The Public Face of Homoeopathy: Politics, the Public and Alternative Medicine in the United States, 1900–40

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In 1948 Philadelphia’s Hahnemann Medical College, the last remaining homoeopathic school in the United States, celebrated its centennial. The keynote speaker for the celebrations was Joel Thompson Boone (1889–1974), a 1913 graduate and the most prominent homoeopath in the nation. Boone, a Navy officer, had fought in both world wars, won the Congressional Medal of Honor, been a physician at the White House, and was now medical director of the Veterans Administration, overseeing a nationwide system of government hospitals. In his speech, Boone admitted that he was not a strict homoeopath for ‘over the years I have not limited my prescribing of drug therapy to drop dosage, the mediated pellet or the tablet triturate [but] I have prescribed the indicated remedy and the smallest dose that would produce a cure.’1 Boone remarked that he knew of only two statues of physicians in Washington, DC: a monument to Benjamin Rush near the old Naval Hospital, and a statue of Samuel Hahnemann. ‘Daily thousands pass this heroic figure as they go to and from their work or stroll in the Park area of Scott Circle,’ Boone reflected; ‘I wonder how many of the people who observe this figure of Hahnemann, depicted in studied mood, contemplating, as it were, the ills and infirmities of those who pass, know the greatness of this man! He was worthy to take his place among the figures of the Great who are sculptured in stone, copper or bronze.’2

The Hahnemann statue had been dedicated on 21 June 1900, four years before the Rush monument, during the fifty-sixth annual meeting of
the American Institute of Homeopathy (AIH), American homoeopaths' national organisation. 'Lay down your work for a few days and come to Washington, the Capital of your country', an AIH fund-raising committee had urged homoeopaths, 'when we will install the effigy of the founder of our faith.' Hundreds of homoeopathic physicians and patients had sent contributions, most around $5 or $10, but three were over a thousand dollars: Mrs George Westinghouse, wife of the Pittsburgh industrialist; physician Nancy T. Williams (d. 1902) of Augusta, Maine, AIH second vice-president; and the AIH itself. A number of the donors were to play a prominent role in shaping homoeopathy in the new century. Charles Elmer Sawyer, physician to politician and later President Warren Harding, had donated $14; Hamilton Fisk Biggar (1839–1926), physician to industrialist John D. Rockefeller, $150; Julia Minerva Green (1871–1963), a recent graduate from Boston University's homoeopathic medical school who later established the American Foundation of Homeopathy, $2; and Royal Samuel Copeland, a homoeopathic ophthalmologist who would become mayor of Ann Arbor, Michigan, and later a US Senator, $27.4

The example of the Hahnemann monument in Washington, DC can stand as a starting point for my analysis of the public face of homoeopathy in America. In his 1948 speech, Joel Boone drew attention to the presence of President William B. McKinley (1843–1901) at the monument's dedication ceremony to highlight homoeopathy's former prestige in American life.5 Boone made no reference to the chemo-therapeutic revolution convulsing American medicine in the 1940s, or to the upheavals at his own alma mater, on public probation by the American Medical Association (AMA) and in the process of jettisoning its trustees, administrators and faculty in favour of non-homoeopathic academic medicine. Like Boone, we must acknowledge the presence of the President at a ceremony honouring the founder of homoeopathy and ask about its political, social and cultural significance.

Patients are part of a larger public composed of those who used alternative care, whether as an exclusive or complementary practice, and of those who promoted its use. As voters, lobbyists and consumers, this public shaped both professional and patient expectations about healers, the body, disease and therapy. Thus, this study of American homoeopathy in the first three decades of last century will focus on interactions not just in hospitals and medical offices, but at city halls, state legislatures, and even the White House. Drawing attention to the remarkable prominence of homoeopaths in American public life allows a reconsideration of relationships between individual patients and individual practitioners through a wider perspective of crucial links among alternative healers, the public and the state.
The Homoeopath in the White Coat

By the late nineteenth century orthodox physicians were urging the public to judge medical therapies not by creed but by affinity to the new German sciences, particularly clinical specialism and laboratory investigation. Science, as John Harley Warner has argued, was to be the ‘ultimate arbiter’ in the making of an ‘egalitarian therapeutic ethic, cutting across artificial sectarian boundaries to judge all therapies objectively’. The image of heroic ‘men in white’ at a hospital bed and a laboratory bench became a cultural icon, created and recreated in popular books and films, such as Sinclair Lewis's 1925 novel Arrowsmith, made into a Hollywood film in 1931. Many American homoeopaths eagerly donned the white coat that promised professional equality and public respect. These ‘New Homeopaths’ fought against the popular tendency to see scientific medicine as the sole province of the regularly-trained physician.

The generation of homoeopaths who came of age in the 1880s and 1890s, reading front page stories of discoveries by Louis Pasteur and Robert Koch, saw themselves as part of this exciting new world. They travelled to the research laboratories and state hospitals of Berlin, Munich and Vienna. Returning home as professional leaders, they tried to make homoeopathy as modern and scientific as possible, and founded national societies of eye, ear and throat specialists (1877), pediatricians (1880), surgeons and gynaecologists (1882), and obstetricians (1885). It was difficult to maintain a balance between integrating the new sciences and retaining a commitment to a heritage that gave homoeopathy wider cultural validation, but the prospect of attracting a lay public entranced with new scientific discoveries helped to smooth the thorny path towards a modern scientific homoeopathy. In this competitive educational market orthodox and unorthodox schools recognised the value of making laboratory science a visible part of medical training, a movement pilloried by critics as those who ‘talk of laboratories not because they appreciate their place or significance, but because it pays them to defer thus far to the spirit of the times’.

Homoeopaths’ public image as therapeutic experts made it difficult to establish homoeopathy as an alternative research field. Since the early 1880s, Boston homoeopath Walter Wesselhoeft (1838–1920) had proposed a national Association for Clinical Research but, although a few faculty members at the Boston, Philadelphia, New York and Michigan schools were engaged in such research, the Association did not materialise. In 1902 a small group of staff at a homoeopathic hospital in Buffalo, New York, began publishing a clinical research journal entitled the Homœopathic Journal of Pediatrics, but it lasted only a year. Efforts to develop homoeopathic
research were further hindered by the policies of the Rockefeller Institute for Medical Research. In the early 1900s John D. Rockefeller’s advisors had assured him that his new research institute would not discriminate against physicians of any school but, in fact, no homoeopaths were ever appointed there. In 1915 the Rockefeller Institute’s refusal to participate in a scientific investigation of homoeopathic therapy to be jointly organised by the AMA and the AIH doomed the project, and the death in 1926 of homoeopath Hamilton Biggar, Rockefeller’s personal physician, doomed any other prospect of gaining Rockefeller funding for homoeopathic research.¹²

‘New Homeopaths’ embraced not only the substance and structure of the new scientific medicine, but also its popular image. Students at Philadelphia’s school, for example, ranked Arrowsmith as their most popular novel. The constant references to ‘the ultra-scientific progress of the laboratory’ by one senior student who was ‘blind to anything external’ convinced his peers that ‘Max Gottlieb, the fiction-pathologist of Arrowsmith, was his prototype’.¹³ Nor was the persona of the medical scientist seen as necessarily inimical to a homoeopathic identity. Another student, ‘deeply interested in Homeopathy, and … already recognized as a crack prescriber’, was ‘often called “Arrowsmith” by some of his pals’ for, the editors of the student yearbook explained, ‘the nick-name, though chosen in jest, is truly symbolic of John when it comes to his persistent perseverance in the pursuit of the higher levels of knowledge.’¹⁴

White-coated ‘New Homeopaths’ did not replace traditional ‘high potency’ homoeopaths. The ‘classical homoeopathy’ writings of James Tyler Kent (1849–1916) and new editions of Samuel Hahnemann’s translated works found a wide market. By 1920, for example, Robert Ellis Dudgeon’s (1820–1904) translation of the fifth edition of the Organon was in its seventh printing, and in 1922 there was a new translation of the sixth edition of the Organon by California homoeopath William Boericke (1849–1929). Numerous editions of homoeopathic domestic manuals suggest that the lay public was also seeking homoeopathy as self-medication.¹⁵

**Homoeopaths and State Regulation 1900–20**

In the 1890s and 1900s reformers at the municipal and state level began to expand government powers to regulate medical schools, hospitals and medical practice. This movement to use the state to reform medicine, part of an expanding popular belief in expertise and standardisation known as Progressive reform, did not, as some historians of American medicine have assumed, lead to a significant decline in alternative medicine. Indeed,
as studies of American anti-vivisection advocates, Christian Scientists, osteopaths and chiropractors have shown, regular physicians did not gain hegemonic control of health policy or the provision of medical care until at least the 1940s; and, even then, the AMA lost an antitrust case at the Supreme Court level in 1943.\textsuperscript{16} Deciding who should legally be allowed to practice medicine and how their qualifications should be assessed remained highly controversial.\textsuperscript{17}

New state licensing boards were supposed to judge applicants objectively – by ability not creed – but few homoeopaths – even those who shared reformers’ scientific values – were convinced that regularly-trained examiners could judge homoeopathic candidates without sectarian bias. Homoeopathic societies, therefore, began organising ‘legislative subcommittees’ to report on proposed legislation.\textsuperscript{18} In 1901 Frederick Halsey (1849–1922), president of the Boston Homeopathic Society, urged his members to give greater ‘attention to politics, which we should do if we expect to influence legislation ... favoring us ... Politics is an unknown science to most of us and will bear better and closer study.’\textsuperscript{19} As the result of lobbying, legislators established separate or mixed licensing boards, making sure that each major medical system (typically regular, homoeopathic and Eclectic [botanic]) were formally represented and could examine candidates of their own school, either in every subject or in therapeutics alone. Indeed, a new nine-man examining board established by New York’s state legislature in 1907 did not test candidates in therapeutics at all, but did demand that every applicant had graduated from a four-year medical college.\textsuperscript{20}

The battles over whether and how healers should be licensed were not between homeopaths and regular physicians alone. Chiropractors and osteopaths fought for and achieved state licensing protection in the 1910s and 1920s; and Christian Science practitioners developed a sophisticated legal argument that, as a ‘drug-less’ system, they were exempt from medical practice laws. Homoeopaths sometimes joined regular physicians against other alternative groups in these licensing fights. In 1903, for example, New Jersey homoeopaths worked with regulars to oppose a licensing bill that would have recognised osteopathy.\textsuperscript{21} Members of the lay public who defended such groups were depicted as ‘ignorant’ and a ‘motley mob’, especially by homoeopathic specialists and medical school faculty.\textsuperscript{22} In the battle between the medical establishment and medical populism many homoeopaths chose medical orthodoxy.

A loose coalition of Christian Scientists, osteopaths, chiropractors and other critics of state regulation of medicine and healing began to articulate a newly invigorated medical populism over such issues as
vivisection, compulsory vaccination and licensing. In 1910, the Owens Bill, a proposal to set up a national health department, inspired the establishment of the League of Medical Freedom. Backed by patent medicine manufacturers and William Randolph Hearst’s publishing empire, the League argued that the Owens Bill was designed by the AMA to create a government-sponsored ‘medical trust’.23

The number of homoeopaths who joined the League is not known, although its journal Medical Freedom listed a number of homoeopaths including ‘one prominent physician who seems to have been giving all his time in travelling up and down the country organising Leagues’.24 The politics of homoeopath Jacob H. Gallinger (1837–1918), a Republican Senator from New Hampshire, appealed to both doctors and patients already suspicious of links between the AMA and the state. A fervent anti-vivisectionist, Gallinger attacked both the Owens Bill and the federal Children’s Bureau which had been established in 1912 to improve maternal and infant mortality.25 The group most suspicious of any role of government in medicine were homoeopaths and their patients in small, largely ethnic-German towns in rural Pennsylvania, Maryland and Ohio. Their Homoeopathic Recorder, one of the few homoeopathic journals in this era which explicitly addressed lay readers as well as professionals, distrusted big-city medicine – homoeopathic or not – and warned against any reforms that might undermine what it considered ‘true homoeopathy’.26

Most urban homoeopathic professionals were vehemently opposed to the League and its politics.27 Physicians writing in the Hahnemannian Monthly, published by the faculty at Philadelphia’s Hahnemann Medical College, and in its Boston counterpart the New England Medical Gazette, warned readers against the League. In 1912 the editor of the Gazette decried the League’s journal Medical Freedom as ‘a general tirade against everything medical, including public health, hygiene, and sanitation’, and local Leagues ‘which have for their real object the restriction of medical progress’. ‘We as a school can fight our battles without any aid from the patent medicine fakirs and “new cult cureists” [sic].’28 In 1912 the leadership of the AMA and the AIH issued joint policies in favour of the Owens Bill. Congress did not establish a national department of health until the 1960s, but modified legislation did expand the powers of the US Public Health Service, still a small part of the Treasury Department largely concerned with preventing epidemics. In 1917, as the political winds shifted, the AIH joined the AMA in opposing compulsory health legislation, with AIH president William Van Baun arguing that ‘Compulsory Health Insurance will benefit the poor and the thriftless’.29
Homoeopathy Courts the Public 1910–30

Perhaps no other single event stirred the American public over what kind of medicine should be taught and practised than the Carnegie Foundation’s 1910 publication of Abraham Flexner’s Report on Medical Education. ‘At no time in the history of mankind,’ John Sutherland (1854–1941), the dean of Boston University’s homoeopathic medical school, told students, parents and faculty at the school’s opening two months after the Report appeared, ‘has medical education been so prominently before the public as it is at present. At no time has the laity taken so great an interest in the subject.’

Homoeopaths, like regular physicians and the lay public, were both fascinated and horrified by Flexner’s description of the 155 schools he visited during 1909 and 1910. Despite Flexner’s claim to the objectivity of a Progressive reformer, his Report was clearly polemical. Both doctors and patients enjoyed the scandalous details contained in the Report, and were swayed by its persuasive case for a new model of medical education, in which salaried teaching faculty pursued laboratory and clinical scientific research. Homoeopaths, like many regular physicians, praised some elements of the Report. Members of the public who had contributed to the growth of homoeopathic medical schools and hospitals, however, wanted to hear a rousing defence of those aspects of the Report that most closely pilloried local institutions and threatened to undermine local pride. In defending the strengths of specific institutions, homoeopaths successfully confronted Flexner’s argument that alternative medical systems could not and should not survive alongside modern scientific medicine, and that ‘science, once embraced, will conquer the whole’.

The response by John Sutherland illustrates this newly self-conscious public debate. Flexner had been especially scathing about the 32 unorthodox schools he visited, 15 of them homoeopathic. Flexner’s discussion of ‘medical sects’ was, Sutherland conceded, ‘well written, with an entire absence of the various forms of defamatory remarks so frequent elsewhere in such discussions’, and provided ‘a careful presentation of the subject as seen by the non-sectarian layman’. Sutherland was gratified that Boston University had ‘fared so well’ considering – he pointed out – that Flexner’s visit had lasted no longer than two hours. The Dean deftly used some of Flexner’s criticisms to challenge conservative medical school alumni and trustees unwilling to raise Boston University’s standards. His school’s entrance requirements were, Sutherland agreed, too low, and the hospital was, as Flexner had pointed out, insufficiently connected with the school’s laboratories. Flexner, Sutherland concluded, ‘did his work faithfully and
conscientiously' and 'that he may have made a few misstatements is possible and excusable in a work of such magnitude and accomplished in so short a period.'

The Report was designed to discourage any funding of unorthodox schools by philanthropic foundations, and it did, leaving alternative schools that tried to emulate Flexner's model even more financially dependent on alumni and patients. American homoeopathy never again reached its peak of 1903, when it was practised by around 10 per cent of American physicians across the country. Yet, when homoeopathic medical schools began closing precipitously — from 22 in 1900 to 11 in 1913 — homoeopathic reformers were quick to place this decline in the context of wider changes affecting medical education. Nonetheless, the numbers of homoeopathic medical societies grew, as did general hospitals where homoeopaths were either the sole staff or practised alongside regular physicians. Homoeopathic hospitals became part of the urban health infrastructure: New York City's homoeopathic Metropolitan Hospital, Boston's Massachusetts Homoeopathic Hospital, and Philadelphia's Hahnemann Hospital which, in 1928, opened the first high-rise hospital building in that city.

Thus, American homoeopaths found that they needed active political lobbying and sophisticated propaganda to attract patients. The AMA was reaching the lay public through public lectures, radio programmes, short films and, in 1923, it began publishing a popular health magazine, Hygeia. In 1917, in a new central office in Chicago, the AIH established a Board for the Promulgation of Homeopathy with a full-time physician-educator who travelled the country talking to the public about homoeopathy. 'The present generation, outside of the immediate homeopathic patrons, knows little and cares less of what homoeopathy is,' complained one Boston homoeopath; 'Yet in the early days it was the public which fought and won our battles for us, and it is the public today to which we must appeal if we hope to have homoeopathy adopted as a generally recognized therapeutic measure.' Homoeopaths must 'use one of the most effective methods of letting the public know that Homeopathy is alive and prosperous by seeing that the newspapers are furnished with an account of your proceedings,' a New York physician agreed, urging colleagues to 'get an enthusiastic patient in newspaper work to send an account of our society proceedings to the public press. We owe this to the cause.'

America's entrance into World War One provided a powerful way to demonstrate homoeopathy's civic responsibility. In 1917, after pressure from the AIH, the federal Council of National Defense agreed to include homoeopathic physicians as members of its General Medical Board:
Charles E. Kahlke (1870–1958) President of the Illinois Homeopathic Medical Association and Dean of Chicago's Hahnemann Medical College; surgeon William Van Lennep, former Dean of Philadelphia's homoeopathic school; Charles E. Sawyer, Chair of the AIH Board of Trustees; and Florence W. Ward (1860–1919), the first woman elected as a Fellow of the American College of Surgeons. Medical and nursing staff from New York's Metropolitan and Flower Hospitals and Boston's Massachusetts Homeopathic Hospital sailed to France as Red Cross units, and an estimated 1,862 homoeopathic physicians served as commissioned officers. The most prominent homoeopathic hero of the war was Joel Boone who had joined the Navy in 1914, after graduating from Philadelphia's Hahnemann Medical College. During the war Boone was wounded at Belleau Woods and Blanc-Mont, promoted to Lieutenant Commander, and received the Congressional Medal of Honor and the Distinguished Service Cross. 43

Outside the AIH, homoeopathic physicians Julia Green and Julia Loos (1869–1929) sought to inspire patients and doctors to become advocates for homoeopathy. In 1921 they set up the American Foundation of Homoeopathy (AFH) (its designation 'foundation' echoing the unresponsive Rockefeller Foundation) and, in 1925, Green's women patients established the first Laymen's League. Some senior homoeopaths, as historian Anne Taylor Kirschmann has pointed out, were suspicious of an organisation that granted any role for lay members and employed as a lobbyist suffragist and birth control reformer Mary Ware Dennett. 44 Green's and Loos's alliance with conservative 'high potency' homoeopaths, further, created, according to one Chicago New Homoeopath, a serious dissenion in the movement. High potency advocates were, he recalled, 'really sellers and pushers of their ideas' and 'doctors had to defend themselves against the critics of their own colleagues. It made us look like we didn't understand medicine, and as a result, we lost credibility and respect. 45

During the 1920s American homoeopaths became conscious of themselves as a dwindling minority in a medical marketplace that continued to be diverse; one 1932 study estimated that almost one quarter of American healers were unorthodox. 46 AMA leaders disparaged New Homoeopathy as not scientific enough; lay critics warned that homoeopaths were not alternative enough, and subscribed 'loyally to all the fallacies and barbarities of modern Medicine, even borrowing some of its bigotry. 47 In parts of Europe and Latin America, however, homoeopathy was attracting doctors and patients, and the American homoeopathic community turned to the international homoeopathic network, participating in the International Homeopathic Congress and in the Pan-American Homeopathic Congress.
Over 400 doctors and members of their families attended one 1929 AIH trip to Europe, were received by government officials, entertained at official receptions and met King George, through the intercession of Sir John Weir (1879–1971), the British royal family's homoeopathic physician.48

Homoeopathic practitioners and their patients still made up significant numbers in cities such as Chicago and Philadelphia. In 1928 the Illinois State Homeopathic Society had 3,000 members, 1,000 of them in Chicago.49 Nor had homoeopathy lost all its influential patrons. Charles Kettering of General Motors was reported to have donated two million dollars to the cause of homoeopathy.50 However, even as regular hospitals solidified their role as major sites for health care and for the advancement of medical careers, homoeopathic hospitals languished, a situation worsened by the Great Depression. In 1928, a plan to set up a homoeopathic ‘Medical Center’ in Chicago was, reflected one Illinois homoeopath later, ‘wiped out like everything else ... [and] afterward, when other institutions got on their feet again, homoeopathy couldn’t recover.’51 During the 1920s and 1930s homoeopathy retained a public face, not through professional organisations nor as a significant provider of health care, but through the actions and public profile of individual homoeopaths, especially a homoeopathic Senator, a homoeopathic federal bureaucrat, and a President who was the son of a homoeopath.

Homoeopathy in the White House 1920–32

With the election of President Warren Gamaliel Harding (1865–1923) in 1920, the Republican party, already the affiliation of most homoeopathic and regular physicians, provided a place for homoeopathy in the nation's capital. The last time homoeopathy had played a significant role in Washington was in the 1870s when homoeopath Susan Edson (1823–97) had been the personal physician of President James Garfield and homoeopath Tullio Suzzara Verdi (1829–1902), physician to Abraham Lincoln's secretary of state, had been a member of the short-lived National Board of Health.52 Warren Harding, a Republican from Ohio, was the son of homoeopath George Tryon Harding (1844–1928) and Phoebe Dickerson Harding, a Seventh-Day Adventist midwife.53 As well as this longstanding commitment to alternative medicine, President Harding brought to the White House Charles Elmer Sawyer (1860–1923), his homoeopathic family physician.

Both Tryon Harding and Sawyer had graduated from the same Cleveland medical school. Harding, whose preceptor had been Hamilton
Biggar, became a general practitioner in rural Ohio, with a brief career as a pharmacist and local newspaper owner. Sawyer, by comparison, was a successful businessman and prominent physician; he owned two sanatoria, and worked as a contract surgeon for a railroad company. A significant force in Ohio medical politics and in the AIH, Sawyer had pressured Ohio State University in 1914 to accept a homoeopathic department after the collapse of Cleveland's last homoeopathic private school. As President, Warren Harding promoted Sawyer to Brigadier-General in the Army Medical Reserve Corps and appointed him head of the Federal Hospitalization Board, in charge of government health services which had expanded during the war, especially so-called soldiers' hospitals. Harding hosted the AIH during its 1922 annual meeting on the White House lawn, and wrote the dedication to the 1923 AIH collection *American Homeopathy in the World War*, praising 'that army of medical and surgical heroes who served with the American forces in the World War'.

The Harding connection was an ambiguous one for American homoeopaths for, while Harding did bring homoeopathy to the White House, his administration was also one of the most corrupt of that era. American political historians have mostly ignored Harding's and Sawyer's homoeopathic affiliations, other than in passing. Sawyer's clinical skills were, reluctantly, praised: when Sawyer refused to allow an operation on Harding's wife, 'the stubborn little homoeopath was right' and the patient improved. Sawyer was accused of contributing, either through incompetence or for more nefarious reasons, to the death of President Harding on 2 August 1923. Historian Andrew Sinclair noted that Sawyer's 'erroneous diagnosis of ptomaine poisoning was later interpreted as a doctors' plot to hush up the truth about Harding's death.' This rumour gained credence with Sawyer's own unexpected death at his White Oaks sanatorium a month after the president had died.

After Harding's death, his Vice-President, Calvin Coolidge, became President. Joel Boone was a major figure in this administration. Boone had a close relationship with President Coolidge and his family, and a great knowledge of Washington and Republican politics. He remained at the White House during Herbert Hoover's administration, but was ousted with the election of Democrat Franklin Delano Roosevelt. Perhaps by 1932 homoeopathy had become too closely identified as a 'Republican' medical alternative.
A Homoeopath in the Senate 1924–38

The most respected homoeopath in the United States during the 1920s and 1930s was Royal Samuel Copeland (1868–1938), a homoeopathic ophthalmologist whose career successfully mixed homoeopathy, health reform and politics. Copeland was probably the model for William R. Stanton, the protagonist in William Trites's 1929 novel *Paterfamilias*. An honourable old-fashioned doctor in a 'frock coat', unlike his son Jack, a homoeopathic medical student who smoked and chased show girls, Stanton, by the end of the novel, is elected as the reformist Republican governor of Pennsylvania.

Copeland was a Democrat but, like Stanton, a social reformer and a political conservative, later highly critical of Franklin Roosevelt's New Deal administration. An 1889 graduate from the homoeopathic department of the University of Michigan, he had solidified his professional credentials by travelling to Europe for postgraduate study. After five years of private practice as an eye and ear specialist, Copeland was appointed professor of ophthalmology and otology at his alma mater. Copeland's activities as a Mason, an officer in local homoeopathic societies and President of Michigan's state homoeopathic society in 1897, gave him regional prominence and political skills which led to his election as mayor of the town of Ann Arbor, the site of the University of Michigan, during 1901–03; President of the city's board of education; President of the national American Homeopathic Ophthalmological, Otological and Laryngological Society in 1905; and then, in 1907, president of the AIH.

In 1908 Copeland moved to New York to become Dean of the New York Homeopathic Medical College. At a celebratory banquet for Copeland at the Astor Hotel, John Prentice Rand (1857–1923), President of the Alumni Association, commented that 'Dr Copeland has had an extensive experience with all sorts and conditions of men ... The people of Ann Arbor showed their confidence in him by electing him mayor, - I presume he may yet be the mayor of New York.' With the turmoil following Flexner's 1910 Report Copeland narrowly escaped losing his position as Dean; William Van Lennep, his counterpart in Philadelphia, was not so lucky. By then Copeland had wider ambitions. In 1918 he was named New York City's commissioner of health, a position he held until 1924 when he was elected a Democratic Senator for New York State, and was then re-elected in 1929 and 1935.

In Copeland's promotion of the 1938 Food, Drug and Cosmetic Act, he had to tread a path between health reform and medical freedom. As New York's Health Commissioner he had considered chiropractors 'a public menace and peril' but, at Senate hearings introducing the Act,
he opposed any 'interference with various schools of healing such as chiropractic, osteopathy, hydrotherapy and the like'. He managed to have the Homeopathic Pharmacopoeia formally recognised in the Act, and all references to any 'consensus of medical opinion' replaced with the phrase 'general agreement of medical opinion'.

It is not known to what extent the Act's homoeopathic provision fitted within New Deal policies towards alternative medicine. By the mid-1930s, the connections American homoeopaths had made with an international community became less advantageous. European homoeopathy was publicly identified as the medicine of both the aristocracy and officials of the Nazi Party.

By the 1930s a new medical orthodoxy had emerged, one that linked professionalism and politics. As Roosevelt's liberal expansion of federal control of health and welfare gained widespread popular support, the AMA felt increasing pressure to maintain medical unity. In November 1935 Herman G. Weiskotten visited Philadelphia to inspect its four regular schools and Hahnemann Medical College. His advice, in a private report to Hahnemann, emphasised the school's public face. 'Make clear to the public the nonsectarian character of your institution,' Weiskotten wrote, and show that 'the phenomenal advances of medical sciences' had 'rendered obsolete the sectarian divisions among physicians which had prevailed a century ago.' Further, 'make it unmistakably clear to the laity that in the teaching and practice of medicine all recognized schools stand upon common ground and that in opposing influences detrimental to the health of the people, the entire medical profession should present a united front.' In 1936 the Philadelphia school revised its catalogue, deleting most of its references to homoeopathy and praising 'the remarkable advances' of medical science that had made sectarian divisions 'unnecessary and undesirable'. By the 1940s its faculty and graduates were welcomed as members of the local regular society and the prestigious College of Physicians of Philadelphia.

Conclusion

It would be easy to make this account part of the familiar narrative about the American public's declining support for alternative medicine, a decline that began with Pasteur and Koch and lasted until the hippie era of the 1960s and the New Age movement of the 1980s and 1990s. However, the history of homoeopathy between 1900 and 1940 challenges assumptions about the public's rejection of medical alternatives and embrace of orthodoxy.
Certainly, for much of the twentieth century, American homoeopaths were not able to make a particularly successful case for their alternative system. Indeed, homoeopathic doctors and patients forged no consensus over whether to make homoeopathy a part of the new medical populism – as anti-orthodox and anti-scientific – or to seek the mantle of scientific respectability. As a complementary system, however, homoeopathy retained a place in American social and political life with its associations with Republican administrations.

The history of American homoeopathy, indeed of alternative medicine broadly, is currently in flux. The term ‘a medical heresy’, used by historian Martin Kaufman, in his 1971 study and again in his 1988 article, is no longer widely accepted, although just how the analytical vacuum will be filled is less certain. Clearly such terms do not help an understanding of the continuing interest by the lay public in unorthodox medicine even into recent decades, an era that might, from one perspective, be considered the pinnacle of Western biomedicine.

Drawing attention to patients and the lay public in the history of homoeopathy begins to address this conundrum. Yet, a focus on individual patients alone can sometimes obscure broader influences; in this case, the state. Through the twentieth century, government played an increasingly powerful and interventionist role in regulating medical education and health care. Although many of these laws favoured orthodox physicians, they were by no means designed by the AMA, but were the result of political struggles. As homoeopathic medical schools began to close their doors, homoeopathy lost a major source of professional sustenance. At the same time a few homoeopaths became more prominent in public life: in the Army and Navy, the Senate and even the White House. Historians have only recently begun to explore the connections between orthodox medicine and the state; in seeking to understand the shaping of alternative medicine, an explanation must be given also of the presence of presidents, politicians and the public.

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Notes


3. William R. King (chair, local arrangements committee) to Dear Doctor, 15 June 1900, letter in ‘Hahnemann Monument and Centenary Celebration of His Law of Cure’ Scrapbook in Thomas Lindsley Bradford Collection, Archives and Special Collections, MCP-Hahnemann Medical School, Drexel University, Philadelphia, Pennsylvania.


7. For a discussion of these issues, see Susan E. Lederer and Naomi Rogers, ‘Media’ in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London, 2000), 487–502. The place of alternative practitioners and ideas in twentieth-century popular culture is also worthy of investigation. For pointing to the portrayal of a chiropractor in the Hollywood film *There Goes My Heart* (1938) I would like to thank Susan Lederer. I do not know of any homeopaths portrayed in films.


10. Abraham Flexner, *Report on Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York, 1910), 163. Flexner was referring to Eclectic schools.
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12 See E. Richard Brown, Rockefeller Medicine Men: Medicine and Capitalism in America (Berkeley, 1979), 105, 190–111; Martin Kaufman, Homoeopathy in America – the Rise and Fall of a Medical Heresy (Baltimore and London, 1971), 158; Rogers, Alternative Path, 94, 293 n. 42; and the paper by Anne Taylor Kirschmann in this volume.

13 Leroy Wilkins Falkinberg of Collingswood (New Jersey), no title, in Medic (1931), 113. In an informal poll of Hahnemann's 63 seniors in 1928, Arrowsmith received the most votes for 'favorite novel' (13 votes); in Medic (1928), 119. It is not clear whether these students shared these values or whether they were 'borrowing' them; for this point I thank Susan Lederer.

14 John Robertson Glassburn of Wilkinsburg (Pennsylvania), no title, in Medic (1934), 87.

15 The eighth edition of Humphrey's Homeopathic Mentor was reprinted in 1916, 1917, 1922 and 1925; William Boericke's Pocket Manual of Homoeopathic Materia Medica reached its eighth edition in 1922; and a new Guide to Homoeopathic Practice: designed for the use of families and private individuals, was first published in 1921.


17 The historian who has most influenced me in recognising the continuing strength of alternative medicine in early and mid-twentieth-century America is Numbers, 'Fall and Rise,' 191–94.

18 See, for example, the Legislative Committee of the Illinois State Medical Association; Rhoda Pike Bartso, 'Chicago Letter', New England Medical Gazette 46 (1911), 791.

19 Frederick M. Halsey, 'Annual Address by President of the Boston Homeopathic Society', New England Medical Gazette 36 (1901), 84.


23 See Kaufman, *Homeopathy in America*, 162–66. B.O. Flower, the former head of the Flower Medicine Company, was one of the founders of the League; Kaufman, *Homeopathy in America*, 164.

24 Editorial [John Sutherland], ‘Medical Retrogression’, *New England Medical Gazette* 47 (1912), 35. Sutherland criticised the League’s attacks on the Food and Drug Administration, infectious disease reporting, inspection of public school children, and compulsory vaccination, 35. See also Editorial, ‘Vivisection and Anti-Vivisection’, *New England Medical Gazette* 46 (1911), 880–82.


28 Editorial [John Sutherland], ‘Medical Retrogression’.


30 John P. Sutherland, ‘Opening Address: Thirty-Eighth Annual Session, Boston University School of Medicine, October 6, 1910’, *New England Medical Gazette* 45 (1910), 511; and see Dewitt G. Wilcox, ‘The Value of Homeopathic Colleges’, *The Chironian* 27 (1911), 277.


Sutherland, 'Opening Address', 512. It 'contains so much that is reliable and true that one looks leniently upon what may be called its defects.'

For an example of professional propaganda see a pamphlet reprinted from The Chironian (1909): 'Send Your Son to a Homeopathic College', Royal S. Copeland papers, Bentley Historical Society, University of Michigan, Ann Arbor, Michigan.

At its peak, in 1903, American homeopathy had 22 schools (15 per cent of all medical schools), in 1912 12, and in 1920 five. In 1903 there were 420 graduates (seven per cent of nation's medical graduates), falling to 97 in 1920; see Rogers, 'American Homeopathy', 46-48. By 1907 the AIH had formed a Council on Medical Education, modeled on the AMA's Council, as had the Eclectic National Medical Association; see American Institute of Homeopathy: Transactions of the Sixty-Fourth Session held in Kansas City, MO. June 22, 1908 (Cleveland, 1908), 81.

Claude A. Barrett, 'What About Homeopathy in the South', New England Medical Gazette 53 (1918), 20–23. By 1922 the homeopathic departments at the University of Michigan, Iowa State University and Ohio State University were abolished, ending American homeopathy's history as part of state-funded universities. Only two private colleges remained: the New York Homeopathic Medical College and Philadelphia's Hahnemann Medical College; see Rogers, Alternative Path, 90.


D[ewitt] G. W[ilcox] [editorial], 'Getting Our Case Before the Public', New England Medical Gazette 49 (1914), 452.

Herbert Dana Schenck, 'Homeopathy of the Present and Future', The Chironian 27 (1911), 520.

On public protests against the exclusion of homeopaths as medical officers during the American Civil War (1861–65), which forced a subsequent administration to commission homeopathic medical officers during the 1898 Spanish–American War; see Bonnie Blustein, Preserve Your Love for Science: Life of William A. Hammond, American Neurologist (Cambridge, 1991), 76–81; Lainie Rutkow, 'Their Own Civil War: The Struggle by Homeopathic Physicians in the United States Army to Achieve Medical Pluralism, 1861–1865' (senior thesis, Section of the History of Medicine, Yale University School of Medicine, 1999).


48. See Suits, Brass Tacks, 75. On Americans’ awareness of homeopathy in Brazil and Mexico, see Rogers, Alternative Path, 99.

49. See Suits, Brass Tacks, 28.

50. See Suits, Brass Tacks, 83. Kettering became better known for his funding, along with another GM executive, of New York City’s Memorial Hospital which, in 1945, was renamed the Sloan-Kettering Institute for Cancer Research.

51. See Suits, Brass Tacks, 29; see also Rogers, Alternative Path, 99.

52. See Suits, Brass Tacks, 29; see also Rogers, Alternative Path, 99.

53. See Suits, Brass Tacks, 29; see also Rogers, Alternative Path, 118.

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56 On the ‘poor quality and administration’ of veterans’ hospitals staffed by civil servants during the 1920s and 1930s, see Rosemary Stevens, In Sickness and in Wealth: American Hospitals in the Twentieth Century (New York, 1989), 221.


58 Russell cited Sawyer’s report of the mismanagement of supplies by Veterans Bureau director Charles Forbes, revelations which led to the reorganisation of the Bureau and to Forbes’ resignation; Russell, Blooming Grove, 554–55. See also Willis Fletcher Johnson, The Life of Warren G. Harding: From the Simple Life of the Farm To the Glamor and Power of the White House (Chicago, 1923); and Sinclair, Available Man, 4–12.


60 Sinclair, Available Man, 286–87; Russell, Blooming Grove, 638. For the most balanced and detailed account, see Robert H. Ferrell, The Strange Deaths of President Harding (Columbia, 1996).


62 See Junod, ‘Alternative Perspective’, 161–83; and Raymond Joseph Potter, ‘Royal Samuel Copeland 1868–1938: A Physician in Politics’ (unpublished PhD dissertation, University of Cleveland, 1967). Perhaps a useful comparison to Copeland is the career of Woodrow Wilson, who used his experience as a professor of political science at Princeton University to become President of the university and then, with the backing of the New Jersey Democratic Party, was elected President in 1912.

63 Stanton and his son agreed that ‘medical research is the noblest calling in the world’ and, after Jack admitted to his father that he wanted to study ‘regular medicine’, Stanton reluctantly let him leave Hahnemann for another school, saying ‘if you were a homeopath, you’d be barred from the big research laboratories, but now they’ll be open to you, and you’ll have a chance at all the scholarships and fellowships besides’; see W.B. Trites, Paterfamilias (New York, 1929) discussed in Rogers, Alternative Path, 115–18.

64 His visits to London, Paris, Berlin, Vienna, Heidelberg and Munich suggest that he may have been what John Harley Warner has termed a ‘medical tourist’;

65 See Junod, 'Alternative Perspective', 165–75; and see also Potter, 'Royal Samuel Copeland'.


67 See Josef M. Schmidt, 'Homeopathy in the American West: its German Connections', in Jütte, Risse and Woodward (eds.), Culture, Knowledge and Healing, 159.

68 Junod, 'Alternative Perspective', 171, 173; see Junod's comment that 'it was astutely perceived by nearly everyone that it was unlikely medical experts ever would achieve a consensus on anything', Junod, 'Alternative Perspective', 174. Until the 1980s this official recognition of homoeopathic drugs was largely ignored by the Food and Drug Administration but, with the expansion of homoeopathic drug manufacturers and public self-medication, this provision has become highly controversial.


71 The Hahnemann Medical College and Hospital of Philadelphia: Announcement for the Eighty-Ninth Annual Session 1936–1937, 26, 65–66; see also Rogers, Alternative Path, 132.


73 See, for example, Stevens, In Sickness and In Wealth, 65–70.