

A brief history of potentizing machines

JULIAN WINSTON

From 1850 to 1920, coinciding with the rise of the science and technology of the industrial revolution, a number of homœopaths attempted to construct labour-saving machines by which they could create high potencies. This article¹ describes these inventions, of which we have heard so much and yet, generally, know so little.

KEY WORDS: Potentizing machines, Centesimal scale, Fluxion process, Boericke, Skinner, Fincke, Swan, Kent.

Background

When Hahnemann formulated the structure of homœopathy, he not only gave us the concept of *similia* but also the concept of drug potentization. It has, on occasion, been expressed that the latter is a secondary concern, since mother tinctures often yield clinical results when they are applied on the *similia* principle. What should not be forgotten is that many of the great homœopathic remedies, *Lycopodium* and *Natrum muriaticum*—to cite two, have no observable effect upon the healthy constitution until they are potentized. The same can be said of many of the metals.

The methodology that Hahnemann describes to produce these potencies is clearly outlined in Paragraphs 267–271 of the 5th edition of the *Organon*.²

Although Hahnemann spoke only of medicines that were attenuated to the 30th centesimal, he did question how far the sub-division of the substance could be carried before it failed to produce an effect.³ This statement undoubtedly prompted others in his time to experiment with higher attenuations. Jahr, a pupil of Aegidi and Hahnemann, described his observations that the higher the drug was attenuated the 'more strongly and rigorously developed' were the individualizing properties of the drug.⁴

Within Hahnemann's lifetime, the drugs became more attenuated. Boenninghausen and Lehrmann, a pupil of Hahnemann, produced preparations made by hand in the Hahnemannian manner up to the 200th attenuation.⁵

Von Korsakoff, a Russian, introduced the concept of using a single vial in the potentization process; the amount of liquid adhering to the emptied vial would be considered as one part of the next attenuation. Ninety-nine parts of men-

strua were then added to produce the 1:100 centesimal ratio. Hahnemann entered into correspondence with Korsakoff as early as 1829. He did not speak against the method or against the higher attenuations but only suggested that, for the sake of 'uniform results' it would be best to stay with the 30th attenuation. He is quoted, in a letter to Dr Schreeter (1829) that 'there must be a limit to the thing, it cannot go on to infinity.'⁶ Shortly thereafter, in 1832, von Korsakoff published a paper in Stapf's *Archiv*, in which he described the process now known as 'dry grafting,'⁷ a process which became very important in the development of high potencies.

Another early experimenter, Julius Caspar Jenichen, was introduced to homœopathy by Gustav Wilhelm Gross, another of Hahnemann's pupils. The methodology Jenichen used to produce his potencies is a topic for another time. Suffice to say that Jenichen believed that it was the *succussion* of the drug that gave it its strength. He began with a vial of the 29th liquid dilution, which was allowed to evaporate completely. The empty vial was then filled with alcohol and succussed, every twelve shakes increasing the *potency* by one degree. It was Jenichen who introduced to homœopathy the concept of *potency* rather than simply *dilution*.⁸

After Hahnemann's death in 1843, further work began in an effort to explore the 'edges of the envelope' of potentization. W. W. Robinson describes the time as '... an era when the physical and chemical sciences were beginning to take a more definite form, the concept of high potency thrived in what might be termed an atmosphere of "gentle philosophy."⁹

While reading material about the methodologies that were being explored to make high and higher potencies, I was struck by

the rhetoric used to justify the methods. All the experimenters truly believed that they were following the work of Hahnemann to the letter, and developed elaborate justifications to bolster their thinking. As an example of this logic, Thomas Skinner writes:

It may be said that high potencies are not what they are represented to be, because the method is not that of Hahnemann in detail. This cannot be said of Boericke's, Jenichen's, Lehmann's, Dunham's, Lippe's and my own F.C. attenuations, which are made by processes such as Hahnemann himself, if he could witness them, *would highly approve* [my italics], because all the essential points are most scrupulously observed and greatly improved upon, whilst time is economized, and error is next to an impossibility, so perfect are the methods used.¹⁰

Carroll Dunham

One of the first people to attempt to mechanize the potentization process was Carroll Dunham. Upon returning from a visit with Boenninghausen, he decided to produce some 200th potencies. He was assisted in the task by his father. The job, using the single vial Korsakoff method, took one week. As he tells it:

Determined to use machinery for succussion, and to use a force far exceeding the brachial power of any man, I availed myself of an abandoned oil-mill, in which, by water-power, four stampers, consisting of large oak timbers, eight inches square and eighteen feet long, were, by a cam movement, lifted and let fall a distance of eighteen inches. By means of strong oaken receptacles, bolted firmly to the stampers, 120 vials (more or less) were succussed at one time, and thus that number of medicines was, by a single operation, advanced one degree in the scale of potentization—a great economy of time. The force with which the succussions were made was considerably more than a half ton falling eighteen inches; greater, therefore (by a rough computation) than that of six Jenichens (or ten Finckes) falling bodily, bottle and all, through the space of an arm shake. One hundred and twenty-five such succussions were given to each potency. The stampers had fallen for the last time. After an arduous week's work, countless bottle emptyings and bottle fillings, there were the two-hundredths before us. It was all silence in the old mill. We neither spake a word; we looked into each other's face, burst out into simultaneous laughter, peal upon peal, and laughing rolled upon the floor.¹¹

Says Dr Samuel A. Jones. 'Have you ever made a 30th; felt the conviction creep into you deeper and deeper and deeper that you *must* have washed away all the 'medicine?' If so, you know why they laughed!¹²

The Dunham potencies were given to Smith's

Pharmacy in New York City. Several doctors in the States have inherited potencies marked '200D' and these are probably all that remains of the Dunham potencies.

Francis Edmund Boericke

F. E. Boericke was born in Saxony in 1826. He emigrated to America in 1849, and a year later began work as an assistant to Rudolph Tafel in the translation of some Swedenborgian literature. By 1853 they had opened a small bookstore. It was suggested by Hering that they begin to sell homœopathic medicines. Tafel left the business shortly after to become Hering's personal pharmacist. In 1857 Boericke entered Hahnemann Medical College, from which he graduated in 1863. In 1869 he formed a partnership with Adolph J. Tafel and established the still extant firm of Boericke and Tafel.

The Boericke machine is unknown, save one woodcut that appeared in *The Organon*. (Fig. 1)¹³

The tube on the top drew water into a pump. At the first revolution of the wheel, the pump drew 100 drops of water into the pump housing. The second revolution of the wheel pushed the water out into the potentizing vial on the left. The continued motion of the wheel converted the rotary movement into a reciprocating vertical motion that shook the vial. The potentizing vial had a narrow-necked opening at the bottom. After it had been given five full shakes, all the liquid in the vial had been shaken out of it. It was then ready to receive another hundred drops from the pump. It was calculated that the machine could make 100 potencies per minute.¹⁴

Dr Skinner writes, in 1879, of having seen the machine in operation. He was critical of its operation in that it took a person to work the machine, and he believed that the inhalation of high potencies was injurious to the health.¹⁵

At the time of that writing, Skinner reports that the machine was not being used. The fate of the machine, and the possible potencies that were made by it, remains unknown.

Bernhardt Fincke

The prime mover of the efforts to find a less labour-intensive way than the Hahnemann method of making high potencies was Bernhardt Fincke. Introduced to homœopathy in Germany by Boenninghausen, he emigrated to the United States in 1852 and earned his medical degree from the University of the City of New York in 1854.¹⁶

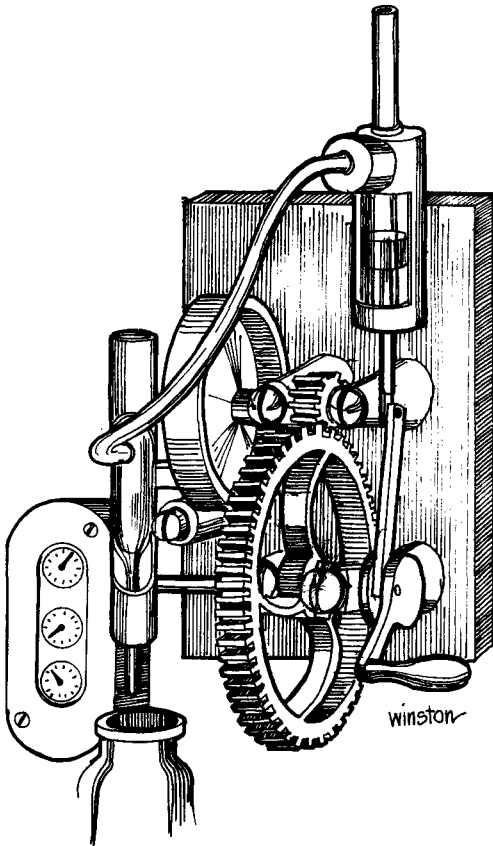


Figure 1: Boericke machine; the author's drawing, based on a woodcut of the no longer extant machine.¹³

In 1865, Fincke wrote a small volume titled *On High Potencies*, published by A. J. Tafel in Philadelphia. This book presents cases that were cured with high potencies, some made by hand, some dry-grafted in the Korsakovian manner. The appendix shows elaborate geometrical constructions by which Fincke purports to explain the homeopathic process with the presumption that 'The Laws of Motion serve as the mathematical principle of homeopathy.'¹⁷

Fincke had experimented with several methods of making the higher potencies. His original potencies (up to a 30c) were made by hand with alcohol in the Korsakovian manner. He succussed each potency 180 times in a 'dactylus rhythm' (ONE, two, three). From these potencies he prepared higher potencies. He had originally used a spring as a model of power for his succussions, although nothing further has

been written about the actual notion of the device.¹⁸ Four years later, in 1869, Dr Fincke was granted a patent¹⁹ for a new potentizing process, that of 'fluxion.' In this process, a one dram vial filled with a hand-made 30c potency is subjected to a continuous water flow. Using a long glass tube called a 'regulator' the water flows from the bottom of the vial, displacing the water above it. When one dram of water has flowed through the vial the potency was considered to have been raised by one degree. Fincke suggested that the neck of the vial was important to the process, serving to keep a slight back-pressure in the vial.

When the final potency is reached, the vial is cleared of the water with a sharp jerk, filled with alcohol, and succussed twice.²⁰ This potency is then used to moisten sugar globules. There are two variations of the Fincke apparatus. The first (Fig. 2) uses a measured amount of diluent, and the second (Fig. 3) connects the 'regulator' directly to a tap, and measures the amount of water that has emptied from the vial. In both cases, Fincke chose to use the regular tap water in his Booklyn, NY, offices. His rationale was that 'the thirtieth has been so far potentized that it cannot be destroyed by anything chemical or physical, because it is of different nature.'²¹

Fincke continued to make his potencies until 1905. Both Kent and Dunham wrote of their experiences using these potencies.²²

Many Fincke potencies remain in use as both grafts of the originals and those in the original bottles with Fincke's *Similia Minimus* label. The original cases of the vials used to make the potencies were given to the Borneman Pharmacy by a relative of the Fincke family. Along with some of the original apparatus, they remain at the pharmacy in Norwood, PA, now owned by Boiron.

Very often a newcomer to homeopathy will begin to understand the need for strong succussions during the preparation of the medicine. Models have been created to explain, however abstractly, the need for succussion.²³ So what are we to think of the fluxion potencies?

Homeopathy has always faced opposition over the question of the 'infinitesimal' dose. Avogadro's number states that any potency past the 12c or 24x will have no molecule of the original drug present in any sample. Therefore, even a potency of 30c—that which was used by Hahnemann—is beyond this limit. Says W. W. Robinson, 'If we adhere to a rigorous interpretation of Avogadro's number in the sense of uniform dilution with no surface adhesion, etc.,

B. Fincke's assigned to J. Gustave Fincke. Process of Potentiating Substances.

Nº 93.980.

Fig. 1.

Pat^d Aug. 24. 1869.

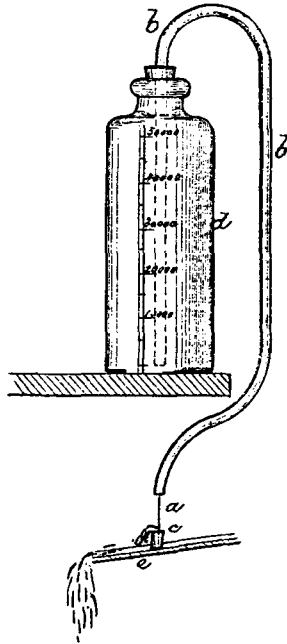


Figure 2: Variation 1 of the Fincke apparatus.¹⁹

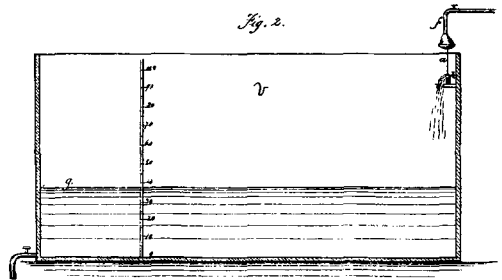
then the term 'dilution' would define the 23x as being the last in a series of steps beyond which we would step off into the oligodynamic sphere.²⁴

In 1941, W. W. Robinson said,

The discovery by Fincke that the 'fluxion' or continuous flow of water through a receptacle holding a fixed quantity enabled attenuations to be prepared *without succussion* provoked wide contention on the part of those who saw in such an accomplishment a radical departure from what had long been accepted as an indispensable part of the attenuating procedure. But whatever the opinions, the fact remains that machines for making high attenuations became a reality and the reports of their clinical application were uniformly satisfactory.²⁵

The important concept in this process is that

Fig. 2.



*Witnesses:
J. A. Morgan
W. G. Bacon*

*Inventor.
B. Fincke
per Wm. W. Co.*

Figure 3: Variation 2 of the Fincke Apparatus.¹⁹

the walls of the glass vial have *adsorbed* the medicinal substance. Potentization is not achieved by dilution but rather by attenuation, with the latter term used to convey the sense 'thinning out.'²⁶ The basis for this was described by Wesselhoeft in a report on the work of Nageli that was published in Volume II of Kent's *Journal of Homœopathics*. In summary, Nageli found that water which had been distilled in copper vessels was fatal to spirogyra. He found that even by washing the glass clean, there was still enough copper present to kill the algae. If the glass was washed with diluted nitric acid, and refilled with fresh, neutral water, the plants remained healthy. This property of absorption was termed *oligodynamisis*.²⁷

Skinner says of this:

There is good reason to believe that once the glass becomes thoroughly penetrated with the medicine, and suppose that the process of attenuation go on forever, not only would it be impossible to wash out the medicinal properties from the glass by means of cold water, but its therapeutic power would be greatly heightened. . . Heat alone can break the marvellous chain of spirit-power here developed.²⁸

Thomas Skinner

Thomas Skinner was born in 1825 in Newington, Edinburgh, Scotland. He attended the University of Edinburgh medical school, receiving his degree in 1853. As a conventionally trained doctor, he was often contemptuous of homœopathy. In 1871, after a bout of influenza, he became an insomniac, unable to sleep more than two hours per week. The condition persisted for almost three years and he was obliged to cease his practice of medicine. In 1873 he met Dr E. W. Berridge. Berridge had travelled from England to study homœopathy at the Hahnemann Medical College of Pennsylvania. He graduated in 1869 and returned to England. Dr Skinner asked Berridge about homœopathy, having heard of some good cures in America. Dr Berridge prescribed a single potency of *Sulphur* MM, prepared by Boericke, and Skinner was cleared of the illness. He became a ready convert to homœopathy.²⁹

In 1876, Thomas Skinner came to Philadelphia, Pennsylvania, to attend the Quinquennial International Congress which was held by the American Institute of Homœopathy and presided over by Dr Carroll Dunham. While at the Congress he met Hering, Lippe, H. C. Allen, T. F. Allen and Samuel Swan. Swan, who came to medicine when he was in his mid-50s, prepared many of his own potencies and is best known to

homœopathy for introducing the nosodes of *Lac defloratum*, *Medorrhinum*, and *Syphilinum*.³⁰ Both Swan and Fincke had been experimenting with the fluxion process, and discussed it with Skinner.³¹ Convinced there might be some good in the method, he returned to Liverpool where he produced an experimental potency of *Sulphur* in the following manner:

He took a two-drachm phial and placed in it a drop of the tincture of sulphur. He then allowed water to run very slowly into the phial till it was filled. He then emptied it, without any shaking, and allowed it to refill in the same way. This he did a thousand times—and a tedious piece of work it was. When next a patient came to him with clear indications for the remedy he gave a dose. In this case the action was so powerful that it had to be antidoted.³²

Shortly after he returned to England he began to edit a 'quarterly Anglo-American journal of homœopathic medicine and progressive collateral science.' The journal was called *The Organon*. It was co-edited by A. D. Lippe and Samuel Swan in the United States and by E. W. Berridge in England. Only three volumes were ever published,³³ but the information contained in them is invaluable to the study of homœopathy.

Of developing the machine, Skinner writes:

When it [fluxion process] was first introduced to my notice in Dr Swan's house in New York, in June 1876, I had strong misgivings about the centesimality of potencies made by the 'fluxion' process, and I was not alone in my misgivings. I found that my friend Dr Burdick and others largely shared them, and to this day 'fluxion potencies' are spoken of by many honest and sincere observers and excellent practical physicians as if they were too absurd to be entertained for one moment. In consequence of this variety of opinion, I determined, when I arrived home from the United States, to construct a machine whereby I could attenuate any medicinal substance to the millionth centesimal of Hahnemann without cavil or doubt.³⁴

Skinner also stated that the process of *succussion* had little to do with the potentized remedy:

Doubtless we differ with Hahnemann. It cannot be otherwise, because we consider that he simply mistook the *post* for the *propter hoc*. As great men as Hahnemann have made 'such mistakes before now; none of us are infallible—not even Hahnemann! or Fincke or Skinner! As some may doubt it, I openly state that I arrived at this conclusion before I knew that Dr B. Fincke entertained similar ideas, and whatever I may have said previously about succussion, in relation to the subject of dynamization, I now withdraw it as no longer tenable by me. It is now my firm

conviction, founded on experience, that it is attenuation, and attenuation only, which is the agent or factor in the dynamization of homœopathic medicine! and that *succussion has nothing whatever to do with it!*³⁵

By 1878, Dr Skinner had developed the 'Skinner Fluxion Centesimal Attenuator' (Fig. 4).³⁶ This device was designed to mount above a small sink in the office or home. The motive power was water pressure. The device consisted of a water wheel which turned a shaft to which was attached two small cradles. These cradles each held a small glass vial. The main shaft had a counter attached which measured how many times the machine cycled. Over each cradle was a small-diameter down-spout. All of the water lines were fitted with stop-cocks, so the flow of water could be easily regulated.

The operation of the machine was simple: the glass vial was filled with tincture and water, and was shaken for about a minute. 'The object of doing so,' said Skinner, 'is to impregnate the interior of the glass thoroughly with the medicinal substance.'³⁷ The fluid is then hand-shaken from the vial. The vial is then placed in the machine. The machine has previously been adjusted to fill the vial with 100 minims of water before the vial is forced to overturn, and dump its contents. The machine is then started. When a potency is reached that is to be saved, the full cup is removed from the machine, and poured into a fresh vial. It is shaken, then emptied, then filled with alcohol, and subjected to twenty-five

powerful succussions. This alcoholic attenuation is then used to medicate the sugar globules. All the potencies were labelled with an 'F.C.' (Fluxion Centesimal) to differentiate them from pure Hahnemannian centesimal preparations.³⁸ Skinner, in his writings, also stressed that his potencies were made by a *discontinuous* fluxion process on the centesimal scale—each part being mixed with 99 parts of diluent and then dumped—in contrast to the *continuous* fluxion of Swan and Fincke. The exact dilutions of these latter potencies were always questioned.³⁹ Yet, in Volume 2 of *The Organon* Skinner states that the Fincke potencies are 'mathematically correct.'⁴⁰ The arguments and discussions contained in the journals of the time revolved around the question of the centesimality of the potencies rather than their effectiveness, which was usually agreed upon.⁴¹

Skinner believed that his preparations, made in the 1:100 ratio of the Hahnemann centesimal, were the equivalent of a true centesimal potency. It was his desire to place all the potencies on the same scale of attenuation and notation 'without cavil or doubt' and that notation should be the centesimal or Hahnemannian scale.⁴² About his machine, he said:

It makes 50 centesimal potencies per minute, 3,000 per hour, 72,000 per day, 100,000 in about thirty-three hours, and the MM, or millionth, in three hundred and thirty hours, or about fourteen days and a half, running night and day; and there is no doubt whatever that it is the millionth centesimal potency of Hahnemann.⁴³

A single-vial Skinner Machine, made by Skinner, is on display at the Faculty of Homœopathy in London, England.

Sometime before the turn of the century, Boericke and Tafel acquired or had made a Skinner potentizer. At this time, Boericke and Tafel were offering the high potencies of other manufacturers—Swan, Skinner and Fincke—as well as their own hand-made (to a 1M) 'Tafel's High Potencies.' In 1903, the prominent homœopathic physician Dr James Tyler Kent wrote in a letter to Dr Hayes:

I am perfectly familiar with the entire process of making Skinner potencies. I am the one who urged the firm of Boericke and Tafel to put in a Skinner potentizer and make the potencies. If the small glass is weighed dry and then weighed again after it has been emptied the precise centesimal potency remains. Go to the Grand Street house in New York and see for yourself. The fact remains. It is the only cent. potentizer in the world that makes accurate potencies. Fincke's poten-

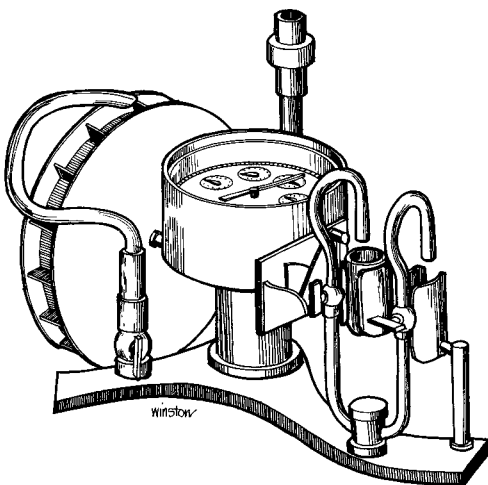


Figure 4: The Skinner Fluxion Centesimal Attenuator. Drawing by the author.

cies are absolutely unknown in their making. They are made in secret. Swan's potencies were a fraud of the worst sort. I saw Swan make some of them and I discarded all I had. I have a full set of Skinner's potencies—they work well—I know how they are made. I know all about them and expect to continue using them.⁴⁴

Kent obviously thought highly of the Skinner potencies. His comment about the Fincke potencies being made 'in secret' shows that he was not aware that the Fincke process was patented, and thus a matter of public record. For historical interest, he must have met Dr Swan prior to 1892, the date of Swan's death.

It is not known what happened to the Boericke and Tafel Grand Street machine. The Skinner potentizer now in use at Boericke and Tafel in Philadelphia appears to have been made in the early 20s or 30s. This judgment is based upon the details of the machining on what appears to be the oldest parts of the machine. It was made by The Penn Instrument Company, a concern that has been defunct for over thirty years.

The machine (Fig. 5)⁴⁵ sits in a large cabinet with sliding glass doors. It can hold up to six cups. Each cup is connected to a common axis,

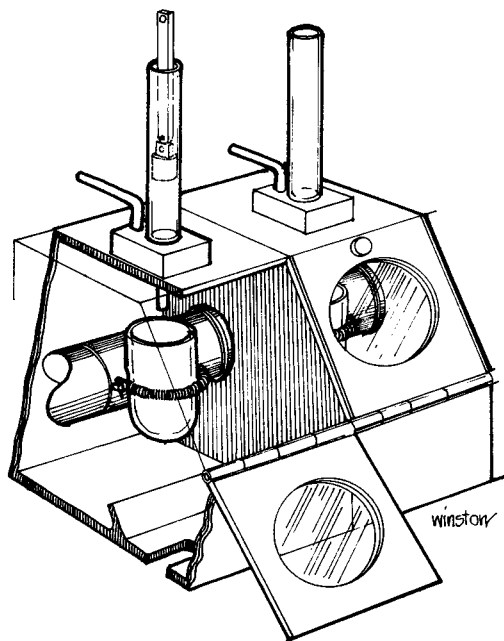


Figure 5: Skinner potentizer currently in use at Boericke and Tafel in Philadelphia. Drawing by the author.

but each resides in a compartment that is separate from the others. In this way, different medicines can be potentized at the same time. The cups are spherical at the bottom, like test-tubes. The water, used as the vehicle, is drawn into a glass syringe from an inverted five-gallon container. The amount of water drawn into the syringe is easily calibrated. The water from the syringe is released into the cup in a single downward stroke of the piston of the syringe. The water swirls into the bottom of the cup, and mixes with the remaining potency. The cup is then upset in a single strong jerk, and returns to the upright position. The complete cycle takes about one second. The starting point for the B&T Skinner potencies is usually the 1M handmade potency.⁴⁶

Samuel Swan, Henry C. Allen

Both Samuel Swan and Henry C. Allen developed fluxion machines. Although no pictures exist of Dr Swan's apparatus, it is described as being quite similar to the Fincke fluxion process with two exceptions: (1) The water coming into the machine was fed through a very accurate water meter. Swan calculated that a cubic inch of water held three hundred drops. (2) After the water passed through the meter it ran through a tube that was closed at the end and perforated with small holes, similar to the end of a watering can. Swan said that 'the water passing through the lower face . . . causes a perturbation even more violent than succussion.'⁴⁷

Swan also used fractional parts of potencies and attenuated from them. He suggested that one drop of tincture is used to make a 1M potency, then 1/10th of a drop of the 1M will be used to make the 10M, etc.⁴⁸ Each time he moved up the scale he used a clean vial. The method, however, had more to do with the dilution of the final potency rather than the serial dilution of each one along the way. We have read, above, of Kent's opinion of these potencies. Nevertheless, they seemed to work in the clinical setting, and some are still in use.

The machine of H. C. Allen is unknown. It is believed to be similar in construction to the Swan machine.⁴⁹ It was used by Ehrhardt and Karl, of Chicago, to make potencies from a DM to DMM. The starting point was a CM potency made on the Kent machine (see below).⁵⁰ A number of these potencies still exist and are in use.

S. P. Burdick

This machine was discussed in an article that appeared in the May 1879 edition of the *North American Journal of Homœopathy*. It was part of a lengthy discussion by Martin Deschere, MD, concerning the exact calibration of the fluxion potencies on the centesimal scale. He describes this potentizer as 'the first correct and truly centesimal potentizer.' (Fig. 6)⁵¹

It is made of brass and is about 20" high. The water (from a tap) comes in at 'a' and the flow is controlled by cock 'b'. The nozzle 'd' has three small holes which allow the water to run in a slightly diverging stream. The cup 'e' is held on an angled beam. When the water is turned on, it begins to fill the cup. When the weight of the cup exceeds the weight of the counter-balance 'k', the beam tips, and the cup dumps its contents. The cup is shaped to allow the contents to run out, and the lip is designed to let nothing run back in. The balance arm is angled so that when the cup is being dumped, it is completely out of the way of the stream of water. Deschere calculates that six drops remain in the cup after it is

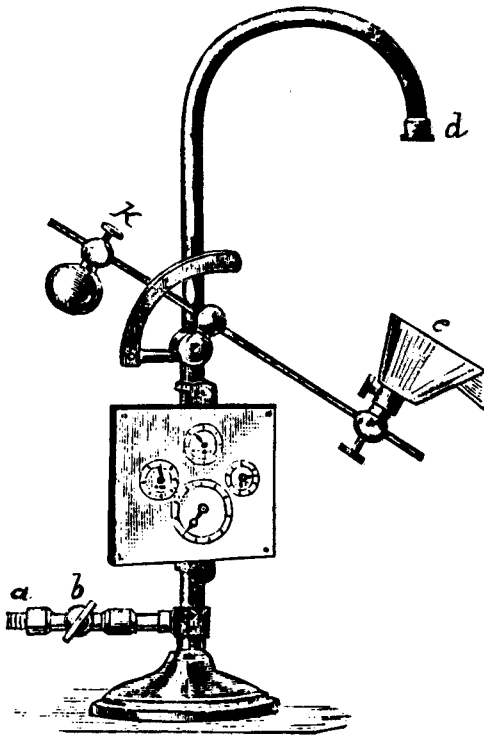


Figure 6: Machine designed by S. P. Burdick.⁵¹

dumped—therefore the scale is set to tip when 600 drops have entered the cup. The number of tippings is recorded on the dials on the base.⁵²

It is not known what happened to this potentizer or to any of the potencies that were made upon the machine.

James Tyler Kent

Some time after 1903, when he wrote the letter praising the Skinner potencies, Dr Kent developed his own potentizing machine. It is not known who built it, or the extent of Kent's involvement in its construction. It was used by Ehrhardt and Karl to make high potencies above 1M, and was mentioned in their 1915 catalogue.

The machine (Fig. 7)⁵³ is operated by an electric motor. The flat plastic base is designed to hold two potentizing vials. These slim tubes have an opening at the bottom with a slight return. The method of filling the vials and regulating the water supply is unknown. It has been suggested that there was a continuous flow of water through the tubes, but, judging from the rest of the device, I suspect that there was a separate regulator which filled the vials with a pre-set quantity of water. The vials were succussed 10 times by means of a square cam that rode against the bottom face of the vial holder. At the end of this operation, the vial holder was lifted, by a cam, away from the rotating square cam, and a third cam pushed a plug away from the bottom of the vial. The contents of the vial emptied, leaving a small amount of the contents in the slight return at the bottom of the vial. Then the vials were sealed again, water was added, and the vial holder dropped down to get 10 more succussions.

The machine is now owned by Luyties Pharmacal in St Louis, Missouri. It is not used for making potencies. Many of the remedies made on the machine still exist and are in use by physicians.

Conclusion

With the death of Swan in 1892, Skinner in 1906, Fincke in 1907, H. C. Allen in 1909, and Kent in 1916, the major innovators in the development of high potencies in the United States ceased manufacture. Ehrhardt and Karl continued to offer remedies made on the Allen and Kent potentizers into the late 1940s.⁵⁴ With the decline of homœopathy in the United States there was a parallel decline in the request for high potencies. The remaining pharmacies

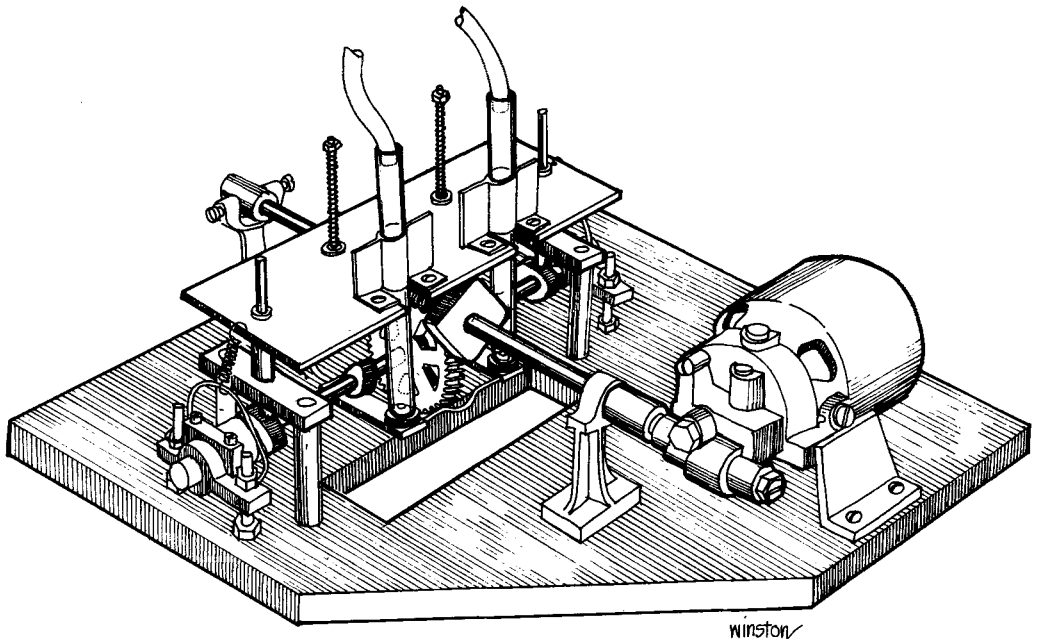


Figure 7: J. T. Kent's machine. Drawing by the author.

geared themselves to lower potencies and tablet triturates.⁵⁵

Within the last year, a pharmacist in California, Michael Quinn, has developed a potentizer that will make succussed Korsakovian potencies. From early reports, the medicines produced on the Quinn potentizer are very effective. Since Boericke and Tafel have possession of a working Skinner machine, the time might be right, once again, to begin clinical comparisons of the two systems. The first step would be to have all practitioners keep track of the EXACT potency and manufacturer of the medicine used. In the old journals and books you can read: 'One powder *Belladonna* CM Fincke . . . *Bryonia alba* 30 B&T . . . One powder *Sanicula* 10M Tyrell . . .'⁵⁶ . . . I had a graft of Jenichen's 8,000 in the office . . . *Baptisia* 8MM (Swan). . .'⁵⁷

It would also be possible to have potencies made on the Skinner machine starting with some Quinn potencies, and then compare the clinical results of the Quinn and Skinner potencies. The potencies made on the Skinner machine should, once again, be labelled as either 'F.C.' or 'Skinner.'

W. W. Robinson quotes Jeremy Collier as saying, 'We must not let go manifest truths because we cannot answer all the questions

about them.' He continues, 'It is evidently in just this spirit that a small group of physicians have firmly held to the tremendous therapeutic power of the high attenuation. Relegated to comparative obscurity it has long remained a sleeping giant who should be awakened.'⁵⁸

That was written in 1941. Today, 47 years later, it can still be done.

Notes and References

- ¹ The article incorporates parts of a piece written, by the author, for VSM about the Boericke and Tafel Skinner Machine.
- ² Hahnemann S. *Organon of Medicine*, Translated by R. E. Dudgeon. Fifth Edition. Philadelphia: Boericke and Tafel 1910.
- ³ Hahnemann S. *The Chronic Diseases*. Translated by Louis Tafel. Introduction to the proving of *Arsenicum album*. Philadelphia: Boericke and Tafel. 1904.
- ⁴ Jahr GHG. *Clinical Guide*. Translated by Charles Hempel. Philadelphia: Boericke and Tafel 1870.
- ⁵ Skinner T. The Dynamization of Medicines. *The Organon* 1879; 2.
- ⁶ Bradford TL. *The Life and Letters of Hahnemann*. Philadelphia: Boericke and Tafel 1895.
- ⁷ Ibid.
- ⁸ Berridge EW. The Secret of Jenichen's High Potencies Revealed. *The Organon* 1879; 3: 421.
- ⁹ Robinson WW. The High Attenuation: Its history and Modes of preparation. *The Homœopathic Recorder* 1941; February: 51 ff.

- ¹⁰ Clarke JH. *Thomas Skinner, MD—A Biographical Sketch*. London: London Homœopathic Publishing 1907.
- ¹¹ *Hahnemannian Monthly* 3: 499.
- ¹² *American Observer* 1879; July: 338 ff.
- ¹³ Re-drawn by the author for the illustration: Skinner T. The Dynamization of Medicines. *The Organon* 1878; 1: 421.
- ¹⁴ *Ibid.*
- ¹⁵ *Ibid*; 423.
- ¹⁶ ‘... an atmosphere of highly dynamized particles, which, even if smelt, are apt to produce pathogenic effects quite equal to making a strong man seriously ill, as I know to my certain cost. I have been made so ill from dynamizing *Cinchona* and *Kali carbonicum* up to one hundred thousand centesimal. . . .’
- ¹⁶ Close SN. In Memoriam. *International Hahnemannian Transactions* 1907; 307 ff.
- ¹⁷ Fincke B. On High Potencies. Philadelphia: A. J. Tafel 1865.
- ¹⁸ Kaercher WF. The Fincke Process of Potentization. *The Homeopathian* 1914; November.
- ¹⁹ United States Patent # 93980. August 24, 1869.
- ²⁰ *Op. cit.*
- ²¹ *Ibid.*
- ²² ‘The Fincke high potencies never failed me; they act quickly long and deeply’ J. T. Kent in Kaercher, WF. The Fincke Process of Potentization. *The Homeopathian* (November, 1914); ‘I have used Dr Fincke’s preparations with most excellent results. His 1000th of *Gelsemium* was the first preparation of that drug which I ever used, and the one on which I learned its great value in practice.’ C. Dunham in *Hahnemannian Monthly*, June 1868: 501.
- ²³ Tiller WA. A Rationale for the Potentizing Process in Homeopathic Remedies. *Journal of Homeopathic Practice* 1979; 2: 53 ff.
- ²⁴ Robinson WW. The High Attenuation: Its history and Modes of Preparation. *The Homeopathic Recorder* 1941; February: 51ff.
- ²⁵ *Op. cit.*
- ²⁶ Robinson WW. The High Attenuation: Its History and Modes of Preparation. *The Homeopathic Recorder* 1941; February 51 ff.
- ²⁷ *Ibid.*
- ²⁸ Skinner T. The Dynamization of Medicines. *The Organon* 1879; 2.
- ²⁹ Clarke JH. *Thomas Skinner, MD—A Biographical Sketch*. London: London Homœopathic Publishing 1907.
- ³⁰ In a letter to T. Bradford, dated 20 Nov. 1889, Dr Swan writes: Dear Doctor: I have no pharmacy and never had one—I am a practising physician, who nearly 20 years ago, began making high potencies for my own use—from time to time physicians would try them, and finding high potencies so superior to low began to call for them so much I was compelled to put a price upon them, and as potencies as high and as effective are not elsewhere to be had, the demand continues. This is all there is to it and is not worth noting in your book. Very respectfully, Samuel Swan.
- ³¹ Skinner T. The Dynamization of Medicines. *The Organon*. 1879; 2: 392.
- ³² Clarke JH. *Thomas Skinner, MD—A Biographical Sketch*. London Homœopathic Publishing 1907.
- ³³ *Ibid.*
- ³⁴ Skinner T. The Dynamization of Medicines. *The Organon* 1879; 2: 895.
- ³⁵ *Ibid*, p 400.
- ³⁶ Re-drawn by the author from the original: Skinner T. Dr Skinner’s Centesimal Fluxion Potentizer. *The Organon* 1878; 1: 45.
- ³⁷ *Ibid*; p. 49.
- ³⁸ *Ibid*, p. 53.
- ³⁹ Clarke JH. *Thomas Skinner, MD—A Biographical Sketch*. London: London Homœopathic Publishing 1907.
- ⁴⁰ Skinner T. The Dynamization of Medicines. *The Organon* 1879; 2: 400.
- ⁴¹ Deschere M. High Potencies. *Hahnemannian Monthly* 1880; February: 409 ff. In the article, Dr Deschere conducts an experiment. Using eosine (a strong dye), he makes several potencies by the Hahnemannian method, and notes how much colour remains in the potency. He then makes several potencies by the continuous fluxion process of Swan and Fincke. Dr Deschere and Dr Burdick find that the fluorescence of the eosine found in Hahnemann’s 5th centesimal potency can be seen in Dr Swan’s 1000th potency.
- ⁴² Skinner T. Dr Skinner’s Centesimal Fluxion Potentizer. *The Organon* 1878; 1: 53.
- ⁴³ *Ibid.*
- ⁴⁴ Boericke and Tafel. *Tincture and Dilution Catalog* 1930.
- ⁴⁵ Schematic diagram of two sections, drawn from observation at B&T.
- ⁴⁶ *Ibid.*
- ⁴⁷ Skinner T. *The Organon* 1879; 2: 398.
- ⁴⁸ *Ibid.*
- ⁴⁹ Robinson WW. The High Attenuation: Its History and Modes of Preparation. *The Homœopathic Recorder* 1941; February: 51 ff.
- ⁵⁰ E&K Catalog of high potencies, circa 1915.
- ⁵¹ Deschere M. Microscope and Potency, with a Review of Modes of Potentizing Drugs, and the introduction of a New Potentizer. *North American Journal of Homeopathy* 1879; May.
- ⁵² *Ibid.*
- ⁵³ Drawn from a photograph taken by the author.
- ⁵⁴ Interview with Richard Levinson (owner, Ehrhardt & Karl).
- ⁵⁵ Interview with John A. Borneman II.
- ⁵⁶ Case EE. *Some Clinical Experiences*. Ansonia, CT: Emerson Publishing 1916.
- ⁵⁷ Nash EB. *The Testimony of the Clinic*. Philadelphia: Boericke and Tafel 1911.
- ⁵⁸ Robinson WW. The High Attenuation: Its History and Modes of Preparation. *The Homeopathic Recorder* 1941; Feb: 51 ff.

Address for correspondence

Julian Winston
2067 East Clearfield Street
Philadelphia, PA 19134
USA