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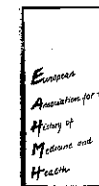
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Approaches, Concepts, Case Studies

*Edited by Robert Jütte, Motzi Eklöf
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The Contribution of the Comparative Approach to the History of Homoeopathy

Martin Dinges



Introduction: All Historical Writing is Comparative – Towards a Basic Concept of the Benefits of Comparison in the History of Homoeopathy

On August 10, 1929, the German central society of homoeopathic doctors in Leipzig celebrates its hundredth birthday. The situation of homoeopathy on the whole is totally different than 100 years ago. The disdained and marginalised heretical doctrine has in some sense conquered the entire world, although official medical science has not yet declared its support. Millions [of people] around the globe are thankful and devoted followers, and thousands upon thousands of doctors support homoeopathy. Moreover, they testify that it is the most reliable healing method. ... So what had not been successful earlier despite numerous attempts has finally become possible now: namely [to obtain] a chair for homoeopathy at a German university.¹

THIS WAS THE OPINION EXPRESSED by the homoeopathic physician E. Haehl in his centennial jubilee book concerning the German Association of Homoeopathic Physicians. But he was wrong. It was much less than a professorship – it was only a simple lectureship at the university. A case of wishful thinking! Nevertheless, Haehl expressed a recurrent idea of many traditional historians of homoeopathy, that homoeopathy was then – in this case in 1929 – about to flourish. This eternal illusion can be found

repeatedly in this genre of partisan historiography. It is a good starting point for our purpose, which is the contribution of the comparative approach to the history of homoeopathy, because it shows some typical flaws in a certain vision of the history of homoeopathy which can be characterised as follows:

1. It is the insider's view of this alternative method of healing which confuses wishful thinking about the future with historical research. The prognosis is normally based on a small amount of recent evidence in favour of the upswing of homoeopathy – in this example an increasing number of patients or of physicians interested in homoeopathy – or a growing public debate about the role of alternative medicine. This scattered evidence is taken as sufficient proof for a general trend. The reader would probably agree that this is methodologically not a very convincing approach, because it extrapolates from impressionistic personal experience which is often dominated by the professional optimism of the propagators of minority medicine.
2. Secondly, as an insider's view, Haehl's opinion does not sufficiently take into account the context of homoeopathy. Traditional homoeopathic historiography normally uses some elements of a crisis in so-called classical medicine as indicators of a general trend against this dominant healing method. Some examples are the German *Krise der Medizin* (crisis of medicine) in the 1920s or, as an author writing in English termed it for France 'The Crisis of Holism in French Medicine'.² A more recent example would be the critique of the bureaucratic, scientific and technologically oriented medicine formulated by I. Illich in the book *Nemesis of Medicine* or by F. Capra in his *The Turning Point*. No doubt in all of these crises the actors in the dominant healing system themselves possessed a certain consciousness of some serious problems in their domain. However, to derive from this situation the assurance of a resurgence of homoeopathy or even its definitive victory, as in the case of Haehl, is to jump to conclusions. The main deficiency of this view is systematic underestimation of the capacity of dominant systems to recover. To put it even more generally, it is a misperception of the context.
3. The third problem is not the exclusive privilege of historians favourable to homoeopathic treatment of illnesses. One may recall Rothstein's famous history of American medicine with the subtitle *From Sects to Science*, in which he considered the development of academic medicine and its alternatives, mainly homoeopathy and Thomsonism in the USA.³

The basic assumption of Rothstein's book from 1972 is his conviction that the end of all alternative healing methods had come, because only science which showed the medically valid therapies would be the method of choice for all physicians. Again, the extrapolation of historical trends may be observed, although at least in this case on more solid ground, using a longer period of observation. Secondly, there is the underestimation of the context, this time of certain developments in the medical market and of the patients' demands, which are not really considered in the book. Rothstein adds another element to the misunderstandings of traditional historiography: namely, the belief that historical developments are unilinear and lead to a certain aim or teleology. This teleology is already indicated in the subtitle of the book, *From Sects to Science*.

These three major pitfalls of the traditional historiography of homoeopathy are the result of an insufficient conceptualisation of the field.⁴ In each of them one can find a lack of comparative thinking. In the first case homoeopathy is considered too much a solitary entity and the perspective is too short-sighted. The time span of observation is too short and the scrutinised object – only homoeopathy – is too narrow to be able to say anything about its further development. The second deficiency is the failure to take into account more general developments in the context: it lacks a realistic measure of proportions and an appropriate understanding of the power of the medical market. The error of the example last cited is its unilinear vision of history: the observation of the trend may fit the USA between 1800 and 1900 but, because it deals with only one country, it leaves out others which might provide contradictory cases, such as Japan or India.⁵ Moreover, in treating only one kind of actor in the medical market – the physicians – the book underestimates the impact of the non-university-trained healers.

Using these introductory examples as the starting point, the contribution of the comparative approach to the history of homoeopathy may be characterised as follows. This approach may and can lead to a sufficient consideration of the necessary contexts, particularly the proportions between alternative medical systems and the dominant system. Secondly, short-sightedness may be avoided in questions concerning the number of actors, the duration of periods under observation and the size of the geographical units.

In this fundamental sense the comparative approach in itself is a means of avoiding current deficiencies in the historiography of homoeopathy,

which are still found in numerous manuscripts submitted for publication in *Medizin, Gesellschaft und Geschichte*, a journal that contains a section on alternative medicine in each volume. Seen from another point of view, historical writing always uses comparison. Good historiography is only possible when the necessary proportions are kept in mind, that is, through comparison.

Concise Remarks about the Comparative Approach in History in General and in the History of Medicine

A MORE SOPHISTICATED UNDERSTANDING of comparison must go further. There is neither the time nor the space to outline the long history of the comparative approach in historiography.⁶ It started with the first 'historians' of antiquity and held well until the emergence of scientific historicism in the nineteenth century, which stressed the uniqueness and individuality of its objects, periods and nations. Interestingly enough, a new invitation to practical comparative research was launched after World War I on the occasion of the first international meetings of historians in Brussels in 1923 by the Belgian economic historian Henri Pirenne, and in Oslo in 1928 by the founder of the *Annales* school, Marc Bloch. Only since the 1960s, however, has it become a more important priority among at least some historians in economic and social history. The results can be observed, for example, in fields such as research on the welfare state or on different processes of professionalisation.

In medical history this approach was applied even later, but it is developing well with the ongoing professionalisation and internationalisation of this subdiscipline.⁷ This is best illustrated by recent fields of now familiar research: the history of institutions, for example, hospitals,⁸ medical faculties,⁹ town physicians,¹⁰ public health systems,¹¹ plague prevention,¹² professions,¹³ medical discourses¹⁴ or medical movements,¹⁵ to name only those which seem more important for the social history of medicine. However, the comparative approach in the history of alternative medicine¹⁶ and homoeopathy¹⁷ has not really developed beyond some very first steps.

This is partially due to the marginality and the weakness of research activities on this topic in medical history in general. On the other hand, it is somehow astonishing, because research about a minority medical system literally invites comparison. Comparison should be the first step towards self-understanding when studying any relationship to the dominant system. Inherent in this relationship is a certain number of challenges which present specific opportunities for comparison. Comparison should also be a normal

approach when dealing with different alternative medical systems as a means of better placing each of them in their specific context and of defining their common identity or non-identity.¹⁸ Most often it is still business as usual, and a self-centred approach is used without any comparative ambitions.

Some Methodological Aspects of Comparisons in the History of Homoeopathy

LET ME NOW DISCUSS SOME METHODOLOGICAL ISSUES and some specific problems of the comparative approach in the history of homoeopathy. As an example I will take the *Weltgeschichte* (world history of homoeopathy) which I edited in 1996 on the occasion of the bicentenary of the publication of Samuel Hahnemann's article on the 'law of similars'.¹⁹ I will also consider some more recent publications in the field. This is not intended as a public relations activity for this book; I simply prefer writing about the things I know best, in this case the results, the limitations and problems of my own publications.

The world history was conceived as an attempt to transcend the typical limitations of national histories, insofar as only monographs of varying quality on the nineteenth century had appeared dealing with Germany, the USA, France, Great Britain and Italy, as well as Russia and Hungary. With the exception of the two books on English-speaking countries, all the other research was methodologically outdated. Typical for the field, they were written by physicians in the form of apologia and tend to overestimate homoeopathy's period of ascendancy and thus limit themselves to the 'golden age' of the nineteenth century, omitting the very interesting period of decline.²⁰

For the purpose of this world history, not only were countries included where homoeopathy was known to have played an important role, such as Germany and the USA, but also those countries where it was less well known and not widespread, such as Denmark or Canada. This approach made it possible to gain a more precise picture of the importance of the institutional arrangements of the medical market and of the role of medico-cultural interactions between neighbouring countries. I also tried to include Central and Eastern European countries and succeeded in the cases of Poland and Romania. This was important because the conditions for the re-evaluation of homoeopathy in the context of postmodern critique of the actual medical system were different in former communist countries. It was even more important to include 'developing countries' such as Brazil and India. Not only have they become places where homoeopathy has been very successfully

established in the public health scheme since the 1960s, but they also provide interesting evidence of specific cultural conditions for the introduction of homoeopathy into medical cultures quite different from those in Europe. Finally, small countries with a multilingual structure, such as Switzerland and Belgium, are of special interest to gain an idea about the impact of different cultural influences – as manifested in the various linguistic communities – under a medical market within a single legal framework.

Not all wishes could be fulfilled. Important countries, such as Russia, the former Czechoslovakia, Turkey, Mexico and Argentina, had to be omitted for the simple reason that nobody was found to write about them.²¹ It is clear that a number of hypotheses about the value of certain countries as objects of comparison enters already at the level of basic choices and that the availability of scholars limits the possible range of comparison. On the other hand, from an interdisciplinary point of view, it was very enriching that the authors came from various disciplinary horizons; the group included general and medical historians, historians of pharmacy and of science, sociologists, anthropologists and medical practitioners. This interdisciplinarity provided a specific opportunity for internal methodological comparisons in the field of the historiography of alternative medicine.

It made sense to use the nation-state as the unit of comparison for a first attempt at a world history of homoeopathy, because this allowed a broad integrative approach that was necessary with respect to the existing national research capacities and traditions. Different actors from the homoeopathic milieu were chosen for comparison: the patients; various kinds of healing personnel, including lay healers and physicians; their associations, organisations and journals, both scientific and popular; the teaching institutions, including universities and hospitals; and finally the pharmacies and, in the nineteenth century, the pharmaceutical industry. The authors of these articles considered the bodies regulating the medical market as the most important context for defining the more or less marginal status of homoeopathy in these countries. All contributors were asked to inform the reader about any existing research and to provide some basic information for comparison on each of the above-mentioned elements. The contributors were also asked to attempt to construct a periodisation of the history of homoeopathy in his or her own country.

From the choice of these various points of interest and from the very large range of questions it is evident that the aim of this comparison was to provide a description of national histories which did not exist for many of the selected countries. Secondly, the articles provided some basis for comparison in the sense that they considered comparable aspects in

accordance with the chosen outline. This is an advance in the field, but it is not yet comparative analysis.

The collected description of 17 countries allows some general remarks and some observations about the different types of countries. The worldwide development of homoeopathy has been so diverse that the 17 national histories resemble a collection of as many 'specific cases' or *Sonderwege*, as we would call it in German.²² This is important for the methodological question of a model (*tertium comparationis*) or a type to which other countries might be compared. In my opinion, it does not make sense to take the 'forerunner'/pioneer Germany, or any of the other countries, as the foundation for comparison with all the rest.²³ That would mean awarding privileges to one specific case. Germany was not more typical for homoeopathy because it was first, any more than was Britain for industrialisation (something on which everyone now agrees).²⁴ As far as the actual state of research is concerned, I would rather compare specific points without reaching out for a general model. We need to know more about the crucial factors influencing homoeopathy in all these countries first by looking both from the inside and the outside, before we can try to formulate a general theory. In other words, I prefer the heuristic possibilities of comparison to its capacity to construct types or complex models.

The variety of developments in different countries is as immense as the history of these countries is different! Here is one example. Let us consider the initial demand for the introduction of homoeopathy into a country and its long-term effect. This demand could come from a noble sufferer, who was accompanied by his court physician on a sojourn to another country,²⁵ or it could come from the occupying military power such as the Austrians in Naples.²⁶ Homoeopathy could be introduced by lay healers such as Clemens von Bönninghausen (1785–1864) in co-operation with a group of patients, as was the case in Rotterdam,²⁷ or by another lay healer such as the Frenchman Benoît-Jules Mure (1809–58),²⁸ who introduced homoeopathy to Malta in 1835 and to Brazil in 1840. Both lay healers had become convinced of the benefits of homoeopathy, as had many physicians, for example Sebastien Des Guidi (1769–1863), because they or a close family member had been successfully treated by a homoeopathic healer. Another method of diffusion was the emigration of trained physicians, such as Johann M. Honigberger (1794–1869) to the north of India, the German physician Constantin Hering (1800–80) to the USA and Samuel Hahnemann himself to Paris in 1835. This last move provided homoeopathy with a second centre in which to flourish in France. It is evident from the variations in the starting point that very different continuations become possible.

Good relations between innovative homoeopathic physicians and the court or an occupying military power may have been useful in the beginning of the 1830s to have an opportunity for controlled comparative treatment of patients in hospitals or to obtain some hospital wards, as in Naples. Favourable legislation was also useful. All this, however, became very difficult when revolutionary movements overthrew thrones or chased occupying powers out of the country, as was true in Italy during the Risorgimento. In this case homoeopathy was too closely linked to hated political powers with the subsequent adverse effects on its supporters.²⁹ Comparison may also reveal the effects of dominant 'coalitions' of homoeopathic medicine with spiritual or ecclesiastic movements or institutions. For example, the Russian Orthodox Church was engaged in the spreading of homoeopathy. After 1917 both experienced a serious backlash, the effect of which may have been more long-lasting for homoeopathy than for the church both during Soviet period and after the Soviet Union's fall.³⁰ The opposite case is also found. Homoeopathy had good prospects in India – alongside Ayurveda and the dominant western medicine – because it both corresponded to some habitual cultural patterns in its descriptions of pain and symptoms, and because it was a kind of medicine linked to Germany, the political opponent of the occupying colonial power Great Britain.³¹ An interesting comparison is the case of Japan, where the renaissance of the Kanpo medicine after the 1870s, caused by a reaction to the westernisation of Japanese medicine (primarily by German physicians), has probably worked as an autochthonous cultural barrier against the introduction of homoeopathy.³²

These various examples have a fourfold purpose. First, I want to stress the importance of political bonds – mainly with influential patients – to any alternative healing method from the very beginning of its introduction into a country. These coalitions have been crucial, because they may have definitely strengthened or weakened homoeopathy for a long time in a given national context. As a form of alternative medicine, homoeopathy did not have the same institutional support as academic medicine. Under these conditions much depended on supplementary economic and political resources. This feature is not only specific to alternative medicine in the nineteenth century, but also accounts for the extremely diverse facets of development in every country and is one of the important elements which gives the history of homoeopathy such diversity. At the same time it shows the importance of the sociopolitical context, which has had a decisive influence on the development of homoeopathic medicine. To gain a deeper understanding of the factors involved in the establishment of homoeopathic medicine and their more or less long-term effects on the

status of homoeopathy in each country would be a stimulating subject for comparative research, because it would allow the isolation of the relative impact of various factors. At the same time this would counter the 'sacred' role of enlightened physicians or other national myths about the establishment of homoeopathy current in each of these countries and lead us to a more synthetic view of the real forces at work in the diffusion of homoeopathy.

Secondly, the example provides good evidence of the inherent difficulties in comparison. We only have to consider the question of how the impact of homoeopathy in a given country should be measured. The first problem is the choice of a valuable indicator. Different solutions are possible. The proportion of homoeopathic physicians as a percentage of all physicians is probably the measure that first comes to mind. But what is a homoeopathic physician? Is it a doctor who mainly prescribes homoeopathic medications, somebody who does so from time to time, or is it a person who exclusively prescribes homoeopathic remedies? Is it sufficient that the person has specialised in homoeopathy, whether he or she really practices it or not? Must he or she be a member of the Association of Homoeopathic Physicians and have a distinctive professional identity?³³ Even at this level it is evident that a lot of prudence is needed to obtain a robust indicator.³⁴

What does the proportion of homoeopathic physicians mean in relation to the number of lay healers, who were much more important in the supply of medical aid to patients until the end of the nineteenth century? While these questions have relevance for most European countries, what happens when the rest of the world is included? The medical market there is often fragmented between one mainly for native patients and another primarily aimed at expatriate populations from the 'first' world. For this purpose it is even more mandatory to find complex indicators that consider all the providers of the medical marketplace.

Such an analysis would still not take into account all the forms of self-medication which were (and are) very common. Here, homoeopathy played and plays a specific and important role, because it is often considered a healing method that is not very harmful to the patient. The importance of this segment of the medical market may be only indirectly estimated by considering the sales of pharmaceutical products in a given country and during a given time. The low cost of homoeopathic pharmaceuticals, however, means that any calculation of the percentage of the market share, which is valued only in terms of money, may be misleading. How then can the share be evaluated differently from a patient's perspective – perhaps by ascertaining the number of medications consumed?³⁵

Counting institutions may provide another set of indicators. One example is the number of homoeopathic pharmacies or pharmacies also selling homoeopathic remedies, of homoeopathic hospitals or hospital wards.³⁶ In most countries, however, the legal conditions of the medical market limit homoeopathic medicine in such a way that the information could provide only very specific elements of the institutionalisation of homoeopathy. It is also evident that certain indicators are more valuable than others for obtaining a good overall picture.

Thirdly, research into the relative importance of homoeopathy in different countries requires long-term data. This is true for questions concerning the initial phase of homoeopathy: its decline around 1900 and the renaissance since the 1960s. To fulfil the prerequisites for such series of data is very difficult. This is true in countries with mighty homoeopathic organisations and well-developed (state) administration of the medical market that tend to produce a lot of paper, but the situation becomes even more difficult in countries with a small homoeopathic community or weak administration. It is often fortunate if there is any comparable data at all.

All of these arguments should not be misunderstood as an attempt at deterring comparative research. The warning is rather meant to encourage critical distance and to prevent rapid judgements from being made about the reasons for the development of homoeopathy in a given country at a given time. What little we actually know about the history of homoeopathy in different countries hints at variations in the phases of growth, maturation, decline and renaissance and a lack of understanding of the decisive factors explaining the decline at the turn of the century. In the decades between 1900 and 1960 the development was so different in the USA, Germany, France and India that the renaissance from the 1960s starts from very different levels and under varied legal conditions that still had strong influence. However, there has been a globalised trend towards a larger share of alternative medications – and homoeopathy – in the medical market.³⁷

This leads to a fourth point concerning indicators. A certain frustration about the difficulties of obtaining valuable long-term indicators can be partly allayed by considering the important question of the cultural meaning of homoeopathy in different countries. The remarks about India and Russia have already alluded to the situation. Homoeopathy as the medicine of the colonial power's enemy in India or as linked to the Russian Orthodox Church is far removed from regarding homoeopathy as a last alternative to unsuccessful conventional medical treatment in, for example, Germany in the 1990s. Homoeopathy offered something different to a person on the American frontier than to a Danish peasant. The American

in the 1890s had to rely upon himself under very difficult conditions and turned to Constantine Hering's *The Homoeopathic Domestic Physician*. The Dane lived in a strongly regulated medical market where homoeopathy was forbidden, so that he had to get his pills directly from the Schwabe Company in Leipzig. Homoeopathic treatment had a different meaning during the epoch of heroic therapies in the first quarter of the nineteenth century than it did 50 years later, when most healers had learnt about the necessity of the careful selection and dosage of medications. The meaning of homoeopathy changed again in a context with strong competing 'traditional' medicines, as in Japan or India around 1900, or in countries without such traditions, for example, in France or the Netherlands. All this provides an invitation to use the analytical framework and power of the methods of ethno-medicine and medical sociology, not only for research about India but also for studies of Europe. With the adoption of these methods, another benefit of the comparative approach could be realised: a retreat from the Eurocentric view of history towards a decentralised conceptualisation of the history of homoeopathy.³⁸ Cultural evaluation of homoeopathy may be the most difficult way to come to terms with the project of comparing countries, but it may also be the most direct way to stress the differences between them. On the other hand, it allows the discovery of specific elements in the context which might explain developments in third countries, which have not been previously considered. Again the specific heuristic value of comparison is underscored.

Some Results of Comparative Research in the History of Homoeopathy

THUS FAR I HAVE CONCENTRATED on methodological aspects and have perhaps given the impression of complaining about the difficulties of comparative history. Some results from recent comparative work in the history of homoeopathy will be presented. Once again I would like to raise the warning flag. The best results should lead us to more precise and complex questions.

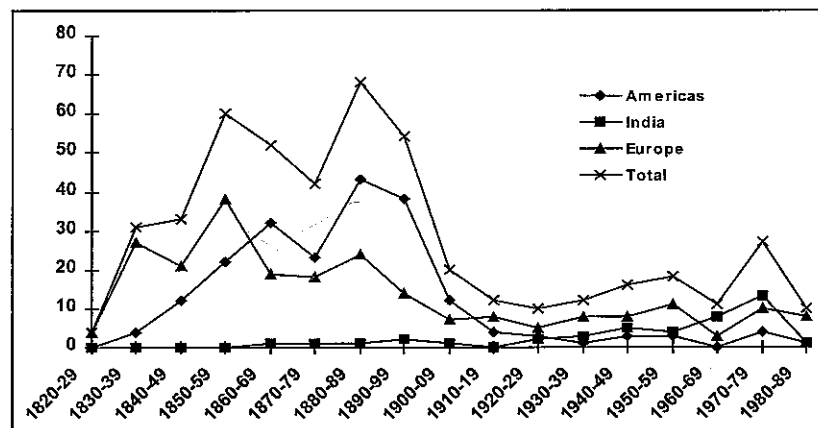
Let us first consider the question of the general impact of homoeopathy in the medical world and then the relative importance of continents in the history of homoeopathy. The only data which are actually available for Europe, India and the Americas for the entire period since the 1820s concern the publication of homoeopathic journals (mainly medical). Information concerning them is provided in an international bibliographical guide covering the period until 1983, which gives the date of foundation

and the period of publication, but unfortunately says nothing about the number of copies sold. The creation of homoeopathic journals in itself relates something about the interest in the new healing method and about the capability of its supporters to organise themselves. Often these journals were edited by organisations of homoeopathic physicians (or later sometimes by other healers), and thus were strongly related to the homoeopathic network that was the prerequisite for the life of the journal. When edited by a single person, for example, a director of a clinic, the publication quite often vanished from the market after some years. The fact that new journals were founded is an indication of the vitality of the local homoeopathic milieu. Thus the publication data reflect a certain degree of institutionalisation.

Within the continents I had to choose countries. Europe is represented by the 11 countries which were treated in the *Weltgeschichte*, while Brazil stands for the southern part of the Americas, being the country with the longest history of homoeopathy in Latin America. The graph indicates the number of newly founded homoeopathic journals during each decade.

Looking at the overall trend, 30 journals were established up to the 1840s. This number doubled in the 1850s, which must be considered as a first peak in homoeopathic publishing, with a second coming in the 1880s. The second half of the nineteenth century saw about 50 new publications per decade, a number which sharply declined to only 10 new publications after

New Publications of Homoeopathic Journals (by continents).



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the 1910s. It was not until the 1970s that new growth doubled this number. The figure for the 1980s does not indicate a change in the trend, as it includes only the first three years of this 10-year period, but rather underlines the recent worldwide vitality. The general trend indicates well the first reception and growth, lasting until the 1840s, and the period of maturation from the 1850s to around 1910. The 1880s show the first indications of the turning point and subsequent decline until the end of the 1960s, followed by the renaissance from the 1970s onward.

The relative importance of the continents is most evident when looking at the leading continent decade by decade. Europe stands alone until the 1850s, after which the Americas – and this means mainly the USA – take over until about 1900. During and following the decline, Europe again becomes the first homoeopathic publisher in the world until the 1960s, when India assumes the role.³⁹

The graph shows in an interesting way that the comparative approach is useful from the very beginning of the history of homoeopathy because it shows the internationality of its past. To explain the specific importance of Europe and the USA in the nineteenth century, it is evident that the graph reflects partially the waves of migration to the new world and its specifically open market for alternative medicine. In the case of India the significance of political independence and a development towards a certain welfare are important prerequisites for homoeopathic publishing. Periods of peaking activity may coincide with the phenomenon of 'take-off', as the top decades of publication in various countries indicate: the 1830s in Germany (16), the 1840s in France (10), the 1850s in Great Britain (10) and Brazil (3). These dates coincide well with the general reception of homoeopathy in these countries. However, the 1850s for Italy (5) and Austria, the 1870s for Belgium (3), the 1880s in the USA (42) and Spain (4), and the 1890s for Canada (3) are too late. In these cases the specific limitations or opportunities of the market should be considered. This is especially true for the USA. On the other hand, the retardation of the Austrian, Belgian and Canadian markets is easy to explain: the nationals of these countries could easily partake of the German, French and American publications without feeling the need to develop their own.

If space allowed, I would add a few words about 'small' homoeopathic countries without the kinds of full-fledged homoeopathic institutions which characterise the 'large' homoeopathic countries. At certain periods of time the small countries would include Switzerland, Romania, Denmark, Canada and Malaysia.⁴⁰ These groups of countries provide the methodological opportunity to create typologies from comparative research. The importance

of linguistic communities vs national state boundaries could be tested in regard to the extent to which legal conditions create thresholds in the diffusion of homoeopathy. These countries could also provide examples of the specific conditions contributing to harmony and dispute inside a homoeopathic milieu which develops as a 'dependent' homoeopathic community, which has had to send its students to universities abroad and had to buy its medications from foreign companies or even foreign countries. The rich methodological results generated from this type of multifactorial analysis of political and cultural influences can be imagined.

The number of publications per country is probably also related to the centralism or localism of the medical associations and the medical market in every (sub)continent and country. The comparison of the number of journals in France (68), Germany (55) and Great Britain (only 30) during the entire period poses many questions. Was the number of homoeopaths in these countries, which are comparable in size, decisive, or does the much higher number of journals in France reveal a specially fragmented homoeopathic community? To answer this question, it is useful to consider the life span of these publications. On average it was much shorter in France than in Great Britain or Germany, but those journals that existed longest were also found in France. Does this indicate a stable centre for the homoeopathic community as well as numerous local or sectarian attempts to start new groups of homoeopaths or treatment methods that were short-lived? The need to scrutinise the content of these publications is an invitation for further research. Nevertheless, the quantitative presentation of the market for homoeopathic publications was useful as a base for general ideas about some global trends in the history of homoeopathy. At the same time it indicated where further research could and should begin.

The graph suggests another important idea about the history of homoeopathy, namely that it was not linear. This holds true when one compares the nineteenth century as a time of growth and maturation with the twentieth century as a period of decline and renaissance. This general trend might be explained by the changing state of the competing school medicine oriented towards the natural sciences. Successful steps were being taken to gain public acceptance by stressing more exclusively the scientific character of medicine, which was in line with more general attitudes in most 'modernising' societies. There are still many missing links if one considers, for example, the relatively small effects which all 'scientific' progress had on therapy until about the 1940s. A possible explanation may be that the symbolic value 'of being scientific' took precedence over the practical one, a phenomenon well known from the history of nutrition.⁴¹ The popular

acceptance of scientifically oriented medicine has its limitations, which is demonstrated by the growing criticism of this type of medicine and the actual resurgence of alternative medicine around the globe.

The lack of linearity in the history of homoeopathy also holds true in relation to the significant differences between countries. The most important growth and the most successful institutionalisation of homoeopathy during the nineteenth century took place in the USA, and it was noted and admired by contemporaries.⁴² The American success is normally explained by the very open American medical market, just developing during the nineteenth century, which provided good conditions for fair competition for the homoeopathic healers. On the other hand, why did homoeopathy not gain the same role in other comparable markets in developing countries like Australia or New Zealand? German immigration to the USA may be an additional factor necessary for the explanation of the American success, compared to the relatively small importance of homoeopathy in British-dominated Australia. The medico-cultural transfer from Great Britain apparently did not strongly support homoeopathy.⁴³

Even more dazzling than the comparison in space is the comparison in time. During the twentieth century the most important successes of homoeopathy occurred in India and Brazil from the 1970s onward. In both countries homoeopathy is now an integral part of the national health scheme, and homoeopathic treatment is fully covered by the national health insurance. What is striking in these cases is that after World War II homoeopathy seems to have fared best in countries where state policies that initially were ambiguous or antipathetical were converted into affirmative legislation. Often the economic argument for homoeopathy as a less costly medical alternative played a certain role. In India for example, most homoeopathic healers have a shorter training period than physicians at the university (existing homoeopathic and others), and their clientele comes more from the lower classes and the countryside.

Romania is an even more extreme case for the decisive role of state politics. In that country the dictator's spouse, Mrs Ceaucescu, was responsible for public health politics. Suddenly, after the German president's wife spoke about the benefits of alternative medicine in general and homoeopathy in particular in Bucharest in 1981, Mrs Ceaucescu became convinced that homoeopathy was a valuable medical alternative. Consequently, facultative training courses for physicians were introduced by the public health administration, and paper was supplied for printing the results of these annual meetings. All this served to help spread homoeopathy and finally led to the reintroduction of homoeopathy into Romania.⁴⁴

From these observations about three recent homoeopathic successes, which need more detailed explanation, one might deduce the hypothesis that in the second half of the twentieth century homoeopathy has the best prognosis in 'third world' countries and under restrictive, not to say, dictatorial political conditions which can make sudden switches to affirmative legislation. The dominant scientifically-oriented medical system seems to have allowed major homoeopathic intrusions mainly under these specific conditions.

Yet the economic argument is also becoming more and more important in the 'first world'. If one takes into account recent debates in Germany, Great Britain or the European Union, it seems that a more important role is being assigned to homoeopathy in the national health schemes of these countries. It is interesting to observe how interested the German health insurance companies actually are in basic information about the cost/benefit relations of long-term homoeopathic treatments. Since the majority of the associations and representatives of physicians in all these countries are definitely hostile to homoeopathy, it could well be the state administration which may take the decisive steps towards better conditions for homoeopathy.

From this comparative view of the factors supporting and hindering the spread of homoeopathy in a given country, the conclusion must be drawn that the American case of an open market as the optimal condition in the nineteenth century has no value as generalisation. Secondly, it is not necessarily an effective model for the twentieth century. It seems rather that the opposite condition, a more strongly regulated national medical market, may provide the better framework for homoeopathy in the completely changed conditions of medicine and public health at the end of the twentieth century. This may reflect the current decisive role of public health schemes for any politics in the medical field, but it is also an interesting element of long-term change that might better be explained in a comparative vision including 'first' and 'third world' countries as different types of countries, while at the same time taking into account market forces and state politics. This comparative approach would have another benefit for our knowledge about homoeopathy, in that it would avoid simplistic explanations which do not consider a sufficient number of elements for a serious analysis.

Conclusion

I HAVE TRIED TO SHOW THAT a comparative approach is necessary to improve the history of alternative medicine and homoeopathy. Otherwise, we will continue a traditionalist, apologetic historiography which is partially blind. The comparative approach is obviously not an easy one, but heuristically it is probably the most interesting way to write the history of alternative medicine. Thanks to its methodological possibilities, it is also an enormously rich provider of conceptualisations and results, as well as a generator of new and more precise questions. To finish with a statement made recently by Dorothy Porter at a conference in Stuttgart: 'It is impossible to write history without a comparative approach.'

Notes

- 1 'Am 10. August 1929 feiert der deutsche Zentralverein homöopathischer Ärzte in Leipzig die hundertste Wiederkehr seines Geburtstages. Die Lage der Homöopathie im ganzen ist eine andere als vor 100 Jahren. Die verachtete und ausgestoßene Ketzlerlehre hat in gewissem Sinn die Welt erobert, wenn sich die offizielle medizinische Wissenschaft auch noch nicht zu ihr bekannt hat. Millionen von Menschen auf dem ganzen Erdenrund sind ihr dankbare, treu ergebene Anhänger und Tausende und Abertausende von Ärzten bekennen sich zu ihr, bezeugen von ihr, daß sie die zuverlässigste Heilmethode ist. ... So ist jetzt endlich möglich geworden, was wiederholten Vorstößen in früheren Zeiten nicht geglückt ist, nämlich einen Lehrstuhl an einer deutschen Hochschule für sie zu erwirken.' Erich Haehl, *Geschichte des deutschen Zentralvereins homöopathischer Ärzte* (Leipzig, 1929), p. 119.
- 2 George Weisz, 'A Moment of Synthesis: Medical Holism in France between the Wars' in Christopher Lawrence and George Weisz (eds.), *Greater than the Parts. Holism in Biomedicine 1920-1950* (New York, 1998).
- 3 William G. Rothstein, *American Physicians in the 19th Century. From Sects to Science* (Baltimore, 1972), p. 323; cf. Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore and London, 1971).
- 4 On other problems and issues of the history of homeopathy, cf. Martin Dinges and Reinhard Schüppel, 'Vom Nutzen der Homöopathiegeschichte - insbesondere für den „ärztlichen Stand“', *Allgemeine homöopathische Zeitung* 241 (1996), 11-26; Martin Dinges, 'Für eine neue Geschichte der Homöopathie' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige und Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), pp. 7-20.
- 5 For the USA, cf. Naomi Rogers, 'American Homeopathy Confronts Scientific Medicine' in Robert Jütte, Guenter B. Risse and John Woodward (eds.), *Culture, Knowledge and Healing. Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield, 1998), pp. 31-64; for India, cf. Robert Jütte, 'Eine späte homöopathische Großmacht: Indien' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), pp. 355-81; K.G. Saxena, *Struggle for Homeopathy in India* (New Delhi, 1992); S.P. Singh, 'Emergence of Homeopathy and its Establishment in the Field of Medicine' (Jaipur Univ. Diss., 1993); Ute Schumann, *Homöopathie in der modernen indischen Gesundheitsversorgung: Ein Medium kultureller Kontinuität* (Münster, 1993); Rudolph Hoehn, 'Indien und die Homöopathie' (Medical dissertation, Freiburg, 1983); Tilman Borgholte, *Homöopathie in Indien* (Berg, 1990); for Japan, cf. Kiichiro Tsutani, 'Homeopathy: its Place in the History of Medical Thinking and its Current Status in Clinical Evaluation', *Journal of Japanese Cosmetic Science Society* 20 (1996), 239-48.
- 6 Heinz-Gerhard Haupt and Jürgen Kocka, 'Historischer Vergleich: Methoden, Aufgaben, Probleme. Eine Einleitung' in Heinz-Gerhard Haupt and Jürgen Kocka

- (eds.), *Geschichte und Vergleich. Ansätze und Ergebnisse international vergleichender Geschichtsschreibung* (Frankfurt M. and New York, 1996), pp. 9-45; Johannes Paulmann, 'Internationaler Vergleich und interkultureller Transfer. Zwei Forschungsansätze zur europäischen Geschichte des 18. bis 20. Jahrhunderts', *Historische Zeitschrift* 267 (1998), 649-85.
- 7 Lutz Sauerteig, 'Vergleich: Ein Königsweg auch für die Medizingeschichte? Methodologische Fragen komparativen Forschens' in Norbert Paul and Thomas Schlich (eds.), *Medizingeschichte: Aufgaben, Probleme, Perspektiven* (Frankfurt and New York, 1998), pp. 266-91.
- 8 Robert Jütte and Norbert Finzsch (eds.), *Institutions of Confinement, Hospitals, Asylums, and Prisons in Western Europe and North America 1500-1900* (Cambridge and New York, 1996).
- 9 Thomas N. Bonner, *Becoming a Physician. Medical Education in Britain, France, Germany, and the United States, 1750-1945* (New York and Oxford, 1995).
- 10 Andrew Russel (ed.), *The Town and State Physician from the Middle Ages to the Enlightenment* (Wolfenbüttel, 1981).
- 11 Wolfgang U. Eckart and Robert Jütte (eds.), *Das europäische Gesundheitssystem. Gemeinsamkeiten und Unterschiede in historischer Perspektive* (Stuttgart, 1994).
- 12 Martin Dinges, 'Süd-Nord-Gefälle in der Pestbekämpfung. Italien, Deutschland und England im Vergleich' in Eckart and Jütte (eds.), *Gesundheitssystem*, pp. 19-51.
- 13 Frederic W. Hafferty and John B. McKinlay (eds.), *The Changing Medical Profession. An International Perspective* (New York and Oxford, 1993).
- 14 Christiane Dienel, *Kinderzahl und Staatsräson: Empfängnisverhütung in Deutschland und Frankreich bis 1918* (Münster, 1995).
- 15 Nicolaas Rupke (ed.), *Vivisection in Historical Perspective* (London and New York, 1987); Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870-ca. 1933)* (Stuttgart, 1996).
- 16 Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996). Cf. Susan E. Cayleff, 'Gender, Ideology and the Water-Cure Movement' in Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore and London, 1988), pp. 82-98; Jane B. Donegan, *Hydropathic Highway to Health. Women and Water-Cure in Antebellum America* (New York, 1986); *Alternative Medicine in Europe since 1800. Medical History* 43 (special issue, 1999).
- 17 Robert Jütte, 'The Professionalization of Homeopathy in the Nineteenth Century' in Robert Jütte and John Woodward (eds.), *Coping with Sickness. Historical Aspects of Health Care in a European Perspective*, (Sheffield, 1995), pp. 45-66; Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, pp. 173-98; Dinges (ed.), *Weltgeschichte. Parallel national histories of Great Britain and the US and some information about other countries*

- are given in Julian Winston, *The Faces of Homeopathy. An Illustrated History of the First 200 Years* (Tawa, New Zealand, 1999).
- 18 This is the conceptual aim of Jütte, *Alternativen Medizin*, pp. 17 ff.
 - 19 Dinges (ed.), *Weltgeschichte*.
 - 20 A more modern interpretation is found in Gabriele Mengen, 'Übersicht über die Entwicklung der Homöopathie in der Bundesrepublik Deutschland von 1945 bis 1988' (PhD dissertation, Münster, 1991); Hoehn, 'Indien'; Borgholte, *Indien*; Marc Haffen, *Structures de l'homéopathie en France (1919-1982)* (Paris, 1982).
 - 21 On Russia, cf. Alexander Kotok, 'Homeopathy and the Russian Orthodox Clergy: Russian Homeopathy in Search of Allies in the Second Part of the 19th and Beginning of the 20th Centuries', *Medizin, Gesellschaft und Geschichte* 16 (1998), 171-93.
 - 22 The following draws on Martin Dinges, 'Die Internationalität der Homöopathie: Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne' in Dinges (ed.), *Weltgeschichte*, pp. 382-425.
 - 23 Concerning this methodological proposal, cf. Christiane Eisenberg, 'Die Arbeiterbewegung der Welt im Vergleich. Methodenkritische Bemerkungen zu einem Projekt des Internationalen Instituts für Sozialgeschichte in Amsterdam', *Archiv für Sozialgeschichte* 34 (1994), 397-410.
 - 24 Toni Pierenkemper, *Umstrittene Revolutionen. Die Industrialisierung im 19. Jahrhundert* (Frankfurt M., 1996); Gary Herrigel, *Industrial Constructions. The Sources of German Industrial Power* (Cambridge, 1996).
 - 25 Jütte, 'Indien', p. 355.
 - 26 Emanuela Rizza, 'Vom polyzentrischen Beginn zur Einheit: Italien' in Dinges (ed.), *Weltgeschichte*, pp. 240-55, 240.
 - 27 Marijke Gijswijt-Hofstra, 'Vroege veroveringen van de homeopathie in Nederland: de Rotterdams patienten van Clemens van Bönninghausen halverwege de negentiende eeuw', *Tijdschrift voor sociale geschiedenis* 21 (1995), 406-28.
 - 28 It is not certain whether he was a lay healer or a trained physician, cf. Olivier Faure, 'Eine zweite Heimat für die Homöopathie: Frankreich' in Dinges (ed.), *Weltgeschichte*, pp. 48-73, 54; concerning his homeopathic healing (Schwindsucht) in Sicily, cf. Rizza, 'Italien', p. 243; concerning the introduction to Brazil, cf. Lore Fortes, 'Homöopathie auf dem Weg in das staatliche Gesundheitssystem: Brasilien' in Dinges (ed.), *Weltgeschichte*, pp. 331-54, 332 ff.
 - 29 This may have had long-lasting effects which even concern the current historiography. Compare the evaluation of Christoph Hartung (1779-1835) by the Italian and the Austrian contributors to Dinges (ed.), *Weltgeschichte*, pp. 81 and 247. Erhard Hartung, *Kaiserlich-Königlicher Rath und Dirigierender Stabsarzt Dr Christoph Hartung. Ein bedeutender Homöopath der ersten Stunde* (Nuremberg, 1998). For the historiography of alternative medicine, cf. Robert Jütte, 'The Historiography of Nonconventional Medicine in Germany: A Concise Overview', *Medical History* 43 (1999), 342-58.

- 30 Cf. Kotok, 'Homeopathy'.
- 31 Ute Schumann, 'Vom "lärmenden Herzen" und anderen volksmedizinischen Ansichten in der indischen Homöopathie' in Martin Dinges (ed.), *Homöopathie*, pp. 68-85.
- 32 On Malaysia, cf. Heinz Eppenich, 'Malaische Identität und Islamisierung der Homöopathie in Malaysia', *Medizin, Gesellschaft und Geschichte* 17 (1999), 149-75.
- 33 John H. Warner, 'Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, pp. 5-29.
- 34 Thomas Schlich and Reinhard Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von der Schwierigkeit, die Verbreitung der Homöopathie unter Ärzten festzustellen' in Dinges (ed.), *Homöopathie*, pp. 210-27; Jütte, 'Professionalization', gives a comparative picture of the number of homeopathic physicians in Germany and the US in 1860.
- 35 David M. Eisenberg, Ronald C. Kessler et al., 'Unconventional Medicine in the United States', *The New England Journal of Medicine* 328 (1993), 246-83. Ulrich Schwabe and Dieter Paffrath (eds.), *Arzneiverordnungs-Report '96* (Stuttgart, 1996) contains no information about homeopathic medications. Concerning an 'alternative' segment of the German market, cf. Wolfgang Schwabe, *Marktbedingungen und Absatzwirtschaft der biologischen Heilmittel* (Leipzig, 1939). Patient's interviews are crucial for knowing something about these practices.
- 36 On homeopathic hospitals, cf. Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser. Von den Anfängen bis zum Ende des Ersten Weltkrieges*. Quellen und Studien zur Homöopathieggeschichte, vol. 1 (Heidelberg, 1995).
- 37 Gunnar Stollberg (University of Bielefeld) has recently started a project to study alternative medicine and globalisation.
- 38 Christof Conrad and Martina Kessel, *Geschichte schreiben in der Postmoderne. Beiträge zur aktuellen Diskussion* (Stuttgart, 1994). About problems with this proposition in German historiography, cf. Martin Dinges, 'The Reception of Michel Foucault's Ideas on Social Discipline, Mental Asylums, Hospitals and the Medical Profession in German Historiography' in Colin Jones and Roy Porter (eds.), *Reassessing Foucault: Power, Medicine and the Body* (London, 1994), pp. 181-212, 187.
- 39 Homeopathic apologists who like to write success stories may deduce from the graph which continent and decade to choose for an optimistic view of the history of homeopathy; its detractors can do the same for polemics by choosing the periods of decline.
- 40 Tsutani, 'Homeopathy'; cf. Christian Oberländer, *Zwischen Tradition und Moderne: Die Bewegung für den Fortbestand der Kanpō-Medizin in Japan* (Stuttgart, 1995). For the different case of Malaysia, cf. Heinz Eppenich, 'Malaische Identität', 149-75.

- 41 Roy James Squires, 'Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States' (Univ. Diss. Leeds, 1985); Warner, 'Orthodoxy', p. 16, hints at this explanation; cf. Frank Scholz, 'Andere Macht, anderes Wissen: eine wissenssoziologische Untersuchung der Marginalisierung der US-amerikanischen Homöopathie als Beitrag zur politischen Anatomie des Körpers' (MA thesis, Heidelberg, 1995), p. 65 ff.; Jean-Louis Flandrin and Massimi Montanari (eds.), *Histoire de l'alimentation* (Paris, 1996), for example pp. 45, 105 and passim.
- 42 The USA is the country most regularly reported about in the journal of the German Homeopathic physicians *Allgemeine Homöopathische Zeitung*.
- 43 This holds true even when considering the fact that the British introduced homoeopathy to South India and to many other countries of their Empire. For information about the Commonwealth, cf. *British, Colonial and Continental Homeopathic Medical Directory* (London, 1898), later under the title *International Homeopathic Medical Directory* (London, 1901).
- 44 Michael Neagu, 'Von der Ethnohomöopathie zur postkommunistischen Vielfalt: Rumänien' in Dingés (ed.), *Weltgeschichte*, pp. 256-68, 265.