

## SOCIAL AND HISTORICAL

# 20 years ago: *The British Homeopathic Journal*, October 1989

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### The Royal London Homoeopathic Hospital

October 10th 1989 was the 140th Anniversary of the founding of the (Royal) London Homoeopathic Hospital: fourteen pages of this issue, in three articles, deal with its history.

In "*Frederic Quin, the founder of the Hospital*", Bernard Leary described the man who is normally regarded as the founder of British homeopathy, although he was the third doctor to practise it in this country. He founded the British Homeopathic Society (later the Faculty) and was also the driving force behind the British Homoeopathic Association, which raised the funds needed for the foundation of the London Homeopathic Hospital. This was made possible largely because of his social position, but also because of his charismatic personality. He was personal physician to the Duchess of Devonshire. The author paints a very engaging portrait of the man: "*He had the entrée into the greatest houses but it was his wit, good humour and trustworthiness as a friend that ensured that he was always welcome. Because he was so well liked the aristocracy helped him in every way that they could and because he was assisted, homeopathy was also*"; and he quoted Lord Ronald Gower "*(Quin) never did or said anything ill natured and his great popularity in society was doubtless owing to this*". Despite being a doctor to the rich and famous, he wanted to bring homeopathy to the general public. In 1843, he opened the St. James's Homoeopathic Dispensary; then, through his tireless fund-raising and networking efforts, saw the establishment of the first London Homoeopathic Hospital, Golden Square in 1849, which dealt with the cholera epidemic. This was followed in 1859 by the larger one in Great Ormond Street. There are large sketches of both the buildings. The author gave a detailed description of these foundations and the complications involved with the development of the British Homoeopathic Association. In his final paragraph, he spelt out the ways in which, without Quin, homeopathy in this country would have disappeared.<sup>1</sup>

The second article, "*The history of the Royal London Homoeopathic Hospital*" by Hilary Jenkins, gives a detailed

description in six pages of the various stages in the development of the hospital and its operation. There are several photographs, from the 1890s to the 1950s. In September 1948 it acquired the title 'Royal', just one year before the celebration of its centenary.<sup>2</sup> Finally, "*The future of the Royal London Homoeopathic Hospital*" is a guest editorial by MD Jenkins, Chairman of the Medical Staff Committee of the Hospital. He outlined the chequered career of the hospital since the reorganization of the National Health Service in 1974, before which the hospital was a small general one with its own management board. Since then, the author considered it had suffered in terms of loss of identity, inadequate capital investment and uninterested management. The present management structure, under the Middlesex Hospital, had proved far from satisfactory. The traditions and aspirations of the two hospitals had little in common, and the RLHH, which did not fit into the scheme of things, had suffered as a result. The author was greatly encouraged by the recent White Paper 'Working for Patients', which envisaged a motivated and committed management of a self-governing NHS Hospital Trust. The committee believed that "*if the hospital were seen to be independent there would be very considerable scope for raising funds from charitable sources and from the private sector to finance the redevelopment of the hospital as an active progressive national and international centre for practice, teaching and research in homeopathy and complementary medicine*".<sup>3</sup>

### The Blackie Memorial Lecture

It is noteworthy that this year's lecture entitled "*Is there a bridge between homeopathy and conventional medicine*" was the first to be delivered by someone who was not a homeopathic practitioner. Paul Turner, Professor of Clinical Pharmacology at St Bartholomew's Hospital, was an academic clinician, trained entirely in conventional medicine. It was his editorship of a leading clinical scientific journal that brought him face to face with the problems of evaluation of homeopathic preparations.

Turner dealt in turn with the three fundamental principles of homeopathy. He referred to 'like cures like' as seen historically and experimentally; considered that individualization was more a part of conventional medicine than homeopaths might accept; and dealt more at length with the problems associated

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with potency, the real stumbling-block. This was particularly so for those who wished to collaborate in research, and quality control was a major problem. Turner was pleased to see the sixth Supplement to the French Pharmacopoeia for 1989 in which all mother tinctures appear to be controlled by a description, characters, and identification tests, and for some there were chromatographic tests for constituents. Quantitative control seemed, however, to be generally still lacking.

The author, however, thought that the greatest problem was not technical or methodological, but philosophical. He considered that research could only be carried out with integrity by investigators who were prepared to accept the consequences of the observations they made. Conventional practitioners, therefore, who believed that homeopathic dilutions could not, in any circumstances, have any therapeutic effect, should not take part in clinical trials upon them; but it also applied to homeopaths who were already totally committed to homeopathic principles! Observations had to be as free from bias as possible; which required humility, integrity and openness of mind. He stated "A healthy scepticism, or agnosticism, is needed; a net whose mesh is wide enough to admit new concepts based on new, or old, observations, but not so credulous that the false and bogus readily become accepted as reality".

In conclusion, the author saw the question "Is there a bridge?" as suggesting that homeopathy and conventional medicine were quite separate in their nature and origin. "It might be better, more constructive that we rather ask "Is there a tunnel between them?" If homeopathy truly exists, then it is, like ESP, a part of physical reality, whether or not conventional science recognizes this".<sup>4</sup>

## Differences between homeopathic and conventional patients

Two very different studies tackle this subject. The first is entitled "The expectations, health beliefs and behaviour of patients seeking homeopathic and conventional medicine" by C Harrison, J Hewison, P Davies and P Pietroni. There is considerable debate about whether those attracted to complementary medicine differ from those opting for conventional. In particular, such differences might have a major effect on the outcome of treatment. The study offered a questionnaire to consecutive patients attending four dermatology or rheumatology outpatient clinics at three different London NHS hospitals; both homeopathic ( $N = 47$ ) and conventional ( $N = 45$ ) Five pages detail the questionnaire. The two key differences were found to be in their reasons for attending a clinic, and their beliefs about their conditions. It is interesting that there were no significant differences between the two groups in terms of their behaviour before or since the onset of their present condition. Significantly more homeopathic patients were unhappy with previous treatment and came to the clinic of their own volition (Table 1). In a study cited here, "Why do people seek treatment by alternative medicine", G Lewith concluded that they were not 'cranks', but were well-informed and seeking a solution to unresolved long-term problems. Significantly more homeopathic patients also believed that their condition could be partly psychological; that changing in some way could improve their

condition; while significantly more conventional patients believed their condition was caused by something out of their control (Table 2). In assessing the Multidimensional Health Locus of Control, the homeopathic patients had significantly higher internality scores.<sup>5</sup>

The second study, "A comparison of GP and homeopathic patients" by Chris Smith, is an Intercalated Psychology BSc project, University of London. The procedure was similar to the first, but with no assistance in completing the form. The responses received were from a single GP surgery ( $N = 45$ ) and a homeopathic doctor's surgery ( $N = 42$ ) in two small market towns in central Somerset (the provincial sites felt to be more comparable and less heterogeneous than in central London). The procedure and the results were less clear cut than in the first study, with two rather complicated tables (incorporating various parts of the questionnaire); but the same dissatisfaction and scepticism from the homeopathic patients was evident. The author commented "what this indicates, perhaps contrary to expectations, is that 'blind faith' in the efficacy of treatment and the 'healer' is not the view held by the alternative homeopathic patients but instead is supported by the GP patients, and their belief in conventional medicine". As before, the behaviour patterns were similar, but GP patients were more likely to pay attention to health recommendations, perhaps implying greater reliance on the advice of 'professionals' rather than extracting information themselves. The other difference found was much higher scores for psychological disturbance (L-22 score) in the homeopathic patients, which the author thought might be explained by the longer appointment times offered in this group. The Locus of Control showed no difference in this study. This discrepancy is perhaps explained by the greater depth of the first questionnaire.<sup>6</sup>

## Research reviews

"*Oscillocochinum* in influenza-like illnesses" is the first of two reviews by Peter Fisher. Scarcely known in the English-speaking world, the remedy was one of the most widely used and most popular in France. It is a 200 K potency of Barbary duck heart and liver. Its popular reputation was vindicated by a large scale, double-blind, placebo-controlled trial published in the *British Journal of Clinical Pharmacology* (Ferley et al., 1989; 27: 329-335). Four hundred and eighty-seven patients were recruited by 149 GPs (mostly non-homeopathic) during the influenza epidemic of January-February 1987. After 48 h, 17% of the treated group had fully recovered, compared with 10% of placebo. Further analysis showed that the effect of the remedy peaked at 36 h, and it was most effective in younger patients. The *Lancet* commented favourably on the trial, describing the difference between placebo and active treatment as 'respectable' - mentioning only at the very end that the treatment was homeopathic!<sup>7</sup>

"*Rhus toxicodendron* in fibrositis" is the second review, of a short paper published in the *British Medical Journal* (Fisher et al., 1989; 299: 365-366). This was an attempt to improve on the design of the study published in the *Lancet* in 1983, which had a negative result. This time, further precautions were taken and, crucially, only patients in whom *Rhus tox.*

was positively indicated were chosen. On active treatment, the patients fared better on all parameters than on placebo.<sup>8</sup>

## Modern microecology

"Chronic diseases of Hahnemann in the light of microecology" is by Reinhold Linder. The author's effort over many years has been to correlate and integrate modern findings of bowel flora research and autogenous vaccines with his homeopathic practice. He had approximately 300 cases in which he had used either an autogenous or a polyvalent vaccine with success. The author concluded "The new vaccine therapy, being akin to the Bach/Paterson work, appears to be much more suitable and utilizes up-to-date scientific knowledge for therapeutic and monitoring purposes. A further possibility exists whereby faecal bacteriology could be used to prove the action of potentized material that was selected in accordance with the similia principle".<sup>9</sup>

## Obituary

Martin Viner, Managing Director of Weleda (UK) Ltd. died suddenly, aged 57. He was a man of enormous personal charm and magnetic personality, who spent most of his life furthering the cause of anthroposophy. He developed the company with great determination from its early small beginnings in Sussex. He understood that profit was necessary for survival, but the principles of Steiner's teaching and philosophy were more important to him than commercial considerations. His introduction to Steiner education came when his suffragette godmother, Dorothy Pethick placed him in a Steiner school, initially at King's Langley, where he was born; then later at Michael House, the Steiner foundation in Derbyshire. Weleda's factory and offices at Ilkeston were based in the original Michael House School. With great determination and integrity, and in the face of much opposition, he helped to found, and became chairman of, the Natural Medicines Group of manufacturers. He then gave the inspirational lead towards the founding and development of the Natural Medicine Society, a public charity dedicated to preserving consumers' rights of choice in medicine. Within only three and a half years it became the premier organization in Europe representing the public voice. As well as all this, he was a director of the Groundwork Trust, formed to create a cleaner, greener environment for the community; worked with Derbyshire Wildlife Trust to establish a wild-life pool; and opened his own and Weleda's gardens to the public. He was a gardener of great distinction.<sup>10</sup>

## Book reviews

**Homoeopathy reconsidered – A New Look at Hahnemann's Organon**  
By Anne Clover

The author reviewed the Sixth Edition of the *Organon* in the light of modern medical thinking. In doing so, she highlighted the timelessness of much of Hahnemann's thought, and his meticulous care and precision. In 12 chapters, she takes us through his main assertions, which include the

nature of disease, acute and chronic, the study of the patient, and the proving, preparation and prescription of medicines. Unfamiliar concepts are patiently and lucidly dealt with. An important chapter is devoted to Hahnemann's Advice on Case-history Taking, and another to the interaction of Homeopathy with other therapies. The reviewer considered that this book should be read and savoured slowly, preferably with a good translation of the Sixth Edition at hand, for the many references. Though it is intended for the general reader, with technical terms avoided or explained, it was warmly recommended to all homeopathic physicians, however experienced, "especially if they think they know all about the *Organon* and have not opened it for years".<sup>11</sup>

## Storia Della Omeopatia in Italia: Storia Antica di una Terapia Moderna

By Alberto Lodispoto

This is a detailed and scholarly investigation of the history of homeopathy in Italy from its introduction in 1822 till the end of the 19th century. The author distinguishes four phases in its development: an initial period; a period in which it flourishes; a phase of decline; and finally one of revival. This sequence is similar to that found in other countries, especially the USA. Its development in the various districts is discussed in considerable detail, with abundant citation of primary sources. The treatment of cholera will be of particular interest to British readers. In one hospital in Sicily in 1854, for example, of 611 patients only 25 died, whereas at a military hospital which treated 902, 386 died. Similar results were obtained at numerous other hospitals between 1836 and 1867. The reviewer considered the book to be welcome, as it filled a gap in our knowledge of the development of homeopathy in Europe in the 19th century. With its abundance of references, it would be essential reading for future students of homeopathic history.<sup>12</sup>

## References

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