

SOCIAL AND HISTORICAL

The history of MSM—homeopathy and natural medicines

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Introduction

The idea for this article arose out of the Conference in London in January 2006, ‘Improving the Success of Homeopathy—A Global Perspective’—organised by the Royal London Homoeopathic Hospital and Dr Peter Fisher. The display¹ at that conference depicting the Story of the Missionary School of Medicine (MSM) was only able to point to the highlights of its 100 year history as described in *Touching the Ends of the Earth* by Canon Philip Price.² Reading through the Annual Reports, there was much more of relevance to share about the needs in the under-developed world today where the impact of Tuberculosis, Malaria and HIV/AIDS is undermining health. There are still many other illnesses that could be helped by better nutrition and natural medicines including homeopathy.

I was appointed an MSM Lecturer in 1970. I spoke on common children’s illnesses and homeopathy. Then I was asked to sit on the MSM Council in 1988 and have since visited Uganda and experienced some of the poverty and needs there. Common illnesses are still common, and although medicine has developed curative treatments for many diseases including those specific to the tropics, homeopathy and natural medicines continue to have much to offer. This account of the history of MSM has been selected from a perusal of all the available annual reports and some of the early correspondence with the British Homoeopathic Association.

Beginnings and background

The nineteenth century had seen the development of the British colonies. Alongside trade there was a

movement to spread the Christian Gospel.³ Many missionaries found themselves ill equipped to deal with the tropical climate, illness and accidents in their own families or in isolated communities where they lived and worked. Towards the end of the nineteenth century some, on returning on furlough to England, asked for instruction in first aid. In response, doctors at The London Homoeopathic Hospital invited individual missionaries to attend their outpatient clinics.

The British Homeopathic Association (BHA) had just been formed and their Education Committee undertook to organise lectures in basic medicine and surgery. A missionary sub-committee was formed⁴ under the Chairmanship of Dr George Burford, Physician for the Diseases of Women at the London Homoeopathic Hospital. The initial programme involved Dr James Johnstone, Lecturer in Midwifery with the assistance of the medical staff of the hospital. Dr Edwin A Neatby, Lecturer and Clinical Physician for Diseases of Women, was appointed Honorary Secretary and later (in 1927) became Dean. The newly formed school opened at the Homoeopathic Hospital, Great Ormond Street, London in autumn 1903, with 24 students enrolled.

It moved to 2 Powis Place in the mid 1920s when the hospital room used by the students was needed as a study room for nurses training for State Registration, which had just been introduced.⁵ This freehold property was owned by the hospital and is situated in a cul de sac off Great Ormond Street, separating the Children’s Hospital from the Homoeopathic Hospital. The MSM rented the property and occupied all three floors using it as a base for administration and the Dean’s office. A study and lecture room was created and the top floor was used to develop a museum and library. It remained the home of MSM, although it occupied less of the space as student numbers decreased, until its closure in 1996 (Figure 1).

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Independent constitution

The MSM drew up its own constitution in 1908 after its successful launch by the BHA. The constitution outlined the purpose of the school for the training in practical medical and surgical knowledge of persons proposing to serve as Missionaries abroad. 'The activities of the School have from their initiation been carried on in association with the (Royal) London Homoeopathic Hospital and the School has had the benefit of the help of the Teaching Staff. This shall be continued as the recognised policy of the School.'⁶ MSM re-affirmed its constitution in 1951 with amendments in 1974 and 1978 approving the details of the organisation of council and the eligibility of candidates on the basis of holding a Protestant faith.⁷ The organisation consisted of a President and a General Council of some 20 members made up of doctors at The Homoeopathic Hospital, Christian ministers and lay and professional persons. A secretary was appointed and day to day matters and the practical conduct of the school was supervised by the Executive Council.



Figure 1 2 Powis Place. The Home of MSM from circa 1925 to 1996

Organisation of the teaching

A nurse, Miss K Goodin, was appointed as warden. The wide-ranging teaching programme was delivered over 3 terms. Lectures and practical experience were given equal emphasis. The curriculum covered an introduction to basic medicine and surgery and included paediatrics, gynaecology and obstetrics, ear, nose and throat and eye diseases, as well as dentistry and podiatry. First aid was taught by The St John's Ambulance Association, and lectures on tropical diseases were held at The Wellcome Museum. The medical staff of the Homeopathic Hospital gave lectures and welcomed the missionary students at their clinics. Nursing skills were taught on the wards. Further experience was gained through the generosity of many London hospitals over the years. Dispensing of drugs and homeopathic pharmacy and *Materia Medica* were taught throughout the course. Graduates were given a dozen homeopathic remedies to take with them on their missions, donated by the homoeopathic pharmacies which were involved in the teaching. A certificate was issued at the end of the year after satisfactorily completing an examination and this was recognised as indicating basic medical knowledge in many countries where the graduates worked. Primarily the course was to enable missionaries to care for themselves and their families where no medical aid was readily available.

At a time when there were few effective treatments, homeopathy, which was a major component of the course, equipped the graduates to offer medicines which were safe and often effective. Some of the early students continued medical training and became qualified doctors.⁸ In the countries where they served, missionaries set up clinics and were supported by donations from their home churches and Mission organisations. These clinics and Mission Hospitals formed a basic network for the development of healthcare in many countries. Some were integrated into government run health initiatives.

From their experience of teaching students Edwin Neatby and his brother T. Miller Neatby wrote a '*Manual of Tropical Diseases and Hygiene for Missionaries*' first published in 1923.⁹ The treatment section explaining the use of homeopathic medicines was reprinted and includes a valuable introduction to homeopathy. Copies are available from MSM.¹⁰

Finances

John Weir, a senior physician at the Homoeopathic Hospital was Honorary Treasurer, and used his private connections to attract funds, encouraging his friends when writing their wills to make MSM their charity of choice. The income from bequests forms the bulk of the endowment fund, which finances grants to students. Student fees were never sufficient to cover the

whole cost of running the school, but with voluntary donations there was normally sufficient money to provide for the yearly expenses. The termly fees for the full time course between 1909 and 1926 were six guineas per student.¹¹ In the 1950s students paid 30 guineas per term and it cost £2000 per annum to run the School.¹² In September 1978 the Council agreed to raise the fee per term to £50 per student.¹³ The next year, 1979–1980, 15 students were enrolled and the actual cost per student was more than £400.¹⁴

In the early 1990s Reverend Omri Jenkins, while President, was instrumental in launching an appeal, which formed the basis for the Scholarship Fund. With the closure of the School at 2 Powis Place in 1996 administrative costs were reduced, and investment income was transferred to the Scholarship Fund. In its first 7 years as a Trust, the Council of MSM authorised the payment of over £50,000 from the Scholarship Fund, to 24 institutions and 8 Christian agencies on behalf of several hundred trainees and trainers.¹⁵

Teaching staff

The MSM teaching staff included doctors experienced in tropical medicine and other specialities. The Annual Reports list the teaching staff, many of whom are recognised for their contributions to the development of homeopathy. Donald Foubister lectured on Children's Diseases, as did Kathleen Priestman (who was President of the MSM between 1981 and 1991); Alva Benjamin taught on skin diseases, Charles Wheeler, John MacKillop and Muriel Adams on general medicine; W. Eldon Tucker and P Cutner on surgery and Mr H. Dodd, who was the vascular surgeon and later became President of MSM in 1952. Mr N.E. Gillham taught dentistry and J.N. LeRosignol chiropody. Three doctors on the teaching staff were later appointed Royal physicians: Sir John Weir, Dr Margery Blackie and Dr R.W. Davey. Dr Ralph Twentyman remains the doyen of them all, surviving to tell the tale of the lectures often given in the Hospital Board Room, which were much enjoyed by everyone.¹⁶

Some outstanding students

Most of the students were sponsored by Missionary Societies who were responsible for sending them around the world. In all about 115 Societies supported students at the MSM.¹⁷ Graduates served in Africa, India, China, Japan, Iceland and South America. The George Medal was awarded to Charles Tett for his bravery in 1941.¹⁸ Walter Kendrick was awarded the MBE in 1955 for 'valuable and most useful service during more than 50 years working in Nassau in the Pacific Outer Islands.'¹⁹ The Governor General, the Earl of Ranfurly licensed him as an 'unqualified'

medical practitioner. Mildred Cable, famous for her persistence in the face of opposition in China, was with the China Inland Mission in Tibet. She addressed the MSM in 1932²⁰ and again in 1950 when she described how she had given a homeopathic medicine to the son of a princess in Tibet and with his recovery was allowed to continue her tour.²¹ In 1954 a graduate, Mrs R Jones, working in Nigeria, writing about her experiences as a missionary, affirming the value of the MSM certificate, remarked: 'I would not be allowed to do any medical work at all without the MSM certificate as only people who are qualified up to certain standards are allowed to exercise this ministry.'²² John A. Flynn, an MSM student 1950/1951, received the OBE in 1978, for medical relief work in Ethiopia. He writes: 'with the requirements of the Ethiopian Government that missionaries should engage in either medical or educational activities, I was able to have my MSM Diploma passed by the Ministry of Public Health. This enabled me to undertake medical work in conjunction with the missionary nurses during 25 years of service in Ethiopia.'²³

Authorship

Graduates have also become authors. While Arthur Gladstone Clarke was working with the North China Mission he made good practical use of the homeopathy he learnt as a student at MSM. He published a short introduction to the use of over 100 commonly used medicines—*Decachords*—first published in 1925 and still in print today.

Ronald Male, a New Zealander, accepted by the Central Asian Mission, was the best all round student in 1940. He later came to London having qualified as a pharmacist, and served on the Council of the MSM. In 1989 the Council published 1000 copies of his pamphlet *The Bible and Homeopathy*. This championed the practice of purist homeopathic medicine at a time when certain elements of the Evangelical Church were questioning the validity of homeopathy because of alleged occult influences. There were also misconceptions owing to the theistic beliefs of the founder, Samuel Hahnemann and the early practitioners such as Boenninghausen, who was a Swedenborgian. The President of the MSM at that time, Dr Kathleen Priestman, also staunchly supported homeopathy as having no occult implications.²⁴

Another author was Evelyn Eglington who taught pharmacy and was on the Council of MSM. Her parents were missionaries in Peru where she was born. She edited her father's account of their time abroad, giving the royalties to the funds of the MSM and donating copies for sale.²⁵ Evelyn also ensured the continuation of the practice of giving boxed homeopathic medicines to those who graduated from the MSM School. The gift of medicines was made by Dudley Everitt, the Director of Nelson's, but was

stopped after his tragic death with a dozen other homeopathic doctors on board a Trident aircraft in 1972.²⁶

Candidates from overseas

In the 1960s and 1970s candidates from many countries took advantage of the training provided by MSM. These included students from England, Germany, Japan, Korea, and Norway.²⁷ In the 1980s they came from Angola, Finland, Holland, India, Indonesia, Kenya, South America, Spain, Sri Lanka, and Switzerland. Mrs Jean Hayward-Lynch, Head of Studies and Secretary of the Missionary School of Medicine, writes in the 80th year anniversary Report: 'it is interesting to notice the diverse field from which the students have been drawn, for the School has become not only interdenominational but also international in character and during the eighty years approximately 1500 students have received training.'²⁸

Classes declined in size from 20 to 30 students in the first 50 years down to 10 or less in later years. The courses offered were geared to the changing needs of the students. Always there was the basic training in first aid, the use of homeopathy and an understanding of Tropical Diseases. As Raymond Lower, a missionary working in Nagoya, Japan, said when he addressed the annual prize giving in April 1984:

'I came to The Missionary School of Medicine in September 1946 upon being demobilised at the end of the last war (1939–45)... In Japan, which has a very good medical and dental service, no one is allowed to practice medicine or dentistry without being officially qualified, but I have been able to help friends on a number of occasions with suitable homeopathic remedies. I can remember when in England on our first furlough in 1954 visiting a friend on a Thursday just 2 days before they were due to set off on their holidays. Both their children had mumps, so they said the holiday would have to be cancelled. Appropriate doses of *Lachesis* for the one with the left sided swelling, and *Pilocarpine* for the other child, brought miracle cures with all swelling gone by the next day, so the family went on their holidays as planned.... We were able to use the homeopathic remedies very effectively with our own children and never had to call a doctor except on 2 occasions when bones were broken.... This brings me to my final point. In one's studies of homeopathy one learns that whilst diseases could be identified and labels put on them, yet symptoms varied with individuals so that different remedies had to be applied.'²⁹

Staffing

In its hundred years the MSM has had only 4 wardens. The first was Miss Goodin and when she

retired in 1934 Miss Elizabeth Bargh was appointed. Miss Lyle Bottom succeeded to the post in 1965 and continued until 1980 when she handed the baton to the last warden, Mrs Jean Hayward-Lynch. The warden was responsible for the day to day running of the school and also taught nursing procedures. A museum was collected with the assistance of the Director of The London School of Tropical Medicine and included specimens of insects and many drawings.³⁰ A cast of David Livingstone's left arm was accepted in 1928 and was donated to The Livingstone Museum in Glasgow when the school closed.

Developments in medicine

As health ministries of the emerging nations, particularly in Africa, developed, registered qualifications were required of those offering medical treatment. In 1959, Dr Frances Priestman OBE, the sister of Dr Kathleen Priestman, opened a hospital in Northern Nigeria. This was run in association with a leprosy settlement of the Sudan United Mission.³¹ In the late 1940s a graduate of MSM, Mr Arthur Scott, took over the running of two hospital centres caring for 750 leprosy patients in the Congo. He was later assisted by his wife who had trained as a nurse at the Royal London Homoeopathic Hospital.³² In the Solomon Islands in 1930 a Dr Nothcote-Deck set up a hospital and introduced the use of 36 homeopathic medicines. His associate missionary, Margaret Bartlett, was able to spend time, during her furlough in 1978, studying at the MSM. She reported: 'fevers abated, whoops ceased, fractures healed, "water in the ear" cleared, worms disappeared and a polio epidemic responded to Gelsemium 30'.³³

The Missionary School of Medicine continued to teach into the 1990s. However, it became evident that the courses should provide academically recognised qualifications. This meant that MSM needed to become affiliated to a university and this was not considered viable for such a small organisation. The Council therefore decided to discontinue providing training themselves and the last students were accepted for a short introductory course in 1995. Jane Colling, one of these students who had no medical knowledge at the time, writes: 'the MSM qualification most benefited me during my time in Africa and I know I will draw on the knowledge gained each time I return to work in the developing world. It gave me an excellent foundation of medical knowledge for the tropics on which I have continued to build during recent years of training both in the UK context and abroad. I went on to do a Masters Degree in Education in Primary Healthcare. My most worthwhile experiences in the developing country context included times where I, working alongside a local person, have engaged in training local people in the skills of caring for sick people when resources are limited. This has

mainly involved work in Africa dealing with people affected by HIV/AIDS and living with very basic means. It has, of necessity, involved discussions about hygiene, infection control, nutrition and basic health-care where provisions were minimal.'

Change of name

In view of the implications of the meaning of the word 'missionary', the Council of the MSM decided on a change of name. After much deliberation MSM became 'Medical Service Ministries' in 1992. It was hoped there would be more students coming to take advantage of the 10 week comprehensive course and the special summer courses which were organised to suit individual candidates.³⁴ However, this did not happen and in 1996 the school closed, making available its financial resources to fund applicants training elsewhere to obtain recognised qualifications. As funds permit, grants are continuing to be made available for missionary candidates who fulfil the MSM mission statement 'To Preach and Heal'.

In May 1995 Edwin Orton, who had been an MSM student in 1951–1952 addressed the last Annual General Meeting. He told of how useful homeopathy had been over the years in his work and with his family. The Reverend Omri Jenkins was President and Chairman of MSM at the time, and continued to chair the meetings of the General Council, which met three times each year. In his message for the report of 1998 he announced two deaths and two resignations from long standing Council members: 'Such changes will always be part of life and work in this world, but the need to 'Preach and Heal' remains.'³⁵ Mr Edwin Orton became President in 1998, and encouraged the MSM through its transition years as it made its resources more widely known as a grant making Trust.

Closure of the School

Mrs Jean Hayward-Lynch was warden at the time of the transition and supervised the dispersal of the accumulated property of MSM. The main written material of the MSM was archived with The School of Oriental and African Studies, University of London, WC1.³⁶ Responding to changing circumstances a press release in May 1996 announced that: 'MSM offers grants to those who undertake approved training courses.'³⁷ Mrs Hayward-Lynch continued to advise prospective grantees. In 2002 she handed the administration of the trust over to Mrs Glennis Dowling. The MSM office was transferred to Ware, only 1 year before its Centenary, celebrated in central London in 2003. Many past students contributed and Dr Margery Foyle, a veteran missionary, addressed the gathering, inspiring us to be well equipped for the job that was still to be done.

Advantages of being a grant making trust

The Scholarship Fund, derived from investment income rather than donations, has provided grants to candidates undertaking specialist training. The courses have included child health, community healthcare, disaster relief, midwifery, palliative care, travel and tropical medicine and other health training. The MSM, as a grant making trust, has the ability to pay for health training of the indigenous population in locally run courses, such as nurse training for those who would not otherwise be able to afford it.

Homeopathy and natural medicines

The Annual Reports give compelling stories of the use of homeopathy. As one graduate working in a tropical village writes: 'in our everyday medical work we have patients coming from 20 outlying villages. They are not all treated by homeopathy but where allopathy ends homeopathy steps in and that's the beautiful thing about it.'³⁸ The 50th anniversary issue of the Annual Report (1953) includes reports of the successful homeopathic treatment of worms and small pox, as well as of injuries and miscellaneous feverish conditions. A report of the use of penicillin in 1958³⁹ illustrates how the teaching at MSM stayed abreast of developments in medicine. Annual Reports of the MSM continued to tell of the successful treatment of dysentery, pneumonia and malaria, as well as many other tropical fevers using homeopathy. Throughout the 1950s and 1960s cures of abscesses, meningitis and shingles were recorded. A report of the success of the homeopathic medicine *Natrum muriaticum* appears in the 1935–1936 Annual Report: when taken every 2 weeks, it was found to prevent attacks of malaria in those living in the heart of Africa.⁴⁰ Phillip Price, the author of 'Touching the Ends of the Earth', a former MSM student and prizewinner in 1953, spoke at the annual MSM meeting in 1959. He recounted this story from an upland village in North West Kenya where an African was sitting outside his hut continually moaning, 'as we drew near we saw the cause of his trouble, for on his left leg—from the groin to below the knee was a long and deep festering sore which was likely due to some worm infection. To make matters worse it was covered with a cow dung poultice, which the local medicine man had advised, which only attracted flies. I set to work cleaning the extensive sore with Acriflavine lotion and applied glycerine and Mag. Sulph. emulsion. Meanwhile the evangelist who was with me talked to the poor man about the love of our Heavenly Father and of the Saviour. This we did for four consecutive days and as the sore was healing rapidly we left behind us a much happier man in body and we felt in soul too. About a month later I returned to that village and one of the first men I saw was this man we had treated. He

was able to walk quite normally and expressed his gratitude in practical ways.⁴¹

David Ryan, who became a council member of MSM in 1998, told the story of his time at MSM, at a Christmas at Home event in 1984: 'My first term on the mission field was spent without any medical knowledge and more than once I was asked if I could treat people and give an injection and had to say: No. This made me realise I must do some training when on furlough. So I came to MSM in 1979 along with others. Miss Bottom was the warden at that time. I remember vividly the full days of study and clinic work, there seemed hardly time for us to eat or rest, but they were very precious days. The knowledge gained has been put to good use since, whilst working in Brazil. I remember on a journey one day being stopped as someone was in trouble and it was a man who was trying to take a journey on a donkey. These animals have a way of treating a man if he decides he does not want to carry him, and that is to bite the person's buttock—which he had done and the man was in a distressed way. For not only had he an injured buttock but a dislocated shoulder. After giving Arnica, an injection was required and although I had not ever actually done it (we did have the theory and had practised on an orange at MSM) I knew how to. Little did I know that the needle would be so blunt that there was great difficulty piercing the skin, but I did eventually, and never a murmur from the patient. Then there was the dislocated shoulder. I knew I must have been taught how to deal with this in first aid, but could not remember. However, I did what I could. So taking off my shoe, placing my foot in the armpit, I moved the arm, and it worked! Since then I have discovered I should have used my knee, not my foot. There was a time too when I myself was involved in a road accident with a fellow missionary (who in fact died) but in those remaining few minutes of his life I could give Aconite. Then of course, there is the dentistry, one could do this fulltime if one is not careful to get one's priorities right.'⁴²

Reports from former students continued to testify to the benefits of the training at MSM and in 1987 an anonymous lady wrote about a friend, Brian Bentley. 'In June 1987 a lady wrote from South Africa telling of a visit to her son in Zambia who during her stay became very ill and dehydrated. It was felt he should get to the nearest doctor, at that time, 50 miles away. Malaria was diagnosed, but the right treatment was difficult to find, as is often the case in Africa these days. As a last resort, Quinine is administered intravenously. Brian recovered enough to return home but not long after he suffered the same again. A friend who worked as a missionary not far away, visiting him one day, heard about his plight and made up the Quinine, which comes from the bark of Cinchona tree, homeopathically, remembering what he had been taught at MSM. Brian responded miraculously. Since then we have been able to obtain the necessary remedy

from Ainsworths. The Bentley family are saying Praise the Lord for the Missionary School of Medicine.'⁴³

Christel Treiber joined the MSM for the Autumn term in 1991. She and her husband, Jorg, were both primary health workers with the Sudan Inland Mission (SIM) and were later posted to Ghana. They reported that until recently, the 80,000 people living in the Tuma district of northern Ghana had to rely on one doctor and a few health posts. Most people were unable to receive even basic medical care. But late in 1995 SIM launched a new programme aimed at meeting health needs. Tapulia Toodia, a former chief in Tasaw Ghana, agreed the need for their programme was great. 'We have many health problems in this area. We use our own traditional medicine to cure some of our sicknesses, but we need so much more. We need good medicine for lots of sicknesses we cannot cure, and our people need to be taught things we can do to be healthier.'⁴⁴

Mention by Tapulia Toodia of traditional medicine emphasizes the importance of making use of nature's remedies in relieving suffering in these poor areas of need. In the early 1990s, Dr Hans-Martin Hirt, a German pharmacist with 6 years experience of working in the rural Democratic Republic of Congo, defined the term 'Natural Medicine' as combining the advantage of both traditional and modern medicine. Medicine as practiced by Traditional Healers combines a knowledge of the use of a large number of locally grown medicinal plants with an understanding of the language and culture of the local villages where they usually live and practice. Modern medicine uses drugs that are regulated and produced to a high standard, with a tested pharmaceutical use, which are available in hygienic containers with instructions as to dosage and an expiry date. Thus Natural Medicine provides a means whereby both traditional healers on the one hand, and doctors and nurses on the other, each with their own knowledge and skills, can contribute to developing a new, culturally appropriate and cost effective health service that can cover an entire country. Anamed (Action for Natural Medicines) was formed in 1991 as a charitable organisation. Its main work is to produce publications that describe in detail how to prepare and use 'Natural' medicines, to hold week-long training seminars for healers, medical workers and others throughout Africa, and to conduct research into how communities may become independent in their treatment of malaria, mainly through the cultivation of *Artemesia annua* and its use as tea. These workshops promote the use of indigenous plants and herbs for both healing and nutrition. The first workshop held in England was in 2005 gaining further financial support for its health promotion in Africa.⁴⁵

Medical Service Ministries today

MSM considers funding applications for primary healthcare trainers and workers in needy areas of

underdeveloped countries when they can show sponsorship or the support of a Christian mission or local community. It desires to promote effective teaching in midwifery, hygiene and first aid to improve the health of these communities. Prevention of illness through safe water and other best practices was at the centre of the training MSM provided in its School for over 100 years. Financial support is now available to help indigenous candidates benefit from such training when they also have the call to 'Preach and Heal'.

One of the earlier students of MSM, Sue Frampton has sent us a report of how valuable she found the training she received at MSM in 1990. 'I arrived in Ghana with my husband and children in May 1987 to work amongst the Konkomba people with WEC (World Evangelization for Christ) Mission. We lived in rural areas, first in Kpassa in the Volta Region and later in a small village near Salaga in the Northern Region. We soon experienced malaria for ourselves and with the help of the book; 'Where There is no Doctor', I learnt to treat this and many other health problems the family experienced. Before long mothers of sick children came to my door asking for help, often with very simple problems such as diarrhoea, infected sores, a baby who was underweight or suffering with wind or malaria. Since there was no hospital or clinic locally, I helped where I could, but soon realised I needed to know a lot more. When we returned to England for a furlough in November of 1990, I looked for some training and discovered the MSM course. I studied with MSM in London for 3 months in the spring of 1991 and found the course amazingly practical and helpful. All the lecturers were experts in their speciality and most had experience in the developing world. We learnt how to take a history and make a diagnosis without the aid of modern diagnostic tests. We learnt basic nursing skills plus basic skills in eye diseases, tropical diseases, primary healthcare and midwifery. We spent one day a week at the University College Hospital in the Accident and Emergency Department observing the treatment that was given in a wide variety of cases. We also studied dentistry and spent one day a week at Guy's Hospital Dental Surgery Department observing local anaesthetics, extractions and other procedures. Something that was completely new to me was homeopathy. We were taught by a specialist homeopathic physician and were able to sit in on some of her consultations at her private rooms. We also had lectures in the preparation of homeopathic remedies from a pharmacist and sat in on the children's clinics at The Royal London Homoeopathic Hospital. The course was very intensive and gave us an opportunity to study further at the Institute of Child Health, which was around the corner and where I spent many fascinating hours studying slide sets on a wide range of subjects. The entire training was invaluable. On my return to Ghana, I approached the Medical Officer at Salaga Hospital and asked if I could start a primary care clinic in my village,

using the skills and knowledge I had acquired. He was very happy with the arrangement and I was able to take some of the pressure off him by dealing with many of the run of the mill illnesses in the village. Of course, any serious cases that were beyond my skills, I referred to him at the hospital.'

'I made quite good use of my homeopathic training. I used *Calendula* and *Hypericum* solution to bathe all the wounds and infected sores I treated. *Hepar sulph* was extremely effective for badly infected or septic wounds and boils that would not heal and worked when antibiotics failed. My youngest son had a lot of problems with infected heat rash in the hottest seasons and *Hepar sulph* was the only thing that helped. I used *Aconite* and *Arnica* regularly for shock and injury respectively. With a mother with a retained placenta I used *Pulsatilla* and gentle massage with great effect. Also *Cantharis* for minor burns and *Colocynth* for painful periods which really helped one young woman. It was good to know that whatever else, I was not going to do any harm as you could with conventional potent medicines. It was a very useful thing to have this knowledge and made me feel a lot more confident in dealing with diverse complaints. I don't remember all the things I used, but these few stand out.'

Training community health workers

Homeopathy is a safe form of treatment that could well be added to the recommended training of community health workers today. Community and Midwifery training for nurses in South America and India funded by MSM have helped improve infant mortality in poor villages. The examples mentioned in this article of its use in underdeveloped countries over the last 100 years shows its relevance and some of the areas in which homeopathy could be applied in the 21st century. The future of the underdeveloped world depends on economic progress and also the health of the population. Looking to cheap and effective ways of promoting good health would be a sensible investment in the future.

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