Homoeopathy in Iceland

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The Introduction of Homoeopathy

Background

Homoeopathy came to Iceland around 1850, first introduced and practised by the clergyman Magnús Jónsson (1807–89). In his annual report to the General Director of Public Health, the district physician in the area where Jónsson lived was rather displeased, if not irritated. He noted that Jónsson was responsible for introducing ‘homeopathic quackery’ into the country, and that his practice was steadily increasing. As were other physicians in Iceland, however, the good doctor was not unaccustomed to having folk healers available who could lend a hand.

In 1850 there were 59,157 people living scattered around the island, which at that time was fundamentally agricultural. Towns were just starting to develop, the biggest being Reykjavík on the south-western coast with 1,149 inhabitants. Communication was difficult with no roads to speak of and not a single bridge over the many difficult rivers that were a constant hinder, and even a threat, to travellers. Eight doctors were supposed to provide care for the whole country; that is, there were nearly 7,400 people to every doctor. By contrast, at the same time 625 doctors (one doctor per 2,334 inhabitants) were found in Denmark, a country two-and-a-half times the size of Iceland geographically. Iceland’s population was also more scattered and, as mentioned before, travelling was much more arduous.

Still, having a doctor somewhere in the vicinity did not necessarily make a lot of difference in people’s behaviour. As in many other parts of the world, people were used to dealing with sickness in their own way, as they
had done for centuries, calling upon the expertise of family members and so-called 'wise' people who, to some degree, possessed knowledge of curing the various ailsments that were constantly harassing people. The doctors tried to make use of some of these 'wise' people by testing their knowledge and giving those that met their requirements a licence, a *veniam practicandi*. This procedure had worked very well and was possible under existing law.

It should be remembered that, until 1918, Iceland was part of Denmark, and laws and decrees from the Danish King were also in force in Iceland, insofar as they applied to Icelandic society. The law from 1672, which gave doctors and pharmacists the sole right to doctoring and distribution of medicines, became valid in Iceland soon after the first doctor's post was established in 1760, as did the law against quackery from 1794. In both laws concessions were made and those who had shown their ability to cure the sick and ailing were given an opportunity to prove their skills. Thus, from 1760, the few doctors who bore responsibility for guarding the nation's health, for the most part, kept their peace with the folk healers that existed.

**Legal Limitations**

From Magnús Jónsson knowledge spread, first to a few clergymen, from them to their families, and then further to folk healers in general. What is special about Iceland is that there is no evidence that any licensed medical doctor used the method. This development stands in contrast to Denmark, where knowledge of homoeopathy spread from a small group, consisting of doctors and other intellectuals, to the general population. From 1824 onward Icelandic doctors were educated in Copenhagen, and as homoeopathy had come to Denmark in 1822, at least some of the Icelandic students of medicine must have heard of this new method and even had some knowledge of it.

There may have been a doctor or two who secretly did not oppose homoeopathy. The General Director of Public Health until 1855, Dr Jón Thorstensen (1794–1855), finished his medical degree in Copenhagen in 1819, before homoeopathy became known there. Whether or not he had heard of homoeopathy, he voiced the opinion that ‘... if homoeopathy is of men it will fail by itself, but if it is of the Lord you will not be able to stop it.’ His successor in office was Dr Jón Hjaltalín (1807–82) and he, by contrast, was not about to let God decide whether or not homoeopathy was useful. He opposed the method of treatment in every way possible, first in newspapers and booklets, and then from 1859 to 1881 from his seat in the Althing (the Icelandic Parliament), from which he could protect the rights and interests of his profession. His efforts were very much in vain. The
authorities were clear that there were not nearly enough doctors in the country to meet more than a small part of the demand and that people would have to rely on folk healers to a greater or lesser extent. The cost of establishing more doctors in office would have been greater than the authorities were ready to consent to at that time.

In 1873 a petition was submitted to the Althing, asking for a doctor in a county in south-eastern Iceland. A clause was added to the petition whereby the members of the Althing were asked to put in a good word with the Danish government, so that persons who had knowledge of homoeopathy would be allowed to practice. Dr Hjaltalin spoke up, voicing the opinion that it was about time to pass laws governing homoeopathy, since anyone was able to call himself a homoeopath. He felt there should be at least some sort of assurance that they knew something about medicine. Nothing came out of his attempts, but in 1879 a new bill was put before the Althing, suggesting that homoeopathy should be allowed. The members of the Althing were nearly unanimous, agreeing that the only requirements for those seeking a licence to practice homoeopathy should be the ability to read Danish and the approval of the district governors of each county, who were deemed capable of judging whether or not the applicants were qualified.

This actually suggests that the level of knowledge in homoeopathy was not very high. Dr Hjaltalin then changed his tactics and became a spokesman for the education of homoeopaths. Earlier in 1879 he wrote that he thought it strange that self-proclaimed homoeopathic quacks in Iceland were equated with real homoeopathic doctors abroad, without anyone knowing whether the Icelandic practitioners knew anything at all. If people wanted to remain true to homoeopathy, the subject should be properly taught and regulated by law. He argued that, considering the current state of affairs, such a proposal would be best for all involved. Dr Hjaltalin was outnumbered. The Althing agreed to allow homoeopathy. The applicants for a licence were required to be able to read Danish. The homoeopaths would be allowed to buy their medicines from abroad, and fines would be levied on those who practised without a license. However, the decisions of the Althing had to be submitted to the King of Denmark for approval. Usually the King agreed to whatever was in line with the resolutions of the Danish parliament, all other matters being left to his discretion. He had the last say and, in this case, he did not give his consent.

The topic of legalising homoeopathy was raised time and again in the Althing, but with little results. The matter remained dormant until 1909 when General Director of Public Health Dr Guðmundur Björnsson (1864–1937) submitted a bill concerning the licensing of doctors, but no
mention was made of homoeopaths. In the *Athling* the adherents of homoeopathy amended the bill so as to allow homoeopaths to practise, and the bill became law in 1911. These laws were in effect, broadly speaking, until 1932, after which no one was allowed to practice medicine without a licence. All who practised without licences were considered quacks, and quackery was forbidden.

**Acceptance of Homoeopathy**

It is easy enough to follow what was happening in the public sector. To find out how people regarded homoeopathy is another matter altogether. Did people prefer a doctor or a lay healer, or did they simply turn to the one nearest to them? Did they see any difference between the two? In the years between 1850 and 1900 it is possible to take a look at the patient by ‘reading between the lines’ and drawing some conclusions from various sources.

The patient registers of a few folk healers still survive, and it is possible to see that many sought their help. In the registers it is possible to discern whole families as well as individuals, and people from every level of society, from both near and afar; even the diagnoses of the healers are found. The patients’ ailments included everything from heart diseases, cancer, typhus and various other serious illnesses to less serious maladies, which could still cause grievances, such as the man who had a difficult time over his loss of hair. Comparisons with doctors’ records show the same ailments and the same kind of people, that is, representatives of all levels of society. Thus, it would seem that patients did not choose healers according to the seriousness of their ailments, but rather, they turned to the practitioner they had access to and/or believed in.

Official investigations are difficult sources, and it is not easy to differentiate the usual from the unusual. Still, by reading between the lines, such sources can give us a glimpse of how people dealt with those laws and regulations they were supposed to follow. As an example, the 1672 laws dealing with doctors and pharmacists were clear on the point that only pharmacists were allowed to sell medicines; however, people could have medicines for their own use. Thus, when a healer was accused of selling medicines to a patient, all involved would swear that no money had changed hands; the healer had given the medicines to the patient. Iceland was a small community, and in some cases there should not have been any need for the healer to worry about the outcome of investigations. In one case involving a homoeopath, the name of the judge looked familiar. A closer look into the homoeopath’s register revealed the judge’s name; he had been a patient the year before the interrogation. Not surprisingly, the homoeopath was
acquitted of all charges but reminded not to practise medicine.

Thus it would appear that in the years between 1850 and 1900 people might not have seen a lot of difference between the doctor and the layman. Not so obvious, but discernible, is the fact that people did not regard homoeopathy as a new theory in healing, but rather an addition to the folk healers' knowledge and repertoire. Perhaps some of the strongest evidence comes from the fact that today very few people in Iceland know what homoeopathy is. Most think it is another word for quack, while those who 'know a little better' will probably say that it has something to do with herbs. Out of some 220 responses from people, born around 1900, to a questionnaire, the results of which are found in the National Museum,\(^{19}\) no one was able to describe a homoeopath. The few who came nearest noted that there was some difference between homoeopaths and quacks, and that this difference meant that the homoeopath knew a little more than the quack!

The conclusion is that the method of homoeopathy was introduced into Iceland in 1850, and the majority of those called homoeopaths did use homoeopathic medicines but usually combined with other methods that either originated in the medical profession or remedies related to, or from, folk medicine. The word homoeopathy had a nice scientific ring to it and, as homoeopathic medicines were unlikely to do any harm, they were a good addition to other methods folk healers used. With no proper way to check on how these healers were operating, as Dr Hjaltalín had repeatedly pointed out, many folk healers started curing patients with homoeopathic medicines without any education in homoeopathy. Although some did learn as much as possible and might even have been quite good at homoeopathy, there were also many who professed to cure people homoeopathically but knew very little.

**The Case of Arthur Gook, Homoeopath**

Around the turn of the century, progress was at a fast pace where medicine was concerned. In 1899 there were 42 doctors in the country,\(^{20}\) hospitals were on the rise, and medicine and health care in general was getting better and safer. At the same time folk healers were steadily declining. In his report on health and health care, the General Director of Public Health Dr Guðmundur Björnsson reported that there were 53 quacks in the country in 1907, a number that had declined to 43 in 1909 and 37 in 1910.\(^{21}\) Dr Björnsson also listed their occupations, and in 1907 the list included one missionary.\(^{22}\)
Preparations for Iceland

This missionary was one Arthur Charles Gook who moved to Iceland in 1905. A closer look into his affairs unearthed the sources which form the basis for this study: his diary, letters he wrote and letters that were sent to him from people all over the country, as well as interviews with people that were close to him.23

Arthur Gook was born in London on 11 June 1883. Around the turn of the century he decided to become a missionary and started preparing himself for the task. Besides the preparations directly associated with missionary work, Arthur Gook studied homoeopathy. No written evidence has yet been found as to when or where he learned homoeopathy, but it seems most likely that he entered the newly established Missionary School of Medicine24 and would then have been one of the first students there, as the school started in 1903.25 Another of his preparations was to learn Icelandic. This proved no easy task; he could find no one anywhere in England who could help him. This did not stop him and, as he had heard that Danish was closely related to Icelandic, he went to Denmark and learned Danish.26

In 1897 a missionary by the name of Frederic H. Jones (1873–1905) had set up a mission in Akureyri, in the north of Iceland. Mr Jones went back to Britain in 1904 and in the following year Arthur Gook came to Akureyri, as he said himself, ‘... to take up the threads’.27 Akureyri was then a growing town with 1,400–1,500 inhabitants (in 1901, 1,370 inhabitants),28 and it had a history of being positive towards homoeopaths.29 Although the town was small, Arthur Gook was soon up to his ears in work, both as a missionary and as a homoeopath, in addition to running a quite extensive publishing enterprise.

On 1 July 1907 Arthur Gook took leave of the mission and sailed for England to join his fiancée, Florence Ethel Palmer. While waiting for Arthur, Florence had entered the Missionary School of Medicine and finished her studies in homoeopathy.30 The couple then took a course in dentistry at the Dental Dispensary in Waterloo Road31 and on 21 August they were married. On 9 September they embarked on a ship bound for Iceland, stopping in the Faeroes and then finally in Reykjavík.32

The Extent of Arthur Gook’s Practice

His homoeopathic practice grew fast, and in 1912 Arthur Gook was compelled to put a notice in his monthly magazine, Nordanljosid, stating that those seeking medical help ‘... are especially asked to consider that it is not convenient, because of other engagements, to meet patients except on
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Wednesdays and Saturdays between 11 AM and 5 PM. The announcement of specific visiting hours is understandable considering that, by the end of 1913, he wrote in his diary that he had treated 775 patients during the year. Later on in life, he wrote of his homoeopathic work in Iceland: ‘Extensive medical work is carried on, both locally and by correspondence all over the island. This has sometimes almost pressed us beyond measure and threatened to swamp the other work, there are so many calls for help.’

It seems that a large part of Arthur Gook’s homoeopathic practice took place by correspondence. Even though he was ‘swamped with work’, as he so aptly put it, he found time to travel to virtually every corner of the country to preach and, while on those trips, he met and became acquainted with a lot of people. He seems to have elicited a very positive response, and the letters started pouring in. There is no way now to try to assess the magnitude of this correspondence. One indication though is to be found in his diary. At the end of 1919 he wrote that he had received 760 letters, and he himself had written 568. Even though only part of the letters survived, they provide a good indication of Arthur Gook’s work in Iceland and rare insight into the patients’ world.

The Man Arthur Gook

What was he like, this man who found such a response among the Icelandic? Arthur Gook was, by all accounts, written and oral, of very strong character, handsome and outgoing, gentle but firm. He was very well respected and resourceful, and, if asked for something, he would usually respond immediately, always finding some way of helping out. He might best be described by the words one young woman wrote: ‘Dear friend. Forgive me for this constant begging, but I always feel I can ask you in the same way as I do my father …’. The trust in God and in Arthur Gook is transparent in these letters, and sometimes the two are closely associated. A good illustration is found in the words of one old woman, who wrote frequently and discussed various things, often ordering medicines both for herself and others. A young man had come to her with his problem. He loved to sing but could not keep a tune. Then he remembered some medicine Gook had given to the old woman for her throat, and now he wanted to get some of it in order to cure his voice. The old woman wrote to Gook’s assistant:

I’m afraid that he is simply not musical but he himself thinks it is his voice that is out of order! Now he wants me to mention this to you in the hope that Mr Gook will be able to cure him. I told him that it might not be possible, but he had such childish belief that it could be done, that I told him it could not hurt to bring it up. So I thought of asking you to bring the matter up with our Lord,
if his Grace would allow him this wish. I would like you, or rather you both [e.g. Gook and his assistant], to talk to the Lord about this young man ... 38

The Experience of Individuals

One question is whether these letter writers can be taken as typical for patients in general. Not all of the writers asked Gook for medicines, but the majority did, and they were not just asking for themselves but also for other people, family, friends and neighbours. Assuredly, most of the writers were very religious, but so were many people at that time. Only very few might be considered fanatics, and these did not consider man-made remedies to be the right thing. Such was the case with one man who wrote, trying to explain why he had advised a fellow who had had an accident not to consult any doctor or Mr Gook. He said in his own defence: ‘Why do we then preach the Lord as the perfect saviour if we ourselves don’t show that we believe that he is?’ 39 But most people simply asked for medicines: they were not feeling well and felt sure, or hoped, that Gook, the homoeopath, could help them. Some even addressed their letters as one young woman did: ‘Mr Arthur Gook, my dear doctor and mentor.’ 40 In assessing the letters it might be said that they give insight into what was happening in Gook’s homoeopathic practice and provide a rare glimpse into the patients’ world.

When Arthur Gook came to Iceland the medical setting was such that people were used to seeking out folk healers. Homoeopathy had been introduced more than 50 years earlier and had gained instant success. This success is seen mostly in the dealings of the Director General of Public Health with the homoeopaths and in discussions on homoeopathy in the Althing. Only rarely can the patient’s view be discerned and then by reading between the lines of sick-journals and in official interrogations. The letters Gook received from patients during his stay in Iceland have only recently been discovered, but hopefully they will be a source that can amend this and bring us nearer to the patient himself.

Of course, dealing with personal sources, such as letters is difficult, and some would argue that an individual’s opinion and thoughts about the society in which he is living should not be used to describe his own time. ‘However ... An individual’s experience of ill-health reflects a great deal about contemporary living conditions and the methods society provided to deal with illness.’ 41 In a way, I would like to argue there is no better measure of a society than the individual’s experience and how he deals with it, on an everyday basis or when problems arise.
Notes

1. Þjóðskjalasafn Íslands (National Archives, hereafter Þf), Skjalasafn landlaeknis, D. Ársskylslur lækna. Austara vesturhérað norður- og austrums 1854.


9. In 1879 Dr Jón Hjaltaðín wrote that, while in Copenhagen, or in 1836, he had attended a lecture about homoeopathy given by Professor Callisen. Heilbrigðistöðindi (Sept. 1879), 67.


13. Jónsson, Alþingi, p. 27. See also Alþingistöðindi (1879).

14. Heilbrigðistöðindi (February 1879), 16.


17. Þf, Skjalasafn syslumanna og sveitastjórna, VI. 19, aukadómsmálab. bæjarfógg. R. 1876–78, 16 júlf 1877.


22. Guðmundur Björnsson landlaeknir, Skýrslur um heilsufar og heilbrigðismálefni á Íslandi 1907 og 1908 (Reykjavík), p. 3.
23 The sources on Arthur C. Gook are privately owned and kept.
27 A.C. Gook. 'Notes re Missionary work in Iceland for a Young People's missionary meeting at Grace Chapel, Westmount, Montreal. June 1953.'
28 Jónsson and Magnússon (eds.), Hagsknána. Iceland Historical Statistics, pp. 72–73, table 2.3.
31 Diary of A.C. Gook, 1907. According to the diary they entered the 'course' on 23 July and finished on 17 August.
32 Diary, 1907.
33 Nórðurhótel (1912), 29.
34 Diary, 1913.
35 A.C. Gook. 'Notes re Missionary Work'.
36 Diary, 1919.
37 Letter to A.C. Gook, 15/003, 1934.
38 Letter. 83/005, 1943.
39 Letter. 56/006, 1932.
40 Letter. 56/009, 1944.