

## *Report of the British Homœopathic Congress—London 21-24 October 1970*

Firstly I must state that the papers given at this Congress will not appear in full in this report, as they can be read in their entirety elsewhere in this edition of the journal. Hence only the relevant parts that evoked discussion will be quoted.

The Congress took place in London during 21-24 October 1970, under the presidency of Dr. M. G. Blackie. It was composed of scientific sessions, mainly devoted to research, and held at the Royal London Homœopathic Hospital, and social events, in the evenings and visits for the ladies and accompanying persons.

I shall record the events as they occurred, from day to day. For the report of the ladies' events I would like to thank my wife.

Before the Congress proper began, an informal group met for discussion in Hahnemann House. This meeting was kindly attended by Prof. Ian Boyd who answered some of our queries and attempted to point out the guide-lines we should adopt in any programme of research we might embark upon. The problems and difficulties of research were discussed. This was followed, on the evening of Wednesday, 21 October with a Dinner and Dance held at the Washington Hotel in Curzon Street. This provided an extremely good opening for the Congress, as it allowed the initial reserve to be overcome very early on in the proceedings. The Dance finished at about 12.30 a.m. and was thoroughly enjoyed by all who attended.

### *Thursday, 22 October*

The President, Dr. M. G. Blackie, opened the Congress and introduced the Chairman for the morning, Dr. N. J. Pratt. Dr. Pratt gave the first paper entitled "Double-blind proving trials by medical students". The trials had been carried out between 1959 and 1964, but had not been published because of their lack of statistical significance. The student response was only 45 per cent. in an overall of four trials. The remedies used were: *Rhus tox.*, *Spigelia*, *Lycopodium* and *Mag. phos.* The results of the *Mag. phos.* trial were totally negative. The poor response of trial candidates indicated why double-blind trials were not particularly satisfactory in this field of research.

Dr. S. J. L. Mount opened the discussion. This was brief and pointed out the effects of relative sensitivities of individuals and it was decided that only about one in six people were sensitive. Further discussion was postponed until after the following paper.

The Chairman then introduced the next speaker, Dr. C. O. Kennedy, who gave his paper, "A controlled trial—a preliminary study". He began by explaining the need for and use of controlled trials in the study of Homœopathy, and stated that research acts beneficially as a reassurance of clinical impressions, which are notoriously prone to error, and provision of statistics, to provide a basis for argument and discussion. He mentioned the wartime trial with mustard gas burns, which showed that *Rhus tox.* reduced the depth of burns, as a form of treatment, and that homœopathically prepared *Mustard Gas* given prophylactically drastically reduced the severity and depth of the burns. Added proof was provided that the minute dose worked, due to recent research carried out by allopaths, in hyperactive children. It was found that very small

doses of dexamphetamines given to these children had a remarkably beneficial effect. He then described his own project for the use of *Arnica* in the reduction of post-operative complications, carried out in the surgical department of the Royal London Homeopathic Hospital. It had been found that postoperative pulmonary complications were related to the site of abdominal operation only, and that the incidence had not changed in the last thirty years. His work with *Arnica* was continuing. The trial to date had too small a number to be conclusive, but the problems involved had been elucidated and the trial would continue.

A general discussion on the two papers was then opened by Drs. Mount and Raeside. Dr. Mount discussed the difficulties that had been encountered in attempting to institute this particular project. He then called upon us to collect and collate all research done to date, and proposed that a group be set up to do this.

Dr. Raeside briefly outlined the difficulties encountered in the organization of his own provings. He pointed out that scepticism and cynicism in the participants tended to produce artificial results. There was a need to ensure elimination of the variables, such as potency and time of the year. He also queried the need to have only one remedy and pointed out the ethics involved of not "treating" the patient.

Mr. Booth, F.R.C.S. stated that controls were essential, otherwise the results would just not be accepted by our colleagues. Dr. W. W. Young reminded us that the remedy has no inherent power, but that it acts through a living organism inducing a reaction. This was not comparable to the action of a pharmacological drug. He also reminded us that the remedy only requires brief contact to initiate a reaction and does not require ingestion. Dr. H. W. Boyd thanked Dr. Kennedy for his paper, but asked if the patients were comparable, such as for weight, age, sex, etc. He said that the trials should be followed up in another centre and he would be pleased to organize this in Scotland. Dr. Kennedy replied that Wightman had stated that no other factors mattered, only the site of operation. Dr. B. S. Rose suggested the use of *Arnica* in dental extraction. This was supported by Dr. Burns with the use of *Calendula* mouthwash. Dr. I. Bachas queried why we should not use existing statistics as controls and treat the patient with the appropriate remedy. Mr. Booth stated that there must be conformity with modern allopathic research to be acceptable. Dr. Foubister suggested the use of standard injury production and check healing after use of the appropriate remedy. Dr. High stated the need for a more scientific approach and the necessity of having reproducibility.

Dr. Pratt then thanked all those who had taken part and the meeting adjourned for coffee.

After coffee Dr. Pratt introduced Dr. J. E. G. Brieger, who gave her paper "Trials and Tribulations". She debated the relative use of trials, and stated that there was a need for research to produce good results. Dr. Brieger then went on to tear apart her own research project into asthma and bronchitis, and gave the reasons for not publishing as being that there had not been sufficient insight into the problems involved in setting up the project. Some facts had emerged, however. These were the fact that there was an overlaying of prescribing symptoms due to prior orthodox treatment, and the lack of suitable patients. The useful results of her trial were side-products of the project and not the hoped-for conclusions. She said that one could not take into account the psychotherapeutic effects as these are intangible. There is a greater need to inform rather than for us to try and convert. She stated that we must talk the language

of our colleagues and not expect them to learn ours. There is a need to define, produce structure of research, examine data, correlate and conclude. She said that individual research was useful to confirm your own belief, even if it was not conclusive to the uninitiated.

Dr. S. Aldridge then opened the discussion by saying that there were even greater difficulties for people who were not entirely homœopaths at heart. She went on to say that the difficulties in her view were potency, frequency of dosage, suitable selection of cases, the intelligence of the subjects to report, the inability to follow up over a prolonged period, compatibility of medicines and the difficulty of working with allopaths only. Dr. Aldridge agreed with Dr. Brieger in that it still left in doubt whether the following formula was true: Patient plus Physician is less than Patient plus Physician plus Remedy. Dr. Ledermann suggested that double-blind trials were not impossible in Homœopathy. He said that he had done trials, aided by the Medical Research Council, by selecting the remedy indicated, then by either the appropriate remedy or placebo being given as treatment, selection being at random. The seriously ill and patients undergoing other forms of treatment, concurrently, must be excluded.

Dr. Bachas said that results of remedies in children and animals could be seen directly without the psychological factor being involved. This was denied by several other doctors. She also said that patients may act as their own controls by comparing results with previous allopathic treatment.

Dr. Brieger queried the first statement and also the second, as there was the influence of the improved consultation.

Dr. Kennedy explained that over a long period of time and with treatment by the same physician, a patient can act as his own control. Or this can also be ascertained by the use of *Sac. lac.* as a control, when the improvement is in doubt.

Dr. Foubister strongly recommended the use of homœopathic remedies in veterinary work and the proving of these in this field.

Dr. Hughes-Games suggested that there were three profitable lines to follow. In chronic complaints there was a strong psychological factor. In the field of preventive medicine there was little psychological factor, and in the acute non-self-limiting illnesses there was something definite to measure, that is things like colony counts.

Dr. D. E. H. Tee, Experimental Pathologist at King's College Hospital, said there was a definite need for accurate measurements of parameters, to prove effectiveness, and that there was a definite need for deliberate animal experiments.

Dr. High agreed with Dr. Tee but said it did not solve the original equation proposed by Dr. Brieger. He agreed whole-heartedly with Dr. Ledermann. A discussion followed on the relative merits of deliberate animal experiments, which ended by Dr. Tee offering to give any help he could in providing measurements through his own laboratories.

Dr. Young asked why the earlier allopaths did not need to make measurements but were still able to alter the course of medicine. This was adequately answered by Dr. Tee, who said that measurements were helpful but were not the end result. He said that there are two types of research. One was clinical and the other that of proving the basic essentials. These should be combined as they are complementary. Dr. Aldridge thought that the taking of measurements was not always necessary. Dr. Semple pleaded for the taking of more

measurements, not because they were needed clinically, but in order to use the same criteria as orthodox colleagues.

Dr. Ledermann requested the help of Dr. Tee on bowel flora examinations and measurements.

Dr. High requested caution as faith alone can heal, and so many other extraneous factors could play a part.

Dr. McCready felt that doctors were convinced, in the end, by their own experience and not by statistics. Dr. Fergus Stewart said there were two good reasons for trying homœopathic remedies and these were that they did no harm to the patient and that they are cheaper.

The Chairman then brought the morning session to a close. The delegates adjourned for a buffet lunch at the Hospital.

After lunch the Chair was taken by Dr. D. M. Foubister. He introduced the first speaker, Dr. A. E. Davies, who gave her paper, "Clinical investigations into the action of potencies—the immunological approach". Dr. Davies began with a brief outline of the history of the influenza virus and the prevention of the disease. Her investigations concerned the prophylactic treatment of influenza by using Nelson's homœopathic influenza vaccine, and an attempt to determine whether antibodies were produced by its use. She showed that its action was definitely not through the antibody reaction, but her research did show that there was possibly justification for continuing in a much larger trial, as there was marginal statistical evidence that the homœopathic vaccine did act as a preventive. This was using the Medical Research Council's method of statistical analysis.

Dr. D. F. Smallbone was then introduced and read his paper, "Where are we going?" Dr. Smallbone began by outlining two current projects that he had started. The first was a trial using Nelson's homœopathic influenza vaccine, standard allopathic influenza vaccine and control. The second was a method of using the patient as his own control, by the taking of measurement recordings of lung function analysis before treatment, after allopathic treatment, and after appropriate homœopathic treatment. The remainder of his paper consisted of an attempt to analyse what was expected of Homœopathy and how we should be trying to guide its path in order to ensure its continued existence and growth.

Dr. Foubister thanked the two speakers for their interesting papers, and called upon Dr. J. B. Williamson to open the discussion. He agreed that "communication" was absolutely essential. He said that the difficulties involved should be ironed out now, and that all doctors who could should help in these trials, to this end. He said that the Cold Research Centre had predicted only a 5 per cent. morbidity. This was too small a number of sufferers to give conclusive results, but that this trial should continue in order to ensure the exact procedure be established for a future epidemic year. We must be prepared.

Dr. Watson agreed with these sentiments.

Dr. Fergus Stewart said that he would not expect antibodies to be produced by the homœopathic dose, as the antibody reaction required a molecular antigen and this is not provided by the homœopathic dose.

Dr. Raeside reminded us that Nelson's vaccine could produce reactions and that he did not see the need for controls. An allopathic doctor then supported both the papers whole-heartedly.

Dr. Twentyman said that using vaccine is isopathy and not homœopathy. He also said that research raised doubts and uncertainty, and that only cure gave conviction.

Dr. Semple, who is a bacteriologist, pointed out that antibodies are not the only factor, and that cell sensitization probably played a bigger part. The antigen—antibody reaction was then propounded by Dr. Ledermann. Dr. Young stated that agglutinins, antibodies and antigens are unreliable, and discussed “genus epidemicus” and autogenous nosodes.

The Chairman then introduced Prof. Ian Boyd, Buchanan Professor of Physiology at Glasgow University. He gave his paper “Empirical medicine versus rational medicine”. He opened by stating that he thought we were at last coming on to the right wave-length. He gave brief examples of his own experiences in Homœopathy. He said that there was a need for stringent laboratory testing, a review of literature and visits to the research centres involved, and that research required confirmation from other parts of the world. He had offered facilities at his own university and said that there had been no takers. He then described the requirements of research and research workers. He thought that Homœopathy should be proved in stages and not one or two large leaps. He felt that the attitude of outsiders was that homœopaths would not allow impartial investigation. Clinical research can be carried out by all, providing it was satisfactorily controlled, and the numbers involved were large enough. He also emphasised that the results must be based on objective measurements. He suggested several fields that were immediately available for easy research. He suggested that we should try and interest the Ministry in our research. He also stressed the fact that although clinical research was useful until an active principle could be demonstrated, Homœopathy would never be fully accepted. His final statement was that Homœopathy would die unless something was done soon.

Dr. Bodman opened the discussion by thanking Prof. Boyd for an interesting and stimulating paper. He then pointed out that Homœopathy could be investigated like any other science, but that as in two different sciences the methods used had to be somewhat different. He mentioned the fact that recent advances in other sciences may give us the answer to some of our queries. For instance, the fact that water of crystallization was found to be a polyhedral lattice around a carrying molecule, and that this was both unique and specific.

The Chairman then adjourned the meeting until the following day.

During the session the ladies were touring the House of Lords (see separate report).

The evening event was a reception at Guild Hall at which Her Majesty the Queen graciously consented to be present. We assembled at Guild Hall at about 8.30 p.m. Informal talk between groups was helped out by the serving of champagne. Her Majesty arrived at 9.15 p.m. and many of the doctors taking part in the Congress were presented. Her Majesty expressed great interest in the work they were doing and in the Congress specifically. The presentations were followed by an excellent buffet meal, and the Queen left about 10.15 p.m. We paid our respects to our President, Dr. Blackie, individually and then made our way back to our hotels.

#### *Friday, 23 October*

The morning session opened with Dr. Priestman in the Chair. Dr. Flury, the Treasurer of the International Homœopathic League, asked if he might say a few words before starting the business proper. He was granted permission and outlined the work of the League and requested financial support.

Dr. Beale then gave a paper on a trial carried out on migraine patients in South Wales. He gave one case of *Natrum mur.* in detail.

Dr. Calcott reported on two successfully treated cases of recurrent dendritic eye ulcers.

Dr. High described the difficulties he had met in organizing a trial of the sea-sickness remedies used for the treatment of blisters.

Next, Dr. T. M. Gibson gave a paper on a case of presumed angina of effort. The patient was in attendance, and was able to answer queries which arose, from the floor. A discussion ensued on the harmful effects of ingestion of cane sugar. This was joined by Drs. Lester and Askew.

Dr. Beale then returned and gave a second case of severe migraine.

Dr. Brieger said that she had found that when a constitutional or deep-acting remedy was used in illnesses such as diabetes, the dose of insulin required in that patient was reduced. She also said that *Staphisagria* had a much deeper action than is usually accepted, and was akin to *Natr. mur.* She begged us not to use trials for self-conviction, as we should be convinced by our own results, clinically.

Mr. MacLeod, a veterinary surgeon stated that specific remedies were not always necessary, as he used, with great effect, *Cocculus* on all cases of car-sickness, in dogs.

Dr. Doney gave one of his own cases.

Dr. Raeside suggested that *Cocculus* should be given before the start of the journey and should be continued frequently through the journey. He mentioned the fact that in the Migraine Clinic of Dr. Twentyman, they had used mixtures of remedies.

Dr. Blackie replied that mixtures should never be given.

Dr. English described a case where the repertorized remedy had been no help, but the constitutional remedy had brought about dramatic relief.

Dr. Hamish Boyd agreed with the findings of Dr. Brieger. Discussion continued on the relative merits of high and low potencies and constitutional remedies.

Dr. Askew reminded us that we were treating the patient as a whole and not the disease entity.

Dr. Bodman said that Homœopathy had a real advantage, in that it could cure migraine, which allopathy could not do.

The Chairman brought the meeting to a close and we adjourned for coffee in the Hospital.

After coffee Dr. R. A. F. Jack presented two cases. This was followed by two cases presented by Dr. F. Johnson. Dr. S. J. L. Mount then presented three cases and this was followed by a case of Dr. Wilson's. The Chairman, Dr. Priestman, then opened the meeting for discussion.

Dr. Stewart said that in cases of aluminium sensitivity it was essential that the person should give up using aluminium utensils. A general discussion followed on the problems of contamination. Dr. Blackie thought that apart from certain strong aromatic preparations, such as camphor, the only other contamination that mattered, was personal. The discussion was pursued by Drs. Williamson, Blackie, Smallbone, Mount, Hamish Boyd, McNeil and Martin. Dr. Bodman mentioned a case of brucellosis. The discussion continued with the relative merits of the use of *Sac. lac.* This was pursued by Drs. Campbell, A. E. Davies, R. A. F. Jack, and Johnson. Dr. Twentyman mentioned the use of *Crataegus* in paroxysmal tachycardia. Dr. Hutt brought up the subject of

long-term uric acid levels and Dr. Priestman mentioned the reverse peristalsis action of *Nux. vom.*

The meeting was then brought to its conclusion by the Chairman, and we adjourned for lunch at the Hospital. We were joined for lunch by the ladies.

The last session of the Congress began after lunch. The ladies were invited to this session to hear the Presidential address. Dr. Bodman took the Chair. Dr. G. H. Lewis was introduced and presented his paper "Homœopathy—some beginner's problems". This was a very amusing and useful account of the problems besetting a beginner in homœopathic practice. It must be read in its entirety to obtain the full value and therefore I do not propose to précis this speech.

The discussion following, was opened by Dr. Eduard Schepens, from Belgium. He said that we must have exact symptomatology before prescribing high potencies. He felt that there was a just reason for revising the repertory, but that we must not deny the fact that many patients describe the symptoms as found in our repertory.

The discussion continued.

Dr. Bodman then asked to bring up a matter of business that had arisen over lunch. As a result of Prof. Boyd's lecture and the programmes arising from yesterday's papers, it had been suggested that a research sub-committee be set up to follow up research projects, and interest the Research Council. It had been proposed that this include Drs. Kennedy, Davies and Smallbone. Argument followed, but it was eventually decided that this matter should seriously be considered, and should be under the auspices of the Council of the Faculty of Homœopathy. This was supported by Drs. Ledermann, Brieger, English, Foubister and Kennedy.

Dr. Bodman then introduced the President of the Congress, Dr. M. G. Blackie, who gave her Presidential address. This again I feel would be detracted from by my attempts to précis. I feel that the address should be read in full, and this I recommend be done, before you continue reading this report.

Dr. Bodman proposed a vote of thanks for the address and Dr. Blackie received a rousing ovation. The Chairman then officially closed the business part of the Congress and the members retired.

During the morning part of the session, the ladies had a conducted tour of the Queen's Gallery at Buckingham Palace, a report of which may be seen at the end of this report.

The evening's event was the Official Banquet held at the Savoy Hotel. The participants gathered at this hotel for pre-dinner cocktails at about 7 p.m. An excellent dinner was enjoyed by all, and was followed by the speeches. The Queen and Royal Family were proposed and toasted. Mr. Samuel Goode-nough then proposed the toast of Samuel Hahnemann and Homœopathy. The guests and visitors were proposed in an amusing speech by Dr. Alan Askew. This was responded to by the guest of honour, the historian Sir Arthur Bryant. The President of the Congress was proposed by Dr. Hamish Boyd, and surprise presentations of bouquets of flowers were made to the President, Dr. Blackie, and to Miss Majendie, for all her help behind the scenes.

The final event was a trip to Hedingham Castle which took place on Saturday, 24 October. I was unfortunate enough to have to miss this event, but I gather that a most interesting and rewarding day was had by all.

#### *Finally my conclusions of the Congress*

I feel that the standard of material and presentation of the papers was very

high. The conformity to time schedule and orderliness of the sessions was due to much behind the scene planning. For this I would like to thank and congratulate the planning committee. After attending this Congress I feel that Homœopathy has a real chance to make its voice not only heard but understood. This is only a beginning, but it does mean a lot of hard work, not by a few, but by all who have a genuine desire to see Homœopathy succeed. I think the next decade will decide our fate, and will show us who are the people with not only a desire to see Homœopathy taking its rightful place in the world of medicine, but who also have a regard for the fate of humanity as a whole.

D. F. SMALLBONE

#### THE LADIES PROGRAMME

*Thursday, 22 October*—The House of Lords

The ladies gathered at the Royal London Homœopathic Hospital a few minutes before 12 noon, when we left by coach for the House of Lords. We were met by the Earl of Cork who was our host for lunch. After a very ample meal we were joined by Lord O'Hagen who together with the Earl of Cork gave us an extensive and informative tour of the House of Lords. We began our tour in the Queen's Robing Room and continued through all the chambers of the House and then down the long corridor into the House of Commons. Having thanked our hosts for spending so much time with us, we returned by coach to the Royal London Homœopathic Hospital.

*Friday, 23 October*—The Queen's Gallery of Pictures

At 11.45 a.m. we met at the entrance to the Queen's Gallery which is in Buckingham Palace Road. I arrived just in time to see the Changing of the Guard at Buckingham Palace.

Most of the pictures we saw were painted by Thomas Gainsborough and included "Johann Christian Fischer". After spending some time in the picture gallery we returned to the Royal London Homœopathic Hospital. At 1 p.m. our husbands joined us for lunch and afterwards Dr. Blackie's very interesting Presidential Address.

*Saturday, 24 October*—Visit to Hedingham Castle

This visit included members of the Congress and their ladies, who left the Royal London Homœopathic Hospital by coach at 10 a.m. for an all-day visit to Hedingham Castle.

I would like to thank Mrs. Raeside who looked after us so carefully during these visits.

R. SMALLBONE, S.R.N., O.H.N.C.