harmless system ever discovered by man.

THE DIFFICULTIES

There are in the practical field of medical practice many difficulties encountered by Homœopathy. Reason and justice have always tended to be the monopoly of the rich and the powerful. Vested interests, commercial and otherwise, have also gone a long way for the suppression of this system of medicine. It is a well known fact that the ordinary complaints relating to the alimentary canal, which go by the name of indigestion, flatulence, colic, diarrhœa, dysentery, etc., can be very effectively dealt with by a few homœopathic drugs, sometimes even by amateurs, but if this fact were generally recognised what would become of the lacs of rupees worth of pills, mixtures and powders which fill the shelves of the druggists ?

Another difficulty is the lack of general control of the teaching and practice of homœopathy. We have not yet had a competent central organisation which can exert effective control. The result has been that homœopathy has come to be regarded as a very simple and easy method of practice, to be undertaken by anybody and everybody without even the most elementary knowledge of physiology and anatomy. Quacks, of course, there will always be. They exist everywhere in every part of the world. Even within a short range of the biggest hospitals, there may be found bone-setters with very good practice. In a country like ours, it is impossible to eradicate quacks'. Unless you can guarantee free and sufficient medical aid to every citizen living anywhere in the cities, towns or villages, there must be quacks who may render such medical assistance as may lie in their power. The only way to reduce their number is to produce a large number of qualified homœopaths and encourage them to take up practice in the villages and small towns. This will not only enable the poor man to get medical assistance at a cost which is bearable for him, but it will also accustom the people to a system of medicine which is far superior to any other

system, which ensures gentle, harmless, and permanent cure and which is promising to be the system of the future.

HOMŒOPATHIC EDUCATION

Although some fundamental workers in the field of medicine are gradually realising the limitations of their methods of approach to the problems of health, disease and drugs, the fact remains that the prevalent principles and practice of medicine are widely divergent in the two systems. Just as the homœopaths are shocked at the lumps of poison introduced into the human body, so the other side laughs in his sleeve when the little pillules are administered to a dying patient. It is just likely that the present attitude will continue for years. Under the circumstances, the most reasonable solution seems to be the recognition of both the systems and giving them equal scope for expansion. The supervision and management of homœopathic institutions and the control of homœopathic practice should be in the hands of homœopaths assisted by scientists, e.g., chemists, physicists, physiologists, mathematicians, biologists, etc., and not by allopaths, who have been systematically trained in a particular school of thought, holding diametrically opposite views to homœopathic stand point in many ways, and are not likely to render impartial assistance and guidance in homœopathic matters. A homœopathic institution will certainly seek the assistance of anatomists, physiologists, pathologists, surgeons, etc., just as an Engineering College seeks the assistance of mathematicians, chemists, physicists, etc. But that does not mean that an Engineering College must be subordinated to the Physics or Mathematics Department of the University. The Medical Colleges seek the assistance of physiologists but this does not mean that the Medical Colleges should be placed under the Department of Physiology.

As in the fields of general science and culture, so in the field of homœopathic education, Bengal has been the most enthusiastic pioneer. Without going into the details

of the individual institutions, one can safely assert that many of these institutions have been training up homœopathic doctors for many years and the standard of the courses is quite up to the mark in many of these. The Bengal Allen Homœopathic College, the Calcutta Homœopathic Medical College, the D. N. De Homœopathic College, the Modern Homœopathic College, the Pratap and Herring Memorial Homœopathic College, with indoor hospitals attached to them, are doing their best for the training up of doctors. A College has also been started at Midnapore. Of these Colleges, the Calcutta Homœopathic Medical College has the reputation of being the best organised and the most efficient, having an indoor hospital with about one hundred beds with the prospect of an immediate extension to two hundred beds. It is necessary that the courses should be standardised and in doing so it should be remembered that the uniform imposition of too high a standard will defeat its own purpose. We have grades of efficiency in every branch of education. Graduates are B.A.'s or M.A.'s ; B.A.'s are with "pass course", "with distinction" and "with honours"; the doctors are "Campbell-passed", M.B.'s, M.D.'s, F.R.C.S.'s, etc. So in the homœopathic education, it is essential that we should have at present two grades of proficiency. The first grade may be a course equivalent to the M.B. course in allopathy and the second grade course may be a shorter course, preferably taught mainly through the vernacular. These second grade practitioners may be induced to practice in villages and poor quarters of the cities. They will correspond more or less to the "Campbell-passed" doctors we had a few years ago. When in course of time we shall have a higher standard of living in the villages and among the poor classes of cities, we may then abolish the Second Grade course, but certainly not now. If it is proposed that every medical man in Bengal should be an F.R.C.S., the proposal will sound very nice and sweet, but if seriously taken, it will mean an end of medical education in Bengal. Similarly,

the imposition of too high a standard for every homœopathic College will automatically discourage the students. Whatever the courses or the grades may be, one thing is certain, viz., we must have a central or provincial control over the teaching and practice of homœopathy in order to place it on a solid and sound basis and to stop the endless vagaries which tend only to bring homœopathy to disrepute. The West Bengal State Faculty of Homœopathy had been established a few years ago with the same objects in view.

There is a homœopathic College at Lucknow and also at Gudivada, Andhra. A college has recently been opened at Nagpur, offering a shorter course of study.

Bombay has started a unique institution, viz., a hospital with three sections : a section of Allopathy, a section of Homœopathy and a section of Ayurveda. An institution like this would not only encourage the three systems on an equal footing but also afford an opportunity of comparing the results of treatment based on the three systems.

CONCLUSION

I have tried to give a brief outline of the position of homœopathy, with special reference to our needs. It is undoubtedly the most rational, simple, economic, and harmless method of treatment ever discovered by man. No one would claim perfection for homœopathy or for any other system. But it is certainly not something to be lightly scoffed at. It is upto every homœopath to pursue the system with enthusiasm and with a thorough honesty of purpose.
