

PRESENT-DAY CONFIRMATION OF HOMŒOPATHY

DR. SIR JOHN WEIR, G.C.V.O., M.B., CH.B., London

I am very sensible of the honour you have paid me in inviting me as one of your guests from across the seas, to represent the Faculty of Homœopathy, Great Britain, at this historic convention.

As I mentioned in my Presidential Address to the International Hahnemannian Association in June 1936, I can never forget that America is my "spiritual home" in Homœopathy, having been advised to go to Chicago in 1908 by Dr. James Tyler Kent, at Hahnemann College. I desire to acknowledge with gratitude what that great teacher did for me. His kindness and enthusiasm are refreshing memories; and I am glad that we still have one of his assistants, Dr. Grimmer, with us here to-night, whose kindness and patience with a neophyte were remarkable.

It was in 1908, after personal experience of the superiority of homœopathic treatment compared with the so-called orthodox methods in which I had been trained and practised, that my interest was aroused. I was naturally anxious to enquire into a system of therapeutics which seemed to offer better results in the relief of sickness, and so fulfil the Hippocratic Oath taken on graduation, to do everything for the best relief of those who came for help.

At that time Dr. Margaret L. Tyler had instituted the Sir Henry Tyler Scholarships for study in America under Dr. Kent. I was fortunate, together with Dr. Fergie Woods and the late Dr. Percy Purdom, to form the first batch of scholars to cross over.

To me it was all so strange: the approach to treatment, even the names of the drugs were bewildering. It was hard work to master the idea of what it all meant. But I had made up my mind to give it a fair trial.

We saw Dr. Kent at his lectures, and occasionally were invited to his office to look through his case sheets and

learn how to prescribe. There we naturally came under the influence of Kent's teaching; he was one of Hahnemann's greatest exponents.

On coming to London one soon found that there were other ideas of homœopathic practice, chiefly low potencies, frequently repeated.

This, of course, was bewildering to a novice; the only thing, therefore, was to carry on as one had been instructed by Dr. Kent. The situation was particularly difficult as at that time there was practically no sympathy with his ideas; Dr. Tyler, Dr. John Clarke and a few others thought along Kent's lines, and then there was the inexperience of the prescriber; one had to be very alert, work hard in taking the case exhaustively and then resort to the repertory.

I must record my thanks to Dr. Margaret Tyler for her encouragement; it was due to her great interest in Hahnemannian homœopathy that she suggested sending doctors across to America for instruction. She felt that her experiment had been a great success. This was carried on till 1914, when war broke out, and after 1918 we set up our own School of Teaching by the men who had been across, and we have had a full course of instruction in London ever since.

There is considerable difference of opinion as to whether instruction in Homœopathy should be in the curriculum of the student or post-graduate as at present.

For some time members of the British Homœopathic Society had felt that as an Incorporated Body they would be better able to uphold the claims of Homœopathy and homœopathic physicians in any Government post-war medical scheme; and further, that the establishment of a diploma would promote and encourage the study of homœopathic medicine and raise the status of Homœopathy and homœopathic physicians.

These ideals are incorporated in the memorandum of the Faculty of Homœopathy granted to us on November 25, 1943, by the Board of Trade. One of the main objects

is "to grant to registered medical practitioners, diplomas, certificates and other equivalent recognition of special knowledge in Homœopathy, either alone or in co-operation with teaching and/or examining bodies authorized to grant recognition as aforesaid." Thus the Faculty is responsible for setting the standard for Post-Graduate Educational Courses in Homœopathy, both as regards teaching and examination.

After successful examination members are entitled to the use of the letters M.F.Hom., and later those who qualify for Fellowship, F.F.Hom. Our British Homœopathic Society, founded in 1843, was thus incorporated as a Faculty in 1943.

By an Act of Parliament called "The Faculty of Homœopathy Act" which received the Royal Assent on July 12, 1950, powers were conferred upon the Faculty which ensured the continuity of homœopathic practice at the Royal London Homœopathic Hospital and the continuance of provision of facilities for homœopathic research and education.

Under the terms of this Act of Parliament provision is made for carrying out the objects of the previous Faculty, namely "for the advancements of the principles and the extension of the practice of Homœopathy, and to do all such things as are incidental or the Faculty may deem conducive to the attainment of these objects." None of these provisions can be altered except by the introduction of a Bill by the Government of the day and so no barriers can be erected against the practice of Homœopathy without contravening this Act of Parliament.

The British Homœopathic Society was founded in 1843 by Dr. Frederick Quin, who was its first President and retained that office until his death in 1878. So by a happy coincidence the Centenary of the Society has seen its metamorphosis into the Faculty of Homœopathy.

We were honoured to receive a message from His late Majesty, King George VI:

I am glad to send to the members of the Faculty of Homœopathy my hearty congratulations on the hundredth anniversary of the foundation of the British Homœopathic Society, and also on its recent formation into a Faculty.

The study of Homœopathy has made notable progress during the past hundred years, and I am sure that all of you who pursue it will maintain the high standards set by your predecessors in their devoted endeavours to relieve the sufferings of their fellow-men.

At our Post-Graduate School at the Royal London Homœopathic Hospital (courses are also held in Glasgow) we provide a full course of instruction sufficiently wide and detailed as to attract qualified men who may seek to acquire the qualification of Membership or Fellowship of the Faculty of Homœopathy. In addition to our British graduates we have had doctors from Belgium, France, Germany, Holland, Italy, India and Pakistan; most of whom, after a period of study, have taken the Diploma of the Faculty.

Although the Minister of Health has given assurances that under the National Health Service Act, 1948, the practice of Homœopathy will be recognised in approved schemes of hospital service, the continuation of homœopathic research, education and practice will become the responsibility of persons having an interest in homœopathic science and its development in the new administration under the National Health Service Act. The Homœopathic Research and Educational Trust has therefore been established for this purpose, and co-operates with the Council of the Faculty of Homœopathy.

Since the passing of the National Health Service Act in 1948 hospitals and medical services are now under the care of the State.

When the Bill was under discussion in the House of Commons the future of the homœopathic institutions was of grave concern. To remain outside the Scheme was financially impossible, and we would not have been able to staff the hospital.

Fears were expressed that the homœopathic hospitals

might be taken over for some other form of therapy, but Mr. Bevan, the then Minister of Health, said in Parliament that if the homoeopathic institutions were brought into the scheme it would be for the purpose of providing their own particular form of therapy. Referring to hospitals outside orthodox circles he said:

It must be regarded as a principle of fundamental importance that their special sectarian and individual character must be preserved, because, for the people who believe in it, that in itself will be a part of the therapy and the treatment. In trying to restore people to good health, the spiritual as well as the physical aspects are of profound importance. I think I can give that absolute guarantee, because otherwise it would be an emotional mutilation which nobody could possibly defend.

It was reiterated that it would be sheer folly for the Government not to provide the homoeopathic services that the homoeopathic public desires.

The Homoeopathic Hospitals in London, Liverpool, Bristol and Glasgow are all in the Scheme. The Government finances the running of the hospitals and the professional staff, with the assurance that there shall be no interference with the practice of homoeopathic therapy.

In the Scheme it is usual for several hospitals to be grouped together under one committee, but we in London and Glasgow are in a group by ourselves, so that our ideals are not interfered with.

Any qualified doctor can practise Homoeopathy and is paid at a fixed rate per patient, all his prescriptions are paid by the State, and chemists must provide homoeopathic drugs when and wherever required. This is a great achievement. There is no discrimination against Homoeopathy. As I have mentioned, we in Britain have protected the practice of Homoeopathy by securing the Faculty of Homoeopathy Act.

At the Royal London Homoeopathic Hospital (which is the headquarters of the Faculty) we have a Provings Unit which, during the past few years, has proved various drugs and preparations as, for example, *Cadmium metalli-*

cum, *Alloxan*, *Beryllium*, *Strophanthus carmentosus*, *Carcinoin*, *ACTH* and *Cortisone*. These provings, with other drugs, are still proceeding. We believe that it is of the utmost importance to continue the work of Hahnemann in proving drugs, especially those new drugs already known to the "Old School."

Research work in other directions has been and is being carried out in Glasgow.

The late Dr. John Paterson of Glasgow (he died in 1954) had been carrying on the intensive investigation on the role of the intestinal bacteria in health and disease. The result of his work has added not only to the scientific knowledge in the field of bacteriology, but it has been also of considerable import to the practice of medicine and especially so to the art and science of homœopathic medicine. In many papers he has put forward the hypothesis that the appearance and comparative numerical strength of the germ is evidence of the patient's resistive forces, and he developed a technique whereby can be assessed the degree of resistance, and the nature of the disturbance.

For each type of bowel organism he tabulated a list of related remedies, and from his observations was able to prepare a clinical proving of each. In this manner he correlated the work of Hahnemann and of Pasteur by demonstrating the true relationship between drug, disease and germ.

The products of these pathogenic bowel organisms are now available as potentized vaccines, and their value as remedies, given according to homœopathic principles, is proving invaluable in the treatment of many forms of chronic disease. The use of these bowel nosodes—potentized disease products—is of recent date, but the homœopathic school has used nosodes for well over 100 years.

From about 1920 until the present time our colleague, Dr. W. E. Boyd, M.A., M.D., M. Brit-I.R.E., of Glasgow, has been engaged on the laboratory study of the nature and

action of homoeopathic potencies, culminating in a report on "Biochemical and Biological Evidence of the Activity of High Potencies," which has stirred the scientific world. The statistical analysis was made by experts in Glasgow University, and they all confirm the meticulous attention to detail.

The purpose of this research was to try to prove by scientific methods that a substance prepared according to the homoeopathic method of preparation is capable of affecting a biochemical process, in this case the action of an enzyme. The procedure was as follows:

To carry out a series of experiments to show the effect of a preparation of mercuric chloride carried through 28 stages of serial dilution with mechanical shock (potentisation) upon the rate of breakdown of starch by diastase. This preparation was so dilute that no single molecule of the original mercuric chloride could be present in it, and therefore the power causing the effect must be due to some form of energy not yet understood. These experiments were each checked by control experiments in order to eliminate contamination. The results were such that they produced overwhelming statistical evidence of the action of this preparation compared with the controls.

Also described in this paper are some records demonstrating the effect of a preparation of *Strophanthus sarmmentosus* in a similar "potentised" state on the rate of the heart in frogs. These records are only preliminary ones to be followed by further experiments demonstrating this biological evidence of the action of "high potencies."

For many years now, for those of us who have seen the results of homoeopathic treatment, we have known that substances prepared in this special way, by serial dilution and mechanical shock, are active. But this is not enough. We must have scientific evidence, and it is this evidence which has now been obtained in the course of this research. That is why this work is so important to Homoeopathy, but, in addition, it is also of immense im-

portance to Medical Science in general, because if these results are true, as they appear to be, then we are dealing with a form of energy, which is as yet outside the scope of present scientific knowledge.

Many will insist that this work must be repeated elsewhere, but nevertheless, it is a beginning and has aroused much interest and comment amongst scientific men. What this energy is we do not know; neither have we got scientific proof of the simile action, but this knowledge and this proof will assuredly follow in time, if men of science are willing to search further into this problem.

The tendency of Medicine has always been to experiment on the sick. Hahnemann experimented only on the healthy, in order to have an exact *Materia Medica* ready and proved, for administration in sickness. He soon gathered round him an enthusiastic band of disciples (some fifty of them were medical men) and he and they "proved" (i.e. tested) drug after drug, with all possible precautions to eliminate error; and these original provings, carefully and faithfully recorded, form the nucleus of the Homœopathic *Materia Medica*.

It is interesting that, in Austria, many years ago, when doubt was thrown on some of the original provings, they started to re-prove certain of the drugs. But, finding their results identical with those of Hahnemann, they concluded to accept the rest.

Hahnemann emphasized the uselessness, for his purpose, of experiments on animals, which react so differently, not only from humans, but from one another, and that, not only in regard to poisons, but to diseases. For instance, hedgehogs feed on *Cantharides*; rabbits browse on *Belladonna*; *Morphia* makes dogs drowsy and vomit, but excites cats; *Aconite* kills sheep, but no effect on horses and goats; *Hyoscyamus* is fatal to men and rabbits, while cattle, sheep and goats are immune; *Antimony* kills men and most animals, but is harmless to hogs and elephants. Rats are

immune to diphtheria, cats to tubercle—whereas guinea-pigs and monkeys are highly susceptible.

Dr. R. B. Hunter, the present Professor in Materia Medica, St. Andrew's University, Scotland, in an address to his students, said: "The history of therapeutics is one long proof that to appreciate correctly the value of any treatment or drug is one of the most difficult problems in practical medicine."

He suggests that new drugs have not been sufficiently proved; and that animals have been used for the experiments and therefore they have been insufficiently proved. He advocates that in future all experimental work to assist the therapeutic action of a drug ought to be on human beings. He says, of course, that human experiments were conducted before Hahnemann, that Hahnemann was not the original person to use the human volunteer for proving drugs, but he says that Hahnemann was the medical man who recommended most energetically the provings of drugs on the healthy human. He goes on to say that the *Materia Medica* owes much to Hahnemann. I believe that he intends to commence such experiments in his own Department.

He ends by saying: "Drug proving under known conditions to healthy human volunteers is undoubtedly one of the important functions of my Department." (*Alumnus Chronicle*, June, 1949.)

It is only men and women who, in provings, could have given us the mental symptoms which have led to so many brilliant cures—such as the depression to the verge of suicide of *Aurum*; the insane jealousy of *Lachesis*; the terror of insanity of *Mancinella*; the suspicion and restlessness of *Arsenicum*; the terrors of anticipation of *Argentum nitricum*; the fear of death of *Aconite* and *Arsenic*; the sensation of tallness and superiority of *Platina*; the sensation of two wills of *Anacardium*; the indifference to loved one of *Phosphorus* and *Sepia*—all straight cuts to the curative remedy, and they can only be got by provings on

human beings. Even provings on the sick are not accepted, since sickness modifies the response of the organism to drugs, and from the sick no true drug-picture can be obtained.

The late Wilfred Trotter pointed out: "Experiment in man is the one wholly unexceptionable method available for the solutions of problems of human health and disease." *B.M.J.*, 1930, ii:134.

(To be continued).

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THE ART OF CURE BY HOMŒOPATHY

DR. HARVEY FARRINGTON, M.D.

Art is the systematic application of science or skill in effecting a desired result. Every art has its foundation in science and every science finds its expression in art.

Homœopathy is a science and an art. The science of Homœopathy is learned by the study of the principles and rules laid down in the *Organon* and *Chronic Diseases*; observation and experience teach how these principles and rules may be applied in the treatment of the sick, but art measures the perfection of their application. No matter how much the physician knows of the science of Homœopathy, he cannot hope to cure even a reasonable number of his cases if he is lacking in artistic ability. I say, "a reasonable number," for even a master prescriber is unable to find the *similimum* in all cases. Hering is quoted as saying that, in his own experience, the average was 55%, which, incidentally, is the proportion of correct diagnoses established by Cabot of Boston many years after Hering died by comparing the cause of death as noted on the death certificate with that which was confirmed by autopsy. Mark, however, that Hering was speaking only of the *most* similar remedy. He was perfectly aware of

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Vital Force

I think we all recognise, in these days, what Hahnemann insisted on, that cure comes by the reaction of what he calls Vital Force against disease. We know a little more about the complicated mechanism of such reaction, but it is no longer absurd to teach, as he taught, that vital reactions are evoked by disease, and that such reactions are curative; and that the utmost we can do, *curatively*, is to stimulate such reactions.

He says that thousands of substances, subversive to health, simulate disease conditions, and can be employed to evoke enhanced curative reaction.

Homœopathy never contemplates curing disease by drugs in massive and repeated doses. Its object is to *stimulate the patient to cure himself*. Therefore, it is never a question of quantity, where the vital stimulus is employed, but always of precise selection and quality.

The modern aim of treatment is to stimulate the various defence mechanisms. We should all have abandoned by now Ehrlich's dream of *Therapia magna sterilans*. You cannot abolish the invading organism without wiping out or at least crippling, the host.

Yet, before he died, he came to the conclusion that the effective Arseno-benzol preparations did *not* act as parasitocides but as stimulants to the defence power of the host.

The late Sir Walter Fletcher of the Medical Research Council said that the search for specific remedies for specific illnesses is bound to fail.

The late Sir Walter Langdon Brown, in the *B.M.J.* 2nd December, 1932 wrote:

"Vaccines apparently cause a reaction in living tissues

leading to the formation of a new effective substance. So do some drugs—for instance, emetine in dysentery and salvarsan in syphilis; both are ineffective against the appropriate parasite in vitro. Therefore the specific effect of a drug usually depends upon its chemical interaction with some constituent of the living cell."

It is obvious, therefore, that the leading pharmacologists believe now in an indirect rather than a direct effect from drugs, and that the tissues and fluids of the host are the important factors in restoring health.

Even with that wonderful drug, Penicillin, Fleming stated that its action was bacteriostatic rather than bactericidal, and that, as with the sulphonamids, the destruction of the organisms had to be largely by the tissue cells, the natural defences of the body. (*Lancet*, 1938, ii, 566. *B.M.J.*, 1943, ii, 654.)

And then the small dose—that ancient bugbear—as Hahnemann foresaw, even for his own followers; and for others, a subject for endless witticisms.

In these days it is hardly necessary to labour the efficacy of small doses.

We have oestrin for climacteric disturbances, pure Vitamin B. for neuritis, acetyl-choline for post-operative ileus, when doses are in the same order as the low dilutions of the homoeopath. Sir Gowland Hopkins speaks of the "highly specific substances in every living system, each exerting its own peculiar influence in a quantity which is almost infinitesimal." (*Lancet*, i, 1149, 1938.)

By minutest subdivision, energy is liberated from inert mass—bulk—weight. We are at last beginning to realise the potentialities of the intangible and the imponderable. But the most sensitive thing in the world is the diseased cell or tissue for the remedy of like symptoms, in infinitesimal subdivision. Science is bearing Hahnemann out in this, and his small doses present no difficulty to modern biology.

How do drugs act? Langdon Brown said (*B.M.J.*, Dec. 2, 1933):

"These therapeutic effects of vitamins and hormones illustrate another point—the potency of the minute dose. When someone asked me how I imagined that I could produce any influence on the body by giving five grains of a drug, I replied that the body itself worked with fractions of a milligram. The potency of a hormone is enormous. Abel's extract of the posterior lobe of the pituitary can produce contraction of the uterus when one part is dissolved in 15,000 million parts of water—one grain in 1,000 tons of fluid! This might be claimed as a point for homœopathy. There is no doubt that Hahnemann had some valuable ideas, e.g. the symptom as an expression of something which needed to be assisted rather than repressed; the value of expectant treatment; the efficacy of small doses—all these were progressive conceptions.

Romeis states that *Thyroxin* influences growth and development of tadpoles in dilutions of 1 in 5,000,000,000.

Jakoby shows that *Potassium Cyanide* activates the ferment urease in a dilution 1 in 1,000,000.

Reid Hunt demonstrated that *Acetyl Choline* in the strength of a milligram in half-a-million gallons of blood causes a distinct fall in the blood pressure.

Macht has shown that the uterus of a virgin guinea-pig responds to such a dilute concentration of *Histamine* as could not be demonstrated by the most refined micro-chemical methods.

Sir H. W. Florey mentioned that pure penicillin would inhibit sensitive organisms in dilutions of 1:50,000,000 to 1:100,000,000, and that morphological effects on a streptococcus were to be seen even to dilutions of 1:250,000,000. (*B.M.J.* 20th Nov. 1943.)

These are merely random selections exemplifying the action of micro-doses in living cells—bacterial—amphibian — and mammalian.

But why this ultra-refinement in the dosage of homœopathic remedies? Why, when all medicine is concerned with the maximum dose, should Homœopathy teach the

minimal dose? The reason is plain. Medicine, hitherto, has been mainly concerned, if one may so put it, with doing violence to the organism.

But when a remedy is used, in exactly the opposite manner—croton oil for diarrhoea—apomorphine to control vomiting—opium for the coma of cerebral haemorrhage—lead for constipation—rattle-snake poison to control bleeding—and so on, it is only common sense to give it in the smallest dose that will evoke the desired reaction. Homœopathy never wants to do anything to a patient; only to stimulate his own reactive powers.

Hahnemann tells us that the smallest possible dose of a homœopathic medicine will operate chiefly upon the diseased parts of the body, which have become extremely susceptible of a stimulus so similar to their own disease.

This increased sensitiveness of diseased parts is stressed by Professor August Bier, who talks of the "extraordinarily sensitive disease threshold," and who quotes Hufeland, the great German physician: "There is a reagent which is more delicate than the most delicate chemical reagent, and that is the reagent within the living organism."

As a crude instance of this increased sensitiveness in disease, Bier states that "it requires 250,000 times as much formic acid to produce symptoms in the healthy . . . than in the gouty."

Hahnemann, when applying to hypersensitive diseased tissues the nose stimulus to which they were most sensitive, viz., the drug of like symptoms—that is to say, the drug that was proved to irritate those particular tissues—was forced, again and again, to reduce his doses.

But modern practice is towards smaller and smaller doses. Warren Crowe, in treating cases of rheumatoid arthritis with vaccines, has gradually decreased his doses from a hundred millions to mere hundred thousands of bacteria. He states that one of the causes of disappointment has been the failure to distinguish between prophylactic injections and therapeutic injections. In the one case

we are trying to produce an immunity before the invasion of the microbe, but the situation is entirely different when the organism is present. There is a state of hyper-sensitivity that demands extremely small dosage or excessive cell destruction will ensue.

The late Sir William Willcox informed me that in common infections, e.g. arthritis, etc., he found Allergy very frequent. In such cases he gave what some would call infinitesimal doses of vaccine and got good results, whereas "ordinary" doses were apt to do harm.

When using X-rays as a therapeutic measure, the Professor of Radiology in London informed me that since he had had perforce to reduce his dosage, the patients seemed to derive greater benefit, and there was less chance of risk. "In fact," he said, "we are becoming homœopathic in our ideas."

Solis-Cohen said: "one-twentieth part of one-millionth grain of protein may so sensitize the guinea-pig that a second injection will produce toxic symptoms known as anaphylaxis, and that the quantity of musk capable of stimulating the olfactory nerve is so small as to be not only immeasurable but incalculable."

Opposite Effects of Large and Small Doses

The Arndt-Schulz Law comes to the support of Hahnemann. For, where large doses of a poisonous substance prove lethal, and smaller doses inhibit, minimal doses of the same poison actually stimulate the vital activities of the same cells.

L. P. Garrod, Professor of Bacteriology, St. Bartholomew's Hospital, (*Brit. Med. Jour.*, Feb. 3, 1951, p. 208) referring to the reaction of bacteria to chemotherapeutic agents, especially Penicillin, states that stimulation of bacteria instead of suppression is much commoner than is generally believed, AND states too that there is good evidence that this effect is produced by concentrations LOWER than

those required to inhibit growth. He states that it is only another illustration of the Arndt-Schulz Law that in small doses poisons are STIMULANTS—that low concentrations of a great variety of so-called germicides actually accelerate bacterial growth. These include salts of mercury and other heavy metals, phenols, halogens, arsenicals, dyes and ether. It is an alarming thought, he says, that many common disinfectants, if mere traces are present, have apparently precisely the OPPOSITE effect to that desired. He goes on to ask "Does the Arndt-Schulz Law apply to anti-bacterial chemotherapeutic agents?" and replies that "There is a good deal of evidence that it does."

In one U. S. Naval training centre sulphadiazine prophylaxis led to such a prevalence of resistant bacteria that it was considered possible that the drug was acting as a growth stimulant to such resistant bacteria. (Epidemiology Unit 22, 1945.)

The superinfections which can occur during penicillin treatment are considered as good evidence that penicillin can stimulate bacterial growth.

Garrod in 1952 states that pyocyanus infection is actually stimulated by penicillin, and what is more disturbing, that it is not uncommon for an urinary tract infection to be produced *de novo* for no apparent reason than that the drug is being given. (*Brit. Med. Jour. Sup.*, 1952, p. 337.)

Cipriani. (National Research Council, Canada, *B.E.M.P.* vol. 10, p. 516) states that today's dosage of radioactive Iodine given in the treatment of thyroid conditions is in millicuries. (One millicurie of, for example, Radioactive Iodine, I^{131} , equals 0.000,000,005 grammes of Iodine equal to our 8x potency). He further states (*Ibid*, 517), "When using radioactive isotopes it must be remembered that these agents are in themselves carcinogenic, though how they produce this adverse effect is not known." To us it is simply another example of the Arndt-Schulz Law.

As Prof. Bier, the great German surgeon, says, "The

same remedy may stimulate a function, when given in small doses, but destroy it if larger doses are administered."

Here are further examples in confirmation:

The Medical Research Council Report on Radium (1931) refers to "the general principle that has been established with so many drugs, that large doses and very small doses act in opposite ways."

Taylor has shown that irradiated Ergosterol, in small and medium doses, favours the deposition of calcium from blood to bone: but large doses have a reverse effect, and cause calcium to be absorbed from bone into the blood stream.

Duke, in research on blood platelets, found that large doses of benzol reduced the platelet count to a point where the bleeding time was prolonged, while small doses of benzol brought about an increase in the platelet count. This also held good for a complex substance, such as diphtheria toxin—a large dose caused an immediate fall in the number of platelets, while sub-lethal doses stimulated their production. It is seen that the same drug may stimulate or depress, given appropriate conditions.

At the Chelsea Flower Show a few years ago a nice plant was shown, and beside it a nicer one, with a label stating that the latter had been treated with a preparation of Boron, one part in five millions. It was further stated that anything stronger was found to retard growth.

Boron deficiency in the ground causes "Black Heart" in turnips and sugar beet. I have been told that one part of Boron in 2,000,000 parts is sufficient to prevent the disease. Twenty pounds of Boracic acid dissolved in water and sprayed over an acre of ground will prevent the disease appearing, and yet over 20 lbs. per acre would be deleterious to the crop.

Chlorophyll requires Magnesium in the soil, and, when deficient, leaves of the plants are pale, but the smallest amount of Magnesium will correct this; and it is found that an excess will poison the plants.

That vaccines and disease products used for the cure of disease are homœopathic, is pretty widely recognised. Dr. Richard Cabot, a University teacher in New England, said in 1906 :

"The use of *tuberculin* is a form of vaccination which illustrates better than any example known to me the approval of homœopathic principles in our School . . . The poison of tuberculosis, which can produce some of the symptoms of tuberculosis, is here applied for the cure of tuberculosis, through the production of immunity or resisting power in the tissues. Surely this is a case of *Similia Similibus Curentur* as homœopathic writers have pointed out. The use of bacterial vaccines recently produced by Sir Almroth Wright is distinctly homœopathic."

Von Behring, the discoverer of diphtheria anti-toxin, said :

"By what technical term could we more appropriately speak of this influence excited by a similar virus, than by Hahnemann's word "Homœopathy".

And of tuberculin he said that its therapeutic usefulness must be traced in origin to a principle which cannot be better characterised than by Hahnemann's word, "Homœopathic".

And again, in regard to immunity in sheep, vaccinated against anthrax, he said :

"By what technical term could we more appropriately speak of this influence of a virus similar in character to the fatal anthrax, than by Hahnemann's word "Homœopathy".

We welcome the growing tendency among leaders of medical thought toward the study of the sick individual as a whole in relation to his environmental conditions. Homœopathy has always insisted on this conception as the basis for a rational approach to healing, as opposed to the former approach through pathological end-results, which has dominated orthodox medicine for so long. Orthodox medicine may not be aware that the new approach is a

Hahnemannian conception, but there is a remarkable resemblance between pronouncements of to-day's leaders in orthodox medicine and writings of Hahnemann over 150 years ago. In many instances, resemblance is so close that, except for differences in syntax, it would be impossible for the uninitiated to distinguish between the writings of Hahnemann and those of modern medical authorities. Though it may not be aware of it, orthodox medicine is speaking with the voice of Hahnemann.

Let me quote you from the writings of orthodox physicians, showing how their ideas are falling into line with his.

The British Medical Association have been exercised in their minds as to the education of the medical student. They produced a report on the medical curriculum, *The Training of a Doctor*, issued in 1948, which created quite a sensation:

"It is a matter for regret and concern that the rapid advances in medical knowledge and the development of the resources of medical science during the last 50 years have not resulted in a proportionate improvement in the general efficiency of medical practice.

"The Committee believes that the cause of the failure to produce more good doctors lies much deeper than faulty education, indeed it is to be found in the very conception of medicine and medical training on which in the past the curriculum has been based."

It proposed a drastic overhaul . . . which involves a different approach. That approach is based on the conception of disease as a disturbance in the structure and function of the organism . . . and regards simply as a descriptive convenience the concept of "diseases" as clinical entities. The implications of this view are educationally far-reaching.

"As in many other departments of learning and culture, the great minds of ancient Greece speak to us words of wisdom . . . the emphasis laid in the Hippocratic writing

on prognosis and observation of the patient and his symptoms . . . they studied the "whole" man, his appearance, his habits, his work, his illness, and all that comprised his environment.

"... With our wider knowledge of scientific medicine we have tended to lose sight of general principles in a wealth of detail; the individual patient is subordinated to our interest in the disease with which we label him.

"The Committee believes that we should return to first principles and so remodel the training of our students that they will base their future practice on the understanding of each patient as a whole.

"The student should learn to regard disease as the expression of a structural change or a functional disturbance in an individual patient.

"He will learn that every patient has his own distinct personality; as Darwin said 'No two individuals of the same race are quite alike.' Each bears his own physical and mental make-up, and each reacts to environment in his own way.

"One of the most serious defects in present-day medical training is the failure to regard the patient as a whole . . . he cannot be properly trained in this conception by the present method of dividing medicine into a number of distinct compartments taught separately.

"Thus the basic training is misdirected in aim, structure and balance, and when confronted with unusual problems in his later practice the student lacks the necessary guiding principles for coping with them.

"Moreover, most text-books encourage the habit of 'labelling' disease instead of teaching the student to think first of the patient as an individual whose normal health is in some way disturbed."

Hahnemann said:

"The physician's first duty is to inquire into the whole condition of the patient: the cause of the disease, his mode

of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of his disease. (From *Chronic Diseases*, 1828.)

"No real cure of . . . disease can take place without a strict particular . . . individualization of each case of disease.

"The individualising examination of a case of disease demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease.

"The investigation of the true complete picture and its peculiarities demands especial circumspection, tact, knowledge of human nature, caution in conducting the enquiry, and patience in an eminent degree.

"If the physician clearly perceives what is to be cured in diseases, that is, in every individual case of disease, if he clearly perceives what is curative . . . in each individual medicine . . . if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then he understands how to treat judiciously and rationally and he is a true practitioner of the healing Art." (From *Organon*, 6th edition.)

One can hardly differentiate the one from the other. Again Hahnemann is 120 years ahead of his time.

The change in attitude must have a great effect on the outlook of medicine generally, and make the profession more ready to appreciate the ideas expressed by Hahnemann.

Sir Henry Cohen of Liverpool, who was Chairman of the Committee, in a Presidential Address to the British Medical Association said :

"Man used to be regarded as greater than the sum of his parts, a whole human being in health and disease and his reaction to and on his environment were not overlooked. But as the twentieth century advanced the torrent of scientific discovery rushed on so impetuously that it all but engulfed the humanism of medicine. In the pursuit of

knowledge man was fragmented and his organs, tissues, cells and secretions were subjected to intensive study.

"For medicine is not all science. There are indeed many medical problems which defy measurement. Human life is full of imponderables, for man is not a physical being only. He has emotions and appetites which cannot be measured though they profoundly influence his physical welfare.

"Unless basic medical training be directed to the study of the whole man, in relation to his external and internal environments, it will be misconceived in aim, in structure and in balance."

Homœopathy takes into account the individual, with his personal reactions to environment, physical, mental and moral; his deviations from the normal, and especially from his own normal, due to sickness. With Hahnemann, when it comes to prescribing, "we know no diseases, only sick persons" whose sickness has to be matched in *Materia Medica*.

Even the *British Medical Journal* supports this view. In the Supplement, February 24, 1934, it was said:

"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 his disease. For the proper understanding of disease and its treatment there must be a thorough knowledge of the patient's personality and of his environment, using the latter word in the widest sense of the term."

And this is only common sense, since no illness, if we take the trouble to inquire, affects all persons alike. In rheumatism one person, like *Bryonia* in its provings, has pain on the slightest movement; another, like *Rhus* needs to be constantly on the move, to make the pain endurable. One, like *Rhus* is always worse for wet and cold; the other, like *Bryonia*, is more affected by dry weather. One rheumatic patient may have pains intolerable in the warmth of the bed; another, only tolerable when warm.

This aspect of the constitutional treatment of patients is finding favour in Europe under the expression "Neo-

Hippocratic conception" where every diseased individual constitutes a problem by himself. We are no longer dealing with diseased organs but a sick person. This approach of medicine to disease has interested many leaders all the world over, and to-day is developed by Dr. Cawadias (of London) in his book *The Modern Therapeutics of Internal Diseases*, which has been generally approved (even the *Journal of the American Medical Association* wrote that it should be put into the hands of every medical teacher).

Dr. Cawadias claims that the homœopathic method of diagnosis has given us three principles for modern medical practice: the principle of individualization; the careful consideration of symptoms; and the study of the constitution of the patient as a factor in disease. He states:

"Under the influence of other Neo-Hippocratists such as Professor Bier, Professor Hans Much and others, the homœopathic materia medica has been included for the finding of medicines that act on the whole body. . . there is a distinct trend in modern therapy (Albert Robin, Bier, Much, Tzanck, and others) to reintroduce homœopathy as part of general medical treatment."

There has been lately an important paper by Delore, professor and teacher to the Faculty of Lyons, in which he defended the study of Homœopathy in the official school. This was published in the *Gazette des Hopitaux* (The French Lancet). The position in France is, according to Cawadias, "very strongly in favour of Neo-Hippocratism, which provides a common ground of understanding for the old divisions of homœopathy and allopathy."

In Italy Castiglioni has also enrolled under the banner of Neo-Hippocratism, and has written that Neo-Hippocratism raises interest in Homœopathy. Pende, Professor of Clinical Medicine in Rome, and probably the leading physician of Italy, is another Neo-Hippocratist who has expressed himself as in favour of Homœopathy.

In these days of advancing science, when the foolishness of Homœopathy is proving wisdom, and the amazing

prescience of Hahnemann is obtaining every day new confirmation, what is there to prevent the most sceptical from, at least, experimenting with the power that has come to us?

Those who test Homœopathy and make the experiment, do not escape. Over and over again doctors have studied Homœopathy, or have been commissioned to look into it, in order to expose it, only to become its most enthusiastic adherents and exponents.

I suppose not one of us has approached Homœopathy otherwise than with doubt and mistrust; but facts have been too strong for scepticism.

Lord Horder, some time ago, spoke about "the present pause in therapeutic advance." He felt it would be broken by brilliant advance—in the near future. . . . The things essential to advance were toil, some humility, and imagination. From what part of the scientific horizon the light would come, it was not possible to say; the sky must be scanned in every quarter. . . . Perhaps some promising direction had been overlooked. . . . Would the lamp again be lighted by that strange and inexplicable flash of genius, the genius that scouted all science, because it was itself the mother of science. . . .

In the preface to the *Organon*, 3rd edition, Easter 1824, Hahnemann wrote:

"I rejoice at the benefit Homœopathy has already conferred on humanity, and look forward with intense pleasure to the not distant time when, though I shall no longer be here below, a future generation of mankind will do justice to this gift of a blessed means He has provided for the alleviation of their bodily and mental sufferings."

May I suggest that the Genius may be Hahnemann; and this the promising direction that has been inexplicably overlooked? Hahnemann antedated science; and his prophetic eye discerned "the dawn that was to brighten into the most brilliant day of medical art."

My practice and teaching for the past 45 years have

been along Hahnemannian lines ; I have had no reason to change from the principles I was taught by Dr. Kent. I am indeed grateful to Samuel Hahnemann.

Let us remind ourselves that there are no laurels without labour. We can take inspiration from General Montgomery, who said to his troops : "The strength of the Army lies in its team spirit, and the firm determination of every man to do his duty."

We are but part of one stupendous whole the world over, each in his own sphere—experimental, literary or clinical—recognizing the need of the other in conjoint effort to get a general acceptance of the Law of Similars.

In our Faculty meeting place we have paintings of great men of the past ; Hahnemann, to whom we pay tribute tonight ; Quin, the founder of the British Homœopathic Society ; and Dudgeon, that stalwart of the last century. You can think of your own great men of the past to inspire you but for whom and their sacrifices and faithfulness we would not be here tonight. They served their day and generation and it is surely our duty to be true to our principles, that posterity will be able to look back on our efforts with pride and satisfaction.

—*Jour. of the Am. Inst. of Homœopathy,*
Dec. '55 Jan. '56.

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