

# The Paradox of Professionalisation: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century

*Robert Jütte*



## Defining the Medical Fringe

UNCONVENTIONAL THERAPIES are not a recent phenomenon or a temporary fashion. They have been an important factor in the medical marketplace long before the crisis of modern scientific medicine appeared on the horizon. The attitude of medical orthodoxy ranged always from total rejection to partial adoption of its techniques. In the long process of defending their practices and the scientific method against assaults by all kinds of medical sectarians, regular physicians acquired slowly an ideology of orthodox professional identity. The champions of scientific medicine both in Europe and in the United States tended to belong to the medical and social elite.<sup>1</sup> They were among the best-educated academic practitioners, and often had experience in clinical medicine. They occupied leading positions in regular medical institutions, teaching as professors at medical schools, doing medical research at hospitals, and serving as officers in medical societies. Since the end of the nineteenth century this group possessed all the outward signs of professional status that were available in a modern industrialised society.<sup>2</sup>

There was nothing peculiar German about the fact that medical sectarianism exerted a lasting impact on the regular medical profession. In the United States, for instance, interactions between sectarian and orthodox physicians were, as John Harley Warner has put it, also 'intrinsically polarizing, and encouraged those who saw themselves as orthodox to celebrate their own tradition all more fervently'.<sup>3</sup> Clearly, not every unorthodox system of healing constituted a challenge for regular medicine. Although medical historians have divided and labelled irregular healers according to training, skill, type of practice and ideological background, many practitioners of unorthodox medicine cannot be regarded as a distinctive group.<sup>4</sup> Their beliefs and practices vary considerably from one medical sect or movement to another and form no consistent body of medical knowledge. They have 'no real corporate identity',<sup>5</sup> as Norman Gevitz pointed out, although within each of these movements some sort of consensus or even a tradition can be observed.

Historians, in studying the various forms of alienation from the dominant medical profession, from its beginning in the first half of the 19th century to its heyday in present day western society, have made use of different terms describing this phenomenon. The following dichotomies are among the frequently used: 'regular v. fringe medicine' (Bynum & Porter), 'orthodox v. unorthodox medicine' (Gevitz), 'regular v. irregular medicine', 'heterodox v. orthodox medicine' (Cooter), '*Schulmedizin v. Außenseitermedizin*' (Schadewaldt). Other terms used in the historiography of non-conventional forms of healing and health care are: 'alternative', 'natural' or even 'complementary medicine'. These terms are often related and in some cases synonymous, referring to the same social phenomenon, viz. the existence of diagnostic, therapeutic and preventive practices excluded from and often banned by mainstream medicine. Nevertheless, care has to be taken about the semantic values of such terms. In using the term 'alternative medicine' which is highly popular in everyday language, not only in Germany but also in English-speaking countries, there is the risk of approaching nineteenth-century medicine anachronistically. As Roger Cooter has shown, those theories and practices labelled 'heterodox' may not have been seen by contemporaries as 'alternative medicine', in the sense of being ideologically completely different, but may have been regarded simply as therapies which were different from scientific medicine, which despite its impressive record as far methodology, knowledge and technology are concerned, was for a long time far from producing convincing practical results.<sup>6</sup> Only at the end of the nineteenth and the beginning of the twentieth century the progress of medical science began to affect public

attitudes.<sup>7</sup> The discoveries by Robert Koch and Louis Pasteur did more to emphasise the importance of science in medicine than did any other single advance in medical research.<sup>8</sup>

There were numerous groups on the fringe of medicine in Germany by the mid-nineteenth century. Some represented medical sects arising within the regular ranks, e.g. homeopathy and mesmerism; while others originated outside the medical community, e.g. hydropathy and vegetarianism. In addition, there was also a proliferating form of unorthodoxy which was labelled patent medicine, *Geheimmittel-Medizin*,<sup>9</sup> by contemporaries and often identified with quackery. However, this paper will be confined to those systems of unorthodox medicine, which exerted the most powerful impact on nineteenth-century German medical culture, viz. homeopathy and hydropathy.

Whether arising within or outside orthodox medicine, both movements had many things in common, although they looked at health and disease in significantly different ways. One common denominator is, for example, that homeopathy as well as hydropathy had their origins in Germany. Both represented a well-organised movement which met fierce medical opposition and worked hard to win for its exponents the legal right to practice their distinctive form of healing on patients. While other medical heterodoxies arose to attract the gaze of the medical world for a short period of time and then sunk into oblivion, both have passed the test of time despite being based on so-called 'unscientific' philosophies.

Firstly, the concepts and practices of both oppositional systems will be examined. Secondly, their historical, cultural and social contexts will be established, paying special attention to their founders and the movement which they launched as well as to those who made frequently use of such therapies. Finally, the reactions of regular medicine to such an open defiance will be delineated. An answer to the question of how the challenge by medical heresies accelerated a process for which medical sociologists<sup>10</sup> and historians<sup>11</sup> have applied the term 'professionalisation' will be suggested.

### Concepts and Practices

**H**OMEOPATHY appeared in the German medical marketplace during what has been called by historians the 'age of heroic medicine'. Heroism, in this case refers to the virtue required of the patient who had to endure the application, to extreme degrees, of potent laxatives, purgatives, and emetics to cleanse the system of superfluous and detrimental bodily fluids. The same is true for the undertaking of massive bloodlettings, intended to relieve the

body. Patients made heavy use of venesection and the treatment by enemas was much in vogue among physicians, patients and even healthy persons over long periods of time. There were, of course, some physicians who were dissatisfied with the state of medicine at the end of the eighteenth century. These critics developed their own theories, suggested various other remedies but none of them deviated radically from the ruling concepts and practices of the healing art of their time. The state of professional rivalry corresponded to the condition of medical knowledge. The situation had become even worse by the beginning of the nineteenth century, according to Professor Theodor Roose, who wrote in 1803:

A savage partisan spirit has taken possession of many minds and seems to be spreading universally. Physicians split into sects, every one of which embitters the other by violent and often unfounded contradiction, and so prevents all possibilities of doing good. Dogmatism and a persecuting spirit are becoming commoner and commoner among physicians, and they are only distinguished from the dogmatism and persecution of enraged religious sects of former times by being fortunately powerless to arm the secular authorities with fire and sword against their adversaries.<sup>12</sup>

Of all the founders of new medical systems at the turn of the eighteenth to the nineteenth century, none was more radical in attacking established therapeutic theories and practices than Samuel Hahnemann (1755–1843).<sup>13</sup> As early as 1786 he had criticised his colleagues for their extensive use of bleeding in cases of nervous fever. In a footnote to his translation of William Cullen's *Materia Medica*, which appeared in 1790, he complained about the perniciousness of contemporary therapeutics: 'Blood letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters form the circle in which the ordinary German physician turns around unceasingly'.<sup>14</sup> Hahnemann attacked also the poly-pharmacy or hotch-potch medicine which was rampant at that time. He advocated the prescription of a single remedy at a time and stated forcefully to his fellow-practitioners: 'The more complex our receipts, the more obscure will it be in medicine'.<sup>15</sup> However, Hahnemann did not stop at this point as he soon demanded a fully-fledged reform of the therapeutic system based on a radical shift in the basic tenets of medical thinking.

Hahnemann, having drawn the attention of his colleagues to the deplorable state of medical treatment and knowledge for more than twenty years, finally came to the conclusion that a simple revision of the *materia medica* was not enough. In an article for the widely-read journal *Allgemeiner Anzeiger der Deutschen*, in 1808, he stated:

It must some time or other be loudly and openly declared; and so let it now be loudly and unreservedly proclaimed before the whole world, that the medical art stands in need of a thorough reform from head to foot. [...] Medical men followed at one time this fashion, at another a different one, now this school, now that, and when the more modern method appeared unserviceable they sought to revive some ancient one (that had formerly shown itself worthless). Their treatment was never founded upon convictions, but always upon opinions, each of which was ingenious and learned in proportion as it was valueless, so that we are now arrived at this point, that we have the unhappy liberty of hopelessly selecting any one of the many methods, all of which halt in an almost equally grievous manner, but we have actually no fixed standard for treatment, no fixed principles of practice that are acknowledged to be the best.<sup>16</sup>

Two years later Hahnemann published his highly controversial book in which he propounded an entirely new 'Rational Art of Healing'. In this seminal work he conceived homeopathy as rational therapeutics based not only on empiricism but also on theoretical and logical principles.

His starting point, in his writings, was not just empiricism but his profound interest in medical theories and his criticism of the existing principles of therapeutics.<sup>17</sup> His search for a new rationale in medical treatment is characterised by a scientific approach, testing and describing the existing materia medica, looking at the material or chemical causes of diseases and the reasons for describing certain remedies for specific diseases. By interpreting the human body as an organism which reacts to stimuli and paying attention, at the same time, to complex unity of the organism and the self-healing powers of nature, he extended the scope of scientific research. It was this teleological-theoretical background which guided him in his discovery of the famous 'Principle of Similars'.<sup>18</sup> From his experiments with cinchona he laid down the axiom that to cure a disease physicians needed to employ a medicine which is able to produce another very similar artificial disease. Hahnemann wrote in 1808: 'By pursuing this method of treatment [...] which is indeed almost their exact opposite in every respect the curative physician radically cures with amazing certainty, and in an incredibly short space of time, even chronic diseases of the most ancient date [...].'<sup>19</sup> The second major principle discovered by systematic experiments first on healthy persons and then on patients was the use of infinitesimal doses. Hahnemann, from 1797, made the observation that by diluting the dosages given, he increased the curative effect. Later on, influenced by the vitalistic ideas of Romantic natural philosophy, he tried to explain this phenomenon which he admitted 'he did not understand himself' by referring to the 'potentising' and

'dynamisation' of the 'spiritual' medicinal powers, if the homeopathic drug was properly diluted and succused. While the concept of 'similia similibus curantur' drew the least criticism of all Hahnemann's ideas, the use of very small doses of drugs up to the 'decillionth development of power' and even further was much ridiculed by orthodox physicians who were still accustomed to the large quantities of drugs which were poured into the patient's body (in cases of 'indirect debility', for example, the adherents of the proliferating Brownian school of thought prescribed a single dose of 150 drops of laudanum, the equivalent of 0.70 grammes of pure opium).<sup>20</sup>

In contrast with homeopathy the second important medical sect of the nineteenth century, the hydropathists, had not only one but many founding fathers. Water has long been known in the treatment of disease.<sup>21</sup> Hippocratic physicians employed it, and the Roman medical writer Celsus praised its curative effect. Although the water-cure never passed into complete oblivion in Europe, the popularity of this rather conventional therapy declined during the early modern period.<sup>22</sup> However, it was revived in the eighteenth century by medical men such as the Silesian physician Johann Siegmund Hahn (1664–1742), who developed an entire therapeutic system based on bathing and drinking cold water.<sup>23</sup> Thus, a number of years before a new medical sect known as hydropaths<sup>24</sup> became a radical alternative to 'heroic medicine', many regular physicians and patients were already familiar with water's therapeutic uses.

Modern hydropathy, however, which originated in the small town of Gräfenberg by the son of a Silesian farmer, Victor Priessnitz<sup>25</sup> (1799–1851), was different. Hydropathy aimed at more than just curing the sick. The ultimate goal was the reformation of the whole life-style. Priessnitz' assertion was: 'I do not cure diseases, I cure the man'. The sanatorium in Gräfenberg soon became the focus for a radically new concept in therapeutics. As a child, it is claimed, Priessnitz had learnt from a neighbour to treat diseased cattle with cold water. In 1816, when he was run over by a farm cart, he was taken care of by the local surgeon who bandaged his fractured ribs, confronting him with the devastating prognosis that he would remain an invalid for life. Dissatisfied with his doctor Priessnitz took charge of his own treatment. He forced his broken ribs back into place by leaning over a window sill and then bound his chest with cold water compresses, setting himself also a strict regimen of simple living that included ample rest and drinking cold water. Within two weeks he had recuperated sufficiently that he was able to leave the house and to go back to work.

Priessnitz soon found himself responding to many individual requests for his miracle water-cure. He improved his techniques and gradually

elaborated his own medical theories which were based on a popular understanding of humoral pathology. He argued, for example, that all diseases other than surgical, arose from vitiated (foul, disordered) bodily fluids produced by unhealthy food, the suppression of perspiration, the lack of exercise, unwholesome air, or mental distress, thereby causing either general diseases or local disorders.<sup>26</sup> Thus, his water-cure, based on traditional humoral pathology, aimed at removing these noxious fluids and restoring health. Priessnitz believed also that health is the natural condition of the body and that by applying drugs and bleeding, acute disease could become chronic. Hydropathy, in his opinion, could even cure patients who suffered from chronic illness by transforming the diseased matter into external eruptions in the form of boils, etc. (the so-called 'crisis'), which are themselves cured in the same way as the acute diseases, that is by his water-cure. He would use wet towels and baths to stimulate those parts of the body affected by the disease. The patient was advised also to drink as much as his stomach could support, usually between twelve to thirty glasses of water a day. However, the chief emphasis of the therapeutic system developed by Priessnitz was on the sudorific effects of his water-cure. Patients were covered with blankets for up to two hours with only the face exposed until they began to sweat. When the patient was soaked in sweat, he was unwrapped and placed in a cold bath for up to eight minutes. The diet during such a cure was coarse and simple. In Priessnitz' opinion only this strict regimen helped to prepare the convalescent patient for a healthy future in accordance with nature's laws, abstaining from pernicious medical drugs, intoxicating liquors, and adulterated food.

The critical shift of therapeutics in the 1820s and 1830s and the poor results of conventional medicine during the cholera years appear to have provided a considerable part of the rationale for the popular 'nature healing' movement during the second half of the nineteenth century.<sup>27</sup> The greater attention, by that time, to matters of dress, diet, and physical exercise began to diminish water's central place in the thinking of the medical fringe. Though new water-cures, such as that developed by Father Sebastian Kneipp (1821–1897) in Bavaria continued to attract ten of thousands of clients and to generate much publicity,<sup>28</sup> the employment of other modalities (light, air, mud, special diets etc.) led eventually to the renaming of this branch of unorthodox healing as the nature-cure.<sup>29</sup>

An American medical historian has shown that the water-cure movement which started in the little Austrian town of Gräfenberg in the 1820s and soon made inroads into the whole of Europe and the United States was more than just a new therapeutic system.<sup>30</sup> It had an inborn

tendency to become a life-style ideology by offering non-invasive hygienic principles in place of drug-based therapeutics. It provided also a vision of human perfectibility and it propagated the advancement of individuals and society as a whole through health, putting the emphasis on self-determination and autonomy. As with homeopathy, it made use of the traditional but often ignored confidence in the *vis medicatrix naturae*, mobilising the patient's natural healing powers and placing 'primary importance on the medical encounter for symptomatic relief and communication, while instilling faith and trust in the system as a whole'.<sup>31</sup>

### The Social Context of Medical Sectarianism

UNTIL 1812, when he started to teach at the Medical Faculty of the University of Leipzig, Hahnemann was the sole practitioner and advocate of homeopathy. After the exposition of his new axiom for curing, Hahnemann broke away completely from the therapeutics of the 'old school' and only acted according to the new doctrine. Within a short time he attracted a small group of followers who learned from him, assisted him in his drug provings, and subsequently started practising the method they had learnt from the Master on their own. As early as 1816 this group of early disciples had become 'like members of a persecuted religious sect',<sup>32</sup> as Ernst von Brunnow, a layman who later translated Hahnemann's *Organon* into French, observed. By the middle of the nineteenth century the wealth and influence of their clientele enabled German homeopathic physicians to amass a quite impressive number of institutions. In 1860, there were at least 259 registered homeopaths in Germany<sup>33</sup> organised within two national societies, the *Zentralverein* and the *Deutscher Prüferverein*; six state societies, three local societies, thirteen homeopathic hospitals or poli-clinics, fourteen homeopathic apothecaries, four homeopathic medical journals and the same number of popular homeopathic journals.

If the transformation from a small sectarian movement to a professionally orientated alternative to orthodox medicine is to be understood,<sup>34</sup> it is necessary to look at the growing number of patients (especially from the upper echelons of society) who sanctioned the new therapeutic system by demanding equal rights for homeopathic physicians and subsequently putting pressure on government bodies and other credentialing agencies. These patients felt that they had sense enough to employ whatever sort of medical practitioner they wished. They not only petitioned that homeopathic physicians be allowed to practice but also demanded from the authorities that these doctors be granted the special



privilege of dispensing their own homeopathic medicines.<sup>35</sup> Reigning princes like Hahnemann's patron, Prince Ferdinand of Anhalt-Köthen, the Duke of Meiningen, the Grand Duke of Baden and others were ardent supporters of homeopathy. Many of them had their own homeopathic physician-in-ordinary who belonged to their household and retinue just as with the other higher officials. Examples of such appointments are Dr. Karl Julius Aegidi (1795–1874) at the court of Princess Friedrich of Prussia in Düsseldorf and Dr. Georg Adolf Weber as physician-in-ordinary to Prince von Solms-Lich and Hohen-Solms. In government circles it became almost a matter of good taste to be treated by a homeopathic doctor. Among the many influential state-officials who made a public and definite stand for homeopathy were, for example, State-Councillor Heinrich August von Gersdorff (1793–1870) in Eisenach, State-Councillor Clemens von Bönninghausen (1785–1864) in Münster who later became Hahnemann's favourite student, and Dr. Johann Wilhelm Volkmann, an alderman of the City of Leipzig.<sup>36</sup> The homeopathic treatment which two of the most popular war heroes in early nineteenth-century Austria and Germany, Count Karl von Schwarzenberg (1771–1820) and Field Marshall Johann Joseph von Radetzky (1766–1855), underwent, was highly publicised in the press and, thus, helped to increase the reputation of the new art of healing so violently attacked by the large majority of the medical world. The attitude of many influential German writers to homeopathy was also very favourable. Johann Wolfgang von Goethe and Jean Paul Friedrich Richter, for example, praised the new therapy and its founder in their literary works.<sup>37</sup> Yet, of even greater importance, according to the observation made by a contemporary allopathic doctor, homeopathy had its most 'zealous defenders in the general public who wished to be cured surely, painlessly and cheaply.'<sup>38</sup>

The traditional view of medical historians has been that, in the nineteenth century, few licensed homeopathic physicians existed and that those few who did served the needs mainly of the urban and rural middle and upper classes.<sup>39</sup> This assumption has been challenged successfully by recent studies on the occupation and/or status of patients treated by Samuel Hahnemann.<sup>40</sup> The first casebooks, which cover his early medical practice (1800–1803), indicate that some 30 percent of his patients were upper class, 45 percent belonged to the middle class, and 15 percent presumably were lower class. These figures suggest that the founder of homeopathy treated members of all social classes. The sex ratio of his patients was 47 percent female and 40 percent male, the sex of the remaining 13 percent is unknown.

Unfortunately, there is no similar numerical breakdown of the clientele during the heyday of Hahnemann's medical practice in the 1830s.

However, even a cursory survey of the Paris casebooks (1835–1843) demonstrates that Hahnemann's extensive clientele came, as Rima Handley has shown, 'from all walks of life, from all social classes, and from all ages and nationalities'.<sup>41</sup> Although, many of Hahnemann's patients were wealthy members of the nobility or bourgeois, a number of people with restricted financial means were treated by Hahnemann and his wife during the last years of his life. There appears from the casebooks to be no social bias or striking difference between Hahnemann's treatment of different classes of people. There is also ample evidence that his wife, Mélanie d'Hervilly, conducted a free clinic for the poor in the afternoons, for which, unfortunately, no records have survived.<sup>42</sup>

However, who were the rank-and-file patients of the homeopathic physicians or lay practitioners in the nineteenth century? Did they have a similar mixed clientele or was their clientele more homogeneous? Information from a medical casebook (1895–1902) kept by Eugen Wenz<sup>43</sup> (1856–1945), a German lay practitioner specialising in homeopathy and other forms of 'natural healing', makes it possible to reconstruct a partial profile of those persons who went to a homeopathic healer.<sup>44</sup> Again, the numerical breakdown can only be approximate as a few casenotes are incomplete. From a total sample of 508 patients treated by Wenz 56.2 percent were women and 43.8 percent were men. Social class could hardly be determined unless an occupation was specified. Wenz treated a great variety of artisans and farmers (55 percent) in addition to innkeepers and cattle dealers, all of whom were listed as such in the casebook. It seems likely that most of the patients were people with moderate financial means. There were only a few members of the local social elite such as clergy, teachers, burgomasters and entrepreneurs) among his patients, altogether 7.5 percent. A gradual shift towards more patients being from the urban middle classes such as industrial workers, clerks and merchants was caused by his move from rural Mühringen to Stuttgart at the turn of the century.

It is known that home-visiting played a steadily increasing part in the practice of a private doctor in the nineteenth century, but little is known of the extent to which homeopathic or regular physicians saw patients in their own house or set aside a room specifically for that purpose. Hahnemann's casebooks, for instance, suggest that the majority of his patients came to his house for consultation. Those who came from distant places received further treatment principally by correspondence. Eugen Wenz's casebook is also valuable in this respect, as he recorded the details of daily routine practice. As he was not a very well-known or successful homeopathic healer, Wenz' income depended apparently to a much larger extent on visiting patients at

home accounting for 13.9 percent of all recorded treatments.

Finally, it should not be forgotten that homeopathy provided the opportunity for self treatment, which, had also been a major factor in the appeal of hydropathy. Homeopathic practitioners and pharmacists devised domestic kits for their patients consisting of homeopathic drugs and directions for their administration.<sup>45</sup> Thus, the new system of healing received another important impetus. Contemporary critics have speculated already that homeopathy's suitability for children won the support of large numbers of women who, as shown from the casebooks, constituted the majority of its patrons and were among its most active propagators.<sup>46</sup> Domestic medicine, therefore, played a major role in encouraging even more patients to abandon 'heroic medicine' in favour of the new practice. The spiritual rector of this lay movement was Constantin Hering (1800–1880) who later became one of the most important and active American homeopaths.<sup>47</sup> The German version of his guide-book *The Homoeopathist, or Domestic physician*<sup>48</sup> was a best-seller. Other homeopathic domestic guides contained the same type of advice and also encouraged self-treatment. As the nineteenth century advanced and the new art of healing waned, it seems that homeopaths moved to address their own profession rather than the general public.<sup>49</sup>

Hydropathy's popularity and credibility as a new art of healing was also aided, to a large extent, by the disillusionment of patients and healers alike with the 'heroic medicine' which Hahnemann had labelled 'allopathy' because of its ordinary mode of treating based on the theoretical rationale *contraria contrariis curantur*. Homeopathy, however, was a far greater threat to orthodox medicine than was hydropathy for the very reason that the founder of homeopathy himself and most of his disciples were once regular physicians, whilst the pioneers of nineteenth-century hydropathy were either poorly educated e.g. Priessnitz,<sup>50</sup> Rausse<sup>51</sup> and Schroth,<sup>52</sup> or had different academic backgrounds e.g. Oertel<sup>53</sup> and Father Kneipp.<sup>54</sup>

Hydropathy, in the beginning, was a true lay movement<sup>55</sup> and the enthusiasm for this form of the water cure was especially strong among the influential German and Austrian aristocracy and the bourgeois upper classes. One English traveller, Captain R.T. Claridge, a contractor in asphalt, reported that during his stay in Gräfenberg in 1841 Priessnitz had under his treatment an archduchess, ten princes and princesses, at least one hundred counts and barons, military men of all grades, several medical men, professors and advocates, in all totalling about five hundred.<sup>56</sup> Although Claridge and other German and foreign visitors seem to have been impressed by the high number of distinguished patients, they mention also the gaiety of spirits of

the whole company of Priessnitz' patients numbering several hundred people of all ages and ranks of society.<sup>57</sup> According to many contemporary reports on this well-known place of medical pilgrimage, the number of patients at Gräfenberg increased from 45 in 1829 to 1,600 in 1840.<sup>58</sup> The high social status of many of his clients helped Priessnitz and his followers to establish as many as forty to fifty similar establishments in Germany, Hungary, Poland, Russia and Italy. By the time of the death of Priessnitz in 1851 the craze for hydropathy had swept across the Continent to Great Britain<sup>59</sup> and the United States<sup>60</sup>. Even in England, where patronage of the water-cure movement was somewhat less aristocratic in tone, the large and prestigious sanatoria based on the model of Gräfenberg, according to Kelvin Rees, were established in 'locations acceptable to the cultural tastes of respectable society'.<sup>61</sup> Clearly, the situation was somewhat different in the United States where the water-cure philosophy, during the greatest popularity of the movement, attracted many middle-class people and especially women who were impressed by the empowering medical and social ideology behind hydropathy.

Almost no attention in medical history has been given to the first zenith of the water-cure movement in Germany in the first half of the nineteenth century. Yet, in addition to the mass publication of popular pamphlets and books on the natural art of healing, hydropaths established layman's leagues on the local, regional and national level, in the hope of increasing the demand for hydropathy.<sup>62</sup> E.F.Chr. Oertel, for example, founded in 1832 the *Hydrotherapeutischen Gesundheitsverein für ganz Deutschland*.<sup>63</sup> One of the many local laymen's associations, the *Hydrodiätetische Verein* established in 1835 in Dresden, became the nucleus of the strong hydropathic movement, which merged later with other local and regional naturopaths' leagues into the parent organisation known as the *Deutscher Bund*.<sup>64</sup> The steady stream of associations with largely medico-political interests which emerged in the years after 1835 enjoyed a measure of success, albeit limited. The fame of the pioneers led to a premium being placed on the identification of hydropathy with the few charismatic leaders, first Oertel and then Priessnitz, by supporters and the general public. From the 1860s the desire for organisation with an 'organised' movement can be put forward as one reason for the sudden growth in the number of local hydropathic leagues. The second half of the nineteenth century saw not simply a great increase among the *Naturheilvereine*, but also a trend towards more formalised, visible associations of laymen. It is not surprising, therefore, that information on the organisational level of the hydropathic movement in the 1880s and 1890s is more available in the form of surviving records,

reports on their activities in the popular press than similar information on local associations of the 1830s, when only a few, viz. Berlin, Bromberg, Dresden, Kassel, Lübeck and Zittau, were established. Yet, despite the increasing number and visibility of such associations, a comparison of the structure and motives of the associations established in the two periods, the 1830s to the 1860s, and the 1880s, reveals that little changed.

The following comparative analysis is preliminary, tentative and empirical, and lacks any theoretical or conceptual sophistication. It simply documents the links between the homeopathic and hydropathic movement in the second half the nineteenth century, as themes which were present among Hahnemann's followers are also found among water-cure enthusiasts. The medical fringe, like the various groups of social reformers, aimed at securing the active involvement of ordinary people in its organisations and institutions. Although statistical evidence is scanty before the early twentieth century,<sup>65</sup> it seems likely that the social composition was quite similar, labouring people, civil servants, artisans and tradesmen; some of the lower middle classes; and a sprinkling of professionals, lawyers, teachers, physicians and merchants, although apparently the homeopathic movement, at least in Württemberg, had significantly more middle-class members such as teachers, clergymen, apothecaries and doctors.<sup>66</sup> The importance of working class elements in the German *Naturheilbewegung* has been explored recently.<sup>67</sup>

The increasing publicity pertaining to natural healing in the 1880s and 1890s tells its own tale. In the early twentieth century, the situation becomes even more rampant, diverse, and impossible to contain within the parameters of this paper. In a real sense as a broad popular movement, the *Naturheilbewegung*<sup>68</sup> was linked to a very old set of beliefs: ascetic moral ideology connected with various ideas on the purification of the body and bodily processes. In the 1890s there were hydropathists, hygieo-therapeutists, even vegetarians, who regarded the term as their own. All were very different from the high-profile nation-wide *Kneipp*-movement and varied again on the local level, where every battle about health reform was fought over decades by shifting alliances of individuals and local interest groups. Just how intricate a task it is to define *Naturheilbewegung* has been demonstrated by Cornelia Regin's and Wolfgang Krabbe's studies on the organised movement called *Deutscher Bund der Vereine für naturgemäße Lebens- und Heilweise* (founded in 1900) alias *Deutscher Bund der Vereine für Gesundheitspflege und arzneilose Heilweise* (founded 1888), with precise lists of members and leaders who span the political spectrum, opt in and out of the movement at different times of their lives, and act as self-appointed health

reformers to convert the population. The same could probably be said of the cluster of the homeopathic lay movement studied by Eberhard Wolff and Dörte Staudt.<sup>69</sup>

### The Sectarian Challenge and the Construction of Regular Medicine

IF THE RISE IN THE NUMBER AND VISIBILITY of medical sects coincided with the official or tacit recognition of such therapeutic alternatives in the mid-nineteenth century, their subsequent history can be regarded also as a mirror for developments in the medical profession in general. Monopolisation of the specific market for health services is a characteristic goal attributed to professionals.<sup>70</sup> Some medical historians have argued that the drive to such a dominant or exclusive right to offer services lies at the heart of the professionalisation process in medicine. Although competition with non-professional or unlicensed practitioners has a long history, as medical historians have shown, the nineteenth century witnessed a new dimension in the traditional struggle between the medical fringe and the regular practitioners, i.e. organised medical sects seeking official recognition and also professional status for their healers, the most notable in Germany being homeopathy and hydropathy. The existence and success of both sects called into question medical orthodoxy's pre-emption of curative competence, professional legitimacy and scientific reputation. The fortunes of homeopaths and hydropaths may be regarded, therefore, as an index to the success of the medical profession in advancing its claim to exclusive therapeutic knowledge.

The history of the opposition to homeopathy goes back to the period when Hahnemann was still affiliated to the Medical Faculty of Leipzig.<sup>71</sup> Shortly after the first edition of the *Organon* had been published, receiving rather mixed and not always unfavourable reviews in various journals, some of his colleagues argued that Hahnemann should not be allowed to teach students. The only one who spoke in public against such a move was Professor Karl Gustav Carus, who wrote an article in one of the leading medical journals of his time: 'I conclude these remarks with the wish that a proposal, which I advanced long since, may, notwithstanding its difficulties, be carried out, viz., to test Hahnemann's doctrines by a commission composed of scientifically trained doctors, and with the co-operation of Dr. Hahnemann himself, in a hospital.'<sup>72</sup> This noble idea of a fair scientific contest was apparently not to the liking of Hahnemann's opponents and was soon abandoned. The bitter fight between the two schools of medicine, allopaths and homeopaths, moved into the political papers, into

the coffee-houses and beer-shops, into domestic circles, and reached its first climax when Prince Schwarzenberg, the famous Austrian war-hero and winner of the battle of Leipzig, consulted Hahnemann in 1820.<sup>73</sup> The year 1829 is of significance in the history of opposition to homeopathy, when legal action was brought against a homeopathic physician in Dresden, Dr. Karl Friedrich Trinks (1800–1868), for medical malpractice because he had not employed general and local venesections, cooling and purgative remedies.<sup>74</sup> Other trials in Dresden, Magdeburg and elsewhere followed. In most cases the law courts doubted or even disapproved of the overstatements and denunciations contained in the complaints by regular physicians against homeopathic doctors and reprimanded them in their judgements. Indeed, in one case, the Law Faculty at the University of Leipzig, to which appeal had to be made in case of unjust accusation, reminded the medical profession of the ideas of scientific progress:

To the physician (and even more so to the patient) must be left the free choice of the system of medicine, as by rejection this, all scientific progress would be declared inadmissible. The so-called homoeopathic system of treatment consists of opinions, which, equally, if correct or incorrect (which question does not come under the competence of the judge) is yet so far perfected from a formal scientific point of view, that the designation 'system' cannot be denied to it.<sup>75</sup>

As law-suits proved to be a rather uncertain and ineffective means in fighting homeopathy, Hahnemann's opponents clamoured loudly for the state to intervene. In 1834 Professor Ludwig S. Sachs wrote:

If a military professor were to teach that fortresses should be attacked with sugar-plums or soap-bubbles; if a teacher of mathematics were to assert that two and two make five, and that a part is greater than the whole; what would the State do? It would, certainly send him about his business. Hahnemann makes similar assertions, no good can therefore, come from him; what should the State do? Doctors take an oath to the State to act, according to the laws of science, 'on a scientific basis'. The homoeopaths condemn science; they have broken their contact with the State, and, therefore, have no *rights* as regards the State.<sup>76</sup>

The frequency of such attacks during the 1830s and early 1840s suggests that the wish for the support of the state in their battle with the homeopathic physicians was apparently most prominent during the cholera years when orthodox medicine had to admit its helplessness.

In attempting to belittle the leaders of these lay and professional oppositional medical sects, orthodox physicians saw little, if any, difference

between them and ordinary quacks who had always been a target for severe criticism by those offering 'official' medical care. It did not really matter, from the orthodox perspective whether somebody had a degree from a medical faculty, as was the case with Hahnemann, or whether he was an illiterate peasant like Priessnitz. In their eyes 'the skilful quack', as Norman Gevitz has pointed out, was considered to be 'just as harmful to a patient or the public health as one without any medical knowledge or desire to help the afflicted'.<sup>77</sup>

Strange behaviour by a leading sector of the German medical profession which appears to be contrary to the drive toward monopoly over medical services has often confounded medical historians comparing the rise of the medical professions in various countries during the nineteenth century. As there was no national medical association before the unification of Germany in 1871, it was the *Berlin Medical Association* which sent a petition to the legislative assembly of the *Norddeutscher Bund*, calling for a major reform of the medical system, thereby eliminating various types of state regulation from the practice of medicine. The first demand was to end the sanctions against quackery, *Kurpfuscherei*. This request was soon granted and this liberal practice became part of the German national commercial law, *Reichsgewerbeordnung*. Many physicians, however, disagreed with this *laissez faire*-strategy propagated by Rudolf Virchow and other luminaries of German medicine. They demanded a re-introduction of the *Kurpfuscherei-Verbot*. Unlike some of the prominent figures of the opinion-leading *Berlin Medical Association* who trusted the public to choose qualified physicians over quacks and argued that the previous laws against quackery had proved to be ineffective these physicians feared the competition not only of homeopaths and hydropaths but also of all types of unlicensed healers.<sup>78</sup> The heated debate on proscribing quackery again or not reached its height during the 1880s.<sup>79</sup> Despite various moves by members of the *German Medical Association*, founded in 1872, to consolidate their position by coupling a monopoly in the medical market with their own autonomy from state interference, unlicensed medical practitioners continued to flourish legally. The German government, at this time, was, as McClelland has shown, 'more concerned with the millions of presumably revolutionary minded workers, than the complaints of the thousands of doctors.'<sup>80</sup> The bill introduced into the German *Reichstag* in 1910 was not enacted, as the law committee and a substantial number of members of the German parliament on the left as well as on the right doubted the unselfish intentions of the medical orthodoxy.<sup>81</sup>



## Conclusion

IN THE LONG TERM, medical sectarianism had a decisive impact on German medicine. The most distinguishable groups of physicians who questioned the therapeutic power of allopathic medicine, namely homeopaths and naturopaths (*Naturärzte*), consisted of those who emphasised the healing power of nature, using different means, but always applying the principle and agency of 'nature' to the preservation of health and the cure of disease.

From the early 1820s, as sectarian power became more menacing, the concerns voiced by regular physicians increased. Some decades later, the shift to scientific methods applied in pathology and physiology was coupled with a change in the attitude towards medical sects. The first target of those who like Virchow and others firmly believed that medicine should be taught and practised in the spirit of natural sciences was homeopathy. Added to the objection that homeopathy was not based on science was the much more vehement charge that it could endanger the orthodox profession by promoting quackery.

Especially from the 1830s, some regular practitioners began to argue that their homeopathic colleagues were just quacks. The same label was later attached also to trained physicians who practised or sympathised with hydropathy. With the rise of scientific medicine in the second half of the nineteenth century, regular physicians became preoccupied with maintaining an appearance of therapeutic unity and professionalism. Mounting sectarian assaults, first by some one hundred homeopathic physicians backed by a small but efficient lay movement, not by the powerful *Naturheilbewegung*, aggravated the sense of professional instability, meant that there was comfort in a ritual affirmation of belief in the principles of science. This professional strategy points to the links binding medical orthodoxy in Germany to its counterparts in France, Britain and the United States. Clinging tightly to the new dogma of science was one means of preserving confidence and order in an era of severe professional strife. The semantic influence exerted by sectarianism pervaded regular thought. As the term *Schulmedizin*<sup>82</sup> assumed such a powerful role as a type of battle cry used first by the homeopathic and later on also by the hydropathic movement, this influence can be seen with exceptional clarity in the discussion on therapeutic unorthodoxy in mainstream medical journals after 1890. The fact that there were some colleagues questioning openly the worth of the scientifically based therapies, invited attacks from leading members of a profession who saw nothing detrimental in the term *Schulmedizin*. These doctors tried to carry the war into the enemy's camp, by imitating the

sectarian rhetoric, denouncing their foe as so-called *Naturheilkunde*<sup>83</sup> and drawing together homeopaths and hydropaths by using the term 'quack' for both deviant physicians and irregular non-medical practitioners.

Professional self-interest appears, therefore, to lie behind not only the negative response of regular medicine to medical sects, but also the move towards greater harmony among homeopaths and hydropaths. This may explain why even the medical fringe, which was generally divided about the right direction, saw some merit in maintaining therapeutic unity and in achieving institutionalisation. Herein lies the paradox of the professionalisation of homeopathy and hydropathy in the nineteenth and early twentieth centuries. In defending their alternative practices and the popular tradition in which they were rooted against attacks by regular practitioners, homeopaths and hydropaths articulated an ideology of unorthodox professionalism. On the other hand, sectarianism also moulded orthodox professional identity by fostering not only unification, but also confidence and order at a time of severe professional dislocation.

## Notes

- 1 Cf., for example, Joseph Ben-David, *Scientific Growth. Essays on the Social Organization and Ethos of Science* (Berkeley, 1991), pp. 71ff.
- 2 For the professionalisation of German medicine in the 19th century, cf. Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten. Das Beispiel Preussen* (Göttingen, 1985); Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988); Charles E. McClelland, *The German experience of professionalization. Modern learned professions and their organizations from the early nineteenth century to the Hitler era* (Cambridge, 1991).
- 3 John Harley Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine' in W.F. Bynum and R. Porter (eds.), *Medical fringe and medical orthodoxy, 1750–1850* (London, 1987), 234–260, quotation 253.
- 4 Cf. Bynum & Porter, *Medical Fringe*, Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (New York, 1988), Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore, 1988), Robert C. Fuller, *Alternative Medicine and American Religious Life* (New York, 1989); Norman Gevitz, 'Unorthodox Medical Theories' in W.F. Bynum and R. Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London, 1993), vol. 1, 603–633; Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992). German medical historians have not yet undertaken similar research on the history of alternative medicine in Germany. The books by Karl E. Rothschild, *Naturheilbewegung, Reformbewegung, Alternativbewegung* (Stuttgart, 1993) and by Klemens Dieckhöfer, *Kleine Geschichte der Naturheilkunde* (Stuttgart, 1985) are the only monographs on this subject and provide for the most part a history of ideas only. Cf. also the historical survey by Hans Schadewaldt, 'Unkonventionelle Heilmethoden in der Geschichte', *Medizinische Welt* 29 (1978) 943–949; Heinz Schott, 'War alles schon einmal da? Schulmedizin und Alternativmedizin im Spiegel der Geschichte' in *Schulmedizin und Alternativmedizin. Wie pluralistisch darf die Heilkunst sein?* (Karlsruhe, 1993), 21–30. For a recent and systematic approach, see Robert Jütte, *Geschichte der Alternativen Medizin* (Munich, 1996).
- 5 Gevitz, *Healers*, 2.
- 6 Cooter, *Studies*, 64.
- 7 Cf. Achim Wölfing, *Entstehung und Bedeutung des Begriffes Schulmedizin: Die Auseinandersetzung zwischen der naturwissenschaftlichen Medizin und Vertretern anderer Heilmethoden im 19. und 20. Jahrhundert* (Medical diss., University of Freiburg, 1974), pp. 122ff.
- 8 Cf. Andrew Cunningham & Perry Williams (eds.), *The laboratory revolution in medicine* (Cambridge, 1992). For France see, for example, Bruno Latour, *The Pasteurization of France* (Cambridge MA., 1988). For Germany, see Rolf Winau, 'Illness and Trends in Medical Research' (paper given at the conference on

- 'Medicine in 19th and 20th century Germany: Ethics, Politics and Law', Washington D.C., December 1–4, 1993).
- 9 For the later 19th century, cf. Wolfgang Wimmer, 'Die pharmazeutische Industrie als 'ernsthafte' Industrie: Die Auseinandersetzung um die Laienwerbung im Kaiserreich,' *Medizin, Gesellschaft und Geschichte* 11 (1992) 73–88.
  - 10 Cf. Eliot Freidson, *Profession of Medicine. A Study of the Sociology of Applied Knowledge* (Chicago, 1970, with a new afterword 1988); Noel Parry & José Parry, *The Rise of the Medical Profession. A Study of Collective Social Mobility* (London, 1976); Fred Hiss, *Professionalisierung und Bürokratisierung im Gesundheitssicherungssystem (GSS) und deren Auswirkung auf die Gesundheitsversorgung* (Social Science diss., University of Konstanz, 1976).
  - 11 Claudia Huerkamp, 'Ärzte und Professionalisierung in Deutschland. Überlegungen zum Wandel des Arztberufes im 19. Jahrhundert,' *Geschichte und Gesellschaft* 6 (1980) 349–382; Robert Jütte, 'Professionalization of Homeopathy in the Nineteenth Century,' in John Woodward & Robert Jütte (eds.), *Coping with Sickness. Historical Aspects of Health Care in European Perspective* (Sheffield, 1995) 45–66.
  - 12 Quoted in Wilhelm Ameke, *History of Homoeopathy: Its Origins, Its Conflicts With an Appendix on the Present State of University Medicine*, (trans. Alfred E. Drysdale) (London, 1885), p. 57.
  - 13 For an outline of his basis tenets, cf. Renate Wittern, 'The Origins of Homoeopathy in Germany,' *Clio Medica* 22 (1991) 51–64.
  - 14 Quoted in Richard Haehl, *Samuel Hahnemann. His Life and Work*, (trans. Marie L. Wheeler & W.H.R. Grundy) (London, n.d.), vol. I, p. 35.
  - 15 Samuel Hahnemann, *Lesser Writings*, (trans. R.E. Dudgeon) (reprint New Delhi, 1987), p. 320.
  - 16 Hahnemann, *Lesser Writings*, p. 487.
  - 17 Josef M. Schmidt, 'Hahnemann's Concept of Rational Therapeutics: Principles and Problems,' *Journal of the American Institute for Homeopathy* 85 (1992) 81–87.
  - 18 Cf. Volker Hess, 'Samuel Hahnemann und die Semiotik,' *Medizin, Gesellschaft und Geschichte* 12 (1993) 177–204.
  - 19 Hahnemann, *Lesser Writings*, p. 520.
  - 20 Cf. Ameke, *History*, 55. For the history of Brownianism, cf. Günter B. Risse, 'The Brownian System of Medicine: Its Theoretical and Practical Implications,' *Clio Medica* 5 (1970) 45–51; for the relationship between Homeopathy and Brownianism, see Hans Joachim Schwanitz, *Homöopathie und Brownianismus 1795–1844. Zwei wissenschaftstheoretische Fallstudien aus der praktischen Medizin* (Stuttgart, 1983).
  - 21 Cf., for example, Roy Porter (ed.), *The medical history of waters and spas* (London, 1990).

- 22 Cf. Alfred Martin, *Deutsches Badewesen in vergangenen Tagen nebst einem Beitrag zur Geschichte der deutschen Wasserheilkunde* (Jena, 1906), pp. 352ff.
- 23 Cf. Alfred Brauchle, *Naturheilkunde in Lebensbildern* (Leipzig, 1937), pp. 64ff.
- 24 For the debate on the semantics of this new term introduced by Wilhelm Winternitz in his book *Die Hydrotherapie auf physiologischer und klinischer Grundlage* (Vienna, 1878), see Cornelia Regin, *Die Naturheilbewegung in Deutschland 1889 bis 1914* (Ph.D. diss., University of Kassel, 1992), p. 374.
- 25 For his biography, see Brauchle, *Lebensbilder*, pp. 84ff. See also Friedrich Asbeck, *Naturmedizin in Lebensbilder. Ernährungsreformer, Biologen und Ärzte weisen den Weg* (Leer, 1977), 224–230. For an early English account of the life and work of the founder of hydrotherapy, see R.T. Claridge, *Hydrotherapy, or the Cold Water Cure, as Practised by Vincent Priessnitz* (London, 1842).
- 26 For Priessnitz' concept of health and disease, see Philo vom Walde, *Vinzenz Priessnitz. Sein Leben und Wirken* (Berlin, 1898), pp. 156–165.
- 27 For the history of this movement, cf. Claudia Huerkamp, 'Medizinische Lebensreformbewegung im 19. Jahrhundert,' *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte* 73 (1986) 158–182; Gunnar Stollberg, 'Die Naturheilvereine im Deutschen Kaiserreich,' *Archiv für Sozialgeschichte* 28 (1988) 287–305; Eberhard Wolff, 'Kultivierte Natürlichkeit. Zum Naturbegriff der Naturheilbewegung,' *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1989) 219–236; Wolfgang Krabbe, *Gesellschaftsveränderung durch Lebensreform. Strukturmerkmale einer sozialreformerischen Bewegung in Deutschland der Industrialisierungsperiode* (Göttingen, 1974); Regin, 'Naturheilbewegung'.
- 28 For his biography, cf. Brauchle, *Lebensbilder*, pp. 172ff. His pamphlets and books became bestsellers. More than two million copies had been sold by 1921. Kneipp treated on average 20 to 30 patients daily. The number was considerably higher during the high season, when he saw more than 300 patients per day, cf. Krabbe, *Lebensreform*, p. 91. For the increasing success and popularity of Kneipp's hydrotherapy in the early 20th century, cf. Florian Kramer, *Beiträge zur Ausbreitung des Kneippschen Heilverfahrens in Deutschland zwischen 1920 und 1933* (Medical diss., University of Munich, 1981).
- 29 Cf. Krabbe, *Gesellschaftsveränderung*, pp. 78ff.; Regin, 'Naturheilbewegung', 18ff.
- 30 Susan E. Cayleff, 'Gender, Ideology and the Water-Cure Movement' in Norman Gevitz (ed.), *Other healers* (Baltimore, 1988), 82–98. Cf. also Jane B. Donegan, *Hydropathic Highway to Health. Women and Water-Cure in Ante-Bellum America* (New York, 1986), especially chpt. 9.
- 31 Cayleff, 'Gender', 83–84.
- 32 Ernst von Brunnow, *Ein Blick auf Hahnemann und die Homöopathik* (Leipzig, 1844), p. 30 (my translation).
- 33 See Jütte, 'Professionalization'.

- 34 Unfortunately there is no monograph study for Germany similar to Harris L. Coulter, *Divided Legacy. The Conflict Between Homoeopathy and the American Medical Association* (Berkeley, 1973).
- 35 On this permanent strife between homeopaths and apothecaries, see Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen zur industriellen Fertigstellung* (Stuttgart, 1991), pp. 73ff.
- 36 In the second half of the 19th century there were many members of parliament among the supporters of the homeopathic movement who tried to push through more favourable laws on medical licensing. Cf. for example the reports on various bills in the Prussian house of parliament (1859 and 1891) in the *Allgemeine Homöopathische Zeitung* (AHZ) 58 (1859), 72, and AHZ 122 (1891), 206. See also the archival material on this subject in the files of the Homeopathic Archives of the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart (Bestand 'V').
- 37 For other writers see, for example, Karl-Otto Sauerbeck, 'Hahnemann und die Dichter,' *Allgemeine Homöopathische Zeitung* 234 (1989), 54–71.
- 38 Quoted in Haehl, *Hahnemann*, vol. i, p. 169.
- 39 Cf. Ameke, *History*, p. 176. Cf. also (with more specific reference to the geographical distribution) Eberhard Wolff, "... nichts weiter als eben einen unmittelbaren persönlichen Nutzen..." – Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung,' *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 4 (1985) 61–97.
- 40 Michael Vogl, "Nahe und entfernte Landpraxis". Untersuchungen zu Hahnemanns Eilenburger Patientenschaft 1801–1803', *Medizin, Gesellschaft und Geschichte* 9 (1990) 165–180, Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournal von Samuel Hahnemann* (Medical diss., Mainz, 1984), pp. 32–38; Thomas Genneper, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wiecks in den Jahren 1815/16* (Heidelberg, 1991), pp. 19–23.
- 41 Rima Handley, *A Homeopathic Love-Story, The Story of Samuel and Mélanie Hahnemann* (Berkeley, 1990), p. 109.
- 42 In December 1836 Hahnemann wrote to his German colleague Dr. Hennicke: [Melanie] daily treats gratuitously a large number of poor patients under my supervision [...]; quoted in Haehl, *Hahnemann*, vol. ii, p. 350.
- 43 For his biography, see Stefan Rhein, 'Eugen Wenz – ein unbekannter Heilkünstler und Denker', *Deutsche Apotheker-Zeitung* (Beilage: Geschichte der Pharmazie) 42 (1990), 13–19.
- 44 I would like to thank Dr. Thomas Faltin for giving me access to his unpublished Ph.D. thesis on Wenz' medical practice.
- 45 As early as 1830 Hahnemann was approached about obtaining homeopathic medicine-chests for domestic use and pocket cases for travelling. Hahnemann, however, referred them to Dr. Haubold in Leipzig and the apothecary Theodor Lappe in Neudietendorf, see Haehl, *Hahnemann*, vol. i, p. 168.

- 46 Cf. Oliver Wendell Holmes' opinion on this matter, quoted in Lamar Riley Murphy, *Enter the Physician. The Transformation of Domestic Medicine 1760–1860* (Tuscaloosa & London, 1991), p. 287 ftn. 83.
- 47 See Calvin B. Knerr, *Life of Hering* (New Delhi, 1992). Cf. also the biographical entry in Harald Gaier (ed.), *Thorsons Encyclopaedic Dictionary of Homoeopathy* (London, 1991), 235–238.
- 48 For the many German editions, see Joachim Willfahrt, 'Homöopathische Hausarztliteratur des 19. Jahrhunderts als Anleitung zur Selbstmedikation', *Zeitschrift für Klassische Homöopathie* 35 (1991) 114–121, 153–159, 194–202.
- 49 For the United States, cf. Murphy, *Physician*, p. 224. For Germany see Willfahrt, 'Selbstmedikation' 157, showing that the few 'classical' guides, of which the first edition are dated before or around 1850, dominated the book market until the early 20th century. This also explains the lack of new successful titles.
- 50 Cf. E.M. Selinger, *Vincenz Priessnitz. Eine Lebensbeschreibung* (Vienna, 1852), pp. 3ff.
- 51 J.H. Rausse alias Franke (1805–1848) was a forester, cf. Brauchle, *Lebensbilder*, p. 142.
- 52 Johann Schroth (1798–1856) was a carter or waggoner, cf. Brauchle, *Lebensbilder*, p. 199.
- 53 Eucharius Ferdinand Christian Oertel (1765–1850), was a 'Gymnasialprofessor' (highschool teacher), cf. Brauchle, *Lebensbilder*, p. 71.
- 54 Father Sebastian Kneipp (1821–1897) studied theology before he became a Dominican friar, cf. Brauchle, *Lebensbilder*, pp. 174–75.
- 55 Cf. Regin, 'Naturheilmovement', 20.
- 56 Cf. Robin Price, 'Hydrophaty in England 1840–70', *Medical History* 25 (1981) 269–280, especially 272.
- 57 Cf. Philo vom Walde, *Vinzenz Priessnitz. Sein Leben, sein Wirken* (Berlin, 1898), pp. 22–23.
- 58 Harry B. Weiss & Howard R. Kemble, *The Great American Water-Cure Craze. A History of Hydrophaty in the United States* (Trenton, 1967), pp. 5–6. See also the figures given by Roths Schuh, *Naturheilmovement*, p. 68.
- 59 Cf. Kelvin Rees, 'Hydrophaty in Matlock,' in Cooter, *Studies*, 27–44. Cf. also Price, 'Hydrophaty', 269–280.
- 60 Cf. Donegan, *Highway*; Weiss and Kemble, *Water-Craze*; Susan E. Cayleff, 'Wash and Be Healed': *The Water-Cure Movement and Women's Health* (Philadelphia, 1987).
- 61 Rees, 'Hydrophaty', 29.
- 62 Cf. Krabbe, *Lebensreform*, p. 142.
- 63 Cf. Brauchle, *Lebensbilder*, p. 75.
- 64 Cf. Regin, 'Naturheilkunde', 20.

- 65 Cf. Regin, 'Naturheilkunde', 75.
- 66 Cf. Eberhard Wolff, *Gesundheitsverein und Medikalisierungs prozeß. Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989), pp. 55–56.
- 67 Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband der Volksgesundheit (1880–1918)* (Frankfurt/Main, 1990), p. 117.
- 68 For the intellectual origins of this movement, cf. Wolff, 'Kultivierte Natürlichkeit'.
- 69 Cf. Wolff, 'Laienbewegung', 69; see also Dörte Staudt's paper in this volume.
- 70 Cf. McClelland, *Professionalization*, p. 18.
- 71 Cf. Irene Leschinsky-Merl, *Der Streit um die Homöopathie in der ersten Hälfte des 19. Jahrhunderts* (Medical Diss., University of Munich, 1988), p. 18.
- 72 Quoted in Ameke, *History*, p. 185.
- 73 Cf. Walter Nachtmann, "'... Ach! wie verliere auch ich an Ihm!!!'. Die Behandlung des Fürsten Karl von Schwarzenberg durch Samuel Hahnemann und ihre Folgen", *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1987) 93–110, Rainer Hickmann, *Das psorische Leiden der Antonie Volckmann. Edition und Kommentar der Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Medical Diss., Würzburg, 1994), p. 20.
- 74 Cf. Ameke, *History*, p. 224. Cf. also Leschinsky-Merl, 'Streit', 71–72.
- 75 Quoted in Haehl, *Hahnemann*, vol. ii, p. 229.
- 76 Quoted in Ameke, *History*, p. 279 (italics in text).
- 77 Gevitz, *Healers*, p. 2.
- 78 Cf. Reinhard Spree, 'Kurpfuscherei – Bekämpfung und ihre sozialen Funktionen während des 19. und zu Beginn des 20. Jahrhunderts' in Alfons Labisch & Reinhard Spree (eds.), *Medizinische Deutungsmacht im Wandel* (Bonn, 1989), pp. 103–121; Regin, 'Naturheilkunde', 346.
- 79 Cf. C.v. Littrow, 'Die Stellung des deutschen Ärztetages zur Kurpfuscherfrage in Deutschland von 1869–1908', *Wissenschaftliche Zeitschrift der Humboldt-Universität Berlin, Math.-nat. Reihe* 19 (1970) 433–446.
- 80 McClelland, *Professionalization*, p. 86.
- 81 Cf. Regin, 'Naturheilkunde', 512. For an excellent regional study on the attempts to regulate quackery, cf. Hans-Jörg Reupke, *Zur Geschichte der Ausübung der Heilkunde durch nichtapprobierte Personen in Hamburg von den Anfängen bis zum Erlaß des 'Heilpraktikergesetzes' im Jahre 1939* (Herzogenrath, 1987).
- 82 On the origins of this term in homeopathic circles during the 1880s see Wölfing, 'Schulmedizin', 83.
- 83 Cf., for example, Rudolf Virchow, 'Zum neuen Jahrhundert. Ein Gruß', *Archiv für pathologische Anatomie und Physiologie und für klinische Medizin* 159 (1900), 1–2.