

HOMEOPATHY: THE END OF THE BEGINNING

The First Blackie Memorial Lecture

given by

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To be invited to give a memorial lecture is a great honour. To deliver the first in a series which will stretch forward into the mists of time carries a greater responsibility, for the lecture will set the pattern for those to come. Succeeding Lecturers are more than likely to look back to it to see what ground has been covered, and, perhaps more important, what gaps in the story remain to be filled.

This lecture commemorates one of the great ladies of British medicine, though her stature was less fully recognised outside the field of medicine which she had chosen to make her own. Homeopathy has always been a minority pursuit, disregarded by most, derided by some and ignored by the majority of the orthodox and traditional medical profession. It was in this field that Margery Blackie achieved great distinction.

I first met Dr. Blackie in 1973. I received one of her delightful manuscript letters inviting me to speak at a meeting of The Faculty of Homeopathy of which she was then Dean. This first acquaintance with her, and her companion Miss Majendie, was followed by increasing regard, respect and friendship. Later I was able to watch her at work at No. 18 Thurloe Street in South Kensington, London, as were a number of the candidates for the Membership examination of The Faculty of Homeopathy. I have learned much of her background from Miss Constance Babington-Smith, her official biographer, to whom I am indeed grateful.

It is appropriate that this lecture should be delivered in Edinburgh for her grandfather was born at Norton, in the parish of Ratho, in 1803. His third child, Robert Blackie, was born at Hatton Hill near Liverpool, in 1853. He married Elizabeth Rees in 1875 at Dover and a large family followed; Margery Grace Blackie, born in February, 1898, was their tenth child.

Robert Blackie was of independent means and something of a wanderer, seldom staying in one place for more than a few years. Though not well off, he moved from one property to another in the South and East of England and had reached Redbourn, in Hertfordshire, when Margery Blackie was born. He was a devout Methodist, a lay preacher who brought his religion into his home and his family grew up in a stable, disciplined and ordered way.

Margery's mother, Elizabeth, though clearly of Welsh origins, came from East Anglia where her grandfather, John Rees, was the builder of the Martello Towers along the coast. She is described as a woman of strong personality, and with a very good memory. This gift was certainly handed on to her tenth child.

Margery Grace - there is some dispute over the spelling of her Christian name - in the Family Register it appears as Marjory but she herself preferred the Scottish spelling - was born at Revira House, Redbourn. Her family moved to Wallington, and later to Eastcliffe-on-Sea. By 1911 they were in West London and Margery was able to attend The Haberdashers' Asks School. Here an interest in nature study developed. She wrote a paper on birds in 1914 and carried out a simple objective study of plant growth. Her remarkable memory was commented upon. She matriculated in 1916 and in the following year embarked on her medical career, first at The London School of Medicine for Women, then at The Royal Free Hospital.

Her medical training will have been conventional. In 1923 she qualified MRCS, LRCP, graduating MB, BS in 1926 and proceeding to the degree of M.D. at The University of London in 1928. In 1929 she was appointed Assistant Physician to the Children's Department of The Royal London Homeopathic Hospital.

Though probably dormant during the years of her formal medical education, Margery must have had leanings towards homeopathy for her uncle was Dr. Compton Burnett, one of the leading homeopathic physicians of the day. She did not know him personally but could not fail to have known of his many, often aggressive publications on homeopathic themes. She had no doubt herself received homeopathic treatment for childhood ailments for it was in use in her own family.

Of her career at The Royal London Homeopathic Hospital, in The Faculty of Homeopathy and in the international field, others are better able to speak. In 1969 she was appointed Honorary Physician to H.M. The Queen, receiving the order of C.V.O. in 1979. She had a world-wide practice based at No. 18 Thurloe Street where she taught many of those engaged in homeopathy today. She did not write extensively, publishing a Presidential Address in 1950 and the Richard Hughes Memorial Lecture in 1959. Her book "The Patient, not the Cure" was published in 1976 by Macdonald and James, London. She was at first reluctant to have her lectures tape-recorded but was prevailed upon to agree and some lectures were published in collaboration with her partner, Dr. Helen Banks.

We have now reached the point at which our acquaintance began. The memory of her teaching sessions at 18 Thurloe Street will be imprinted on the minds of many. Sitting at a table to the right of the door, with the window light behind her, a screen around one corner of the room, the scene could have been that of supplicants attending the oracle of Delphi. In the shadows around the room were observing doctors sitting quietly on any convenient furniture. The patient would be ushered in, the story unfolded, the problem considered, quietly discussed, and an appropriate remedy chosen. This would be dispensed by a soft-footed acolyte who disappeared behind the screen for the purpose.

Certain characteristics came through to the observer very strongly; gentle courtesy, deep insight, wide knowledge of her subject and that prodigious memory which has already been noticed. Speaking from memory rather than notes she was able to recall clinical details of old patients, their previous treatments and responses. She seemed able to recall at will many instances in which the same treatment had brought relief to other patients with the same or similar presentations and would discuss these resemblances, or dis-similarities, with the doctors after the patient had gone. Not every candidate for Membership of The Faculty attended these consultation sessions. For those who did, it was a privilege to see the medical consultation at its best.

In discussion of cases she was unusual among homeopathic teachers, at least those whom I had met, in that she showed herself aware of the unanswered questions. Why? How? We do not know but the evidence is that if this or that course of action is taken or a given treatment - usually in high potency - is given, a favourable result was likely. She would have been the first to admit that the almost ritual atmosphere surrounding the consultation carried with it a powerful suggestive influence, and she made few claims for the reversal of pathology in observable terms. A good result was one in which a presenting symptom complex diminished in severity or disappeared altogether. If, from time to time, she referred to the disappearance of symptoms as "cure" she was simply using a terminology on the lips of most homeopathic physicians.

Margery Blackie had an open mind. Success in any field of endeavour, including medical practice, tends to have the reverse effect and while many of her contemporaries were making dogmatic claims of "cures" while observable pathological change remained, she saw that the nature of the relief she brought to patients, though substantial, was unsubstantiated. The nature of the homeopathic response, the mechanism through which it operated, were as unknown to her as to the rest of those who practised homeopathy. To her this mattered, to some others it appeared to be no cause for concern.

Following initiatives by Dr. Alastair Jack, of Bromsgrove in the Midlands, and others, the Midlands Homeopathy Research Group came into being in 1977. Dr. Blackie welcomed this and from the beginning gave it her wholehearted support.

As it developed she contributed to its finances and visited Birmingham, with Miss Majendie, on more than one occasion to speak at Dr. Jack's symposia. She readily accepted an invitation to become consultant adviser to the group and helped in the evolution of a number of research protocols which could not have been developed without her profound knowledge of homeopathic practice.

Dr. Blackie, unlike many of her contemporaries, recognised that homeopathy had reached a critical point in its evolution. It had come to the end of the beginning, though the beginning had lasted a very long time. Some ascribe the first observation of the homeopathic principle to Hippocrates. Most date traditional homeopathy from Samuel Hahnemann who was born in 1755 and worked through the turn of the century. All agree that homeopathic practice has been, and is based, on empiricism. Margery Blackie sensed that empiricism would no longer suffice to sustain it.

Looking back to the beginnings of Hahnemannian homeopathy we can see that the timing of events was unfortunate. At about the same time Pasteur was laying the foundations of what was to become the discipline of pathology. This was something academically satisfying. Changes in tissue could be seen and related to causes such as bacteria, which were also visible as microscopy improved. Research workers were fascinated by these new dimensions in which they could work with the degree of objectivity they needed. The conditions which Hahnemann claimed to influence were in the fields of symptoms and sensations less capable of accurate description and observation.

Perhaps too, Hahnemann himself may have led his subject off to a bad start. By all accounts he was not the most tolerant and even-tempered of men, relying on dogmatic assertion to establish the similimum proposition in the eyes of a profession which increasingly called for logical deduction from observed evidence. Whatever the reasons were, the spotlight of research and the advance of knowledge was focussed on conventional scientific medicine. Homeopathy stayed very much where it was, at the beginning.

Hahnemann's followers were concerned with what happened rather than why it happened. Substance after substance was "proved", its effects observed and recorded. New applications for new remedies were sought and the scope of the discipline widened. The results spoke for themselves. Relief was afforded to patients and for most practitioners that was quite enough.

Knowledge of homeopathy spread throughout Europe and beyond. Its principles were applied in different ways in different countries. The apparent safety of homeopathic practice led to its wide use in the mission field and in turn to lay practice which further diminished it in the eyes of the orthodox, pathology-orientated profession.

With advances in scientific knowledge came ability to measure, and the fact that homeopathy lacked the kind of support that measurement of doses and results could bring did much to increase this disregard. In the eyes of the orthodox practitioner, homeopathy was a subject in which anecdotal claims were made for results of treatment with minus nothing. Its practitioners were unconcerned, even disinterested in how the results they claimed could possibly come about. Medical teachers treated the subject with derision, inculcating their students with disdain for something quite evidently unscientific.

This state of affairs existed until the aftermath of the First World War, and indeed still exists in many professional minds today. However, events occurring in an entirely different field of medicine became relevant and significant. Psychiatry and Psychology entered the stage. People began to look at symptoms and behaviour patterns instead of slides and specimens, and the first attempts were made to measure impalpable and invisible phenomena. These developments in the field of orthodox medicine elicited the response that would be expected. Drugs influencing mental processes in proportion to dosage and duration of administration were soon forthcoming.

In this new climate of thought, some experimentation beyond traditional "proving" was undertaken. An observational study of the value of homeopathic treatment of mustard gas burns was actually carried out during the Second World War ⁽¹⁾. Laboratory studies by Dr. William Boyd in Scotland investigating the influence of potentized substances using starch/iodine preparations, showed interesting results ⁽²⁾. Others investigated the influence of copper sulphate on germinating grain grown under controlled conditions ⁽³⁾. The methods of scientific investigation were at last beginning to be applied to the fundamental question - How does homeopathy work?

Margery Blackie knew all of this work and it cannot fail to have influenced her concern for the future of the subject. On the one hand professional disregard was leading to political discouragement of homeopathy, but on the other she recognised, as did every other homeopathic practitioner, a remarkable increase in popular interest and a rising demand for homeopathic treatment which medically qualified practitioners found it hard to meet. A vicious circle was being set up. Increased demand led to more lay practice which further increased the disregard of the orthodox profession for medical homeopathy. One thing only could break the circle; an understanding of the mechanism of the homeopathic response. Margery Blackie realized that this understanding was unlikely to come from within the practice of homeopathy itself. The fundamental thinking and research work had to be done by people in medical and scientific disciplines who need not necessarily be committed to homeopathic practice. She saw that this outside interest was beginning to develop in the inter-disciplinary Midlands Homeopathy Research Group (MHRG).

In an odd way, profound changes in British Medicine seem to begin in the Midlands. The seed from which the British Medical Association grew was sown in Worcester. The MHRG began with a general practitioner in Bromsgrove who initiated the teaching of homeopathy, based in Birmingham, and realized that sound teaching must be based on full knowledge. Dr. Alastair Jack appreciated that the work of the Birmingham Research Unit of the Royal College of General Practitioners might be relevant and as Research Adviser to the College, working at that Unit, I was happy to join in his work.

It was essential that an interdisciplinary group with the study of homeopathy as its objective should be well informed in matters pertaining to that discipline and, to secure this, the boundaries of the Midlands were pushed outwards, eventually extending from the Cornish border to Scotland. Experienced homeopathic practitioners became working members of the group, as well as Dr. Blackie herself, in the capacity of consultant adviser.

The terms of reference of the Group were "to encourage and conduct rigorous objective examination of the principles and practice of homeopathy". At its formation, members included a Professor of Pharmacology, an academic Metallurgist, a Psychiatrist, a Consulting Physician and a number of General Practitioners whose knowledge and experience of practice research exceeded their knowledge of homeopathy. The composition of the Group has widened and it now includes a Psychologist, an academic Botanist and an adviser in Homeopathic Pharmacognosy.

As it began to take its objective look at homeopathy, the Group was disturbed to find how pitifully meagre were past attempts to gain insight into its fundamentals. Certainly hundreds of substances had been "proved" to standards which satisfied the practitioners who subsequently used them, but almost no attempt had been made to identify the biological mechanisms involved. Gallant exceptions to this statement were the work of William Boyd which sought to show effects of potentized substances as in the study already mentioned and in another study in which he perfused sensitised frog hearts with potentized *Strophanthus* ⁽⁴⁾. The clinical field work by Robin Gibson suggested that, in a double blind trial, homeopathic remedies have an observable effect in the treatment of rheumatoid arthritis ⁽⁵⁾.

Work had been done on the continent also. This was reviewed by Kollerstrom for the Medical and scientific network and her conclusions seem to be an accurate representation of the state of play ⁽⁶⁾. There was no convincing evidence on which a general theory of homeopathy could be based, and in the few attempts made to repeat studies in which positive results had been claimed, confirmation was not found. A number of reasons might be adduced to account for this.

It could be said that those undertaking research were the wrong people, convinced homeopaths anxious to authenticate their discipline and perhaps subconsciously biased towards favourable results. Some may have lacked a full research training. Studies were not always carried out in establishments where scrutiny of methods and conduct of the work was possible. Research was probably under-financed, for it is to be remembered that grants were available to workers in orthodox medical research but not in homeopathy. Money followed the people with the best training and working conditions, and the greatest likelihood that the results of their work would be of value.

Much of the advance in medical science depends on both the financing and the actual work of the great drug manufacturing enterprises in Europe and North America. This source of finance was closed to homeopathy because of the natural feeling that anything employed in minimal quantities would never bring maximal returns to its manufacturer. While research of a kind into the manufacturing processes and "quality control" that are applied to homeopathy does go on, the few manufacturers of homeopathic remedies are not known to have financed fundamental research to any extent.

So there are a number of reasons why homeopathy has not received the objective attention merited by the observed results of its clinical application. The effect has been unfortunate. Perhaps a feeling of hopelessness has arisen among homeopathic practitioners who believe that they are destined to remain at, or beyond the fringe of legitimate medicine and that their subject will never be recognised as an ordinary clinical discipline. A kind of inertia follows, in which practitioners have become inward-looking. Since the slow march of progress in homeopathy depends on anecdotal evidence, meetings of the faithful at which the uses of various remedies are described by each in turn, provide interest if not inspiration. The conventional termination of a description of the use of a remedy in an illness is that the patient "did well"; a criterion of improvement which is not likely to carry conviction far beyond the group.

This feeling that homeopathy can never be scientifically explained, and that the effort to explain it is not worth making, has led some to confuse the homeopathic response with the paranormal, and in their minds it is easy to associate it with metaphysics, radionics, divination and anthroposophy. Meanwhile it seems more reasonable to associate homeopathy with those other aspects of practice of which understanding of the operating mechanism may be closer at hand. The two subjects, acupuncture and hypnosis, may well be found to share some of the characteristics of the homeopathic response.

These, then, are the circumstances which we find at the end of the beginning. The beginning has indeed gone on for a long time, and we must ask ourselves whether the lack of progress in understanding, the inertia of homeopathic practitioners and the discouragement by orthodox medicine mean the inevitable beginning of the end. I do not think so, and I do not believe that Margery Blackie thought so either. Medical homeopathy depends for its future existence on the discovery and identification of the mechanism of the homeopathic response. This will lead to acceptance and a secure and developing future. Failure will mean atrophy of homeopathy as a form of medical practice and it will wither away towards extinction. There are, however, encouraging signs that this will not occur.

It was clear to those of the Midlands Group who began to take their objective look at homeopathy that the prospects for discovery of the mechanism were greatly increased by the advances made in many scientific fields. Whether non-medical scientists would look on homeopathy with the same disdain as many

practising doctors remained to be seen, and it was soon found that some were not only interested but anxious to apply their skills to the unknown. The phenomenon of potentization, never fully investigated by Hahnemann or his successors, was a subject for the modern physicist who could now measure to the nearest molecule and beyond, and who was already suspecting that in water molecules patterns of different kinds could exist and replicate.

New tools and instruments for the study of micro-quantities of trace elements could clarify the composition of animal and plant tissues from which mother tinctures and remedies were made. Work has begun on this, particularly in Vancouver where Professor H.V. Warren of the Department of Geology in the University of British Columbia has placed his experience gained in the field of biogeochemistry at the service of the investigators of homeopathy⁽⁷⁾. Many sources of homeopathic remedies are organisms which may vary in their composition from place to place and season to season. Plants grown in different circumstances have different characteristics. Snake venom from snakes living in different places and with different feeding habits may show detectable variations, and measurements of the trace element content of substances derived from such sources takes on a real importance.

Some homeopathic remedies are based on pure substances, even single elements, and it may be possible to relate observed clinical effects of potentized elements to those of potentized plant or animal tissues or substances in which the same elements occur, perhaps in dominant proportions.

In the last few years, knowledge of the composition of, and interactions between, enzymes in the human body have greatly increased. Some are metalloenzymes in which specific metals have a definite part to play. It is tempting to speculate whether the same metals in potentized form may interact with these enzymes and influence their performance in the body. Recently, too, there has been the identification and isolation of neuroregulatory peptides, the function of which can be influenced by emotional stimuli. The undoubted element of suggestion which exists in homeopathic practice, just as much as in traditional medicine, may be mediated by some such cause as this.

This is not the place to enter into a detailed description of the research which is going on already, that which is planned, and that which might go on were resources of brainpower, manpower and money available to homeopathy, but we can distinguish three main areas to be covered. Fundamental research into the nature of the homeopathic response has been mentioned. Surely we should also be examining other ways of eliciting this response. Living tissue is capable of a response. It has been shown that remedies may elicit it in humans and domestic animals. Could there be better ways of eliciting it than the homeopathy we date back to Hahnemann? Are the organism's responses to placebo therapy, hypnosis and acupuncture in any way related? Of course, the nature of the responding mechanisms must first be described and this takes us right back to fundamentals.

Are the present ways in which homeopathic treatment is applied the best ones? Materia Medica and repertories are massive tomes containing, some would say, an excess of information which can mislead by its very volume. These are made up partly from the results of provings carried out before clinical evaluation was put on a sound scientific basis, and partly from observations by practising homeopaths who may well not have had a disciplined, objective, scientific training and who tended to see in their results the evidence they hoped for through clinically rose-tinted spectacles. Contemporary schemes for computerisation are premature. Only hard and well-substantiated data should enter the computer record.

The convention which has grown up within the discipline of homeopathy for practitioners to meet and exchange anecdotal evidence of their successful use of remedies has undoubtedly perpetuated observations and ideas which would not stand up to rigorous objective scrutiny. Practitioners of homeopathy may have to be prepared to see some of their cherished beliefs go for ever when objective studies replace anecdotal evidence.

Assuming for a moment that application of homeopathy is best undertaken by the administration of potency absorbed on tablets of lactose, it has to be shown that this treatment supersedes orthodox treatment or covers different ground. Some would say, at risk of compounding homeopathic heresy, that homeopathy does cover different ground and where conventional treatment approaches tissues by way of body-saturation with material amounts of drugs, homeopathy acts on patients' perceptions and sensations arising from the disease process. This, however, cannot be demonstrated by the kind of clinical trial to which new drugs are put before they are brought into general use.

Evaluation studies of the effects of homeopathy alone, and of homeopathy and conventional medicine applied simultaneously, are necessary. These will have to be devised anew, and their conduct will depend heavily on the contribution of physicians with sound knowledge of present day homeopathy. Where therapy in a given disease is patient-related rather than pathology-related only homeopathic experience will enable patients to receive the treatment proper to them. Conventional medicine can be relied upon to examine the effects of drug therapy and there are many experienced people who can do the work. There are all too few among the ranks of homeopathic practitioners who have the experience and time, for example, to make a clinical evaluation of a patient's constitution, on which choice of remedy may depend, in a properly designed research study.

One area in which conventional medical research workers and those in homeopathy might well combine is the relief of the side-effects which occur during the administration of conventional drugs. From time to time a therapeutically useful drug cannot be fully exploited, in adequate dosage, on account of symptoms of intolerance which the patient cannot overcome. Were it possible to mitigate the offending sensations the drug might be accepted in effective doses. Can it not be shown by simultaneous administration of the drug in material doses and the same drug in potentized form, that the inhibiting circumstances are diminished? Here, surely, is something in which the drug manufacturing industry ought to be involved, something which, incidentally, might bring considerable benefit to the shareholders of the first company to demonstrate this activity.

Returning to the fundamental issue, the discovery of a general theory for homeopathy and full insight into its nature. Let us suppose for a moment that this has occurred. The Blackie Lecturer for that year will not be at a loss for an approach to his subject. He will consider the possible consequences.

The changes which can be predicted will not all occur at once. The first will be a revolution in attitudes towards homeopathy by the orthodox medical profession. The thought reversal may be a painful one. Conversations at Postgraduate Centres may follow a pattern. "Well, I always felt that there might be something in this homeopathy business"; "One of my students was quite enthusiastic about it and actually did some of the research work. Perceptive fellow. I always knew he would succeed in something".

Students, in fact, would be the first to reflect changed attitudes. They would no longer be taught about homeopathy as a fringe subject but something which might crop up in their final examination. Someone in the medical school would have to teach them and that presupposes a Department of Homeopathy. This would be a purely out-patient department, without beds which might in a sense be an irrelevance. The department would equate with others in the teaching hospital and would seem no more out of place than those of orthopaedics or paediatrics.

Who would staff them? Obviously doctors whose consultant status was achieved in just the same way as it is in any of the other clinical specialties. The sequence would be the same - houseman, registrar, senior registrar and consultant. The hierarchy could not be achieved at once, but elements contributing to it already exist in the Membership Examination of The Faculty of Homeopathy which would become the definitive gateway to the speciality.

The Faculty of Homeopathy would bear a heavy responsibility during the years in which homeopathy comes to be assimilated into routine medical practice. Its teaching capacity would be stretched beyond current conception. Its teaching methods would change to those appropriate in a post-Hahnemann era. It would be a centre for research at a different level from that of provings. It would be a reference centre for the difficult and the obscure, The Royal London Homeopathic Hospital fitting into the medical scene much as the Stoke Manderville Hospital does. At Stoke Manderville they need much bed space. At a Homeopathic Reference Centre, Outpatients would need to be proportionately enlarged. No doubt The Faculty would develop other reference centres throughout the country, based on present centres of activity - Teaching would be undertaken there as well as in the teaching hospitals, but at a postgraduate level.

The Faculty of Homeopathy would have its own adjustments to make. It would lose its image of an eclectic body alone possessing the key to an obscure mystery and have to accept equal standing with the other medical specialties. It would begin to see its responsibilities towards producing balanced numbers of specialists and generalists. The association between ward beds and hospital status could very well go since homeopathy is most likely to be presented and taught as a general practice subject for which it is highly appropriate.

It would be for The Faculty to ensure that modern undergraduate and postgraduate text books were written for the readerships intended, students and registrars, rather than as at present when half an eye, sometimes more than half, is kept on the potential sales in the lay homeopathy market. Medical textbooks in the modern sense do not exist so far as homeopathy is concerned.

No-one can predict the time when the upheaval which I am forecasting will take place, but I have confidence that the day will come when a publication in Nature, The British Medical Journal, or The Lancet will influence the future course of medicine almost as much as science was affected by the account of the double helix by Watson and Crick. In the more remote future we can envisage a homeopathically experienced partner in most group practices, a reference centre at some, if not all district hospitals and the complete assimilation of homeopathy into the National Health Service in this country.

Perhaps, when the transition which it must undertake is completed, The Faculty itself may transform and become The Royal College of Homeopathy.

All I have said depends on the critical factor, the understanding of the homeopathic response. I believe that Margery Blackie sensed this and that it was in the light of some such vision of the future of her subject that she gave unstinted support to the quest for understanding.

The Blackie Foundation Trust, founded by Dr. Blackie in 1971 for the advancement of Education and Research, will not only perpetuate her name in the context of forward-looking research, but also act as a stimulus towards its achievement. The Trust's first term of reference states as its aim: "The advancement of the study of and education in the science of homeopathy and to carry out and publicise the results of research into matters relating to homeopathy..." Its funds are small, but well used can serve to prime the pump and bring into the field of study people able to look at homeopathy with the degree of objectivity which has been sadly lacking throughout its recent past; the past which I have called the beginning.

Will the end of the beginning be the beginning of the end for homeopathy? I do not think so, provided those concerned with its present practice realise that lay homeopathy is waiting in the wings to take over should it cease to be a part of medicine. Margery Blackie, I am sure, understood the situation fully and realised the responsibility now borne by those who have the future of homeopathy in their hands.

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