

Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America

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ONE THING NINETEENTH-CENTURY American physicians and later historians have tended to share is their depiction of homeopathy as the Other. The distinction that came with that otherness has been regarded as a key factor in homeopathic appeal, while the erosion of its distinctiveness has been interpreted to be a leading source of homeopathic decline. The ways homeopaths in the United States themselves managed this issue is one focus of the contribution for this volume by Naomi Rogers. My paper, instead, explores how regular physicians deployed the idea and imagery of otherness in depicting homeopathy and in representing themselves.

The emergence of homeopathy and the impulse to accentuate otherness it propelled, I want to suggest, were key factors in the creation of orthodoxy in American medicine. During the middle half of the nineteenth century, this ideology of orthodoxy, vigorously cultivated, was a central feature of the culture of medicine in America. Changes in both medicine and American society during the final third of the century, however, fostered the dissolution of orthodox professional identity, and, with it, an erosion of the institutional and cognitive boundaries by which regular physicians had sought to maintain their separateness. It is precisely because strategies of polarisation were so central to definitions of both Old and New School medicine that understanding the rise and fall of medical orthodoxy offers one significant context for exploring the shifting place of homeopathy in

American culture.

What later historians and contemporary critics called medical sects did not exist in the United States before the early-nineteenth century. To be sure, a variety of healers offered the sick alternatives to regularly-educated physicians. Some social healers, such as midwives, often worked cooperatively with so-called regular doctors, while others, 'Ignorant pretenders' as one Massachusetts physician complained in 1782, competed with 'the Regular Bred Physician.'¹ Yet these individual healers did not belong to anti-orthodox systems of belief and practice that possessed a formal structure and shared creed. Such a system with the power to bind together a group of unorthodox healers emerged only after 1806, when Samuel Thomson began to market 'family rights' to his botanical practice. During the 1820s and 1830s the number of professional Thomsonian practitioners grew markedly, and during the 1840s and 1850s Eclecticism began to flourish, as did hydropathy.² At the same time, homeopathy, first introduced into the United States in the mid-1820s, grew to be the country's most prominent irregular medical system.³ With its renaming of regular medicine as allopathy, homeopathy cemented the rhetoric and imagery of sectarianism in American medical discourse.

The rise of sectarianism altered fundamentally the culture of American medicine.⁴ Throughout the ante-bellum period, the 1820s until the outbreak of the Civil War in 1861, the power and prestige of the regular profession were declining. Irregular practitioners assailed the ideas and practices of the regulars. Further, at a time when the proliferation of for-profit medical schools was leading to overcrowding and divisive competition, the success unorthodox practitioners enjoyed seriously threatened the livelihood of regular doctors. More than this, starting in the 1830s the Thomsonians led a crusade to strip regular physicians of all vestiges of professional privilege. Deploying a radically democratic, anti-monopoly rhetoric that had powerful resonances in American society, they persuaded state legislatures to repeal virtually all legal regulation of medical practice. With the collapse of licensing laws, no legal distinction discriminated between regular physicians and other healers. By mid-century, as Matthew Ramsey has noted, 'the American medical field was the freest in the Western world.'⁵

Homeopathy differed from other irregular medical groups in America not only in its cognitive and therapeutic character but also in its socio-economic standing and institutional sophistication. Especially during the early decades of homeopathy in America, many of its practitioners were converts who held M.D. degrees from regular medical schools. Indeed, often

regular physicians expressed a sense of desertion and betrayal by colleagues who, as one complained, 'have left the regular practice for this German mysticism, & have succeeded in getting profitable practice.'⁶ Homeopaths were most common in the urban centres of the north-east, and in some locales they occupied a higher socio-economic position and served a more affluent clientele than their regular counterparts.⁷ Above all, homeopathic practitioners never doubted that they were members of a learned profession, and could point to homeopathic journals, societies, and degree-granting schools as evidence.⁸ 'It is not among the low & ignorant that we find its disciples and converts,' one regular medical student acknowledged in 1838; 'on the contrary it counts among its apologists men of liberal education and high standing in society.'⁹

What homeopaths shared with other anti-orthodox medical practitioners was the proclaimed objective of overturning the established medical order. William Henry Holcombe, for example, a prominent homeopathic physician, was typical in his repeated calls for the rupture of allopathy. In his mind, his dual commitment to homeopathy and Swedenborgianism forged the link between his opposition to medical and religious orthodoxy. The structures that sustained these orthodoxies, he maintained, had to be torn down before the new order could be erected: 'As it is impossible for the old bottles to contain *new wine*, I strongly recommend the immediate demolition of all Orthodox Theological Schools and all apothecary Shops,' he wrote in his diary.¹⁰ 'I felt how useless it is to argue with any body whose whole life had been given to the contemplation and defense of certain dogmas,' he complained in 1855 after reading a regular medical journal. 'The present race of Old Church theologians and of Allopathic doctors has to *die out* before the good seed can spring up on the place of those weeds in the garden of the world.'¹¹ As Holcombe's remarks suggest, for most of the nineteenth century it is a misnomer to frame homeopathy in America as alternative medicine, for its aim was not to coexist as one among many alternatives to regular medicine, but rather to destroy and supplant it.

The pervasiveness of martial and religious metaphors in the rhetoric of homeopaths and of those they called allopaths is revealing, for it served to accentuate the otherness of the two schools by depicting them as binary opposites, as two armies facing off for battle, or as two churches each claiming exclusive possession of revealed truth. 'The army of Hahnemann increases and boldly presses forward,' a homeopathic student in Philadelphia wrote in his 1856 M.D. thesis. 'Truth is on its side, is mighty, and will prevail.'¹² The battle, as another homeopath put it, 'is to be fought between

the Goliath of the Old Medicine and the young David of the New.¹³ Many homeopathic practitioners who initially had studied regular medicine not only described themselves as *converts*, but composed elaborate conversion narratives that demonised allopathy as an evil to be overcome by those seeking redemption – a ‘Lucifer,’ as one homeopath styled it, to be cast out of American life.¹⁴ Holcombe, for example, who had earned his M.D. degree at a regular medical school, claimed that his conversion experience was typical, and published an account of his passage from darkness ‘into the light and liberty of truth.’¹⁵ Yet as Holcombe’s case illustrates, such language represented more than merely public posturing, and could express deeply felt convictions. ‘Alas! for poor Allopathic practice!’ Holcombe wrote in 1855, in the privacy of his diary, adding five days later, ‘Alas! for poor tottering Old Church Orthodoxy!’ Some months later he recorded, ‘To-day when speaking rather bitterly of Roman Catholic mummeries, my mind following a familiar undercurrent of thought, I misnamed it *Allopathic* mummeries. The difference between Old and New Church are very similar to those between Old and New Medicine. Indeed I am a Homeopath simply in a primary view because I was previously a new Churchman.’¹⁶

Historians have long depicted the rise of homeopathy as one engine of change in regular medicine, and rightly so. The example of homeopathic success showed regular practitioners that often cure could be effected with very mild therapeutic intervention. The recovery of patients under homeopathic care did not necessarily mean that homeopathy actively cured patients – most regular physicians, indeed, regarded the prescription of infinitesimal doses as tantamount to doing nothing; but it did demonstrate that cure often owed more to the healing power of nature than to medical art. As important, the assault upon allopathic therapy incited a popular outcry against heroic drugging; and in a competitive market, regular physicians made their therapies increasingly milder. ‘There is good in everything,’ one orthodox practitioner typically asserted, ‘and if Homeopathy with all of its fallacies has opened the eyes of all or at least of many to the evils of drugging patients, it has been of service.’¹⁷ In this way, the homeopathic example and its assault on allopathy constituted an important force for change.

What has received less attention is the profoundly conservative influence homeopathy simultaneously worked upon the regular medical profession. For while homeopathy fostered change, it also engendered a dogmatic adherence to tradition that made change difficult and at times professionally suspect. As some regularly-bred physicians publicly declared their conversion to the New School, those who continued to identify with

the Old School were compelled to reflect upon who among their brethren shared their beliefs and who dissented, a distinction that could not be reduced to education alone. The homeopathic challenge set up an intellectual and socio-economic environment that forced regular physicians to turn inward to established tradition to find a stable core of professional definition and distinctiveness. Homeopathy thus fostered not only regular stability, but reaction, and was the critical element in transforming regular physicians' confidence in their heritage into a rigid ideology of orthodoxy.

With the strengthening impulse to orthodoxy, regular physicians sought ways to set themselves apart from heterodox healers and to purify their own ranks. Yet with the repeal of licensing laws, there was little hope that the state would act as boundary setter. Instead, the growing awareness of orthodox identity after the 1820s was expressed most visibly by the proliferation of voluntary but exclusive orthodox institutions. Local and state medical societies multiplied and, in 1847, the national American Medical Association (AMA) was formed, in part 'to draw the line of demarcation between those who are of the profession and those who are not.'¹⁸ Between 1820 and 1850, the number of regular medical schools trebled, and the socialisation students received in these institutions forcefully impressed upon them their participation in orthodox tradition. Orthodox medical journals, which rapidly multiplied, also served as a forum for denouncing sectarian ways and consolidating orthodox identity.¹⁹

By the 1840s, such institutions embraced an official policy of discrimination against irregular practitioners. Homeopaths, grudgingly tolerated at first, came to be barred from regular medical societies and thereby denied access to one source of professional distinction, knowledge, and business. Further, the code of ethics to which society members pledged themselves forbade consultation with sectarians, and some members who violated this stipulation were charged with unethical conduct and expelled.²⁰ Similarly, regular schools closed their doors to homeopathic practitioners who sought an M.D. degree; revoked the diplomas of alumni who took up unorthodox ways; expelled students who associated with homeopaths; and refused to allow students who had apprenticed with homeopaths to attend lectures or become degree candidates. At the orthodox Medical College of Ohio, to cite one example, the by-laws specified in 1845 that a graduate who practised homeopathy or any other irregular course would be blocked from attending future lectures, a privilege graduates ordinarily expected; such a heretic had 'deserted the profession and renounced his Diploma.'²¹ Such persecution in turn became an important part of unorthodox identity, and homeopathic leaders celebrated the

distinctiveness it conferred as a martyrdom suffered for steady allegiance to truth.

In the United States, however, for regular and irregular practitioners alike, professional identity and esteem ultimately rested not upon sanctions given by formal education, licensing, or society membership, but upon practice. The available institutional, social, and legal structures failed to provide a framework capable of defining and supporting medical professional identity. And therefore any intuitively persuasive criterion for judging orthodox identity had to derive in the first instance from practice itself. It was in this context that medical therapeutics not only was the pivot upon which orthodox–unorthodox conflict turned, but also provided the most conspicuous insignia of allopathic and homeopathic creeds.²²

Homeopaths, with other irregulars, transformed certain therapies identified with regular practice – especially such hallmarks of heroic depletive practice as bloodletting and purgative mineral drugs – into the most distinctive, widely recognised emblems of the orthodox profession. They targeted regular therapy as the worst evil of the Old School, and identified allopaths with their therapies in order to denounce them both. This imagery was pervasive in irregular medical journals, where regular practitioners were portrayed as ‘Mineral Doctors,’ ‘the poison depletive quacks,’ and ‘the knights of calomel and the lancet.’ Orthodox medicine, in a like fashion, was styled ‘the drugging system,’ ‘the calomel and blue pill school of medicine,’ and ‘the mineral humbuggery practice.’²³ Such therapeutic symbols demarcated a vivid boundary between orthodox physicians and converts to the New School. ‘The essential difference,’ one homeopath explained in 1846, ‘between the old and new school, consists in an entire rejection by the latter, of the materia medica, and therapeutics of the former.’²⁴

Rather than resisting this identification of bloodletting and calomel with the orthodox profession, however, regular physicians celebrated these therapies as the most recognisable badge of regular identity. Reaffirming allegiance to traditional practices offered regular physicians a vehicle for dramatising their distinctness from irregulars that did not depend on such unsure measures as pointing to educational differences, seeking legal sanctions, and preserving institutional purity. Indeed, the very fact that non-believers so vigorously assailed these signs of orthodox faith intensified their power as symbols. Establishing professed faith in such therapies as the touchstone of regularity ensured that homeopaths would be placed utterly outside the professional pale. It was around these therapeutic symbols, more than any other nucleus, that the concept of orthodoxy crystallised.

At the same time, partly because therapies like bloodletting and

calomel were associated with heroic medicine, regular physicians found in the language of gender an appealing medium for contrasting the energetic, bold use of the orthodox armamentarium with the feeble, timid use of homeopathic infinitesimals. The active practitioner, confident in his mastery of orthodox therapies, took charge of the disease by using forceful, 'decisive measures.'²⁵ By contrast, the practice of homeopaths – 'fashionable effeminates,' one regular styled them²⁶ – was routinely associated with 'a passive course,'²⁷ with its treatment characterised as soft rather than vigorous, its approach timid rather than courageous, and its attitude watchful and waiting rather than conquering and interventionist. The language used to polarise orthodox and homeopathic practice, and to attach to these polar positions gender dualisms that in Victorian culture were easily recognisable, reinforced both the utility of therapies like bloodletting as symbols of orthodoxy and the fundamental otherness of homeopathy. It was a discursive feminisation of homeopathy, serving to marginalise, devalue, and dismiss it, that orthodox physicians endlessly reinforced by pointing out that gentle homeopathic medicine appealed disproportionately to women and children.²⁸

Ironically, during the period when medical orthodoxy became firmly associated with the therapies of heroic depletion, the actual use of these treatments was declining markedly. But as their use at the bedside dwindled, their symbolic importance was redoubled. The mainstays of heroic therapy were so intertwined with professional identity that the very same physicians who used them only infrequently in *practice* continued to laud them as in *principle* the profession's most powerful weapons in combating disease.²⁹ Regular physicians insisted that they should follow their own judgement in prescribing, not adhere by rote to any therapeutic system, and proposed that while homeopaths *always* gave minute doses, regulars might choose between bold or expectant treatment depending on the needs of each patient. 'You should consider yourself insulted at being called an "Allopathic,"' one regular student wrote in his class notebook, copying his professor's words; 'you have a perfect right to avail yourself of all means, wherever found.'³⁰ It was orthodoxy, not so much orthopraxy, that mattered in displaying professional regularity.

In their workaday routines, the social and professional boundaries between regular and homeopathic physicians often were blurred. Private interactions between American allopaths and homeopaths were more common and more congenial than the public rhetoric of sectarian warfare implied. Regular physicians conversed at dinner parties with homeopaths they regarded as their social peers,³¹ while allopathic and homeopathic

students, though enrolled at rival schools, sometimes interacted daily at the same boarding house.³² So too, regular practitioners sometimes approved of placing their own family members in the care of homeopaths,³³ while an eminent orthodox leader might meet in consultation with a homeopath – so long as the latter was deemed ‘an honorable gentleman’ and the transaction kept private.³⁴ Regular medical societies often even tolerated members who prescribed homeopathic remedies, so long as they did not openly renounce the regular faith.³⁵ Yet it was precisely because the institutional and behavioural boundaries distinguishing between regular and homeopathic medicine in America remained fuzzy that clearly objectifying the concept of orthodoxy became so important.

Holding fast to the symbols of orthodoxy, like charging dissenters with heresy,³⁶ gave regular physicians one means of preserving confidence and order at a time of severe professional dislocation. The young physician could find reassurance in ‘a steady determined reliance on the principles of his tried profession, which has stood the rack and storms of centuries unscathed,’ as a medical student at the University of Pennsylvania put it.³⁷ As the homeopathic challenge aggravated the sense of professional instability, there was comfort in a ritual affirmation of belief in the mainstays of traditional therapeutics, which pointed to the sturdy links binding the orthodox practitioner to two millennia of medical thought and practice.

Yet this identification of orthodoxy with tradition, as regular physicians understood it, did not mean a doctrinaire allegiance to the past. The same professional leaders who promoted orthodox ideals and institutions insisted that an expectation of change was a defining feature of their creed that separated them from homeopaths. The orthodox physician was urged to recognise that ‘the science to which he has devoted himself is a progressive one.’³⁸ Unorthodox medicine, on the contrary, and most especially homeopathy, was dismissed as rigid dogma adhered to by rote. The sectarian physician, one Albany medical student charged in 1849, ‘urged blindly on by the impetus of his theory, looks neither to the right hand or to the left for reason of principle – Their established and unvarying rules are, never to sacrifice *Theory* for reason, truth, or experience.’³⁹

The judgement, however, that homeopathy was dogmatic, unprogressive and doctrinaire, was more than merely dismissive. For instead of recognising homeopathy as a fresh departure informed by empirical investigation, the defenders of orthodoxy framed it as the epitome of a speculative medical *system*, the anachronistic embodiment of Enlightenment rationalism and all the ills it had come to represent. Regular leaders thereby further sharpened the dichotomy between orthodox and homeopathic

medicine by explicitly identifying homeopathy with a professional past they had renounced and were labouring hard to escape.

The key to understanding what made this identification of homeopathy with rationalistic system and, thereby, a repudiated past, so powerful in the American context is recognising that during the decades when homeopathy appeared and grew prominent, a campaign 'against the spirit of system' was the central programme for change within regular medicine.⁴⁰ Regular leaders, particularly those who returned from medical study in France committed to the empiricist ideals of the Paris School, grew increasingly strident in insisting that rationalism should be held responsible for many of their profession's cognitive and social ills. Misguided faith in rationalism had led to what one Boston physician called 'the incomprehensible mysticism and absurd speculations of the closet dogmatists upon the nature of disease.'⁴¹ Rationalistic systems of practice also encouraged in-fighting within regular ranks and therapeutic extremism, the misuse of such remedies as bloodletting and calomel. Throwing off the domination of rationalistic systems would thereby undermine anti-orthodox criticism, reduce professional divisiveness, make regular physicians better healers, and elevate the standing of the profession in the eyes of the public.

While the empiricist crusade, as it emerged in the 1820s, was designed in part to impel change, over time it increasingly functioned more to reassure the faithful than to convert or reform sinners. Demonising 'ingenious systems,' 'subtle reasoning,' and 'the shackles of speculation,' the regular physician Alfred Stillé charged in 1848 that they had 'contributed to discredit the profession, and to arrest the progress of knowledge.' He called on his brethren to abandon 'the hypotheses which have more recently arisen and flourished,' urging that 'Brownism and Rushism, Broussaisism and Hahnemannism, with all the other fruits of a luxuriant fancy and a poverty of facts, must descend the inevitable slope to oblivion.'⁴² But even as he wrote, no prominent orthodox physician in America any longer publicly professed faith in Brownism, Rushism, Broussaisism, or any other regular 'system' of practice. And that was the point: homeopathy was singular, a real danger in the present that embodied the most destructive evils of the past.

The crusade against system, which intensified in the 1840s and 1850s, gained in power by being expressed in a language that addressed anxieties deeply rooted in American culture. Historians exploring American life during this period have revealed a society keenly on the lookout for deception, paranoid about being tricked by such archetypal counterfeits as the confidence man and the painted woman.⁴³ Deception and fraud became central themes in the assault upon medical systems. In the rhetorical forms

that became commonplace among regular physicians, epistemological positions became distinctly value laden, with empiricism and rationalism linked not only to divergent ways of knowing but more profoundly to integrity and dishonesty respectively. The mystification and needless adornment of rationalistic systems were depicted as forms of deception and trickery dangerous both to the people's health and to the social standing of the regular profession.

The same language orthodox reformers used in denouncing regular-bred system builders of the past they deployed against the disciples of irregular systems in the present; thus homeopathy, Thomsonianism, and 'all the systems of medical delusion'⁴⁴ were consigned to 'the morass of false experience of vain hypothesis and delusive theory.'⁴⁵ Homeopaths and other irregulars were decried as deceivers, as (in the words of one South Carolina medical student) 'imposters and vain pretenders.'⁴⁶ Unorthodox healers were depicted as medical mystifiers par excellence, and their success in competing with regular physicians for patients likewise was attributed to their cultivation of the arts of deception. Thus in 1855, a physician in Texas looking for a place to practice without being suborned to 'the practice of a cheat' wrote despairingly to his brother about the success of homeopathy, 'more especially when almost all of ones friends turn to those who will swindle them the deepest with their infinitesimal delusions and arrant nonsense.'⁴⁷

American xenophobia made the foreignness of homeopathy, its avowed German origins, one easy target, particularly during the years when many of its practitioners were German immigrants. Moreover, in framing homeopathy as 'nothing but German mysticism,' orthodox physicians redoubled its image as a speculative medical system by linking it to a widely-held caricature of the German mind. Homeopathy, as one critic described it, was the 'result of habitual modes of thinking in Germany, the result of a kind of unphilosophical dreaming among a people who often show themselves incapable of severe reasoning, as they are almost always transcendent in the observation of facts.'⁴⁸ Thus the author of *The Anatomy of a Humbug, of the Genus Germanicus, Species Homeopathia* (1837) tellingly urged that 'Germany is the land most congenial to ghosts, goblins and devils,' and suggested that homeopathy – 'baptized in the magic waters of that country' – was a throwback to 'the reign of magic and witchcraft.' He proceeded to represent homeopaths as foreign confidence men 'duping and deceiving the credulous,' as beguilers who 'consider the Yankees fair game and an easy prey.'⁴⁹

By depicting homeopathy as an enduring bastion of the rationalistic

system-building the regular profession had repudiated, and by casting epistemological issues in an emotionally resonant idiom of deception and honesty, regular physicians were asserting that a clear *moral* boundary distinguished orthodox medicine from homeopathy. Especially from the 1830s onward, to the archetype of the medical deceiver, a counter-archetype became prominent in regular medical rhetoric – what was denoted as the ‘true physician’ or, as often, the ‘honest physician.’ The attributes of the true physician were the antithesis of those of the sectarian deceiver: integrity, sincerity, allegiance to medical truth, and success won not by trickery but by honest dealings.⁵⁰ It is doubly telling that homeopathy so often was characterised as a product of ‘the metaphysical mind of the German’ and as ‘German mysticism,’⁵¹ for the mystification of medical knowledge was depicted as not merely misguided but morally wrong, not least of all because it sacrificed the lives of patients and blocked the pursuit of medical truth. In the homiletic language of the empiricist crusade against system, regular reformers found a vehicle for investing their denunciation of homeopathy with both a moral message and moralistic fervour. More than this, in the American context underscoring the otherness of homeopathy by framing it as a rationalistic medical system was a powerful means for regular physicians to imagine themselves set apart from it by chasms in epistemology and integrity alike. An ideology of orthodoxy configured this way made its bid both for absolute separateness and for the moral high ground.

Regular rhetoric demonising homeopathy persisted into the final third of the nineteenth century, as did official policies of discrimination. Yet by the 1870s and 1880s, clear signs emerged that the ideology of medical orthodoxy forged during the ante-bellum period was starting to be pulled apart at the seams. It was during these decades, when homeopathy enjoyed its fullest success in American society, that a growing number of prominent regular physicians set out to erode all invidious barriers between homeopath and allopath as part of a wider programme for reconstructing their own professional identity. The ideals and apparatus of orthodoxy, in their view, far from being the best guarantors of the physician’s success at the bedside and the profession’s success in society, held medicine back, impeding their programme to redefine professional identity, authority, and moral legitimacy.

Those regular practitioners who contested the ideology of orthodoxy and its use to maintain professional standards were often the very physicians who sought to make scientific standards in medicine more rigorous.⁵² Often younger, able to boast of study in Germany, and consecrated to the medical promise of the experimental laboratory, among those who most vocally challenged the idea of orthodoxy were physicians who believed that the

advancement of science had rendered it obsolete and who, moreover, looked to science as a new source of professional authority and of more reliable criteria for professional integrity. 'Homeopathy and allopathy are dreams of a by-gone time,' the regular physician and proselytiser of the experimental laboratory Roberts Bartholow proclaimed in 1872. Insisting that physicians who trusted in the natural laws revealed by experimental science no longer needed to heed artificial distinctions between orthodox and homeopathic creeds, he went on to insist that 'modern science is indifferent to Hippocrates and Hahnemann. The therapeutics of to-day rejects dogmas, and the therapeutics of the future will accept nothing that can not be demonstrated by the tests of science.'⁵³ For those who contested orthodoxy, professional claims to scientific expertise formed the foundation of a new order that dismissed the identification of science with orthodoxy and embraced the promise of specialised knowledge to inform effective action as the ethical sanction for their programme.

In this new programme for rooting professional identity in an accountability to science more than to any particular medical tradition, many of the devices that had marked the boundaries between orthodox medicine and homeopathy lost their utility. The radical empiricism that had once informed the crusade against rationalistic systems was supplanted by aspirations for a New Rationalism, which was to turn upon reasoning from the laboratory to the bedside. The vilification of system, accordingly, began to lose both its cultural force and professional significance.⁵⁴ At the same time, the proselytisers of the new program urged a shift from practice toward knowledge as the principal basis for professional identity.⁵⁵ Experimental science, with its power to explain and its promise of effective intervention, came to provide insignia of the medical profession more potent than symbols drawn from practice, such as bloodletting and calomel. Science, according to the newer view, would inform an egalitarian therapeutic ethic, cutting across artificial sectarian boundaries to judge all therapies objectively.

This challenge to orthodoxy from within was expressed in a variety of intellectual, institutional, and behavioural changes, but can be exemplified with particular clarity by the internal revolt against the orthodox code of medical ethics. The section of the 1847 AMA Code of Ethics, widely taken up by state and local societies, that became the focus of contention prohibited regular physicians from consulting with irregulars on the grounds that the latter were medically and morally unfit. 'No one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology,

pathology, and organic chemistry.⁵⁶ The consultation clause became the most celebrated implement of orthodox discrimination, an institutional and behavioural boundary that separated the orthodox faithful from homeopaths and the putative dangers of their otherness. 'To a young physician going forth into a life full of moral conflicts the wearing of this aegis would be one of his surest defenses,' one AMA president asserted in 1856; 'next to the holy scriptures, and the grace of God, it would serve most effectually to guard him from evil.'⁵⁷

In the 1870s and 1880s, regular physicians who embraced the newer ideals of professional identity began to call for annulment of the code of ethics, or at least the consultation clause, insisting that they should be free to decide with whom they would consult. One prominent argument against the consultation clause was that an allegiance to science subverted the very idea of orthodox and unorthodox medicine. As one practitioner put it in explaining his opposition to the code in 1883, 'There can be in medicine no heresy, because there is no orthodoxy.'⁵⁸ Science was the ultimate arbiter of propriety and had rendered distinctions between competing systems of medical belief and practice made on any other grounds meaningless.

The example of one aggressive local battle, waged in New York State, is suggestive of wider patterns. In 1882, a group of physicians, prominent among them such elite, science-oriented, urban specialists as Cornelius R. Agnew, Abraham Jacobi, and Daniel B. St. John Roosa, pushed through a vote at the annual meeting of the Medical Society of the State of New York deleting the consultation clause from the organisation's code of ethics. Members henceforth were free to consult any legally qualified medical practitioner, and by this time, licensing laws had been reintroduced in New York State that recognised homeopaths. At its annual meeting in 1882 the AMA refused to seat delegates of the New York society. During the next two years the elder of New York medicine Austin Flint, among other conservatives, led a vigorous campaign to have the clause restored by their state society, a move repelled with equal energy by the liberal coalition. In 1883 the AMA aggravated tensions by requiring that all delegates to its annual meeting sign a pledge to observe the ban on consulting with homeopaths, and by naming Flint president-elect. Frustrated in their attempts to restore the consultation clause in their state society, however, in 1884 the conservatives split off to form their own orthodox society, which ceremoniously restored the consultation clause and was duly recognised by the AMA. Into the early-twentieth century, New York would have two state medical societies, split by dissension over the consultation clause.⁵⁹

Orthodox physicians who remained faithful to the consultation

clause framed its annulment by liberals as 'a fire-brand of Nihilism in the profession' and its orthodox defence as the 'survival of right over wrong.'⁶⁰ At the same time, they accused those who had abolished the consultation clause, among them the urban specialists most likely to be called in for consultation by a homeopath confronted with a difficult case, of having betrayed the orthodox faith for a lucrative alliance with homeopaths. The overturning of the clause, one critic put it, 'looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.'⁶¹ Their action, Flint correctly noted, 'in effect removes the barrier dividing members of the regular profession from irregular practitioners,' a course that marked these heretics as familiars of 'the enemies of truth.'⁶² Rural practitioners particularly protested against what they interpreted as the sanctioning of homeopathy by the elite New York specialists. 'If there were a particle, even of the 30th dilution of anything that, could be called *science* about this worse than midsummer madness, one could have a little patience,' one wrote in 1882, in an angry letter to Agnew. 'But there is not; it is a whim, a trick, a *trade* pure and simple.' Calling homeopathy 'the dream of a crazy-brained, dissatisfied German,' he vowed that 'that School, whose foundations were laid by Hippocrates and his followers, will stand – As in Christianity so in this, there is "One faith – one baptism."⁶³

No doubt some who rejected the consultation clause were enticed by the financial rewards of open professional interaction with homeopaths. But other deeply held commitments also informed their stance, most especially a new ideology of liberalism then emerging among American elites and the reform agenda it informed. It was partly in the name of liberalism that between 1882 and 1884 they fought the move by Flint and his followers to reinstate the clause. 'Leave members of a liberal profession free to go as advocates of truth wherever called,' Agnew explained, 'and only restrained by the rule of common decency, legality, and prudence, and error will be less arrogant and dominant, and the dupes of error less numerous, or more quickly rescued.'⁶⁴ Those who had embraced a new conception of professional identity were asserting that with the advancement of science and the training of physicians as scientific experts, exclusive medical creeds and the artificial rules that sustained them would disappear. As Agnew put it in explaining his opposition to the consultation clause, 'When we shall have begun even to consider honestly these and other kindred questions, we shall soon see that the standard of medical education and the legally qualified doctor rise, and the petty questions of schools and "isms" will, like other ephemeral issues, vanish or become despicable.'⁶⁵

The 1880s also witnessed a schism among homeopathic leaders, with one faction clinging tightly to ideals of homeopathic purity and the other advocating assimilation. 'Pure' homeopaths continued to celebrate not only separatism but also the aim of vanquishing allopathy, urging, as one student did in 1885, that homeopathy 'has Truth as its banner and must prevail',⁶⁶ while others increasingly called for integration into the ranks of a profession whose shared commitment to science would overcome all other creeds. Some homeopathic leaders, after all, for years had been insisting on freedom of therapeutic choice and professional association within what one called 'the Republic of Scientific Medicine.'⁶⁷ Thus in 1884, a Massachusetts homeopath could look forward to the 'universal medical school of the future,' which would nurture 'absolute freedom in science.'⁶⁸ Proclaiming much the same liberal ideology that informed the elite regular reform movement to abolish the consultation clause, some homeopathic leaders openly insisted that neither homeopathy *nor* allopathy were 'sects';⁶⁹ homeopathy, instead, was more akin to a therapeutic specialty, one branch of medical expertise that the scientific physician might chose to cultivate.

In the short run the issue of professional consultation with homeopaths and the posture toward orthodoxy for which it stood split apart the leaders of the regular medical profession. The older generation tended to hold fast to traditional orthodox ideals; thus Alfred Stillé, a Paris-experienced Philadelphia physician who had consecrated his life to the empiricist crusade against system, charged in 1886, at the close of his career, that those who consulted with homeopaths were defiling the faith of their fathers, 'as if there could be any fellowship between light & darkness, truth & falsehood.'⁷⁰ Plans by American physicians to host the Ninth International Medical Congress in 1887, for example, were fundamentally disrupted when the AMA sought to exclude physicians who had forsaken orthodoxy from the event. Instead of giving in, however, the elite specialists who most vigorously renounced the consultation clause made plans for an alternative Congress of American Physicians and Surgeons, convened in 1888 as a forum for those physicians most committed to the new experimental sciences.⁷¹

During the 1890s, however, professional leaders of the regular ranks increasingly came to see the ideology of orthodoxy forged early in the nineteenth century as cumbersome baggage inherited from an earlier age, a burden to be shed rather than a faith to be revered. To cite but one further example, at the University of Michigan, whose medical school had both regular and homeopathic departments, declining homeopathic enrolments encouraged the Regents in 1895 to propose that the separate homeopathic

department be abolished and that a professor of Homeopathic Materia Medica and Therapeutics, 'the only distinctive feature of the system', be appointed in the hitherto regular medical department. Victor C. Vaughan, Dean of the school, circulated a letter to physicians across the country soliciting their judgements on the proposal, and the diversity in their replies made it abundantly clear that by the mid-1890s, the orthodox consensus had been ruptured.⁷²

Some regular physicians, though a small minority, wrote back to Vaughan protesting that the established boundaries should be maintained intact and that no homeopathic professor should be appointed to the same faculty as regular doctors. 'It would destroy it as a regular school of medicine,' one regular physician objected. 'No regular students would attend such a mongrel school, and any regular physician who would consent to remain in the faculty under such circumstances would forfeit the respect of his medical brethren. And in my opinion justly.'⁷³ So too, some homeopaths protested against amalgamation of the two schools, writing, as one whose letterhead boldly proclaimed him to be a 'Homoeopathist and Surgeon' did, 'that there are many physicians of both schools who are trying to mix them but only for a lucrative result and not for the good of suffering humanity. Just here comes in a Gospel of truth. "Ye cannot serve two masters."' ⁷⁴

Other regular practitioners favoured the move as a calculated measure to subvert homeopathy, and urged that 'the past policy of ridicule and opposition' had been one source of homeopathic distinctiveness and thereby strength.⁷⁵ Still others suggested that changes in homeopathy itself had robbed it of its distinctiveness and thereby of much of its appeal, and that 'as the homeopathic school seems to be dying a natural death, I cannot see any good reason for interfering with nature's process.'⁷⁶ S. Weir Mitchell wrote asserting that homeopathy 'has ceased as a rule to be honestly distinct,' while another physician suggested that 'very few practice that art after [they] have graduated, but gradually drop into regular medicine using the little pellets to catch ladies and children.'⁷⁷

Most regular physicians, however, counselled Vaughan that the touchstone for judging a good doctor was no longer orthodox practice but, instead, scientific knowledge. 'After all', William Osler told Vaughan, 'the differences which, in matters of treatment, separate members of the rational school are not greater than those which separate some of us from our homeopathic brethren.'⁷⁸ George Sternberg echoed the point many respondents made in saying that 'there is certainly no such thing as homeopathic chemistry, physiology, anatomy, bacteriology, hygiene, physiological chemistry, physics, pathology, histology, surgery, etc.,' while

adding that he was content to see lectures given on the homeopathic approach to therapeutics.⁷⁹ 'In the practice of medicine,' a Detroit practitioner wrote in support of the move, 'it does not make any difference whether he gives large doses of quinine or small doses of bryonia, or does not give any medicine at all as long as he thoroughly understands physiology and makes that the basis of his treatment; the remediable agent is only of secondary importance.'⁸⁰ The eminent New York paediatrician and, during the 1880s, staunch opponent of the consultation clause, Abraham Jacobi went even further, suggesting that one professor of materia medica and therapeutics should teach 'both "systems,"' explaining that 'in this way the boys would have an opportunity of learning both, and would thus be able to decide and to chose.'⁸¹ To establish a chair of homeopathic therapeutics in the medical school 'would be one of the greatest strides onward toward the final solution of the pathy problem', one Flint, Michigan physician asserted; 'all medical teachings must eventually come under one head, i.e., Science of Medicine so called.' He noted that 'to-day the best of both schools is constantly stepping over the proscribed boundary,' and concluded that establishing a homeopathic chair in the otherwise regular medical school 'is simply the foreshadowing of the future uniting.'⁸²

By the early-twentieth century, accordingly, Abraham Flexner was marching in lock step with other elitist reformers by openly eschewing all notions of medical orthodoxy and medical heresy in favour of the newer ideology of liberalism and the vision it sustained of a professional order that took science as its pole star. In his 1910 *Report* on medical education, Flexner dismissed allopathy and homeopathy alike as 'medical sects,' urging that both must give way to 'scientific medicine.' In advocating this plan, Flexner leaned on the authority of the doyen of elite regular clinicians: "'A new school of practitioners has arisen'", he quoted from William Osler, 'which cares nothing for homeopathy and less for so-called allopathy.' As Flexner insisted in his own voice, 'Science, once embraced, will conquer the whole.'⁸³

The decline of homeopathy that began in late-nineteenth-century America deserves much fuller exploration than it has received, but historians generally have agreed that one key factor was the fading of homeopathic distinctiveness. Changes within homeopathy itself, including divisive upheavals in theory and practice and the assimilation of the new laboratory-based sciences, combined with legal recognition that undercut a support-winning depiction of homeopaths as martyrs persecuted for their beliefs, surely were important ingredients. Yet crucial as well in the erosion of homeopathic distinctiveness were the transformations in regular professional

identity I have briefly sketched here, most especially the waning of orthodoxy. Professional leaders in regular medicine – *scientific medicine*, as more and more they chose to call it, became decreasingly inclined to frame homeopathy as the Other, and increasingly intent on abolishing the symbolic markers that once had established boundaries between incommensurate belief systems. In renouncing orthodoxy, they in some significant measure deprived homeopathy of its otherness, and, thereby, of the distinctiveness that had been so important an element in ordering the professional world of all nineteenth-century American physicians.

Notes

- 1 'William Bachellor to Edward A. Holyoke', Haverhill, Feb. 12, 1782, Holyoke Papers, Phillips Library, Peabody Essex Museum, Salem, Mass.
- 2 See Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia, 1987); Norman Gevitz, *Other Healers: Unorthodox Medicine in America* (Baltimore and London, 1988); Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven and London, 1968), pp. 97–131; and William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore and London, 1972), pp. 125–51, 217–29.
- 3 See Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*, 3 vols. (Washington, D.C., 1973), 3: Science and Ethics in American Medicine, 1800–1914; Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore and London, 1971); Kett, *Formation of the American Medical Profession*, pp. 132–64; and Rothstein, *American Physicians*, pp. 152–74, 230–46.
- 4 This section draws heavily from John Harley Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine', in W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850* (London, 1987), 234–60.
- 5 Matthew Ramsey, 'The Politics of Professional Monopoly in Nineteenth-Century Medicine: The French Model and Its Rivals', in Gerald L. Geison (ed.), *Professions and the French State, 1700–1900* (Philadelphia, 1984), 225–305, here 251.
- 6 James Lakey, 'Diary', vol. 5, Mar. 25–Dec. 15, 1853, entry for May 18, 1853, James Lakey Papers, Collections Division, Cincinnati Museum Center for Natural and Cultural History, Cincinnati, Oh.
- 7 Michael Philip Duffy, *A Progression of Sectarianism: Homeopathy in Massachusetts from 1855 to 1875* (A.B. thesis, Harvard University, 1982), and sources cited in n. 3 above.
- 8 As but one typical example of homeopathic insistence on professionalism, see 'Educational Requirements of the Homeopathic Physician', *Homeopathic Examiner* 1 (1840), 17–22.
- 9 Amory Coffin, *An Examination of the Doctrine of Homeopathia* (M.D. thesis, Medical College of the State of South Carolina, 1838), Waring Historical Library, Medical University of South Carolina, Charleston, S.C.
- 10 William Henry Holcombe, 'Diary and Notes', 1855–57, Southern Historical Collection, Library of the University of North Carolina, Chapel Hill, entry for Apr. 4, 1855.
- 11 *Ibid.*, entry for Mar. 3, 1855.
- 12 Robert J. McClatchey, *The Rites and Ceremonies of Medical Science* (M.D. thesis, Homoeopathic Medical College of Pennsylvania, 1856), Hahnemann University

Archives and Special Collections at Allegheny University of the Health Sciences, Philadelphia.

- 13 'Preface', *North American Homoeopathic Journal* 1 (1851), v–vi, here vi.
- 14 John Wesley Lykes, *The Decline of Allopathy* (M.D. thesis, Homoeopathic Medical College of Pennsylvania, 1855), Hahnemann University Archives.
- 15 William H. Holcombe, *How I Became a Homoeopath* (New York and Philadelphia, 1877), 4. Such conversion narratives deserve much closer attention than historians have given to them. They include not only autobiographical writings by homeopathic practitioners, texts that sought to derive meaning from the told story of a life, but also less stylized accounts in which laypeople explained why they had renounced allopathy and embraced homeopathy (see, for example, 'Dixon H. Lewis to Abraham H. Okie', Alabama, June 21, 1841, Abraham Howard Okie Papers, Trent Collection, Duke University Medical Library, Durham, N.C.).
- 16 Holcombe, 'Diary', entries for Feb. 22 and 27, and Apr. 4, 1855.
- 17 'The Relation of Drugs to Treatment', *Cincinnati Medical Observer* 2 (1857), 43–5, here 43. The most influential historical development of this argument is Rothstein, *American Physicians*.
- 18 C.B. C[oventry], 'Medical Convention' (Utica, Apr. 17, 1847), *New York Journal of Medicine, and the Collateral Sciences* 8 (1847), 371–4, here 372.
- 19 For a broad overview of the shifting social and institutional structure of nineteenth-century American medicine, see Paul Starr, *The Social Transformation of American Medicine* (New York, 1982).
- 20 Such trials for violating the code of ethics by meeting in consultation with a homeopathic practitioner, which rarely were published, deserve much closer attention than they have received, displaying as they sometimes do the social meaning heterodox allegiances assumed in concrete local contexts. See, for example, entry of Jan. 10, 1877, 'Records of the Tioga Medical Society from 1871', Division of Rare and Manuscript Collections, Cornell University Library, Ithaca, N.Y.; papers regarding suspension from the New Orleans Medical Association in J. Dickson Brune and T.G. Richardson Papers, Louisiana and Lower Mississippi Valley Collections Library, Louisiana State University, Baton Rouge; and entry for July 4, 1854, 'Minutes of the Miami Medical Association', in William C. Langdon, 'Record Book', 1853–1900, Manuscripts Collection, Collections Division, Cincinnati Museum.
- 21 Medical College of Ohio, 'Faculty Minutes', 1831–52, entries for Dec. 17 and 27, 1845, Archives and Rare Books Department, University Library, University of Cincinnati, Cincinnati, OH.
- 22 On the relationship between medical therapeutics and professional identity in nineteenth-century America, see Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism and Anesthesia in Nineteenth-Century America* (New York, 1985); John Harley Warner, 'Science, Healing, and the Physician's Identity: A Problem of Professional Character in Nineteenth-Century America', in W.F. Bynum and

- V. Nutton (eds.), *Essays in the History of Therapeutics* (*Clio Medica* 22 (1991)), 65–88; and John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (1986; Princeton, N.J., 1997), esp. pp. 11–36, 207–32.
- 23 The terms are from ‘Botanico-Medical Convention’, *Botanico-Medical Recorder* 8 (1840), 267; ‘Drugging System’, *American Journal of Homeopathy* 2 (1847), 161; ‘Mineral Doctors’, *Botanico-Medical Recorder* 6 (1838), 292; ‘Preface’, *Botanico-Medical Recorder* 8 (1840), 3; ‘Retrospect’, *Western Medical Reformer* 6 (1846), 25–8; and ‘Spread of Hydropathy in the United States’, *Water-Cure Journal* n.s. 1 (1845), 107.
 - 24 ‘Some Things Explained’, *American Journal of Homeopathy* 1 (1846): 13–14.
 - 25 For example, see Lorenzo N. Henderson, ‘Notes Taken on Lectures Given by Daniel Drake’, 1830–1831, 2 vols., 1, History of Medicine Division, National Library of Medicine, Bethesda, MD.; and A.W. Palmer, ‘Notes Taken on Lectures Given by Geddings, Dickson, and Shepard’, Charleston, South Carolina, 1851–52, A.W. Palmer Collection, Southern Historical Collection.
 - 26 Dan King, *Quackery Unmasked* (New York, 1858), p. 87, quoted in Coulter, *Divided Legacy*, p. 133.
 - 27 ‘Review of John Forbes, *Homeopathy, Allopathy, and Young Physic* (1846)’, *Western Lancet* 5 (1847), 182–213, here 191; emphasis added.
 - 28 On the real and perceived links between homeopathy and women, as patients and as practitioners, see Coulter, *Divided Legacy*, pp. 114–8, and Naomi Rogers, ‘Women and Sectarian Medicine’, in Rima D. Apple (ed.), *Women, Health, and Medicine in America: A Historical Handbook* (New York and London, 1990), 477–95.
 - 29 The actual course of change in regular therapeutic practice is traced in Warner, *The Therapeutic Perspective*, esp. pp. 83–161.
 - 30 John B. Rice., ‘Notes on Lectures by Alonzo B. Palmer, *Materia Medica and Therapeutics*’, University of Michigan College of Medicine and Surgery, Ann Arbor, lecture of Dec. 4, 1855, John B. Rice Papers, The Manuscript Collections, Rutherford B. Hayes Library, Fremont, Oh. At the San Francisco County Medico-Chirurgical Association, for example, members adopted the resolution stating that ‘the regular system is, as it should be, the true Eclectic System, a Medical Magnet, suspended over the healing art, constantly attracting all that is good, and repelling all that is bad’ (Resolutions read by Dr. Cooper at meeting of Sept. 9, 1855, ‘Minute Book’, San Francisco County Medico-Chirurgical Association (3119), California Historical Society, San Francisco.
 - 31 See, for example, Lakey, ‘Diary’, vol. 2, Nov. 15, 1849–Jan. 13, 1851, entry for Nov. 20, 1849; George B. Wood, ‘Journal’, vol. 7, Oct. 8–Nov. 21, 1860, entry for Nov. 6, 1860, George B. Wood Journals, Library, College of Physicians of Philadelphia, Philadelphia.

- 32 See 'Henry Aikins to W.L. Aikins', Philadelphia, Oct. 23, 1856, Aikins Papers, Archives Collection, Academy of Medicine Collection, Thomas Fisher Rare Book Library, University of Toronto, Toronto.
- 33 For example, 'Edward E. Jenkins to "Dear Father"', Paris, June 6, 1854, John Jenkins Papers, Manuscript Division, South Caroliniana Library, University of South Carolina, Columbia, S.C., and 'A.C. Munroe to "My Dear Love"', Macon, Aug. 18, 1848, John McIntosh Kell Papers, Manuscript Collection, Special Collections Library, Duke University, Durham, N.C.
- 34 See, for example, the letter marked 'Private' from Harvard Medical School professor James Jackson to Edward B. Peirson, Boston, Aug. 4, 1857, Oliver Wendell Holmes Hall, Francis A. Countway Library of Medicine, Harvard Medical School, Boston.
- 35 'Minutes of the Union District Medical Association', 1867–80, meeting at Connersville, Indiana, Oct., 29, 1868, Walter Havinghurst Special Collections Library, Miami University, Oxford, OH.
- 36 John Harley Warner, "'The Nature-Trusting Heresy': American Physicians and the Concept of the Healing Power of Nature in the 1850s and 1860s", *Perspectives in American History* 11 (1977–78), 291–324.
- 37 John Barber, *An Essay on Medicine Clinique* (M.D. thesis, University of Pennsylvania, 1862), Department of Special Collections, Van Pelt-Dietrich Library, University of Pennsylvania, Philadelphia.
- 38 Thos. T. Beall, *An Essay on the Physician's Calling* (M.D. thesis, University of Pennsylvania, 1858), Department of Special Collections, Van Pelt-Dietrich Library, University of Pennsylvania.
- 39 Cornelius S. Younglove, *Medical Science* (M.D. thesis, Albany Medical College, 1849), Schaffer Library of Health Sciences, Albany Medical College, Albany, N.Y.
- 40 The phrase is from a letter by the French clinician Pierre Louis to his Boston pupil Henry Ingersoll Bowditch, Paris, Feb. 5, 1840, Holmes Hall, Countway Library, Harvard Medical School.
- 41 L.M. Whiting, 'Investigation of Disease', *Boston Medical and Surgical Journal* 14 (1836), 181–90, here 181.
- 42 Alfred Stillé, *Elements of General Pathology: A Practical Treatise* (Philadelphia, 1848), pp. 23, 46, & 27.
- 43 See Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle Class Culture in America, 1830–1870* (New Haven and London, 1982); Lawrence Frederick Kohl, *The Politics of Individualism: Parties and the American Character in the Jacksonian Era* (New York and Oxford, 1989); and Lewis Perry, *Boats against the Current: American Culture between Revolution and Modernity, 1820–1860* (New York and Oxford, 1993).
- 44 W.C. Smith, *Remarks on Empiricism* (M.D. thesis, Medical University of the State of South Carolina, 1850), Waring Library, Medical University of South Carolina.

- 45 Thos. S. Weston, *Homeopathy* (M.D. thesis, University of Nashville, 1856) Historical Collection, Eskind Biomedical Library, Vanderbilt University, Nashville, Tenn.
- 46 Smith, *Remarks on Empiricism*.
- 47 'J.D.B. Stillman to "Dear Brother"', San Antonio, [Texas], June 1, 1855, Jacob Davis Babcock Stillman Correspondence (6/1/1855), California Historical Society. And see, for example, Oliver Wendell Holmes, *Homeopathy, and Its Kindred Delusions* (Boston, 1842), and William Leo-Wolf, *Remarks on the Abracadabra of the Nineteenth Century* (New York and Philadelphia, 1835).
- 48 Charles A. Lee, *Homeopathy. An Introductory Address to the Students of Starling Medical College, November 2, 1853* (Columbus, 1853), pp. 30 & 31.
- 49 *The Anatomy of a Humbug, of the Genus Germanicus, Species Homeopathia* (New York, 1837), pp. 8, 7, 15, & 16.
- 50 See Joseph P. Logan, 'Medicine As It Is', *Atlanta Medical and Surgical Journal* 1 (1855), 1–11.
- 51 Coffin, 'An Examination of the Doctrine of Homeopathia'; Lakey, 'Diary', entry for May 28, 1853.
- 52 I draw heavily in this section from John Harley Warner, 'Ideals of Science and Their Discontents in Late Nineteenth-Century American Medicine', *Isis* 82 (1991), 454–78. On the wider context for these shifts, see Barbara Gutmann Rosenkrantz, 'The Search for Professional Order in Nineteenth-Century American Medicine', in Judith Walzer Leavitt and Ronald L. Numbers (eds.), *Sickness and Health in America: Readings in the History of Medicine and Public Health*, (Madison and London, 1985), 219–32.
- 53 Roberts Bartholow, 'Experimental Therapeutics', introductory address quoted in 'Medical College of Ohio', *Cincinnati Lancet and Observer* n.s. 15 (1872), 635–6, here 636.
- 54 On the ways regular physicians promoted and contested these changes, see John Harley Warner, 'Remembering Paris: Memory and the American Disciples of French Medicine in the Nineteenth Century', *Bulletin of the History of Medicine* 65 (1991), 301–25, and idem, *The Therapeutic Perspective*, esp. pp. 235–83.
- 55 See John Harley Warner, 'The Fall and Rise of Professional Mystery: Epistemology, Authority, and the Emergence of Laboratory Medicine in Nineteenth-Century America', in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), 110–41.
- 56 *Code of Ethics of the American Medical Association, Adopted May 1847* (Philadelphia, 1848), 18–19.
- 57 Geo. B. Wood, 'Annual Address before the American Medical Association, by the President', *American Medical Gazette and Journal of Health* 7 (1856), 398–409, here 402.

- 58 Thomas Hun, 'A Plea for Toleration', in Alfred C. Post et al. (eds.), *An Ethical Symposium: Being a Series of Papers Concerning Medical Ethics and Etiquette from the Liberal Standpoint* (New York, 1883), 56–71, here 58.
- 59 The newly formed society was the New York State Medical Association. See Toby A. Appel, 'Biological and Medical Societies and the Founding of the American Physiological Society', in Gerald L. Geison (ed.), *Physiology in the American Context, 1850–1940* (Bethesda, Md., 1987), 155–75; Coulter, *Divided Legacy*, vol. 3, pp. 313–6; Kenneth Warren Hamstra, *The American Medical Association Code of Medical Ethics of 1847* (Ph.D. diss., University of Texas at Austin, 1987), pp. 60–85; Kaufman, *Homeopathy in America*, pp. 125–40; Lester S. King, *American Medicine Comes of Age, 1840–1920* (Chicago, 1984), pp. 37–45; Rosenkrantz, 'Search for Professional Order'; Rothstein, *American Physicians*, pp. 301–5; Starr, *Social Transformation of American Medicine*, pp. 100–2; and Warner, 'Ideals of Science and Their Discontents'.
- 60 Ely Van de Warker, comments in *Minutes of a Convention Held in the City of Albany, February 4th and 6th, 1884, at Which the New York State Medical Association Was Organized on a Permanent Basis* (n.p., 1884), 21.
- 61 "'Truth" to the Editor, "Misstatements about the New York Code"', *New York Medical Journal* 37 (1883), 363.
- 62 Austin Flint, remarks in *Minutes of a Convention*, p. 14, and Austin Flint, Jr., in *ibid.*, p. 12.
- 63 'H.W. Nichols to C.R. Agnew', Canandaigua, New York, July 14, 1882, H.W. Nichols Letter, Manuscripts and Special Collections, The New York State Library, Albany, N.Y.
- 64 C. R. Agnew, 'On Dr. Squibb's Resolution to Abolish the Code of Ethics of the Medical Society of the State of New York', *New York Medical Journal* (1883), 345–7, here 347. A lucid exploration of this liberal ideology and medical polity is Samuel Lee Baker, *Medical Licensing Laws in America: An Early Liberal Reform* (Ph.D. diss., Harvard University, 1977).
- 65 Agnew, 'Dr. Squibb's Resolution', 347.
- 66 H.A. Fitz, *Orthodox Practice of Homeopathy* (M.D. thesis, Hahnemann Medical College of Philadelphia, 1885), Hahnemann University Archives.
- 67 Adolph Lippe, 'Valedictory Address, Delivered at the Eighteenth Annual Commencement of the Homoeopathic Medical College of Pennsylvania, March 1, 1866', *Hahnemannian Monthly* 1 (1866), 291–314, here 308.
- 68 H.E. Spalding, 'President's Address', *Publications of the Massachusetts Homoeopathic Medical Society* 7 (1884), 13–31, here 31.
- 69 See W.C. Goodno, 'The Practice of Medicine', *Medical Institute* 2 (1887), 77–83, here 77.
- 70 Alfred Stillé, 'Truth in Medicine and Truth in Life Inseparable', 1886, Historical Collections, Library, College of Physicians of Philadelphia.

- 71 On the rift over the International Congress see Appel, 'Biological and Medical Societies', 158–62, and King, *American Medicine Comes of Age*, pp. 37–41.
- 72 'Victor C. Vaughan to Dear Doctor', University of Michigan, Ann Arbor, Feb. 11, 1895, in folder marked 'Homeopathic Medical School, 1895', University of Michigan, School of Medicine Records, Box 135 (hereafter Vaughan Letters), Bentley Historical Library, University of Michigan, Ann Arbor, Mich. I am now considering closely exploring the Michigan experience as part of a larger study on the intellectual, political, and moral economy of 'scientific medicine' in late-nineteenth-century America.
- 73 'G.F. Forthingham to [Vaughan]', Detroit, Mich., Feb. 15, 1895, Vaughan Letters.
- 74 'E.F. Post to Vaughan', Berlamont, Mich., Feb. 15, 1895; and see 'E.H. Lathrop to Vaughan', Hastings, Mich., Feb. 16, 1895, and 'Stephen V. Knight to [Vaughan]', Detroit, Mich. Feb. 14, 1895, all in Vaughan Letters.
- 75 'J.[?]: illegible] T. Dodge to Vaughan', Big Rapids, Mich., Feb. 15, 1895; and see 'Saml. Kitchen to Vaughan', Saginaw, Mich., Feb. 15, 1895; 'N.S. Davis to Vaughan', Chicago, Feb. 16, 1895, and 'James E. Reeves to Vaughan', Chattanooga, Tenn., Feb. 15, 1895, all in Vaughan Letters.
- 76 'C.H. Lew to Vaughan', Jackson, Mich., Feb. 16, 1895, Vaughan Letters.
- 77 'Mitchell to [Vaughan]', Philadelphia, Feb. 17, 1895, and 'A.B. Chapin to Vaughan', Mt. Clemens, Mich., Feb. 14, 1895, in Vaughan Letters.
- 78 'Osler to Vaughan', Baltimore, Feb. 16, 1895, Vaughan Letters.
- 79 'Sternberg to Vaughan', Washington, D.C., Feb. 15, 1895; and see 'D. Webster Prentiss to Vaughan', Washington, D.C., Feb. 16, 1895, in Vaughan Letters.
- 80 'J.H. Carstens to Vaughan', Detroit, Feb. 14, 1895; and see 'A.W. Alvord to Vaughan', Battle Creek, Mich., Feb. 12, 1895, and 'H.W. Rand to Vaughan', Charlotte, Mich., Feb. 19, 1895), in Vaughan Letters.
- 81 'Jacobi to Vaughan', New York, Feb. 1895, Vaughan Letters.
- 82 'Jno. H. Handy to [Vaughan]', Flint, Mich., Feb. 14, 1895, Vaughan Letters.
- 83 Abraham Flexner, *Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching* (New York, 1910), pp. 156, 161, & 162.

