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SOCIAL AND HISTORICAL

Reflections on 100 years of the journal

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In the late nineteenth century British homeopathy was dominated by the ideas of Richard Hughes, who advocated pathology as a guide to prescribing and favoured the use of low (material) potencies; he also tried to build bridges to conventional medicine. But soon after the *British Homœopathic Journal* began publication in 1911, a radical change occurred in British homeopathy.

In the early years of the twentieth century Margaret Tyler had gone to America to become a disciple of James Tyler Kent, and on her return she published a pamphlet in which she criticised the prevailing Hughesian orthodoxy. This publication seems to have disappeared, but it is alluded to by other homeopaths of the time and it evidently caused friction, because Tyler ceased to attend the meetings of the British Homeopathic Society for a couple of years. But in 1907, in conjunction with her mother, Lady Tyler, she instituted a scholarship to send doctors to the USA to study under Kent. An early beneficiary was Dr (later Sir) John Weir. Soon after his return to London in 1909 he was appointed Compton Burnett Professor and Honorary Secretary of the British Homeopathic Society. Under the influence of Tyler and Weir in London and Robert Gibson Miller (an earlier pupil of Kent) in Glasgow, Kentianism made rapid progress towards becoming homeopathic orthodoxy in Britain. The Hughesians naturally resisted this, but they were getting old, and – in an illustration of Thomas Kuhn's theory of paradigm shift – as they died out their ideas were replaced by those of the Kentians. The change was pretty well complete by the end of the First World War.

Throughout much of the twentieth century the journal largely reflected the Kentian approach. High potencies predominated, single doses were the rule, the polychrests were widely used, and there was a lot of emphasis on constitutional prescribing, which by now was considered to be the main method to use in chronic disease. Yet there were exceptions. A prominent homeopath of the time, Charles Wheeler, had a lot of respect for Hughes; see, for example, his 1935 "*Random Reflections*".[1] And in 1970 Frank Bodman gave an excellent review of Hughes's contribution in his Hughes Memorial Lecture, in which he reflected on the clash between Hughes, with his emphasis on pathology as a guide to prescribing, and those, such as John Clarke, who insisted on the need to rely on symptoms.[2]

The National Health Service

While all this was going on there were important developments in British medicine that affected homeopathy, notably the setting up of the National Health Service in 1948. Sir John Weir alluded to this forthcoming event in his valedictory address as President of the Faculty in 1945, at which time it was still not clear what the position of the homeopathic hospitals would be.[3]

In 1948 there was a General Discussion of the NHS Act as it affected homeopathy. A good deal of disquiet was voiced, not least on the question of remuneration. Dr Templeton said that a "*reduction in one's income is not likely to make for better work. I think everyone will agree with this. Penury may act as a spur not to better work but to more – that is quantity, not quality. It is from this point of view that the scheme should be judged and already it does not come through the test very well.*" Dr Twentyman said that he regarded this new medical service with more dismay than optimism, looking at it from the point of view of the whole future of medicine. The members of the profession should be leaders of the cultural life of their communities, but under the new dispensation they were more likely to become mere tools of the administrators, and this boded ill for the future.[4]

A more welcome development in 1950 was the passage of the Bill incorporating the Faculty of Homeopathy by Act of Parliament. As Dr Blackie remarked, "*This puts us in a unique position. The Colleges of Physicians, Surgeons and Gynaecologists have a Royal Charter but no other medical body is incorporated by Act of Parliament. This ensures that the headquarters of the Faculty remains, for all time, at The Royal London Homeopathic Hospital in Great Ormond Street.*"[5]

Antibiotics and prevention

On the clinical level, homeopaths in 1948 were worried about how they should react to the introduction of penicillin. In a wide-ranging talk, John Paterson said he was afraid that modern homeopaths might become too scientific and have no time left to be homeopathic. But should they ever use penicillin? They must, he thought, in certain circumstances, such as when treating pneumococcal

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meningitis. It would be foolish or even criminal for him to advise anyone not to do so, but he was unhappy at the need for this compromise. Homeopathy should always be used as well.[6] In another paper, a Swiss homeopath, Dr Henry Duprat, also agonised about penicillin. Its use should be avoided if at all possible, he believed, though he realised that at times it was necessary. In a prescient comment he remarked that bacterial resistance to these "new remedies" was going to be a problem – it had already occurred with the development of gonococcal resistance to sulphonamides.[7]

A recurrent theme in the journal has been the advisability of using homeopathy to prevent disease rather than to cure it. AH Grimmer presented a paper in 1948 claiming great success in the treatment of poliomyelitis. The best remedy, he found was *Lathyrus sativa*. "*If every homeopathic doctor who reads this will try immunizing the children under his care with a dose of the remedy in the 30th or 200th potency given about once every three weeks during an epidemic, I am confident he will have no cases of paralysis among those so immunized.*"[8] But in 1974 Marianne Harling was more cautious. She pointed out that the prophylactic use of homeopathic remedies was illogical: "*one cannot treat a disease that does not exist*". But she thought it might be justifiable to give a remedy at intervals during an epidemic, on the assumption that patients might be developing the disease at an early stage, before symptoms appeared, and she said that she herself used nosodes for patients to counteract adverse effects in patients who were being immunized with conventional vaccines.[9]

Beginnings of research

Although Kentian homeopathy was now dominant, there were still some homeopaths who sought to take a science-based view of the subject. The bowel nosodes, derived from the gut flora, were introduced by John Paterson and Edward Bach. And major scientific research was being done by William Boyd of Glasgow. He published a number of papers in the 1920s on a diagnostic instrument which he called the Emanometer. This was investigated by a committee led by an eminent physicist, Lord Horder, who concluded there was something real in the phenomenon though he didn't know what it was – a cautious attitude that Boyd fully shared. Boyd produced an Emanometer-based classification of disease for use in prescribing, which was adopted by several other homeopaths at the time.[10]

Later, Boyd did research on potency by studying the effect of homeopathic solutions of mercuric chloride on the diastase reaction on starch.[11] Using rigorous methodology he found an effect at ultramolecular dilutions and noted that these followed a sinusoidal distribution, with alternate peaks and troughs – something that earlier researchers had also reported.

Anthroposophy

Ralph Twentyman took over as Editor of the *BHJ* in 1958 and continued to hold the post for the next 21 years. During this time he wrote and published numerous articles himself; these were based on his own somewhat esoteric interests inspired by the philosophy of Rudolf Steiner. I remember reading one of these, with considerable puzzlement, when I was first beginning to look for information about homeopathy. As well as his own contributions, Ralph included quite a few articles by people, notably Wilhelm Pelikan, who shared his interests. A lengthy and abstruse article by Harold Gardiner in 1960 examined the philosophy of Swedenborg in considerable detail, yet oddly without mention of his influence on Kent.[12] But Ralph was open-minded and had no hesitation in publishing more conventional research whenever it was submitted.

1972 saw the tragedy of the Trident crash on 18 June. Fifteen Faculty members and their relatives, who were on their way to a meeting of the International Homeopathic League in Brussels, lost their lives. A commemorative poem was published in the same year.[13]

In 1976 EC Ogden wrote an article about traditional Chinese acupuncture in relation to homeopathy, finding numerous similarities in the approach of the two traditions and recommending acupuncture as a useful adjunct to homeopathy.[14]

In 1979, when he was approaching retirement, Ralph asked me to take over as Editor. He continued to write in retirement and I had no hesitation in publishing his articles, which were erudite and polished. Some Faculty members disapproved of them and thought that their inclusion meant that I was myself Anthroposophically inclined, which was not the case. After seven years as Editor I thought it was time to hand over to someone fresh; Peter Fisher assumed the mantle in 1986 and still holds the post.

Clinical research

The most important way in which the journal has evolved is undoubtedly its increasing emphasis on science. Before the Second World War the clinical material was largely anecdotal, as indeed was that in orthodox medical journals at the time. A typical issue might contain a discussion of the treatment of a particular clinical condition or the approach to an age group, reflections on a remedy or a group of remedies, or thoughts about the current position of homeopathy. There were occasional case series with quite detailed discussions of the patients and their treatment, but all this was qualitative rather than quantitative.

For example, an article on hypertension in 1964 by AD MacNeill lists the number of cases treated over 8 years and the survival rate in these, but changes in blood pressure are not tabled.[15] Three patients are described in some detail. Improvement in their symptoms seems to have been as important a consideration as any falls in blood pressure, which were modest at best. Of course, the conventional treatment of hypertension was not very satisfactory at the time, as was remarked on in discussion by several audience members when the paper was presented. There was general agreement that blood pressure reduction was not necessarily the chief goal of treatment.

Actually, randomised placebo-controlled trials (RCTs) of the efficacy of homeopathy in the treatment of

experimentally induced mustard gas lesions had been done as early as the 1940s, in collaboration with the Ministry of Home Security.[16] At least some of these trials appeared to show an effect from homeopathic treatment. But in spite of this early work, homeopaths were slow to take up the challenge of RCTs in the years after the war.

By 1977 things were beginning to change. A paper by RH Savage and PF Roe reported a double-blind trial of *Arnica montana* 30c in stroke. No difference was found between patients and controls (no statistical analysis is provided). They repeated the trial the following year, again with negative results.[17,18]

Basic research

But if RCTs were still in short supply, the situation was different for non-clinical research papers, which were becoming increasingly frequent. In 1977 Victor A Moss, J Alan Roberts, and H Keith Simpson studied the effects of potentised copper sulphate on an alga, Chlorella, which had been poisoned with copper sulphate; no beneficial effect from the potentised preparations was found.[19] More experimental studies soon followed. In 1978 Suresh Prasad and K Chandrasekhar compared the effects of *Pulsatilla* 30c and 200c with those of leutocyclin (a progesterone analogue) in rats.[20] Both preparations produced similar effects on the ovaries, uterus, and thyroid, and the authors concluded that Pulsatilla has an effect similar to that of progesterone. And in 1983 Raynor L Jones and Michael D Jenkins published two papers on the effects of homeopathic potencies on the growth of wheat seedlings which they thought provided a useful model for studying the potency phenomenon.[21,22]

In an interesting study reported in 1985, LM Singh and Girish Gupta tested several homeopathic remedies for activity against two animal viruses.[23] Some of the remedies showed very high inhibition of virus growth in chick embryos, though in some cases viral replication was enhanced rather than diminished. But none of the remedies had any protective effect when tested on mice infected with the viruses.

Good animal studies have at least a degree of clinical relevance (Hughes would have approved), but that is not true of other research. For example, in 1991 homeopathic thyroxine (30x) was tested by PC Endler, W Pongratz, G Kastberger and others for its effect on the tendency of juvenile frogs to climb out of the water.[24] Climbing was suppressed to a statistically significant extent, even after a few minutes exposure to the thyroxine preparation.

Studies like this seem to be directed more towards the sceptical outer world than towards homeopaths, being intended to show that ultramolecular dilutions "do something". The history of such attempts is a long one, going back as far as the late nineteenth century. The latest methods have been highly technical: three papers in 2001 concern the use of nuclear magnetic resonance to try to detect potentisation.

The role of the journal

2002 was the year the journal changed its name to Homeopathy; as the Editor, Peter Fisher, explained, this better reflects its increasingly international character.

The existence of the journal is probably more important today than it ever was before. Treatments are expected to be evidence-based, and if homeopathy is to survive in the National Health Service it will have to conform. In the past, the *BHJ* was probably little read outside the homeopathic community, but now it is the public face of homeopathy for a sometimes unfriendly outer world. But the role of such a journal is not easy to define in an age of ever-increasing specialisation.

Even major 'general' medical journals such as the *BMJ* and *The Lancet* have been reflecting on what they are supposed to do. For a homeopathic journal there is the problem that when good clinical research is done it now tends to appear in the mainstream medical journals. While this is good so far as homeopathy is concerned, it means that there is less for a homeopathic journal to publish. Still, there will always be a need for such a journal, because there are, inevitably, good research papers that don't make it into the mainstream medical press, and it can include discussions of issues that would not otherwise find a place.

In a sense, one could say that the journal has come full circle. Hughes and those who thought like him wanted to reconcile homeopathy with the orthodox medicine of their day. They failed, though that was mainly the fault of the orthodox. For a long time after that, homeopaths were largely content to remain isolated, often priding themselves on adhering to their principles and letting the rest of the medical world go its own way. That is no longer an option today. Under Peter Fisher's editorship the journal is helping to bring homeopathy up to date and to define its place in relation to mainstream medicine.

References

1 Wheeler CE. Random reflections. *Br Homeopath J* 1935; **25**: 34–44.
2 Bodman FH. Richard Hughes memorial lecture. *Br Homeopath J* 1970; **59**: 179–193.
3 Weir J. Valedictory remarks. *Br Homeopath J* 1945; **35**: 80–84.
4 General discussion of the National Health Service Act as it affects homœopathic practice. *Br Homeopath J* 1948; **38**: 191–199.
5 Blackie MG. Presidential address the place of homœopathy in modern medicine. *Br Homeopath J* 1950; **40**: 15–23.
6 Paterson J. Homœopathy: the immediate outlook. *Br Homeopath J* 1948; **38**: 4–18.
7 Duprat H. On the new bactericidal treatments. *Br Homeopath J* 1948; **38**: 114–117.
8 Grimmer AH. Homœopathic success against infantile paralysis. *Br Homeopath J* 1948; **38**: 142–143.
9 Harling M. Thoughts on prophylaxis. *Br Homeopath J* 1974; **63**: 161–164.
10 Boyd WE. Emanometer research. *Br Homeopath J* 1925; **15**: 346–355.
11 Boyd WE. Biochemical and biological evidence of the activity of high potencies. *Br Homeopath J* 1954; **44**: 7–44.

12 Gardiner H. Swedenborg's philosophy and modern science. *Br Homeopath J* 1960; **49**: 195–205.
13 MKER. Air crash. *Br Homeopath J* 1972; **61**: 134.
14 Ogden EC. Acupuncture as an adjunct to homœopathy. *Br Homeopath J* 1976; **65**: 20–26.
15 MacNeill AD. Hypertension and its treatment. *Br Homeopath J* 1964; **53**: 277–287.
16 Paterson J, Wheeler C, Cooper LH, Templeton WL, Moncrieff A, Priestman KG. Report on mustard gas experiments. *Br Homeopath J* 1943; **33**: 1–12.
17 Savage RH, Roe PF. A double blind trial to assess the benefit of Arnica montana in acute stroke illness. *Br Homeopath J* 1977; **66**: 207–220.
18 Savage RH, Roe PF. A further double blind trial to assess the benefit of Arnica montana in acute stroke illness. *Br Homeopath J* 1978; **67**: 210–222.
19 Moss VA, Roberts JA, Simpson HK. The effect of copper sulphate on the growth of the alga Chlorella. *Br Homeopath J* 1977; **66**: 169–177.
20 Prasad S, Chandrasekhar K. Parallel effects of Pulsatilla and exogenous leutocyclin on the rat ovary, uterus and thyroid. *Br Homeopath J* 1978; **67**: 265–275.
21 Jones RL, Jenkins MD. Comparison of wheat and yeast as in vitro models for investigating homoeopathic medicines. *Br Homeopath J* 1983; **72**: 143–147.
22 Jones RL, Jenkins MD. Effects of hand and machine succussion on in vitro activity of potencies of Pulsatilla. *Br Homeopath J* 1983; **72**: 217–223.
23 Singh LM, Gupta G. Antiviral efficacy of homoeopathic drugs against animal viruses. *Br Homeopath J* 1985; **74**: 168–174.
24 Endler PC, Pongratz W, Kastberger G, Wiegant FAC, Haidvogel M. Climbing activity in frogs and the effect of highly diluted succussed thyroxine. *Br Homeopath J* 1991; **80**: 194–200.