

Wind of Change from Chicago

by Frank Bodman

When Richard Hughes fell dead on the Dublin pavement, in 1902, he brought to an end an era of English homœopathy. At the following meeting of the Society which turned into a memorial celebration, one member pointed out that apart from the very senior ex-President, everyone in the room owed it to the late Dr Hughes that he was there; he had recruited everyone. For nearly forty years he had dominated English homœopathy, as author, editor, reviewer, critic. His influence has been all-embracing. If he considered you were unsound in your philosophy, you had no chance of holding office in the Society, and when you died he polished you off in an obituary that damned you with faint praise.

Was everything to go on as before? There was a stalwart Old Guard always at the ready to defend the principles that Hughes had fought for.

But the first puff of wind was by a woman doctor in 1903 who had travelled to America and returned with an MD Chicago. She was the first woman to read a paper to the Society. Dr Octavia Lewin read her paper on constitutional treatment and spoke of high dilutions. She believed the best teaching of homœopathy was to be heard in Chicago. As a pioneer and a woman she was listened to politely, but the high dilutions stuck in one Old Guard's throat; he proposed there should be a limit on the dilution of potencies. In a further discussion on dilutions my father, Dr Hervey Bodman, urged that we should be guided by observation and experience and not be swayed by theoretical objections.

In the next year a member of the Society visited the United States to report on their homœopathic institutions, and almost as an afterthought at the end of his

paper he mentioned Dr Kent and Dr Allen who were teaching materia medica at the Hering (*sic*) College at Chicago. This was the year (1904) that the First Edition of Kent's *Lectures on Materia Medica* was published in Philadelphia, written in a deliberately colloquial style at the request of his students. Dr Kent and Dr Allen were made corresponding members of the British Homœopathic Society. I wonder who suggested their election? Was it of any significance that three months before Dr Margaret Tyler had been elected a member of the Society? Dr Tyler studied medicine and began work at the London Homœopathic Hospital in 1903. She was concerned that there was no organized post-graduate teaching, and bothered about the future supply of homœopathic physicians. So with the support of her mother, Lady Tyler, she instituted the Sir Henry Tyler Scholarship Fund in 1907, which was to help doctors to go to the USA to study under Dr Kent. But it was not until 1914 she was appointed assistant physician to the Hospital. When she was due to retire, a special appointment of auxiliary physician was made to retain her services, and she was on duty the day before she died at the age of 86. In 1919 Dr Tyler demonstrated an epileptic idiot much improved by a dose of *Cicuta* 200; the next year she showed three cases each treated by a single dose of a high potency, and a year later she exhibited a case of tuberculous dactylitis showing astonishing improvement after one dose of *Septia* 200 worked out with the Repertory.

In 1909 Dr John Weir was appointed House Surgeon at the London Homœopathic Hospital. He has been a protégé of Gibson Miller, the famous Glasgow homœopath, who had successfully dem-

The posthumous collection by Frank Bodman, *Insights Into Homœopathy*, (Beaconsfield Publishers), is reviewed on page 96. This article does not appear in the book and is relevant to the theme of this issue of the *Homœopath*.

onstrated the value of homœopathy by curing him of septic infection. Dr Tyler had organized a scholarship from her father's fund for Weir to travel to Chicago to study under Kent, and he had returned to England full of enthusiasm and convinced of the importance of Kent's teaching. Now the wind of change was beginning to blow. While still a resident, John Weir worked out with the Repertory a case of Dr Goldsborough's and demonstrated to the Society a case of iridocyclitis relieved by a single dose of *Phosphorus* 200. Later, having completed his resident post, he set up his consulting rooms in Welbeck Street at the end of the year. In November 1909 Dr Weir, a visitor to the Society, took part in the discussion on the treatment of tuberculosis in adults, and emphasized the importance of taking into consideration the totality of the symptoms.

At the next meeting of the Society, in December 1909, Dr Weir was elected a member of the Society. At this meeting another visitor to the Society read a paper on 'The Selection of the Remedy'. This Dr Ridpath, practising in the North, claimed that after the *Organon* he had found Kent's *Lectures on Materia Medica* the most useful. Two months later, when a paper was read on 'Alternation of Remedies', Weir intervened in the discussion, and quoting a recent case showed that a single dose of high potency gave better results than alternating. At the same meeting he read a paper illustrating the homœopathic philosophy by a series of personal cases worked out with the *Repertory*. The selection of the remedy was made by considering the general symptoms alone. "Take care of the generals", he said, "and the particulars must take care of themselves". In the subsequent discussion the President accused him of aiming at a counsel of perfection. Other members accused him of straining their philosophy.

When the time came for the President of 1909-10 to give his presidential address, he referred to his visit to America, and how thanks to the Tyler scholarship he spent several months at the homœopathic colleges in Chicago. His opinion was that these colleges stood supreme in the study of homœopathy and its practical application: "The *Organon* is taught and expounded and discussed in a manner unknown in Europe". Dr Kent was the great teacher and master. Dr Moore reported that in 1866, when he was studying homœopathy, the *Organon* was not a subject for study.

In December 1910 Dr Gibson Miller read a paper on the comparative value of symptoms in the detection of the remedy. Dr John Weir, who had been appointed assistant physician at the London Homœopathic Hospital, arranged a special meeting on the next evening, so that Dr Miller could answer questions that had arisen following this important paper.

In the summer post-graduate course Dr Weir lectured on cases illustrating the selection of the remedy

by the use of the *Repertory*.

The International Homœopathic Congress was held in London in July. The section 'Science and Art of Homœopathy' was chaired by Dr Gibson Miller, vice presidents were Dr Margaret Tyler and Dr MacNush, and the secretary was Dr Weir. Dr Kent was the Honorary President who contributed a paper emphasizing the value of a study of the *Organon*.

Dr John Weir was elected the Compton Burnett Professor for 1911 and lectured every Friday from October to December. Tyler scholarships were available to enable students to attend these lectures. It is worth commenting that notices of Dr Weir's lectures were published twice during the year, as compared with the seven notices of the Honeyman-Gillespie lectures. Dr Weir obtained the consent of the Board of Management to hold a monthly meeting for discussion of the various questions arising from the recent Compton Burnett lectures.

The Second Edition of Kent's *Lectures on Materia Medica* was reviewed in the *Journal*: "the reviewer notes that Dr Kent has his own way of looking at things. The reviewer suggests that it is not meant for everybody, and is unsuitable to hand to a student who will do far better to read Hughes' *Pharmacodynamics* which should be the textbook for the beginner". Hughes was casting a long shadow ten years after his death. When Dr Margery Blackie came to give the Hughes memorial lecture she admitted she was unfamiliar with his work.

Dr Ord read a paper on 'Some Essential Points in the Homœopathic Treatment of Pulmonary Phthisis', and he pointed out that "we have to thank first Dr Kent of Chicago for the present revival of these important principles to treatment, and secondly those who having learnt from him have endeavoured to spread a knowledge of this method". My father, Hervey Bodman, in the subsequent discussion quoted Kent's *Lectures on Materia Medica*.

At the end of 1915 Hervey Bodman read a paper to the Society on 'Lines of Search for the Remedy'. He covered all the approaches used by homœopaths, empirical, pathological, and symptomatological approach; he quoted Kent as the great modern interpreter of Hahnemann, and he acknowledged the teaching and help of Dr John Weir and the writings of Kent; he listed seven advantages of using this method. The Old Guard responded. Dr Moir felt Dr Bodman had been scarcely fair to the pathological method, Dr Neatby thought the symptomatological method extraordinarily complex and difficult, and he admitted he had never had time to do it justice. Dr Weir naturally supported my father, and the President summed up that an important conclusion had come out of the discussion. At the end of 1916 John Weir was appointed Secretary to the Society.

continued on page 80

Reviews

MacRepertory™

Published by Kent Homeopathic Associates, San Anselmo, California including *The Complete Repertory* published by MacRepertory Holland. Available from 16 St Michaels Mount, Northampton NN1 4JG. reviewed by Peter Chappell

I have had MacRepertory for two years now so I feel I can give a reasonable judgement on it overall and have some pertinent things to say. And in case you don't know, the Editor of this journal distributes MacRepertory in the UK. I will state here and now that this review is unsolicited and uncensored except the grammar perhaps.

About 10 years ago now I conceived, designed and built the first homeopathic expert system, *The Micro-path*, that worked effectively in the presence of the patient, fast and interactively. It wasn't the first computerized repertory, there were several attempts before me, but these were all slow and cumbersome and not suited to immediate use in front of the patient. So from arduously spent hours creating my own version in the past, thousands of hours of unpaid hard labour, I am very aware of the work that has gone into this MacRepertory, and have experience of many facets of the use of computers in the consulting room.

When I first advocated computerized repertories I got a lot of Luddite like feedback, but my experience was that patients liked it, rather than being put off by it as was often suggested.

David Warkentin and his team have done a wonderful job with the new *Complete Repertory*; it is more complete than the *Synthetic*, Künzli, George Vithoukas' additions, Eizayaga additions, all put together and it is a veritable mine of information. This does not mean it is finished, but it is probably more complete now than any other source, and because of the on-going commitment to keep it up to date, it will remain so. I predict that it will become the definitive repertory of this century, rather like Kent's was last century.

This new *Complete Repertory* is laid out in substantially Kent's format, unlike the *Synthetic*, and so has

strong affinities for you if you have already got the Kent layout imprinted on your brain. In some ways I would prefer it to be a more logical layout but I guess that's a long way off. It reminds me of the 'querty' keyboard situation, I could strongly argue for a more rational repertory layout, and have written a draft for such, but I somehow doubt whether such a change would find much acceptance.

Until recently with MacRepertory I found the basic Kent *Repertory* with George Vithoukas' additions a real handicap, often having to remember the incomplete rubrics, but now I have put my all my book repertories to one side, out of use, because it is easier to go straight there by computer, it is quicker than turning pages to get to a rubric, and with the bonus of instant repertorization. The major advantage of computer repertories is the instant ability to repertorize, no short cuts are ever needed, in fact some rather clever formulae allow one to ferret out the small remedies easily, as well as to confirm unusual versions of polychrests.

The combination I find most useful is to pick repertory analysis methods that highlight 'strange rare and peculiar', 'small remedies' and 'keynotes', and to eliminate the resulting remedies based on very strong, certain rubrics where appropriate. In this way, I can isolate the case down to a few remedies, at the same time flip back to see the 'totality' repertorization, to ensure I'm not dismissing the obvious. Once you are familiar with this way of working, it becomes a quick, easy and as powerful a way of working as I can imagine currently. Instead of short cuts you can do a multi-faceted analysis, quickly and efficiently, It's nothing short of a triumph of technology and art, a person centred computing system that's a powerful useful tool.

Which reminds me, familiarity tends to let me forget some basics. I have found it very easy to use. In spite of being a long term computer user and designer for that matter I still find things like telephone answering machine handbooks difficult to understand, or alarm clock setting instructions for that matter.

Using MacRepertory involves two steps: learning to

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use the Macintosh™ computer, and secondly the MacRepertory. Really you need driving lessons for both, and to give yourself time to play and read the handbook. However I've never really done any of this and muddled through, and I must say that compared to some computers Macintosh is incredibly easy, well organised and very user friendly. Secondly the MacRepertory is very easy too. Having said that you have to allow learning time for computer and repertory. And this can be fun and exciting to do so.

Now I must deal with the limitations of this method. The first is that it is too easy to repertorize everything in sight, ending up with a dull grey mess of nothingness. You do need to evaluate rubrics carefully, deciding what's solid and reliable, significant etc. Given you do this well and good, then it becomes a powerful interactive tool. What I do is to repertorize most cases (some are too obvious) and when I see the answers continue my case taking to confirm or remove likely remedies, and because I do this with the patient in front of me, I can explore several avenues until that quality of fit comes about, utilizing materia medica in the end stages, to get that gut response that this fits well.

It is this ability to work interactively that I experience a vital component of repertorization. For me it loses a lot of value if it is done after the patient has gone, and gains a lot if it is done quickly, leading onto more ideas for remedies than I previously thought of, which I can then proceed to explore. One variation on leading questions I use at times is to ask the opposite and see what comes up by way of contradiction!

One very useful feature I find is the keynote confirmatory materia medicas which flash up on the screen when appropriate and suggest to you confirmatory questions. They were written by George Guess, a student of George Vithoulkas. Because I am (I hope!) not troubled by the response, and reckon anything other than a positive quick response to direct questions as a 'no' I find this way too often helps to conclude the case taking.

Another very useful feature I find is that in the computer I store all the rubrics related to the prescription, and recover these when the patient returns, and check the response to this check list where appropriate as well as to more general responses, which acts to remind me of the key areas of interest. Recovering these rubrics can be as long as 1 to 1½ minutes which I find a long time, but this has been drastically speeded up with the newer Macintoshes.

The time taken to analyse information is crucial to its use interactively with the patient. Whilst theoretically I could do a repertorization following remedy selection in few minutes easily, in reality I often repertorize several sets of symptoms separately, eg mentals, separate from generals, separate from particulars (using the three different 'clipboards'), and then altogether perhaps, and repeat the process as I

find further rubrics, so I might repertorize tentimes or more in one consultation. Repertorizing itself take about five seconds for 30 rubrics.

Having mentioned all these facilities I find the return of the old problem of time not interacting sufficiently with the patient. Although I can do a detailed repertorization in a minute or two, in reality I can easily spend a quarter of a hour doing it interactively, or worse still half the session time, so instead of being faced with a homœopath with head in book, it is now head in computer. It is a question as always of selective use, selecting rubrics carefully, considering the results of the analysis carefully, and yet, because it allows so much to be done, I find I can overdo it, and finding an appropriate balance can be a very real problem in complex cases.

There are many other features worth mentioning. For example making your own rubric, based on your own essence feelings, adding in remedy relationships, underlining rubrics, and four levels of grading remedies in rubrics. The repertory is very well indexed with cross references, that are a great bonus. I find cross references very helpful and educational, together with very fast search facilities to find any word any which enable a search of the whole repertory for a rare word in 15 seconds. The author reference numbers after each remedy can easily be suppressed, and show the source author of the remedy in the rubric.

From an educational point of view one can print out every entry for a small remedy in a fraction of an hour, revealing previously unknown perspectives, something that will prove increasingly powerful in years to come.

Another easy to do thing is to repertorize on a disease. For example Cancer is listed under 95 headings and the first remedy is *Conium* by a 'Strange Rare Peculiar, Keynote and Rare' complex analysis, (in 29 rubrics) Number 1, with *Arsenicum*, *Carbo animalis*, and *Cundurango*, as poor seconds.

There are a lot of facilities to add in your own rubrics, or adjust existing ones, and in your own keynotes or modify existing ones. So its easy to personalize it to your own needs.

One of the great features of MacRepertory is the number of users and the commitment behind it. A computer system without back up, regular enhancement, and a network of users isn't really valid. Its vital to have these features, otherwise it quickly goes out of date. For three years in my experience David Warkentin and his team have done a great deal of work in furthering, supporting, and enhancing MacRepertory, and for these reason I originally purchased it.

I have a relatively poor memory, unlike George Vithoulkas, who often would tell me the symptoms and essential features of cases of mine he supervised, years after the first prescription, without any notes, or like Rajan Sankaran, who rattles off all the rubrics of the case, and the indicated remedies, etc etc. For me

the MacRepertory is my memory prop, since I see no way of enhancing my memory significantly. Having the computer allows me to concentrate my energies on other facets of homœopathy, case analysis, follow up analysis, etc, and still do a good job in spite of my memory.

Rajan Sankaran said something to the effect that computerised repertories were not necessarily a good idea; I did not find the opportunity to get him to elaborate on this but I think his reservations relate to the ability to take cases, assess rubrics and recognise what is in front of our noses. Perhaps more too. I think he has a point, as teaching students has brought home to me, recognizing rubrics out of what is being said is often a high art and science. But I would argue that, whatever your ability, MacRepertory can enhance it considerably, and help you learn, by putting the facts in front of you, rather than "I think its so and so" based on limited repertorization, MacRepertory takes out any guess work on this level, whatever level you are on.

At the same time the deeper understanding of philosophy, materia medica and repertory the better the homœopath, and MacRepertory is no substitute to a good training.

I would say that in 60% of my cases MacRepertory allows me to tap the accumulated wisdom of nearly two centuries of homœopathy, utilizing thoroughly the one and only single source hundred maybe thousands of skilled homœopaths have contributed to, and proven by time, the repertory.

So while this sounds mostly positive, that is the way I experience it, and I am sure that many of the several hundred world wide users will agree with me, its great boon to homœopathy, in the right hands it is an effective tool for helping create health. On a practical level It also saves me time, and thus my patients' money. I produce more cures, a lot more quickly with it, than without it

I would like to mention some of the hiccoughs. My particular computer has proved unusually unreliable, and cost me nearly £1000 in repairs in 1989. I could have had a service contract for about £250, but each time I thought would be the last, but it wasn't. It cost £50 to change an internal fuse once, next time I did it myself!

There is now a faster version of the computer, the SE30, which new purchasers should definitely buy, as it is ten times faster, and worth having. Also with the advent of Materia Medicas too in the computer, bigger storage discs are worth considering; even though I carry hundreds of files, all my correspondence, articles and leaflets, and much more very easily within my 20 megabyte disc. But to keep up to date then is a regular expense involving £1000+ every few years. Apple computers have come down in price recently.

Another area to mention is housekeeping: computers need looking after. For example the internal files

need looking at regularly to keep them in order and to back them up in case of a computer fault. This all takes time, perhaps a hour a week of housekeeping tasks is typical, at least for me. I hope this proves useful.

Likewise every additional enhancement of the MacRepertory software costs money (typically £65) and has a new set of bugs. It is the price of progress. If I were to wait till it were perfect, I would have to wait for ever. The previous version was very reliable, the current has many small but annoying bugs, but at this moment I am discussing them with the creator of the repertory, David Warkentin in person, and I know that I will receive a successful revised version quite soon. I can't imagine life without it now.

I confirm that this review was unsolicited. Reviews of other computer software for homœopathy will be welcome. Ed.

Sex in the Forbidden Zone: When Men in Power – Therapists, Doctors, Clergy, Teachers and Others – Betray Women's Trust.

by Peter Rutter

ISBN 0-04-440584-7

Mandala/Unwin 1990, 288 pages, paperback £5.99

reviewed by Sue Goodrum and by Ian Townsend

Sue Goodrum writes:

I found this book to be a compelling read from the first pages. Peter Rutter, a psychiatrist in private practice in America, defines sex in 'the forbidden zone' as any sexual contact that occurs within a professional relationship of trust. He sets the parameters of this discussion with a disclosure about his own near sexual encounter with a woman patient. His honesty about his ambivalent feelings and his subsequent struggle to understand this particular form of sexual exploitation through interviews with women patients/clients and men in positions of power, leads to a book which is informative, helpful and immensely readable.

He understands that we all carry 'psychological wounds, which to a greater or lesser degree we try to soothe through our behaviour in everyday life.' These past wounds can be activated in the consulting room, overtly by the patient/client and covertly by the practitioner.

What I found very refreshing was Peter Rutter's honest acknowledgment of men's sexual thoughts and feelings in his chapter called *Men in the Forbidden Zone*. He charts the 'typical ways in which men convince themselves and their protégées to participate in forbidden zone sexual relationships.' As all women know, even the first stage of 'looking her over' has an

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invasive effect on our psyche, in the presence of a man we want to trust.

He goes on to cover the myths and rationalizations that often occur when sexual abuse or exploitation take place. He lets no-one off the hook as there is a well thought out section on 'love and marriage in the forbidden zone.' The conclusion to this chapter looks at the positive ways in which 'men can relinquish their sexual agendas towards their women patients/clients.' In doing so a healing moment occurs.

Guarding the *Sexual Boundary, a Sexual Guide for Women*, is a very helpful and sensitively written chapter. He talks of the power that we as women together can wield, if we choose to speak out and confront these sexual boundary violations.

Peter Rutter states his ideas on how both men and women can deal with the situation of sexual contact in a professional relationship of trust. However, it is my view that some men will have to work very hard at confronting themselves and their colleagues about sexual boundary violations. The chapter called *Facing the Feminine in New Way, a Sexual Guide for Men* will be a help along the way.

Finally the point is made throughout the book that suppression of these events when they happen, 'mirrors the secrecy urged upon all sexual victims.' He concludes the book as he begins with a quotation from Elie Wiesel:

"Let us remember: that what hurts the most is not the cruelty of the oppressor but the cruelty of the bystander."

This book is a loud clear voice in the silence and should be read by everyone in the helping professions.

Ian Townsend writes:

This is a book about a situation men and women frequently find themselves in – where the former is in a therapeutic relationship with the latter, as counsellor, doctor, clergy, lawyer, teacher. It explores the benefits to both where the man behaves ethically and honestly – but it largely concentrates on what happens where this ethical relationship breaks down and degenerates into some form of sexual contact.

The author, an American psychiatrist, was driven to exploring this whole area by his own coming to terms with the erotic dynamic present for him within the therapeutic process, and by his discovery that his (male) mentor had for years been having sex with his patients. His researches led him to see that "sexual violation of trust is an epidemic, mainstream problem..." which, far from being the province of a small number of "obviously disturbed men who occasionally show up in the headlines...are (more often) accomplished professionals, admired community leaders, and respectable family men whose integrity

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we tend to take for granted." He estimates that around *one million* women in the States had been sexually victimised in relationship of trust.

It is one of the most humane books I have read for a long time. Peter Rutter writes from the heart with great sensitivity, employing neither apology, denial nor blame but attempting to uncover the reasons why so often male therapists cross the boundary from safe and wise conduct to sexual encounters with their (largely female) clientele, and also why this clientele permits it to happen. In doing so he offers us a compassionate map of the search for the other – the search for the hidden, often wounded parts of *ourselves*; the search for the feminine and the masculine within each one of us. He shows us how easily this search can be exteriorised by male and female alike, and the ease with which this search invokes, and is so powerfully transformed into, inappropriate sexual behaviour.

His position basically is that, as humans, we are all wounded, and that men and women alike enter into what he calls "forbidden zones" relationships in a (misguided) attempt to heal these wounds. "No matter what our childhood experience has been like, we all have, to one degree or another, unhealed wounds. As we emerge from childhood into adulthood we face the prospect of life wounding us anew. But in almost everybody, no matter how wounded, no matter how hopelessly our families dealt with injury, the hope for restoration of what has been lost, or healing what has been injured, somewhere remains alive. It is here that we return to the immeasurable value of the forbidden zone. Relationships with trusted professionals hold inordinate power over people's lives precisely because they offer as much hope as they do. At best, therapists, pastors, attorneys, mentors and teachers heal past injuries, restore meaning, offer access to the deepest resources of self, and even save lives". He shows us how devastating it is *for both therapist and client* when such hope for healing is denied through misplaced sexuality, and how such wrong behaviour can affect the health of both for decades after the event.

His book demands a very careful reading, and encourages much thought. It challenges the pictures we may have of either partner in this activity as aggressor, compliant partner, or weak and powerless individual. It takes us beyond the stereotypes of masculine or feminine thought and encourages us to a humane appreciation of the deep and powerful forces at work in the situation. Rutter is uncompromisingly clear in his view: "any sexual behaviour by a man in power within what I define as the forbidden zone is inherently exploitative of a woman's trust. Because he is a keeper of that trust, it is the man's responsibility, to matter what the level of provocation or apparent consent by the woman, to assure that sexual behaviour does not take place". He makes it quite clear that any sexual activity taking place within the

therapeutic relationship – or outside of it – betrays the deepest inner sanctity of both client and therapist.

I have not quoted widely from this book – because I want you to go out and buy it. (It is a paperback at £5.95.) It is a long time since I was so impressed by the honesty of an author, and by the sense of compassionate love and understanding which comes through his words. Each one of us in practice owes it to our patients – and to ourselves – to understand the other therapeutic dynamic more deeply. And if you are in training, Peter Rutter's book should be on your booklist.

What I like about this book – its point of greatest value for me – is that it offers a chance of enlarging our understanding of the opposite gender. It sets out a comprehensible guide to male and female psychology, shows how each is looking for wholeness in its own particular way, and shows the traps inherent in sexualizing any relationship which is built on the helper-helped model. Most importantly it offers the chance to recognise those elements of ourselves which might be tempted by such a sexualizing and it shows the positive advantages of resistance.

The Complete Homeopathy Handbook: A Guide to Everyday Health Care

by Miranda Castro

ISBN 0-333-42888-9, Macmillan, 1990, 258 pp., £14.95
reviewed by Denis MacEoin

The writing of popular guides to homœopathic practice has a long and respectable history since the appearance of Hering's *The Homœopathist or Domestic Physician* in 1835 or, nearer home, the *Homœopathic Domestic Physician* by Pulte, Epps and Epps (London, 1857). In this century, the increased professionalization of medicine and the ready availability of treatment has led to widespread abandonment of self-help measures in industrialized countries. In recent years, however, more and more lay people have seen the value of self-reliance in times of acute illness, and in consequence a new generation of guides to homœopathic home treatment has come onto the market. The man or woman in the street now faces the unenviable task of choosing which of many books available will be the one for the bathroom shelf.

Miranda Castro's book fits the job as well as any I have seen, and better than most. Her repertory and materia medica are comprehensive and usable...much better than those in Panos & Heimlich's, *Homeopathic Medicine at Home* with the repertory filling an obvious gap in Cummings & Ullman's *Everybody's Guide* or Hammond's *How to use Homœopathy effectively*.

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I was struck by the helpfulness of two sections near the end: 'Diseases You Can Treat Using This Book' and 'Sample Cases'.

The former makes it clear that this is a work of limited application, directing the patient to a professional homœopath for all serious poor chronic conditions. Unfortunately, I fear that beginners will be drawn to Andrew Lockie's rather bigger book *The Family Guide to Homeopathy* (already very fairly reviewed in this journal), which has a bit on just about everything from schizophrenia to cancer. I know that Lockie does not expect his readers to treat such conditions (though he does include routine prescriptions for a whole range of chronic complaints); but he gives a rather false impression of just how much the non-practitioner can or should do. Castro gets this right, and any paperback edition of her book should emphasize this point in order to help potential readers decide. More is not always better.

If I have a general criticism, it is the use of drawings of plants (plus the odd squid or beetle) in the text and on the jacket. This may be the publisher's doing, but it should have been resisted. Apart from the age-old problem of confusing homœopathy with herbalism, this also encourages people to think of remedies as somehow 'natural' and to see their value in that. It is my feeling (as a non-practitioner) that the ability to think homœopathically (and thus to treat homœopathically) begins to come once it is understood that what is in the bottle is not a natural, material substance to be used allopathically, but a highly artificial, potentized force which has therapeutic potential only when it fits as complete a symptom pattern as possible. On the principle that a picture is worth a thousand words, no amount of explanation could undo the image conjured up by the very material offerings of Mother Nature that pop up every few pages.

Minor niggles: on pp 22-23 it is stated that *Sulphur* might come up for all symptoms of Flu, 'but isn't listed under Flu in the repertory'...a beginner would find this confusing. On p.32, 'Handcream' has become a symptom. On p.207, I think it would have been helpful to note the dangers of using *Symphytum* for broken bones where a pin is involved. I would like to have seen something on dental treatment, particularly tooth extraction, including a warning about the dangers of dry sockets following wisdom tooth extraction where treated with high potencies of *Arnica* (I did it and it was nightmarish).

Introduction to Homœopathic Medicine (second edition)
by Dr Hamish Boyd FRCP FFHom
ISBN 0-906584-21-3, Beaconsfield Publishers 1989
285 pages, paperback, £13.95
Reviewed by David Curtin

It is a long time since I read a book describing itself as an introduction to homœopathic medicine so it was with great interest that I began to read the second edition of Dr Boyd's book. There have been so many books written on the subject of homœopathy in recent years, and I wondered what it will offer that has not been offered many times before. Dr Boyd is a senior figure in the world of homœopathic medicine and is at present Senior Consultant Physician at the Glasgow Homœopathic Hospital and Dean of the Faculty of Homœopathy. His book will certainly attract attention for this reason alone. I am sure that he has taken a keen interest in the work of prominent homœopaths today worldwide and it is knowing this that particularly aroused my curiosity.

The book is clearly laid out and well presented. The material is divided into clearly defined chapters which make it easy to dip into. I felt it succeeds well as an introduction to homœopathic medicine, presenting the material simply, but at the same time leaving nothing out. I liked particularly the way in which Dr Boyd expressed the importance of utilizing the best of homœopathic medicine and the best of orthodox medicine. He got the balance just right.

The book is more than just an introduction however. It contains also a mini materia medica, and a section on materia medica of the systems. This will be useful in differentiating between remedies in acute conditions, and the book will therefore make a handy reference book for the busy general practitioner. There is also an appendix containing Margaret Tyler's *A Study of Kent's Repertory*. This is, of course, an excellent study, but I felt that one of the weaknesses of Dr Boyd's book was that there was insufficient mention of repertory work where needed. For example in the section on case taking and diagnosis I felt it would have been useful to show some repertory work in each of the cases rather than jumping straight from the case to the remedy, even though justification is given for each prescription. Dr Boyd writes that when studying a remedy it is necessary to memorize as much as possible of its characteristics. This does enable one to jump straight from the case to the remedy in many instances and may have a place in acute prescribing in a busy general practice, but it is important to be aware of the limitations of this approach. It limits you to the remedies you know well.

I was pleased to find mention of the different methodologies of homœopaths past and present. It is essential that a newcomer to homœopathy be aware

that there is not just one way of doing things. Also a quotation from an article by Dr Foubisher in the *British Homœopathic Journal* 1965 concerning the danger of trying to fit all patients into types caught my attention. Many such small details made the book a most interesting read.

To summarize, I found the book to be not only a good introduction to homœopathic medicine but also an interesting and useful book for more experienced practitioners. It will appeal especially to medical practitioners.

Insights Into Homœopathy

by Frank Bodman

Edited by Anita Davies and Robin Pinsent
ISBN 0-906584-28-0, Beaconsfield Publishers 1990
119 pages, paperback £8.95
reviewed by Bob Fordham

In this slim volume Dr Anita Davies and the late Dr Robin Pinsent present published and unpublished writings of Dr Frank Bodman MD DPM FFHom.

Dr Bodman qualified in Medicine at Bristol University in 1922. He was for some time a resident at the Royal London Homœopathic Hospital and after some years in general practice was appointed to the staff of the Bristol Homœopathic Hospital. He was president of the Faculty from 1955 to 1957 and practised as a consultant psychiatrist. His published writings span the years from 1925 to 1972 and are divided equally between psychiatry and homœopathy.

The Editors sensitively allow Dr Bodman to speak through the papers presented and I feel that they have achieved their aim of distilling the philosophy and practice of someone who was obviously a respected colleague. Their second aim – introducing 'homœopathy as it is practised today to orthodox medical practitioners whose minds remain open to new ideas' – may not be so successfully achieved. It is Dr Bodman's stature as a meticulous researcher and scientist, and the conclusions he presents from his work which are intended to serve this function. It is, at best, achieved only partially. His comprehensive reference lists are referred to in the preface but not in this slim volume.

In the opening chapters we are introduced too the author's reasons for taking up the study of homœopathy where he is clearly impressed with the enlarging the scope of treatable illnesses, having previously accepted from his teachers a 'therapeutic nihilism'. The possibility of achieving a lasting cure is squarely counterposed to the palliative aim of much orthodox drugging. The emphasis which the homœopathic method places on the individual is stressed and the

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unity of mind and body is underscored in his appreciation of a truly psychosomatic medicine.

One of Dr Bodman's strengths is in presenting Hahnemann's quest. One senses some fellow-feeling here and of great appreciation for Hahnemann's careful and systematic work. He is at ease in presenting Hahnemann's ideas in a historical context, describing the personal and scientific influences which moulded his thinking. There is appreciation for his sensitivity in dealing with the insane and the reasons for a return to the enlightened medical empiricism of Hippocratism.

There is a useful sketch of the introduction of homœopathy into Britain, and of Quin's diplomatic approach. The latter's diplomacy eventually necessitated challenging a Dr Paris, one time Censor of the Royal College of Physician, to a duel. The fact is reported here, though the story is more amusingly told elsewhere! An undercurrent in the presentation of the material is how to broach the evidence of the efficacy of homœopathy with orthodox colleagues.

It is clear that the author has not just read, but studied and considered carefully the meaning of Hahnemann's writings. He uses the details of Hering's *Guiding Symptoms* in order to understand the importance of the concept of the constitution. Is it the characteristics of the person on whom a remedy will act, or the mental and emotional changes brought about by the remedy in a prover?

Thus early chapters could have served as a useful basis from which to evaluate the individual as the basis of homœopathic treatment. It appears, however, that the seduction of the orthodox diagnosis is not so easily escaped. In chapters on general, child and geriatric psychiatry as well as those which deal with specific named diseases, it becomes more and more difficult to discern the voice of the individual patient and the suitability adapted individualized remedy in harmony. *Sulphur* is described as a 'deep remedy' when succeeding after a series of unsuccessful prescriptions – no mention of its correspondence to the case-history. Some disorders are given with lists of the most frequently indicated remedies. This is not done without some thought for the individual, but the diagnostic label speaks most loudly. The chapter on the therapeutics of haemorrhoids brings a return to the question of specifics in a much more allopathic form.

To return to the Editors' stated aim of introducing homœopathy 'as it is practiced today' one must say that there is little that echoes a Vithoukias, or a Sankaran in these pages save in the diligence of groundwork. The implications drawn for practice are quite different. The book does, I feel, provide an insight into the man and his practice and it might be possible to extrapolate from that to say that it provides an insight, too, into the general trend of homœopathy as it is taught and practised within the faculty. As a view of homœopathy – the science and the art – it is at

best fragmentary. The tension between the individualizing emphasis of homœopathy and the generalisations which represent the diagnosis is represented, but not resolved. In common with many compilations of published papers, the book lacks focus and direction. For these reasons it is ultimately unsatisfying and fails to do justice to its title.

Lectures in Naturopathic Hydrotherapy
by Wade Boyle and André Saine

Buckeye Naturopathic Press, East Palestine, Ohio.
1988, ISBN 0-9623518-1-4, Paperback, 235 pages, \$25
reviewed by Janet Snowdon

Lectures in Naturopathic Hydrotherapy consists of a series of lectures given by Wade Boyle N.D. and André Saine N.D. at the National College of Naturopathic Medicine, John Bastyr College and the Ontario College of Naturopathic Medicine. The authors state that the book is intended not as a course in itself but as 'a review and reference source for trained practitioners'.

The reader is introduced to the history of hydrotherapy followed by an explanation of the principles and philosophy. Hydrotherapy is described as therapy designed to enhance the capacity of the body to heal itself by the application of heat and cold through the medium of water. Health and healing are proportional to the normal flow of healthy blood and hydrotherapy seeks to improve the quality of blood in circulation. The authors suggest that a more appropriate name would be thermotherapy instead of hydrotherapy as cure is effected not through the healing properties of water but through the application of heat and cold, water being merely the conductor.

The second part of the book described the actual healing treatments in both acute and chronic situations. The descriptions are well and often amusingly illustrated. Other therapies are mentioned including homœopathy. It is clear from their writings that the authors understand the reasons for prescribing homœopathic remedies and are themselves committed to the principles of the law of cure, the law of similars and the totality of symptoms. There are some interesting comments on the different approaches of Hahnemann, Kent and Eizayaga.

There is an interesting chapter entitled 'The Healing Crisis'. The healing crisis is likened to the homœopathic aggravation. The purpose of chronic treatment is seen as a strengthening of the vital force so that it can mount a healing crisis and deal properly with the problem which was originally suppressed. The importance of not suppressing acute disease is stressed as in the author's view chronic disease stems

Janet Snowdon RSHom practices in the well known spa city of Bath.

from such suppression, the result of thwarting, through drugs or other means, the body's attempt to detoxify itself. Homœopathic remedies are considered essential for permanent cure as they remove the most important cause of disease, the abnormal susceptibility. As the healing crisis is the process by which toxins are eliminated, an aggravation of symptoms, return of old symptoms, especially suppressed acutes are to be expected and welcomed.

There is an excellent chapter on the role and management, and when necessary, the treatment of fevers. The advice on the correct use of hot and cold applications during a fever if it is deemed applicable to treat it, would be of great use to practitioners wishing to reduce a fever without recourse to remedies which might interfere with ongoing constitutional treatment.

The book is clearly set out and easy to read and the reader emerges with a clear understanding of hydrotherapy and its uses. The greatest shortcoming would appear to be the inability of this therapy to treat mental and emotional disease.

Kent's Comparative Repertory of the Homœopathic Materia Medica

by Dr R Dockx and Dr Guy Kokelenberg

Homeoden Books, Kasteellaan 76, Gent, Belgium
B9000, 1988

Loose leaf ring bound, 8000 Belgian francs

reviewed by Terry Oliver

Editorial Note: *In the March April Edition of Resonance the journal of the International Foundation for Homeopathy, Seattle, there was a book review of Kent's Comparative Repertory by Kokelenberg and Dockx. It was written by Linda Johnston of Van Nuys, California. Having obtained permission of the Editor for the mutual republication of articles I decided to use this very positive review in the Homœopath, 9:1, 1989, which I now regret on ethical grounds. It appears that the US distributors of this Belgian publication are the Christine Kent Agency, and that this Agency is the trading name of Linda Johnston.*

I have no objection to distributors praising their wares. (You should hear me on the subject of MacRepertory™!) But the Editors should have explained this material fact before publishing their review so that the bias was public. I have commissioned another review of the book by Terry Oliver and will transmit this to Resonance via HomeoNet in the hope that balance can be restored. FT

This is a massive work in every sense, in terms of the time and effort in compilation, the physical size of the completed book, and the amount of time necessary for the reader to utilize it effectively.

Terry Oliver RSHom, practices in Birmingham and Shrewsbury.

The authors originally introduced the material as the basis for a series of seminars to homœopaths in Belgium to review and update Kent's *Repertory*. The seminar transcripts were edited and published in Flemish, then translated into French and German. They are currently being translated into English and published on a quarterly subscription basis over a period of three years, which, to date, covers the Mind chapter, with over 200 pages, through to Face – Discoloration. Sources for extending the repertory include Barthel, Coulter, Vithoukas, Schmidt, Paschero, Tyler and other highly respected teachers and writers.

The book systematically works through each rubric, and where necessary the rubric is redefined or explained. Great use is made of synonyms which frequently assist in converting the language of the patient into repertory terms. Explanations are often included to illustrate the differences between similar rubrics. When meanings are obvious the rubric is simply restated.

One aspect I found extremely useful is the wealth of cross-references which frequently pointed to rubrics I would never previously have considered. For example; the rubric Bad News, ailments from, shows *Gelsemium* as a remedy addition, in highest grade (the authors have used four degrees of grading), and gives the following page cross-references:

- 40 – Excitement after bad news
- 43 – Fear of hearing bad news
- 52 – Horrible things, sad stories affect her profoundly
- 76 – Sadness after bad news
- 319 – Trembling in ear after bad news
- 526 – Sensitiveness of the stomach to bad news
- 611 – Diarrhoea after bad news
- 1212 – Trembling hands after unpleasant news
- 1251 – Sleepiness after bad news
- 1265 – Chilliness from bad news
- 1298 – Perspiration from unpleasant news
- 1377 – Orgasm of blood from disagreeable news

Many rubrics include differential diagnosis which discusses and compares the major remedies listed for a particular symptom. There are many new rubrics, some of which are synonyms or cross-references to other rubrics; the rest are totally new with their own list of remedies. I also noticed one entry for the rubric Excitement which gives the remedy *Carlsbad* and states '...you can remove this remedy. It is not used any more.'

The writing style is fairly informal and reflects the original presentation of the material at seminars. Occasionally there are humorous asides, though translation has not done them any favours. I felt some entries and interpretations were slightly questionable, not least the rubric Exhilaration, coition, after: *Borax* 'Has a downward motion aggravation'!

Overall this book offers great value (and at around £200 it needs to) in collating a vast amount of infor-

mation from some of the best contemporary homœopaths, as well as extending and redefining the repertory in more modern terms. However, it is difficult to see how it can best be used in practice. It is not a replacement repertory; it adds to Kent, but does not list the remedies given in the original repertory. The format of over 700 pages on double-sided A4 sheets in ring binders is not a practical constant reference system; and there is far too much information to write into an existing repertory, as everyone who has written in Vithoukas' additions to the repertory will realize. Perhaps its greatest value might be, as originally intended, in teaching students how to find their way around Kent's *Repertory*, and in differential diagnosis between remedies, and it would be a worthwhile addition to a college library. I would also have liked some reference system, as in the *Synthetic Repertory*, to identify the sources of each addition.

Treating Sports Injuries the Natural Way: a Homœopathic Self-treatment Handbook

by Lyle W Morgan II

ISBN 0-7225-1604-5

Thorsons 1990, 116 page, paperback, £4.99

reviewed by Lesley Foulkes

This book is written by an American homœopath who not only has over fifteen years of homœopathic experience but also holds membership of the American College of Natural Sports Medicine. He has an impressive range of qualifications including a Phd and is professor and academic director at Pittsburg State University.

The book itself is divided into two parts, the first serving as an introduction to homœopathy. He initially puts forward a positive argument for treating an acute case with homœopathic means rather than drug therapy, citing examples to support his view.

Part of the first section is devoted to the making of remedies, which although well documented could to the beginner look complicated and confusing. One very positive thing that the author does however, is to explain that low potency is best for the less experienced person. The other part of the first section is devoted to the do's and do not's of homœopathy which gives the beginner to homœopathic prescribing a sound framework from which to work.

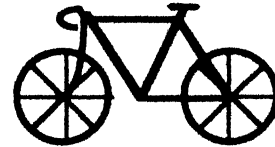
The second part of the book deals with general medical problems in sport and is subdivided into various bodily systems with one section on common injuries. The author attempts not only to give information on the injury but to explain the keynotes of the remedies used for it.

I must say Alan and I enjoyed this one, it seemed to

Lesley Foulkes RSHom, practises Staffordshire, where her husband is specialist in dealing with sports injuries.

put into words some of the work we have been doing together with sports injuries. My husband has found homœopathic back-up invaluable in his practice.

The question raised after reading the book is to whom it will appeal and be useful; perhaps to anyone associated with sport and sport injury whether it be the athlete, or the coach, physiotherapist or osteopath. The book is basic information suitable for someone with little or no knowledge of homœopathy who needs a small handbook for reference on acute injury.



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