

Homoeopathy in Victorian Canada and its Twentieth-Century Resurgence: Professional, Cultural and Therapeutic Perspectives

J.T.H. Connor



THE HISTORY OF HOMOEOPATHY IN CANADA pales in comparison with that of Great Britain, the United States and Europe,¹ yet it adds to our knowledge of the international uptake of homoeopathy while providing insights into the professionalisation and *mentalité* of Canadian medicine. The study of Canadian homoeopathy, especially an analysis of affairs in the province of Ontario, shows that it remained a tenacious medical sect until the twentieth century. Furthermore, homoeopathy survived, especially during the Victorian period, because the partition between 'irregular' and 'regular' medicine was permeable in Canada.² Indeed, the line of demarcation was sufficiently ambiguous for homoeopaths for us to ask whether it was not actually an artificial or rhetorical one created by contemporary purists, which was then upheld and exaggerated by later historians. It seems that the relative assimilation of homoeopaths into 'mainstream' Canadian medicine, notwithstanding some degree of professional anti-sectarian posturing, can be explained by an Anglo-Canadian medical proclivity to value professional credentials and demeanour more than specific therapeutic practices. This state of affairs contrasts markedly with the situation in the United States where, as John Harley Warner has observed, professional identity in the nineteenth century was based more on what physicians *did* (i.e., therapeutic orientation and practice) than on their educational, professional, or social

lineage.³ This form of professional identity is not surprising in a country that abandoned licensing standards and requirements during the early nineteenth century only to re-institute them towards the end of the century. Unlike the United States, Canadian provinces never rescinded such legislation.⁴ Other topics to be considered in this discussion of homoeopathy in Victorian Canada, in addition to these issues, include the relationship between physician and lay support; the social class and backgrounds of homoeopathic patients and other supporters; the vital role played by American homoeopathic medical schools, which provided a steady stream of trained physicians; and the role of homoeopathic institutions such as hospitals and pharmacies. This discussion will conclude with a brief overview of the resurgence of homoeopathy in twentieth-century Canada.

Homoeopathy in Victorian Canada

ANY HISTORY OF HOMOEOPATHY IN CANADA must be placed within the context of Canadian history. Although Confederation was achieved in 1867, bringing the nation of Canada into effect, several provinces (and, indeed, the nation as a whole) continued to be greatly influenced by colonial ties with Britain; meanwhile, social or cultural forces originating in the neighbouring United States continued also to have their effect on the new nation. It is useful to view Canada as consisting of five large geo-political regions: the vast, sparsely populated Arctic north; the maritime provinces on the east coast; the francophone province of Quebec (with an anglophone bastion of Montreal); English-speaking Ontario – the south-western, most populous part of which juts into the northern American states of New York, Ohio, Pennsylvania, and Michigan; and the west, including the prairie region and the west coast province of British Columbia. Canada was, and remains, a 'regional country' affected by geographical, cultural and linguistic differences in addition to the usual political and economic forces. The following discussion, therefore, describes homoeopathy in Canada according to regional representation in settled areas.

Homoeopathy in the western region of Canada was, for most of the nineteenth century, all but non-existent owing to its generally unpopulated, undeveloped state. Even by the late 1880s only two homoeopathic physicians, described as 'well advanced in years', were practising in Vancouver, British Columbia.⁵ Yet, despite this small number, provincial medical legislation in 1889 recognised homoeopathic physicians as legitimate practitioners. The impetus for this law may be attributed to the peculiar geographic features of British Columbia: owing to the natural barrier

of the Rocky Mountains, the province's residents tend to be more influenced by western states of the United States than by the rest of Canada. The fact that similar legislation had been passed in California three years earlier no doubt encouraged British Columbians to do the same.⁶ On the other side of the Rockies, in the prairie region, another physician practised homoeopathy around the same time in Winnipeg, Manitoba;⁷ thirty years later, only this 'veteran' homoeopath appears to have stayed there.⁸ In the Canadian west, then, homoeopathy was a non-starter, probably as a result of economic and demographic circumstances rather than professional ones.

Two Atlantic provinces had even less experience of homoeopathy, also owing to sparse, isolated populations in general. Although itself not a province of Canada until 1949, the far eastern island of Newfoundland had physicians who often identified themselves with their Canadian colleagues. Nevertheless, Newfoundland does not appear to have had any homoeopathic practitioners. Similarly, no homoeopaths practised in the province of Prince Edward Island.⁹

In the more developed Atlantic provinces of New Brunswick and Nova Scotia, however, homoeopathy did gain a foothold. In the mid-1850s, pamphlets published in Saint John, New Brunswick provide evidence of its practice there in an exchange between Dr. R. Bayard and his homoeopathic rival, Dr. J.C. Peterson. The debaters adopted arguments familiar to the present day: Bayard portrayed homoeopathy as a species of humbug, whereas Peterson presented it as a safe and efficacious practice.¹⁰ Despite Bayard's published attack, Peterson appears to have enjoyed considerable success with a dispensary in Saint John. Furthermore, a steady movement of additional homoeopathic practitioners into New Brunswick in the following decades suggests that homoeopathy held its ground. In later years, in fact, relations between homoeopaths and regulars became cordial, or at least no worse than those between regular physicians themselves. Indeed, one maritime homoeopath reported in the 1880s that there had not been a more prosperous time:

In the cities of St. John [New Brunswick] and Halifax [Nova Scotia], and in other maritime towns where our men are located, there are thousands of our most influential people ready to stand by to prevent any curtailment of our privileges. Of the six judges of the Supreme Court of New Brunswick, four – including the Chief Justice – employ homoeopathy for themselves or for their families. Of the New Brunswick bar many of its most influential members are numbered among our patients and warm supporters, and the same statement is true of many of our clergy, who, perhaps, more than any other class of men, may be said to act in the capacity of missionaries for the homoeopathic practice.¹¹

On this note, the Saint John homoeopath, Dr. Allan M. King, remarked that an aspiring homoeopathic physician could easily become established if possessed of a good education, 'pleasing manners,' and 'withal force of character.'¹² The flaunting of distinct therapeutic principles or practices was less important, therefore, than professional conduct and good character: the good physician was a gentleman first, a homoeopath second. However, it should be noted, that at least two female homoeopaths have been identified in this region.

If not entrenched, homoeopathy was, at least, relatively stable in New Brunswick, as witnessed also by legislation in 1881 concerning the regulation and qualification of physicians and surgeons in the province. This new act licensed practitioners even if they espoused 'any system of Medicine', for the 'registered Practitioners of that system shall have the right to appoint an examiner or examiners on the subjects peculiar to that system, viz.: *Materia Medica*, Pharmacy and Therapeutics, and if they shall neglect so to do, the Council shall have the power to appoint such examiner or examiners.'¹³ Several homoeopathic physicians were able to take advantage of this clause, and another 'grand-fathering' clause, to become licensed practitioners. As the Register of the Medical Council of the College of Physicians and Surgeons of New Brunswick shows, at least five doctors registered around the time of this legislation. All of them were trained in American medical schools. Henry C. Preston, who had graduated from the University of New York and been in practice in Saint John for thirty-seven years, registered in 1881; and in 1882 Edward A. Preston, presumably his son, registered after having graduated M.D. from the Homeopathic Medical Society of King's County, New York in 1879. Other homoeopathic physicians registering around 1881 had also received American training: born in Nova Scotia, William S. Morrison had graduated from the homoeopathic medical school of Boston University; a New Brunswick native, Stephen S. Black, graduated from Cincinnati's Pulte Medical College (an acknowledged homoeopathic school) in 1875; and Rate S. Black (probably his spouse), although an American by birth, practised for seven years in Fredericton, New Brunswick after graduating from the Cleveland Homeopathic Medical College in Ohio in 1874. Later decades also saw a similar trend in the licensing of American-trained homoeopathic physicians.¹⁴

In the other major maritime province of Nova Scotia, homoeopaths similarly practised more or less unimpeded, although there were no formal homoeopathic institutions such as hospitals, societies, etc. Sectarian hostility did arise, attributed by homoeopaths to envy on the part of regular physicians, because homoeopaths had secured the most affluent residents as

their patients.¹⁵ Nova Scotian homoeopaths, typically, were American-trained Canadians. Joseph D. Davis, probably the first practising homoeopath in the province, graduated from Hahnemann Medical College of Philadelphia (1859); so, too, did W.L. Arrowsmith (1866), E. Arthur Dakin (1881), and Alexander R. MacKenzie (1895).¹⁶ However, an exception to this trend was Herbert H. Read, who qualified in medicine at the University of Edinburgh in 1861; twelve years later, Read published a pro-homoeopathic pamphlet entitled *A Review of the Present State of Therapeutics*.¹⁷ Indicative of the professional acceptance of these sectarian doctors was their membership in the Halifax Medical Society and its successors, the Nova Scotia Medical Society and the Provincial Medical Board of Nova Scotia (1872 to the present). The minutes and official registers of these groups record the qualifications and contributions of homoeopaths in the same manner as they do those of their 'regular' colleagues.¹⁸

With the creation of the Provincial Medical Board and new legislation governing the licensing and qualifications of physicians in Nova Scotia in 1872, homoeopathic and other sectarian practitioners received further recognition. Under this new act, which superseded an earlier 1856 law, any physician already in practice would be 'grand-fathered' and, more importantly for a future generation of homoeopaths:

No person, otherwise fully qualified under this Act, shall be refused Registration or license to practise on account of his adopting or refusing to adopt the practise of any particular theory of medicine or surgery. In case of such refusal by the Board, the party aggrieved shall have the right to appeal to the Governor in Council, who, upon due cause shown, shall issue an order to the Board to Register the name of such person and to grant him a license to practise.¹⁹

Although this enactment did not guarantee any homoeopath a license or, for that matter any physician presenting him- or herself for a license, at least a formal mechanism was in place for applicants to have some recourse should they feel that they were inappropriately treated.

This is not to say, of course, that homoeopathy was embraced fully by non-sectarian doctors: debate over its basic tenets still took place. In 1877, for example, a meeting of the Halifax Medical Society's Scientific Branch saw 'Therapeutics' discussed with homoeopathic defenders squaring off against those other physicians who thought homoeopathy unscientific and absurd. Nonetheless, this exchange took place *within* the confines of collegial professional debate much as would a discussion of, say, Listerism or some other contemporary clinical controversy.²⁰ In this forum, doctors were

arguing with doctors, rather than engaging in acrid, public debate over orthodox and unorthodox practices.

Although homoeopathy was practised in the Maritimes, then, it had no extensive roots or developed infrastructure. Enjoying limited success, homoeopathy probably remained vulnerable as long as it was patronised by the well-to-do and petty government officials. As a movement it depended upon the importation of homoeopathic practitioners from elsewhere; there were also no homoeopathic hospitals. Its stability relied on legislation that protected sectarian practices in general.

The two remaining regions in Canada, the provinces of Quebec and Ontario, saw the bulk of homoeopathic activity in the country. Its popularity, however, was essentially an anglophone phenomenon. With the notable exception of Dr. Pierre-Martial Bardy of Quebec City beginning in the 1830s, French-speaking physicians did not, generally speaking, embrace homoeopathy. Any French-speaking followers were treated, for the most part, by anglophone physicians or by bilingual doctors of anglophone heritage. Many more treated themselves using domestic texts and homoeopathic medical kits. By the 1880s, about thirteen homoeopathic physicians practised in Quebec, but over half of them were in Montreal. Although this issue needs to be studied more, it appears that homoeopathy in Quebec was supported predominantly by middle-class, Protestant, urban anglophones.²¹

Without doubt, it was Montreal, with its affluent, anglophone population, that provided the foundation for homoeopathy in Quebec. Although the number of homoeopathic physicians practising in the city was never great, they managed to secure a solid client base and to establish a sufficient institutional infrastructure that protected them legally while demonstrating their organisational abilities. In 1865, homoeopathic physicians received official recognition when the Montreal Homoeopathic Association was granted the right to form its own licensing body to regulate them.²² Before 1865, however, homoeopaths practised in the province more or less unimpeded, with only the usual publication skirmishes between 'old' and 'new' school practitioners.²³ Under earlier legislation, homoeopaths were already licensed to practise because most were graduates of Scottish or English universities who later 'converted' to homoeopathy. For example, the first homoeopathic physician in Montreal, Arthur Fisher, graduated from Edinburgh University in 1833 and was influenced by Dr. Drysdale, one of the great promoters of homoeopathy in Great Britain, as well as by Constantine Hering.²⁴ Later physicians actually trained at homoeopathic colleges in New York, Chicago, Philadelphia, and Cleveland; and, beginning in the twentieth

century, medical graduates from Canadian universities undertook postgraduate studies in Montreal before writing their homoeopathic licensing examination in addition to their regular provincial medical license.²⁵

Homoeopathy became more entrenched in Montreal with the opening of the Montreal Homoeopathic Hospital in October 1894. Its establishment was due, in part, to the rejection of a petition to the Royal Victoria Hospital to adopt homoeopathic treatment. The homoeopathic hospital was made possible through the generous endowment made by a patient of means. For the following sixty years, the hospital continued to operate on homoeopathic principles, although it also admitted non-homoeopathic patients; in 1951 it was renamed the Queen Elizabeth Hospital, dropping its sectarian designation.²⁶ The Montreal Homoeopathic Hospital quickly became the focal point of homoeopathy in this city. Not only did it provide a physical presence for, and reminder of, this sectarian medical practice, but it also was a place of congregation for the city's homoeopaths. More importantly, in the absence of any homoeopathic medical school in Canada, it offered a venue for the exchange of homoeopathic ideas and practices; and by incorporating a training school for nurses, it provided an ongoing supply of competent nursing staff both for hospital and private practice. In these ways, the Montreal Homoeopathic Hospital helped ensure the presence of homoeopathy in Montreal for several decades.

Of course, this hospital was first and foremost an institution for treatment of patients. In a recent study, Jean-Pierre Robitaille includes a useful statistical review of patients and other matters at the Montreal Homoeopathic Hospital from 1894 to 1904; an analysis of his data reveals the following trends. First, during this decade the hospital enjoyed a solid increase in patient admissions: from 162 in 1894–95 to 437 in 1903–04. Second, a significant shift from 'public cases' to 'paying cases' over this period translated into a marked increase in revenue for the hospital, meaning that it consistently operated in surplus. This trend, however, reveals a third shift in the hospital's development. From 1894 to 1904 the number of homoeopathic cases admitted remained steady at around 140 per year, while the number of non-homoeopathic admissions increased rapidly from none to over 200 by the end of the decade. Fourth, the overwhelming majority of all admissions were English-speaking Canadians along with some English and Americans; during the entire decade, only four French-Canadians were admitted. Accordingly, Protestants were constantly in the majority; Catholic admissions were a distant second (a ratio of roughly 5:1); and only eight Jews appear to have been admitted from 1894 to 1904. Finally, although gender

distribution fluctuated annually, it appears that there was an equal distribution between male and female patients.²⁷

In some respects, the success of the Montreal Homoeopathic Hospital helps explain the continuation of homoeopathy in Montreal. First, the hospital, like the practice of homoeopathy, received the material support of elite Montreal patrons. Second, it responded flexibly to patients' needs by offering choice in treatment rather than being dogmatic in its sectarianism.²⁸

While isolated homoeopathic activities took place in various parts of Canada, it was in Ontario that the homoeopaths gained full legal status, established several medical institutions, and gained the respect of the regular profession. Moreover, they displayed considerable tenacity as they remained a small but prominent medical group until well into the twentieth century.

Joseph J. Lancaster was probably the first homoeopathic practitioner to work in Ontario, and certainly the first to attempt to have homoeopathy legally recognised. Born in 1813 to a Quaker family which emigrated to Oxford County from New York State, Lancaster later returned to the United States for his education where he served his apprenticeship with Dr. H.H. Sherwood of New York; presumably it was then that he learned of homoeopathy. He later obtained a special degree from Hahnemann Medical College in 1857. In 1846, Lancaster began a medical practice in Norwich, and later moved to the London area; by at least 1850 he was practising in the city of London itself.²⁹

It was also in 1850 that some citizens, possibly patients of Lancaster, petitioned the provincial legislature for an act to allow the legal practice of homoeopathy; but as was the case with most other medical petitions of that era, no action was pursued.³⁰ During the later 1850s and early 1860s, homoeopathy gained tremendous ground, no doubt the result of a major information campaign. Homoeopaths wrote and produced many pamphlets, which advocated and explained their system of medicine; these originated from both Quebec and Ontario and presumably circulated through much of the province. For example, in 1852 R.J. Smith of Toronto, who identified himself as a 'Homeopathic and Hydropathic Physician and Surgeon', informed Ontarians about the 'vast difference' between homoeopathy and allopathic medicine, which were 'separated in principle by a great gulf':

Allopathy rushes over the organism like a volcano, or an avalanche, exhausting all her resources; or, perhaps we may illustrate it by the tornado that tosses the mariner's bark so furiously upon the lap of the ocean, as to try, and strain, and crack every timber in her works, while Homeopathy carries on its curative operations with a stillness and quietness that is in perfect accordance with the normal functions of life.³¹

Amplifying on the apparent gentleness of homoeopathy, Smith noted that powerful medicines were not necessary to restore health, for when:

she [nature/health] is menaced and jaded, and aggravated by disease, she calls not for, she needs not medicinal torturing, but a kind friend to come gently to her aid and act in perfect concert with herself. When she is agonizing and writhing in her conflicts with disease, she needs not to be goaded on like the baited brute in the amphitheatre; but it is then she needs the well-timed and soothing aid of a modest friend.³²

Such a 'modest friend', of course, was homoeopathy with its concept of infinitesimal doses that uses 'no unnatural violence, nor seriously disturbs the function of any organ.'³³ To a generation of Ontarians who were acquainted with the actions and associated discomfort of the emetics, purgatives, bloodlettings and mercuric compounds of the regulars, the potentially more gentle approach of homoeopathy likely appeared attractive.

The publication of informative and self-promotional pamphlets, the formation of a professional society (Homoeopathic Medical Society of Canada founded in 1854), and the presentation of public lectures all helped increase the profile of homoeopathy within Ontario during the 1850s. In addition, the short-lived *Canadian Journal of Homoeopathy* (1856), edited by two homoeopathic physicians W.A. Greenleaf and A.T. Bull, provided other practitioners and supporters with a *mélange* of American, British and Canadian information on homoeopathy.³⁴ Certainly, against the background of strife that characterised the regular medical profession during this period – with medical school and hospital closures due to religious and political wrangling – the growing professionalism of the homoeopaths, coupled with their less aggressive treatments, probably invited Ontarians to enquire about the tenets and practices of this medical sect. The Harris family diaries illustrate this point. Amelia Harris, the matriarch of a genteel, well-established family in London, Ontario actively sought homoeopathic therapy for herself and her son. She notes that, in the early 1860s, they undertook a fairly lengthy journey to consult the Toronto homoeopath Dr. Adams, who then prescribed 'diet & fresh air and infinitesimal globules.'³⁵

The greatest indication of popular support for homoeopathy, however, was the many petitions in favour of its legislation. In 1859 about twenty petitions from residents of many towns and villages of south-western Ontario were submitted to the province's Legislative Assembly.³⁶ As a result of this flurry of activity, a special governmental select committee was established to examine the legalisation of homoeopathy. The committee's report is revealing for, in addition to indicating that petitions represented

more than 1,800 Ontario residents, its breadth and depth illustrate how well informed were the supporters of homoeopathy. Final sections of the report not only underscored the international nature and widespread acceptance of homoeopathy, but also presented the names and qualifications of four physicians who had been proposed to comprise a provincial homoeopathic medical board. Some of these homoeopaths also formed the executive of the Homoeopathic Medical Society of Canada: Duncan Campbell, a regularly trained Edinburgh physician (L.R.C.S. 1831, M.D. 1833); Joseph J. Lancaster (M.D. 1857, Hahnemann Medical College, Philadelphia); Alexander T. Bull (M.D. 1848, New York University); William A. Greenleaf (M.D., Cincinnati Medical College); and John Hall (M.D., Homoeopathic College of Cleveland).³⁷

The legalisation of homoeopaths was achieved with no apparent opposition because of the organisational strengths of homoeopathy in Ontario, coupled with the relative weakness (or disarray) of the regular profession. On 30 March 1859, a private member's bill was read for the first time; by the end of the month, a slightly amended bill was passed by the Legislative Council, and received Royal Assent on 4 May 1859.³⁸ The homoeopathic act stated that candidates had to study for four years under the care of a duly qualified practitioner and to attend not less than two six-month university courses of anatomy, physiology, surgery, theory and practice of medicine, midwifery, chemistry, *materia medica*, and therapeutics. Additionally, at least one six-month course in each of clinical medicine and medical jurisprudence were required.

Despite the legalisation of homoeopathy, tensions existed between homoeopaths and regular practitioners. The most intriguing example involved discussion of Dr. Lizars of Toronto at the 1869 annual meeting of the Canadian Medical Association (CMA). At the mere proposal of his name for membership to the CMA, those assembled began to hiss; one physician demanded that Lizars not be considered because he consulted allegedly with homoeopaths. William Canniff, a well-known Ontario surgeon, then spoke out, noting that while Lizars was his 'personal friend', his 'duty to the Association compelled him to make a statement.' Canniff declared that the charges were accurate, and in effect, his statement was a public denunciation of Lizars. During these exchanges about him, Lizars tried to speak to defend himself, but was ordered to be silent. At a subsequent session, Lizars was allowed to make a statement which, at that time, amounted to a public confession. Observing that homoeopathic physicians were legal in Ontario, he felt obliged to obey the law by consulting with them as the occasion arose; he acknowledged nonetheless that perhaps he

had been wrong in doing so. With this declaration, it was moved that Lizars be voted a member of the CMA. However, not all members were convinced of the errant regular physician's complete faith in regular medicine. They pressed Lizars to state unequivocally that he would abide by all the laws of the CMA's constitution. Eventually Lizars acceded, whereupon he was admitted as a respectable member of the CMA.³⁹

This resentment should not be over-estimated, for the CMA represented only a small number of Ontario physicians. As well, by the regular profession's own estimate, there were only about fifty homoeopaths in the province (compared with over one thousand regular physicians) around 1870.⁴⁰ Hence, for the vast majority of regular physicians, consultation with homoeopaths was probably not an issue. Still, for all the homoeopaths' limited numerical strength, they possessed considerable organisational strength due to the creation in 1869 of the College of Physicians and Surgeons of Ontario (CPSO), which allowed five representatives each for both homoeopathic and Eclectic physicians. In brief, as both the homoeopaths and Eclectics already had their own examining boards, coupled with the regular physicians' inability to block any move towards amalgamation (indeed, the regulars needed the support of sectarian physicians to form the College), it became politically expedient to create such a medical coalition government.

It is clear, from the published accounts of the many CPSO Council meetings, that the homoeopaths, led by their bulldog-like leader, Duncan Campbell, often bullied, filibustered and intimidated their regular colleagues into recognising more fully homoeopathy in the province.⁴¹ Moreover, by voting with the Council, homoeopathic representatives demonstrated that they could and were willing to compromise on issues if it was for the betterment of the profession as a whole. For example, homoeopaths were just as frustrated over the existence of unlicensed medical quacks in Ontario, and they supported fully any measures that might remove them from the province. Moreover, in matters of education, homoeopaths strove to elevate provincial standards, not only because they deemed it a responsible action, but also because it was one way of striking back at poorly trained regular physicians. As one prominent homoeopathic Council member, Clarence T. Campbell of London, remarked in the 1890s:

We have ever been the consistent advocates of the highest possible standard of education for all medical men. And while we do not approve of the therapeutic methods of the old school, it is our duty to see that practitioners of that class shall at all events be men of good education. ... For this reason, while college and territorial representatives were divided among themselves at the [Council]

session of 1891 as to their support of the advanced [medical] curriculum, the Homoeopathic representatives were unanimous, and by their votes secured its adoption. Had they not given it their undivided support the proposition would have been defeated.⁴²

Furthermore, when responding to a regular physician's criticism of the ability of homoeopathic physicians, Campbell noted that this 'slur' had been 'amply *revenged* [my italics] by our course in the Council, which had resulted in raising the standard of medical education higher than many of our Allopathic colleagues were inclined to favor.' Finally, Campbell suggested that the regular medical profession should thank the homoeopaths for the high position which it held in the province. If it were not for the homoeopaths' surrender of their own Board of Examiners to form the new united College, and the continuing support of homoeopathic College representatives, 'there would have been a much lower standard of education in force than that of which we boast today.'

Further indications of the mixed relations between homoeopathic and regular practitioners and of the significant role played by homoeopaths in the province's medical affairs lie in the fact that several assumed executive positions in the Ontario Medical Council. In 1872 and 1877, Duncan Campbell of Toronto was Vice-President; he was elected President for 1878. The Ottawa homoeopath George Logan became Vice-President in 1879, and President in 1883; from 1887 to 1889, Gregg Henderson of Strathroy was Vice-President and President; in 1892, Clarence Campbell of London became Vice-President, and President in the following session; and Leonard Luton of St. Thomas became President for the session of 1898.⁴³ Thus, during the last quarter of the nineteenth century, homoeopathic physicians assumed a disproportionately large number of executive positions on the Council. Moreover, their repeated election to executive positions demonstrates that regular physicians were recognising increasingly their worth, rather than just electing one sectarian physician as a gesture of strained goodwill.

Additional evidence of this professional change of heart is afforded in the 1883 Ontario Medical Association (OMA) presidential address in which Dr. J.D. MacDonald of Hamilton declared that there was 'not that hostile feeling towards the disciples of Hahnemann in Canada that was felt in the United States, a result owing probably to the terms on which Homoeopaths were received by the Medical Council of the College of Physicians and Surgeons.' Nevertheless, the OMA president was quick to add also that while there was no hostility, allopaths did not necessarily agree

with the medical philosophy of Hahnemann. Despite this ambivalent attitude, however, homoeopathy did profit from MacDonald's speech, for he concluded by unequivocally stating that regular physicians should consider themselves free to consult with homoeopaths when necessary.⁴⁴ The significance of this announcement is underscored by the fact that the OMA was affiliated with the CMA and bound by the latter's laws, which forbade such consultations. Thus, again the gap between any national 'official' position and the realities of Ontario medical practice became apparent. Indeed, a decade later the CMA president (an Ontario physician) acknowledged openly the debt due to homoeopaths and Eclectics for their role in helping to consolidate and strengthen Ontario's medical profession as a whole during the latter half of the nineteenth century.⁴⁵ Later, in 1902, during discussion of a new provincial medical act that would, among other things, eliminate direct representation by homoeopaths in the Medical Council, Dr. N.A. Powell (President of the OMA) made it clear that he was against it. The eradication of homoeopathic representatives was wrong, to Powell's mind, because they had given up 'certain privileges' to allow the passage of the original 1869 act. Therefore, it behoved the regular profession to honour and to respect the tacit agreement between the different medical groups.⁴⁶

There can be little doubt that, by the close of the century, homoeopathy was a well-entrenched part of the Ontario medical scene. While there must have been individual regular physicians who cared little for homoeopathy, generally speaking homoeopaths seem to have been accepted as colleagues. Certainly one fact influencing this attitudinal change centres on the changing nature and composition of the homoeopaths themselves. Analysis of the *Ontario Medical Register*, the official nominal record of physicians, which gives the dates and the nature of their qualifications, and place of practice, shows several noteworthy trends from 1882 to 1903.⁴⁷ First, over this period the number of licensed practising homoeopaths remained fairly constant at approximately fifty; but owing to the increasing number of regular physicians, the relative proportion of homoeopaths to regulars declined from about 3 per cent to 2 per cent. Second, during the earlier part of the era, homoeopaths were scattered primarily around small towns located in the southwest of the province, with very few homoeopaths practising in Toronto. However, by the turn of the century, the larger urban centres of Toronto, Hamilton, London and Ottawa accounted for just under half (21 of 54) of all homoeopaths registered; by 1903, Toronto alone had about 10 homoeopaths. As a result of this relative dilution and the urban concentration of homoeopaths, the majority of

regular medical practitioners may well have begun to feel less threatened. The final, and probably most significant, trend concerns the medical education of homoeopaths. The first generation of Ontario's homoeopaths – present during the 1850s to 1870s – was trained, with few exceptions, at American homoeopathic medical colleges, then licensed in Ontario. Although this pattern continued during the remainder of the nineteenth century, the homoeopathic community was augmented increasingly by a new generation which received their M.D. degrees from regular Canadian medical schools and then pursued postgraduate homoeopathic studies in the United States before obtaining an Ontario license through the Council's homoeopathic examiners. The *Register* shows ten new graduates from Victoria, McGill, Toronto and Kingston medical schools during the period of the 1880s to early 1900s as licensed homoeopathic practitioners. In effect, then, while declaring themselves as homoeopaths, members of this new generation may be viewed as *bona fide* regular physicians with a specialty in homoeopathy. This blurring of medical philosophies probably did much to erode further the original feeling of hostility regular physicians expressed towards homoeopaths.

Some homoeopaths in the province enjoyed also the advantages of hospital admitting privileges. Homoeopathic physicians were represented on hospital medical staff in both London, Ontario and Berlin, Ontario, although only after internal debate. There existed also one hospital, the Grace Homoeopathic Hospital in Toronto, which began operation in the early 1890s. While the Grace dropped its homoeopathic designation in 1902, it continued until the 1920s, treating patients both homoeopathically and non-homoeopathically.⁴⁸ Homoeopathic physicians and patients could also obtain homoeopathically prepared remedies and medications from several pharmaceutical outlets. Mail-order suppliers from the United States such as Humphrey's Homoeopathic Specifics and Boericke & Tafel, operated through Toronto agents. Ontarians could purchase supplies also from Thompson's, founded in Toronto in 1868 (and still a going concern), or from Wait's homoeopathic manufactory in Arnprior, Ontario. John T. Wait, proprietor of the latter establishment, produced also a manual for home use. Although clearly meant to sell his wares, this pamphlet was also a compact guide to homoeopathic diagnoses and treatment – one indication that the absence of a homoeopathic physician may not have been an impediment to the pursuit of homoeopathy. But also Wait did not wish to jeopardise his position with homoeopathic physicians. 'We are not the originators of Domestic Treatment', he noted, 'but as a large and important part of medical practice is and must ever remain in the hands of the people, we have rather

sought to reform it.⁴⁹

Flexibility in their sectarianism enabled homoeopathic physicians to gain significant institutional footholds in Ontario. But were they then continuing to practise homoeopathy? Two papers presented by Clarence Campbell and George Logan at the 1891 meeting of the Canadian Institute of Homoeopathy held in Ottawa suggest that the homoeopathic community might have been undergoing some philosophic strain owing to the increasingly 'eclectic' nature of later nineteenth-century homoeopathy.⁵⁰ Both attempted to reconcile the original eighteenth-century tenets and methods of Samuel Hahnemann with a changing medical milieu. For Campbell, a true homoeopath or Hahnemannian was 'not necessarily a physician who attempts to follow all the little details of Hahnemann's medical practice.' He declared that 'The predominant characteristic of the Master in Medicine [Hahnemann] was his independence and originality.' Thus, the true Hahnemannian accepted the law of similars while not necessarily being shackled by dogma; in short, the Hahnemannian was an independent medical thinker.⁵¹ George Logan offered an in-depth analysis of Hahnemann's extensive writings to ascertain if there were grounds for divergence of opinion among homoeopathic physicians. In particular, the issue of the dilution of homoeopathic doses was debated, for 'purist' homoeopaths maintained that only the highest dilutions were to be used, while 'eclectic' homoeopaths often employed doses of allopathic proportions. As a result of his readings of Hahnemann, Logan concluded that the notion of a 'pure Hahnemannian' was a myth:

None can claim to be pure Hahnemannians. If the modern innovations are superior to the master's, (and I am not comparing the merits of these two methods – the old and the new –; I merely wish to show that whatever merits they may possess, they are not Hahnemann's methods,) in all fairness their inventors should be entitled to the credit, if any, which may justly belong to them.

...

Personal idiosyncrasy must in the nature of things, prevent perfect uniformity in matters non-essential, and the range of Hahnemann's methods are sufficiently broad to include and permit a difference of opinion.⁵²

Although Logan averred that 'pure' Hahnemannians did not exist, other Ontario homoeopaths would have disagreed. For example, Drs. McLaren (Ottawa), Quackenbush (Ottawa), Hardy (Toronto) and Wickens (Brantford) were members of the American-based International Hahnemannian Association (IHA), a purist homoeopathic organisation

founded in 1880 to offset the generalist tendencies of the older American Institute of Homeopathy. In 1901 the IHA held its annual meeting in Niagara Falls, at which Dr. D.C. McLaren acted as Vice President and presented several papers. Indicative of the orthodox nature of this organisation was its constitution and by-laws; noting that Hahnemann's *Organon of the Healing Art* was the 'true guide' in therapeutics, the constitution disavowed 'all connection with that practice which, under the guise of Homoeopathy, is at variance with the law of similars and its conditions as deduced by Samuel Hahnemann.'⁵³ Moreover, the often strident tone of papers presented at this meeting indicates also an extremist orientation.

Homoeopathic activities during the nineteenth and the early years of the twentieth centuries demonstrate that this form of sectarian medicine was far from moribund in Canada. In addition to legal recognition in several provinces, homoeopaths became, generally speaking, 'professionally' accepted by their more numerous regular colleagues. Moreover, as a result of the activities of several homoeopathic organisations (Canadian and American), homoeopaths developed further their own sense of collective identity and strengthened their professional abilities. However, these same societies, because of their differing conceptual orientation, could have contributed also to a certain divisiveness among Canadian homoeopaths. A final factor accounting for the continued well-being of homoeopathy in Victorian Canada was its ability to attract new, younger physicians.

A further review of homoeopathy in nineteenth-century Canada reveals that, although the nominal strength of homoeopaths was limited in Canada (perhaps no more than one per cent of the national complement of physicians), homoeopaths were both able to be heard and to secure a position in the Canadian medical hierarchy. Indeed, despite their small numbers, homoeopaths demonstrated to their more numerous regular colleagues that homoeopathy should be taken seriously. Certainly, some legislators and the public were convinced of this, as witnessed by legislation protecting homoeopaths in various provinces. Moreover, while many instances of homoeopathic and regular disputes took place between individuals, overall there seems to have been a remarkable degree of co-operation between the two kinds of physician. Whatever else may be cited to explain this *entente cordiale*, one factor was the generally 'professional' demeanour of homoeopathic physicians: they shared with regular physicians a similar outlook on etiquette and collegial conduct (licensing, education, administration, etc.). In fact, the bearing of the professional gentleman – as one homoeopath put it, his 'pleasing manners' – was of greater importance

to the Canadian medical profession at large than it was in the United States.⁵⁴ Indeed, one feature that distances homoeopaths from other sectarians in the nineteenth century, and perhaps even from their counterparts in Europe and the United Kingdom, was their relative lack of populist support and interference. Although Canadian homoeopaths did engage in pamphleteering, and did enlist the support of the public on occasion, they did not employ such populist and adversarial tactics as did, for example, Thomsonian followers.⁵⁵ Moreover, because the majority of Canadian homoeopaths were American-trained and did not establish a homoeopathic medical school in Canada, no strife arose as a result of student recruitment. As long as Canadians could travel to New York, Philadelphia, Cleveland, Cincinnati, Chicago, Detroit, Ann Arbor and Boston,⁵⁶ they had no need to establish an institution in Canada. A Canadian institution would probably also have been divisive, requiring large amounts of funds, given the climate of academic and clinical competition between proprietary medical schools.⁵⁷

Similarly, without their own enduring medical journals, societies, etc., Canadian homoeopaths took advantage of their geographic and cultural position by reading American and British periodicals and by joining international associations. However, the two major centres of homoeopathy in Canada, Toronto and Montreal, both had hospitals that were founded on homoeopathic principles; both also had homoeopathic remedies readily available in pharmacies and through mail-order suppliers. In short, Canadian homoeopathy owed much to the United States and, to some extent, to Britain.

The acceptance and use of homoeopathy in Victorian Canada may be viewed as a springboard for discussing particular aspects of homoeopathy *qua* medical practice. First, how unique was the Canadian experience? Did homoeopathic physicians in countries other than the United States manage to achieve a similar level of security because of prevailing medical conditions? Was homoeopathy elsewhere primarily an urban phenomenon? To what extent were homoeopathic physicians actually integrated into routine medical practice, notwithstanding the rhetorical posturing of both regular and sectarian factions? And, finally, what is meant by the terms homoeopathy and homoeopathic physician? As has been seen in Canada, homoeopathy was practised by British-, American-, and Canadian-trained homoeopaths, some of whom were converted regulars; others trained entirely along homoeopathic lines. Furthermore, there were many lay people who also treated themselves homoeopathically. In sum, was there such a thing as the homogeneous practice of homoeopathy? Analyses of homoeopathy have

been viewed typically against the backdrop of regular medical practices and the context of nineteenth-century professionalisation, where differences between homoeopaths and regulars have been emphasised. Yet, what would an historical analysis of homoeopathy – anywhere – in and of itself reveal? What were the actual prescribing practices of homoeopaths? What were some of the dynamics and tensions within the homoeopathic profession itself? How did the homoeopathic community communicate internationally? Posing these questions does not invalidate previous scholarship on homoeopathy; rather, they extend it.

Recent international interest in the history of homoeopathy allows tentative answers to some of these questions.⁵⁸ In general, Canadian homoeopathic physicians appear to have enjoyed a relatively secure legal and medical position compared with their counterparts elsewhere. In countries such as Germany, Belgium, The Netherlands, Spain and Italy, for example, homoeopathic physicians, for the most part, did not receive legal protection; at the very least, any formal recognition varied considerably from region to region within some countries. In the United States, legislation was reintroduced only in the closing decades of the nineteenth century to protect and to recognise all practitioners, including homoeopaths. The British experience most resembled that of Canada inasmuch as those physicians who held a British degree in medicine, or some other fellowship or qualification, were entitled to practise. Nevertheless, unlike Canada, no special provisions existed in Great Britain either to recognise or to protect homoeopathic practitioners.

Contrasts can be drawn also when considering lay support for homoeopathy in different countries. In Canada, homoeopathic physicians used petitions to appeal to the public for support. In addition, both a pamphlet campaign and the presence of domestic homoeopathic medicine attest to the role played by lay followers. The homoeopathic hospitals in Montreal and Toronto also could not have functioned without the support of lay auxiliary groups, which raised funds and helped in their administration. Yet it is clear that this lay 'support system' was never as developed or as vital to the practice of homoeopathy in Canada as it was in such countries as Germany or The Netherlands. Even though a strong lay homoeopathic movement in Great Britain greatly aided in organising and promoting the practice there, 'qualified' homoeopathic physicians displayed considerable ambivalence towards it. This tension seems to underscore one of the assertions of this chapter that, within the Anglo-medical world at least, physicians might well have considered professional qualifications more important than specific therapeutic practices. On the other side of the

Atlantic, although an extensive domestic homoeopathic scene existed, the 'open market place' combined with relatively unimpeded access to homoeopathic medical schools meant that in the United States, as in Canada, a strong populist homoeopathic movement did not develop.

In Canada, no formal educational institutional base was ever established. Yet in this respect the Canadian situation was not unusual, for no formal medical schools dedicated to the teaching of homoeopathic medicine were ever established during the nineteenth century in either Great Britain or much of Europe; similarly, actual lectureships appear to have been few and far between. It was the United States, with its numerous proprietary medical schools – many of them homoeopathic in orientation – that stands out as anomalous. Nonetheless, Canadians could take advantage of institutional developments in the United States to acquire an M.D. degree, thereby making them eligible for examination and licensure upon their return home.

Certainly one area in which Canada's experience with homoeopathy was unique involves its lack of a publishing tradition compared with those other countries where an ongoing lay and professional medical press developed. Canadian homoeopaths and followers were informed through a small pamphlet campaign in the 1850s and 1860s, a short-lived journal in 1856, and two hospital journal/newsletters in the 1890s, but there was no textbook or other publication trade. Ironically, this lack probably did not hinder the development of homoeopathy in Canada, for it meant that practitioners did not expend valuable energy and money in duplicating efforts from elsewhere. Canadian homoeopaths, like their regular colleagues, could avail themselves easily of British and American literature. This cultural dependency, of course, could have also a negative aspect. As its fate was linked to the waxing and waning of homoeopathy elsewhere, Canadian homoeopathy declined during the early twentieth century.

Homoeopathy in Later Twentieth-Century Canada – An Overview

ALTHOUGH HOMOEOPATHY WAS CLEARLY IN DECLINE by the beginning of the twentieth century, the activities of the Montreal anaesthetist and homoeopath, Dr. Harold Griffiths, and those of the Montreal Homeopathic Hospital, ensured that the embers of this nineteenth-century medical sect continued to glow. Scattered elsewhere in Canada, too, were other practitioners who carried on a mixed practice of 'regular' and homoeopathic medicine. Similarly, some physicians who were trained in the naturopathic

medical tradition also helped to maintain a homoeopathic presence in Canada.⁵⁹ Indeed, even until 1968 there was a homoeopathic representative on the Medical Council of Canada – the national licensing and regulatory body for all physicians and surgeons.⁶⁰ Increasingly, however, homoeopathy was fast becoming an anomaly, if not a curiosity, that appeared to look back to the misguided medical extremes of a long past era. Nevertheless, despite this trend, and no matter how irrelevant homoeopathy may have appeared to the majority of Canadians, it never became extinct. For example, in 1968 Thompson's homoeopathic pharmacy in Toronto would celebrate its one-hundredth year of operation.

It was, however, during the latter decades of the twentieth century that homoeopathy, along with a host of other alternative and complementary medical practices, exploded on the scene once again. The rediscovery of homoeopathy during the 1980s and 1990s may be attributed to many broad social trends including a disillusionment with, or questioning of, the scientific and technological medical model; consumerism in general may be seen also to have been a factor. Regardless, for some Canadians homoeopathy did 'work'; for many others this medical therapy appeared to make them, at least, feel better; and for many more, homoeopathy and its tenets was consistent with a broader philosophy of their alternative lifestyle and the taking of responsibility for their own health. Especially in large cities such as Toronto and Montreal, many homoeopathic and naturopathic practitioners established practices. In the Province of Quebec homoeopathy became subsumed under the general umbrella of *médecine douce* – a movement that embraced a mixture of alternative medical practices.⁶¹ Similarly, new pharmaceutical enterprises arose that either manufactured or distributed homoeopathic remedies to the public. In addition, today, at least one Canadian commercial chain of drugstores distributes the products of the European homoeopathic giant of *laboratoires Boiron*; other independent pharmacies also provide 'over-the-counter' homoeopathic preparations prepared by other companies.⁶² The Ontario Homoeopathic Association, founded in 1992 and based in Toronto, added to this rebirth by sponsoring public lectures on the principles of homoeopathy; its primary objective, however, is to act as the professional voice of homoeopathic practitioners in the province. Among its several goals is to 'ensure a united body of qualified practitioners to provide safe and professional homoeopathic care for the protection of the public.' The recently established International Academy of Homoeopathy and The School of Homoeopathic Medicine, both located in Toronto, offer a series of courses of three years' duration that lead to a diploma in homoeopathic medicine. Although these programmes are private

ventures and are reminiscent of the proprietary medical schools of the nineteenth century, they strive to emulate the university medical school curriculum inasmuch as they include courses in anatomy, physiology, and pathology, as well as training in homoeopathic methods. The teaching faculty of the International Academy include practising homoeopaths, massage therapists, pharmacists, and pathologists, many of these teachers having been trained in European medical schools and Indian homoeopathic medical colleges.⁶³

This resurgence of homoeopathy did not go unnoticed in established medical circles. For example, in 1994, the Medical Society of Nova Scotia based in Halifax on the eastern coast of the country, officially recognised complementary medicine and defined it as 'homeopathy or osteopathy or a system different from that taught in the usual schools of medicine'. While it is unlikely that this trend of professional recognition will sweep the country, it is noteworthy that at least one formally constituted professional association acted in this way, and is another indicator of the new homoeopathic scene of the 1990s in Canada.⁶⁴ Of course, these actions have rekindled many of the old sectarian battles of the nineteenth century. Exchanges between homoeopathic patients, sympathisers, and critics of homoeopathic medicine (including some physicians) in the popular media such as newspapers raise the recurring themes of the purported scientific and therapeutic claims of homoeopathy, and whether or not it is a sham.⁶⁵

In conclusion, although there are resonances between the homoeopathic medical scene of the nineteenth century and that of the closing decades of the following century, one important difference should be underscored. For the most part, homoeopathy in nineteenth-century Canada was the domain of licensed physicians; lay practice, when it existed, appears to have been limited to occasional domestic, self-care activities. The resurgence of homoeopathy in Canada over a century later, however, is very much grounded in a lay movement with patients and lay supporters of homoeopathy acting as advocates on its behalf. Moreover, today's homoeopathic practitioners, for the most part, are not themselves members of the formal medical establishment. Indeed, by establishing their own associations, schools and so on, modern-day homoeopaths in Canada are attempting to create their own parallel professional community. In many respects, therefore, the task that current homoeopaths have set for themselves is similar to that of their nineteenth-century colleagues, but while the former do enjoy popular support the professional and institutional obstacles they have to overcome remain substantial.

Notes

- 1 Major studies of homoeopathy include Glynis Rankin, 'Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy', in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (New York, 1988), pp. 46–62; John V. Pickstone, 'Establishment and Dissent in Nineteenth-Century Medicine: An Exploration of Some Correspondence and Connections Between Religious and Medical Belief-Systems in Early Industrial England' in W.J. Sheils (ed.), *The Church and Healing: Studies in Church History*, Vol. 19 (1982), pp. 165–89. See also John B. Blake, 'Homeopathy in American History: A Commentary', *Transactions and Studies of the College of Physicians of Philadelphia*, Series V, 3 (June 1981), 83–92; Ronald L. Numbers, 'Do-It-Yourself the Sectarian Way' in Guenter Risse et al. (eds.), *Medicine Without Doctors: Home Health Care in American History* (New York, 1977), pp. 49–72; Elizabeth Barnaby Keeney et al., 'Sectarians and Scientists: Alternatives to Orthodox Medicine' in Ronald L. Numbers and Judith Walzer Leavitt, (eds.), *Wisconsin Medicine: Historical Perspectives* (Madison, 1981), pp. 47–74; Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*, 3 vols. (Washington, 1973); Naomi Rogers, 'Women and Sectarian Medicine' in Rima D. Apple (ed.), *Women, Health, and Medicine in America: A Historical Handbook* (New York, 1990), pp. 281–310; Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, 1971); Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, 1988); Renate Wittern, 'The Origins of Homoeopathy in Germany', *Clio Medica* 22 (1991), 51–64; Robert Jütte, 'The Professionalisation of Homeopathy in the Nineteenth Century', in John Woodward & Robert Jutte (eds.), *Coping With Sickness. Historical Aspects of Health Care in a European Perspective* (Sheffield, 1996); Olivier Faure, *Le debat autour de l'homéopathie en France 1830–1870: Evidences et arrière-plans* (Lyon, 1990); Lucile Lasveaux, *Traitements homéopathiques du choléra dans la France du XIX^e siècle* (Lyon, 1988); and Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie (1800–1940)* (Lyon, 1992).
- 2 For additional discussions of Canadian medical pluralism, especially Ontario, see Jennifer J. Connor and J.T.H. Connor, 'Thomsonian Medical Literature and Reformist Discourse in Upper Canada', *Canadian Literature* 131 (1991), 140–55; J.T.H. Connor, "'A sort of *felo de se*": Eclecticism, Related Medical Sects and Their Decline in Victorian Ontario', *Bulletin of the History of Medicine* 65 (1991), 503–27; and J.T.H. Connor, *Minority Medicine in Ontario, 1795–1903: A Study of Medical Pluralism and Its Decline* (unpublished Ph.D. thesis, University of Waterloo, 1989).
- 3 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), pp. 234–60; and *idem*, 'Science, Healing and the Physician's Identity: A Problem of Professional Character in Nineteenth-Century America', *Clio Medica*, 22 (1991), 65–88.

- 4 See Connor, *Minority Medicine*, pp. 189–267; Joseph F. Kett, 'American and Canadian Institutions, 1800–1870' in S.E.D. Shortt (ed.), *Medicine in Canadian Society: Historical Perspectives* (Montreal, 1981), pp. 189–205; and Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver, 1984).
- 5 George Logan, 'Canada' in *Transactions of the International Homoeopathic Congress. London, August, 1896* (London, 1896), Section II, p. 75.
- 6 See Mark S. Wade, *Notes on Medical Legislation in British Columbia* [Victoria, BC: 1890], CIHM/ICMH No. 16417. For an overview of homoeopathic legislation in California, see Thomas L. Bradford (comp.), *Homoeopathic Bibliography of the United States, from the Year 1825 to the Year 1891, Inclusive* (Philadelphia, 1892), p. 564.
- 7 Logan, p. 76.
- 8 Alex R. Griffith, 'Homoeopathy in Canada' in E. Petrie Hoyle (ed.), *Transactions of the Eighth Quinquennial Homoeopathic International Congress* [London, 1911], 2 vols. (London, 1911), Vol. I, p. 76.
- 9 Allan M. King, 'Maritime Provinces' in *Transactions of the International Congress*, Section II, pp. 15–17.
- 10 See J.C. Peterson, *Reply to the Evidences of the Delusions of Homoeopathy* (Saint John, New Brunswick, 1857), CIHM/ICMH No. 67088. Peterson's document was in reply to Robert Bayard, *Evidences of the Delusions of Homoeopathy* (Saint John, New Brunswick, 1857); and A.D. Gibbon, 'Bayard, Robert', *Dictionary of Canadian Biography* IX, 1861–1870, p. 35.
- 11 King, p. 17.
- 12 King, p. 16.
- 13 *An Act Relating to the Registration and Qualifications of Physicians and Surgeons*, New Brunswick, 1881. See Section 12.
- 14 *Register of the Medical Council of the College of Physicians and Surgeons of New Brunswick, 1881–1923*. This material is housed in the New Brunswick Museum, Saint John, New Brunswick. I am grateful to Jane Lodge Smith for providing me with this information.
- 15 King, p. 15.
- 16 Information derived from *Some North Cumberlandians at Home and Abroad Past and Present* (North Cumberland Historical Society, Nova Scotia, 1965); and Provincial Archives of Nova Scotia, RG 83 Vol. 1, Provincial Medical Board of Nova Scotia, *Medical Registration Book, 1857–1868, Medical Registration Book, 1868–1873*. I am grateful also to Allan E. Marble for sharing some of his yet unpublished research with me regarding homoeopathic physicians in Nova Scotia.
- 17 Herbert H. Read, *A Review of the Present State of Therapeutics* (Halifax, Nova Scotia, 1873), CIHM/ICMH No. 13211.
- 18 Provincial Archives of Nova Scotia, MG 20 Vol. 181, *Halifax Medical Society Minutes 1853–1861, 1861–1868*. For background to the medical board, see M.R.

- Macdonald, 'The Provincial Medical Board of Nova Scotia', *Nova Scotia Medical Bulletin* 64 (1985), 42–43.
- 19 See Chapter 31, Section 18, 'An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery', 35 Vic., *The Statutes of Nova Scotia* (Halifax, 1872).
 - 20 See Colin D. Howell, 'Elite Doctors and the Development of Scientific Medicine: The Halifax Medical Establishment and Nineteenth-Century Medical Professionalism' in Charles G. Roland (ed.), *Health, Disease and Medicine: Essays in Canadian History* (Toronto, 1984), pp. 105–22; see p. 118. Unfortunately, the minutes of this meeting have since disappeared, and verification or amplification of this debate cannot be pursued. For discussion of Listerism, for comparative purposes, see J.T.H. Connor, 'Listerism Unmasked: Antisepsis and Asepsis in Victorian Anglo-Canada' *Journal of the History of Medicine and Allied Sciences* 49 (1994), 207–39.
 - 21 See Sylvio LeBlond, *Médecine et médecins d'autrefois: Pratiques traditionnelles et portraits québécois* (Québec, 1986), pp. 87–97; Thomas Nichol, 'Province of Quebec', *Transactions of the International Congress*, Section II, pp. 12–15; Logan, 'Canada', p. 75; and Griffith, 'Homoeopathy in Canada', pp. 75–77. See also Pierre Savard, 'Bardy, Pierre-Martial', *Dictionary of Canadian Biography*, IX, 1861–1870, pp. 32–33.
 - 22 *Act to Incorporate Montreal Homoeopathic Association*, 28 Vic., cap. 59 [1865], CIHM/ICMH No. 01620; and *Statutes, Rules and Regulations of the College of Homoeopathic Physicians and Surgeons of Montreal* [Montreal, 1865?], CIHM/ICMH No. 01739.
 - 23 J.G. Rosenstein, *Comparative Merits of Alloepathy, The Old Medical Practice and Homoeopathy, The Reformed Medical Practice, Practically Illustrated* (Montreal, 1846), CIHM/ICMH No. 01652; Thomas Nichol, *The Misrepresentations of Homoeopathy* (Montreal, 1888), CIHM/ICMH No. 39195; M.H. Utley, *Homeopathy for the British North American Provinces* (Montreal, 1863), CIHM/ICMH No. 55509; [John Wanless], *Letters on Homoeopathy. For and Against* (Montreal, [1865]), CIHM/ICMH No. 23161.
 - 24 Arthur Fisher, 'Reminiscent Homoeopathy', [*Montreal*] *Homoeopathic Messenger* 1 (April 1896), 2–3; 1 (May 1896), 2–3; 1 (June 1896), 2–3.
 - 25 *Register of College of Homoeopathic Physicians and Surgeons of Montreal*, Box 1 Acc. 542, Griffith Collection, Osler Library, McGill University, Montreal.
 - 26 *By-Laws of the Montreal Homoeopathic Hospital ... 1894* [Montreal, 1894], CIHM/ICMH No. 01753; Harold R. Griffith, 1894–1969, *Seventy-five Years of Service: The Story of the Queen Elizabeth Hospital of Montreal*, Reprint Collection, Osler Library, McGill University, Montreal. See also the *Montreal Homoeopathic Record*, the hospital's newsletter from 1895 to 1904.
 - 27 Jean-Pierre Robitaille, *La reconnaissance sociale d'une pratique médicale marginale: L'homéopathie à Montréal: 1844–1904*, (M.A. thesis, Université du Québec à Montréal, 1992). See especially pp. 177–82.

- 28 An interesting example of this in microcosm is the career of Dr. Harold Griffith, a homoeopathic physician who was the son of a homoeopathic physician, both of whom acted as Registrar for the Montreal College of Homoeopathic Physicians and Surgeons. However, Harold Griffith, a McGill medical graduate as well as a Hahnemann Medical College graduate, became an internationally renowned anaesthetist (it was he who employed curare as an anaesthetic) and chair of the Department of Anaesthesia in McGill University. For an introduction to Griffith's life, see Richard Bodman and Deirdre Gillies, *Harold Griffith: The Evolution of Modern Anaesthesia* (Toronto, 1992).
- 29 See Edwin Seaborn, *The March of Medicine in Western Ontario* (Toronto, 1944), pp. 194–201; Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto, 1980), pp. 31–32; and Colin Read, *The Rising in Western Upper Canada, 1837–38: The Duncombe Revolt and After* (Toronto, 1982), p. 226. One indication of Lancaster's devotion to homoeopathy was the fact that he christened his first-born son Hahnemann Lancaster. Lancaster was probably responsible also for introducing Emily Stowe to homoeopathic practices. Stowe would later study medicine in New York and return to Ontario to become the first woman physician to practise in the province. Indeed, while this issue has yet to be explored more fully, it appears that homoeopathic practice was perhaps the earliest avenue for women to pursue a medical career in Canada. For more information on Stowe, see Constance B. Backhouse, 'The Celebrated Abortion Trial of Dr. Emily Stowe, Toronto, 1879', *Canadian Bulletin of Medical History* 8 (1991), 159–187; Jacalyn Duffin, 'The Death of Sarah Lovell and the Constrained Feminism of Emily Stowe', *Canadian Medical Association Journal* 146 (1992), 881–88; and Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto, 1974).
- 30 Lancaster was supported by Abraham Welch of Westminster and John Thomas of London. See *Journals of the Legislature of the Province of Canada from the 14th Day of May to the 10th Day of August ... Session 1850, Vol. 9* (Toronto, 1850), p. 108.
- 31 R.J. Smith, *Lecture on the History of Medicine and the Science of Homeopathy* (Toronto, 1852), p. 14, Pamphlet 1852, No. 31, Archives of Ontario.
- 32 Smith, p. 25.
- 33 Smith, p. 17.
- 34 *The Canadian Journal of Homoeopathy* appeared monthly only for 1856. It originated in St. Catharines (Canada West, now Ontario) and later moved to Hamilton. Only one microfilm copy of three issues of this publication is known to exist in the National Library of Medicine, Bethesda, Maryland (microfilm S2541). I am grateful to Jennifer J. Connor for making the source available to me.
- 35 Robin S. Harris and Terry G. Harris (eds.), *The Eldon House Diaries: Five Women's Views of the 19th Century* (Toronto, 1994), pp. 196, 284–85.
- 36 See item 44, *General Index to the Journals of the Legislative Assembly of Canada in the 4th, 5th, 6th, 7th and 8th Parliaments. 1852–1860* (Ottawa, 1867), p. 537.

- 37 See *Appendix to the Seventeenth Volume of the Journals of the Legislative Assembly of the Province of Canada. From the 29th January to 4th May, 1859, ... Session 1859, Appendix (No. 42)*, n.p.
- 38 For details, see *Journals of the Legislative Assembly of the Province of Canada from 29th January to 4th May, 1859 ... Session 1859, Vol. 17 (Toronto, 1859)*, pp. 290–91; 397; 439–40; 477–78; 532; 539–40; 591.
- 39 'Canadian Medical Association', *Canada Medical Journal* 6 (1869), 97–123; pp. 104–106, 120–22.
- 40 'Analysis of the Ontario Medical Register', *Canada Medical Journal* 7 (1870–71), 17–18.
- 41 See, for example, *Canada Lancet* 4 (1872), 536–37; 543–50; 578–80; and *Canadian Medical Times* 1 (1873), *passim*. Also indicative of the respect gained by Campbell was his official obituary in the *Canada Lancet* 11 (1879), 217. Moreover, Campbell was the only sectarian medical practitioner to be included in William Canniff's chauvinistic collective biography of the medical profession in Ontario; see *The Medical Profession in Upper Canada, 1783–1850* (1894; reprinted, Toronto, 1980), pp. 281–82.
- 42 Clarence T. Campbell, *Medical Legislation in Ontario* (Toronto, 1892), pp. 18–19, Box 14, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario.
- 43 Campbell; see also *The Ontario Medical Register* (Toronto, 1903).
- 44 'Ontario Medical Association. Third Annual Meeting', *Canada Medical and Surgical Journal* 11 (1883), 694–96.
- 45 'Canadian Medical Association—President's Address [John L. Bray]', *Ontario Medical Journal* 1 (1892), 89–95.
- 46 See John Ferguson, *History of the Ontario Medical Association 1880–1930* (Toronto), pp. 38–39.
- 47 This analysis is based on the *Registers* for the years 1882, 1892, 1898, and 1903.
- 48 See Logan, 'Canada', pp. 73–74; John N.E. Brown, 'The Hospitals of Toronto' in J.E. Middleton, *The Municipality of Toronto: A History* (Toronto, 1923), Vol. 2, pp. 639–40; 'Opening of Grace Hospital (Homoeopathic)', *Ontario Medical Journal* 1 (1893), 257; and [Adam Wilson], *Statement of the Work Performed at the Homoeopathic Hospital in Toronto Since Its Opening Within the Last Three Years* (Toronto, 1891), Box 9, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario. See also Brent Hergott and Jonathan Marshall, *Vital Signs: The First 100 Years Kitchener-Waterloo Hospital* (Kitchener, Ont., 1994), p. 12; and John R. Sullivan and Norman R. Ball, *Growing to Serve ... A History of Victoria Hospital, London, Ontario* (London, Ont., 1985), pp. 21–22.
- 49 See John T. Wait, *Wait's Homeopathic Manual* (Arnrior, Ont., 1881). See also various advertisements for homoeopathic pharmaceutical suppliers in the *Canadian*

- Journal of Homoeopathy*; and also the catalogue of Humphrey's *Specific Homeopathic Medicines* (ca. 1874), CIHM/ICMH No. 39747.
- 50 George Logan and Clarence T. Campbell, *Hahnemannian Homoeopathy!* (Ottawa, 1891), Box 14, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario.
 - 51 Logan and Campbell, p. 4.
 - 52 Logan and Campbell, p. 20.
 - 53 See *Proceedings of the Twenty-second Annual Session of the International Hahnemannian Association ... 1901* (Chicago, 1901), pp. 53–54.
 - 54 R.D. Gidney and W.P.J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto, 1994).
 - 55 For fuller discussion, see Jennifer J. Connor, 'The Medical Pamphlet and Pamphleteering in Canada', *Papers of the Bibliographical Society of Canada* 32 (1994), 87–119.
 - 56 See list of graduates from 1848 to 1898 in Thomas L. Bradford, *History of the Homoeopathic Medical College of Pennsylvania; The Hahnemann Medical College and Hospital of Philadelphia* (Philadelphia, 1898), pp. 774–836; and an analysis of the lists of alumni identified as Canadian in William H. King, *History of Homoeopathy and Its Institutions in America* (New York, 1905) reveals at least 70 names.
 - 57 It is important to differentiate the concept of the proprietary medical school in Canada from that in the United States. For an introduction to this distinction, see R.D. Gidney and W.P.J. Millar, 'The Reorientation of Medical Education in Late Nineteenth-Century Ontario: The Proprietary Medical Schools and the Founding of the Faculty of Medicine at the University of Toronto', *Journal of the History of Medicine and Allied Sciences* 49 (1994), 52–78.
 - 58 See other chapters in this volume.
 - 59 See, for example, the biography of Arno R. Koegler (1898–1991) in Friedhelm Kirshfeld and Wade Boyle (eds.), *Nature Doctors: Pioneers in Naturopathic Medicine* (Portland, Oregon, 1994) pp. 287–95.
 - 60 Robert B. Kerr, *History of the Medical Council of Canada* (Ottawa, 1979) pp. 78–80.
 - 61 For example, the *Pages Jaunes* of the Montreal telephone directory has numerous listings under three separate headings where one can locate homoeopathic practitioners: 'médecines douces', 'naturopathes', and 'homéopathie'. Similarly, in Toronto, one can consult *The Alternative Health Services Directory* – an annually produced guide to therapists and services from acupuncturists to yoga.
 - 62 Many of these companies and stores distribute promotional and informative material about their products and homoeopathy in general. While much of this information is commercial advertising it is, nonetheless, an additional vehicle for the dissemination of knowledge about homoeopathy.
 - 63 Information based on brochures and leaflets supplied by the Ontario Homeopathic Association and The International Academy of Homeopathy.

- 64 Nancy Robb, 'Some MDs displeased as MSNS board gives nod to complementary medical section', *Canadian Medical Association Journal* 150 (May 1994), 1462-65; 'Nova Scotia Medical Society establishes complementary medicine section' *Ontario Medical Review* (July 1994), 66, 68.
- 65 See, for example, Robin Harvey, 'Homeopathy – some call it wishes in a bottle', *Toronto Star*, 19 March, 1995 p. WS1, WS7; Lynn Van Der Water, 'In defence of homeopathy', *Toronto Globe and Mail*, 1 May, 1995, p. A16; Letters, *Toronto Globe and Mail* 17 May, 1995, p. A13; Joan Breckenridge and Doug Saunders, 'Bitter Medicine', *Toronto Globe and Mail*, 3 June, 1995, p. D1, D5.