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British Homoeopathy in the Twentieth Century

THE TRIUMPH OF KENTIANISM

In the early years of the twentieth century an English homoeopathic doctor, Margaret Tyler, went to America to study under Kent. On her return full of enthusiasm for the new teaching she published a pamphlet in which she criticized the prevailing Hughesian orthodoxy. This naturally gave rise to a good deal of resentment, but Dr Tyler was unrepentant and 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, who soon after his return to England in 1909 was appointed Compton Burnett Professor and Honorary Secretary of the British Homoeopathic Society. Under the influence of Drs Tyler and Weir and of Dr Gibson Miller in Glasgow, Kentianism made rapid progress towards becoming the prevailing orthodoxy in Britain. The Hughesian Old Guard naturally resisted the new trend, but though they remained unconverted they were ageing and by the end of the First World War opposition to Kentianism had virtually ceased.

The result was a decisive shift away from scientific towards metaphysical homoeopathy in Britain. At the same time the gap separating homoeopaths from orthodox doctors grew wider, in spite of some attempts to bridge it. But the tradition of royal patronage of homoeopathy continued, and when the National Health Service was set up in 1946 the homoeopathic hospitals were included. This en-

sured the survival of homoeopathy within the British medical scene. In 1948 the Homoeopathic Trust was formed; it is a charity with responsibility for raising and administering charitable funds for education and research. In 1950 the British Homoeopathic Society became the Faculty of Homoeopathy, established by Act of Parliament.

This remarkable degree of official recognition of homoeopathy makes Britain unique in the world; only India comes anywhere near it in this respect. As a result, doctors come to study in this country from all over the world. Students were encouraged to read Kent's *Lectures on Homoeopathic Philosophy*, to study materia medica via his writings, and above all to use his *Repertory* and to practise according to his rules. Though not all the leading homoeopaths of the twentieth century have been Kentians – for example, one of the best known, Dr Charles Wheeler, had reservations about Kent, and maintained a good deal of respect for Hughes – the prevailing orthodoxy was emphatically Kentian, and newcomers were given to understand that Kent's version of homoeopathy was the purest and most authoritative.

Even so, British homoeopaths tended to be less extreme than Kent had been. They preferred 'high potencies' (the highest being obtained from the USA, where they continued to be made on machines) but many used low potencies as well on occasion. Vitalism was not a central issue in Britain and there was relatively little discussion of metaphysical issues in British homoeopathic circles; indeed the influence of Swedenborg on American homoeopathy was probably unknown to many British homoeopaths. As for relations between homoeopathy and orthodox medicine, many British homoeopaths would have liked to heal the breach but their attempts to do so were unsuccessful, largely owing to the hostility of orthodox doctors.

Probably the most important effect of the Kentian influence was on the way in which the materia medica was taught. No longer were students expected to read the original provings as they had been in Hughes's day, and it

seems unlikely that more than a tiny minority did so; Kent's writings were now the authoritative source. However they were not the only source. Dr Tyler also tried her hand at the art of painting word-pictures of medicines and soon out-did her mentor in readability and verve. In her hands these drug pictures become almost Dickensian.

> Sepia has been called the washerwoman's remedy and not without cause. Picture her – the sallow tired mother of a large family, on 'washing day'. She is perspiring profusely: pouring under the arms. She cannot be shut in, because of the heat and the stuffiness which make her feel faint – yet the cold wind that rushes in at the open window is almost unbearable. Her back aches fearfully . . .
>
> The worry of the children is more than she can bear. Her baby wants to be picked up and carried, and wails and screams. The quarrels of the penultimate babies, engaged in scratching each other's eyes out, are more than she can bear. And when her 6-year-old starts drumming with a spoon on a tin pot, she can stand it no more. She snatches the tin pot and hurls it away, and smacks her small son; which does not improve matters. He howls dismally *and she does not care* . . .
> (*Homoeopathic Drug Pictures*, p. 739)

And so on. We are a world away here from the austerity of densely packed narratives of provings in Hughes's *Cyclopaedia*, let alone from the bare symptom lists in Hahnemann's *Materia Medica Pura*. Even Kent seems dry and restrained in comparison. In the hands of Margaret Tyler and her colleagues homoeopathy gave up any pretence of being scientific and became, for better or worse, more like an art form.

It was in this guise that homoeopathy was taken up by an ever-growing body of lay practitioners. There had always been a tradition of lay practice in homoeopathy (rather as happened in psychoanalysis); Melanie, Hahnemann's second wife, had practised as a homoeopath, and Boenninghausen, one of the most influential of Hahnemann's early disciples, had been a lawyer. If homoeopathy had developed on the lines advocated by Hughes the lay practitioners would have been squeezed out, since Hughes's

method depended on a knowledge of physiology and pathology. But the writings of Margaret Tyler and her colleagues made homoeopathy fully accessible to people who lacked a medical background – hence their increasing popularity today.

SCIENTIFIC STUDIES

Although the prevailing homoeopathic climate in the twentieth century was Kentian, it would be wrong to suggest that British homoeopaths had cut themselves off entirely from science. On the contrary, a minority of British homoeopaths carried out research, some of which resulted in new kinds of homoeopathic medicines. These included the 'bowel nosodes' of Paterson and a group of new medicines proved by Raeside and Templeton.

A curious offshoot from the main stem of homoeopathy in the twentieth century was the 'flower remedies' of Edward Bach (1886–1936). In the 1920s Bach was a pathologist at the London Homoeopathic Hospital, where he collaborated with Paterson in the development of the bowel nosodes. Becoming disillusioned with science, however, he spent the last seven years of his life on a combined geographical and mystical journey, wandering through the towns and villages of England and discovering the medicines with which his name is associated. These, however, have more to do with herbalism than with homoeopathy, and they are mainly prescribed today by lay practitioners.

The most important scientific work of the first half of the twentieth century was carried out by Dr William Boyd of Glasgow. Boyd was unusual among homoeopaths in having a decidedly scientific cast of mind, and this, allied to his considerable technical and engineering expertise, allowed him to make some very interesting and unusual experiments.

Boyd was responsible for two major research projects. One was relatively orthodox in conception and was concerned with the potency question; I shall return to this in Part II. The other project was a good deal stranger and

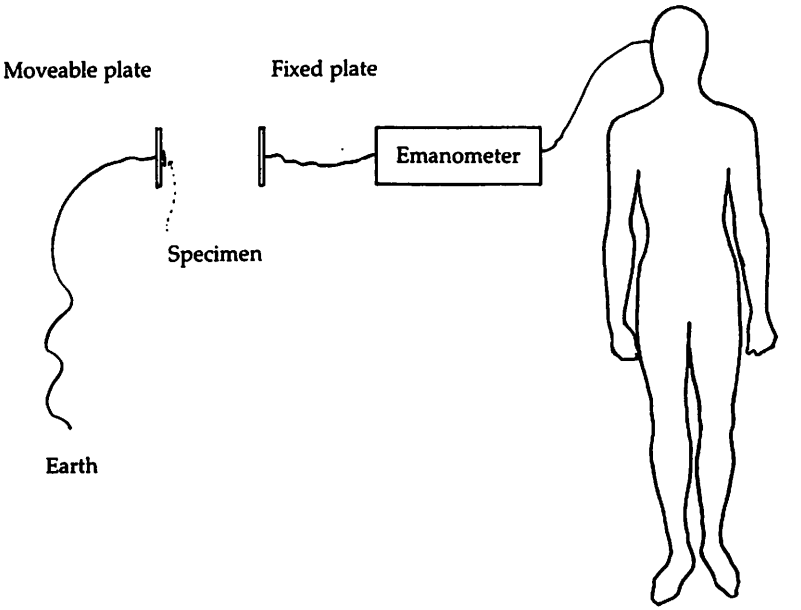
though it did not lead to any definite conclusions the story is so interesting that it is worth relating in outline. I refer to his experiments with the 'Emanometer'.

The inspiration of this research was the work of an American doctor (not a homoeopath) called Abrams, who in turn had derived the idea from Dr Stern White of Los Angeles in 1914. Abrams invented a machine that he called a 'Reflexophone', by means of which he claimed to be able to detect 'energy fields' affecting human patients. Purchasers of the Reflexophone were not supposed to open it; Boyd X-rayed it, however, and found that it could not possibly do what Abrams claimed for it. Although sceptical of Abram's methods, Boyd felt that there was something genuine at the bottom of it all and he therefore set to work to design his own machine, the Emanometer, which was quite different.

Boyd started this work in the early days of wireless, and probably for this reason the Emanometer has, to the untutored eye, a distinct resemblance to a crystal set. It was however more complicated, and Boyd was careful to insist that the 'energy' detected by the Emanometer was not necessarily identical with radio waves.

Although the details of the Emanometer design were rather complicated the basic set-up was quite simple. The specimen to be tested – which might be blood, tissue, or a homoeopathic medicine – was attached to an earthed plate, which was set at a variable distance from a second (fixed) plate. The fixed plate was connected to the circuitry of the apparatus, which was in turn connected to the forehead of a subject (usually a boy) who acted as a detector (see figure overleaf).

To carry out the test Boyd would percuss (tap) the detector's abdomen in the way that a doctor percusses a chest. By so doing he would map out areas of relative dullness, which he recorded together with the settings of his machine. He would then insert a specimen (say, blood from a patient) into the circuit and see what effect this had on the areas of dullness and on the machine settings. He



also tested homoeopathic medicines to see how they changed the readings.

This account is the merest outline of Boyd's very painstaking method. He spent many years trying to perfect his technique and designing new improved versions of the Emanometer. Though always commendably cautious about his results he became convinced that he was on to something. He was apparently able to detect abnormalities in patients with a fair degree of accuracy, sometimes before the patients were themselves aware that anything was wrong, and he could also distinguish different homoeopathic medicines and potencies. On the basis of this research he built up an Emanometer classification of homoeopathic medicines that was used by some homoeopaths of the time.

In 1924 a committee under an eminent physician, Lord Horder, investigated the Emanometer. Later the committee

was joined by E. J. Dingwall, research officer of the Society for Psychical Research, who was an authority on fraud. After exhaustive tests the committee concluded that 'certain substances, when placed in proper relation to the Emanometer of Boyd, produce beyond any reasonable doubt changes in the abdominal wall of the subject of a kind which may be detected by percussion . . . The phenomena appear to be extremely elusive and highly susceptible to interference (and) it would be premature at the present time even to hazard in the most tentative manner any hypothesis as to the physical basis of the phenomena here described.'

In other words, Lord Horder and his committee were sure that Boyd could detect *something* with his apparatus but they had no idea what it was or what it meant. They were also careful to say that there was as yet no good evidence that the Emanometer could be used in diagnosis or treatment – a cautious attitude that Boyd fully shared.

One of the principal difficulties with the Emanometer was the need to use a human subject as a detector of the mysterious energy. In spite of many years' hard work Boyd never succeeded in eliminating this weak link in the chain, and he died with most of the secrets of the Emanometer still undiscovered. After his death his sons (one a physiologist, the other a homoeopathic physician) tried to continue his work but without success, and no one else has taken it up.

Today machines purporting to allow the selection of homoeopathic medicines by 'energy detection' are still marketed but they are unsupported by research anywhere near approaching Boyd's in quality. Some homoeopaths, especially lay practitioners, use pendulum-swinging and allied 'radionic' techniques to help them choose medicines. There are affinities here with the ideas of Abrams; but once again serious scientific evidence for their claims is almost wholly lacking.

Boyd's Emanometer research is tantalizing but ultimately baffling. It is in many ways reminiscent of much research in parapsychology, which likewise seems constantly to prom-

ise to clarify matters and then fails to do so at the last minute. The resemblance may be more than accidental. Did Boyd perhaps possess paranormal abilities, and if so was his apparatus irrelevant? Or had he really, as he supposed, discovered some hitherto unknown form of energy? Perhaps one day we shall know.