

# The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA

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## Introduction

PROFESSIONALISATION HAS BEEN DESCRIBED as an historical process in industrialising countries whereby one professional group organises itself as an autonomous body, especially with a standardised training which it controls itself and often with a certain group consciousness including professional interests. Its aim is to distinguish itself clearly from other groups and to keep non-professionals socially at a distance.<sup>1</sup> This is achieved by referring to a systematically drawn up theory which, in the case of homeopaths, serves also to highlight the particular qualities of their own products in the market of medical therapeutics.<sup>2</sup> Thus, any highly-esteemed work or work whose 'professionalism' is approved of is rewarded with power and privileges outside the control of the lay community.<sup>3</sup> Professionalisation leads to the establishment of a monopoly for that profession where associations play an important role in collecting and co-ordinating interests. These points have already been analysed with reference to the medical profession in Prussia and in Württemberg.<sup>4</sup> Here, the intention is to examine the contribution made by the nation-wide homeopathic medical societies to the professionalisation of this particular group of physicians and to compare the German Empire (subsequently simply Germany) with the USA.<sup>5</sup>

In this context it is important to note the decisive structural differences between the medical markets in Germany and the USA. Since the state played a much lesser role in the training and licensing of medical staff, medical societies in the United States enjoyed, on the whole, more autonomy than in Germany where licensure and, therefore the market, was more strictly controlled by the state.<sup>6</sup> Homeopathy and orthodox medicine are treated here as 'sects' since they both use treatments whose effectiveness cannot be proven scientifically. At the same time, however, they share in the 'scientific character' of their respective contemporary medicine, especially in the systematic observation of scientific experiments or the effect of treatment which could be understood and controlled by a third party; the importance of which increased steadily after about 1850.<sup>7</sup> This leads to the problem of demarcation which was solved usually by referring to questions of therapeutics. Prior to about 1900, when the value of scientific evidence became generally accepted, the reputation of both types of therapy with regard to scientific results was equally poor. After this time, bacteriologically based paradigms appeared more convincing, which increasingly put homeopathy on the defensive.<sup>8</sup> The questions can now be formulated precisely, given these reservations. To what extent the societies institutionalised themselves, how the societies used their definitions of membership to separate their own profession from other healers and doctors, with what internal and external effect they could commit their members to keep to a certain deontology and whether they organised the training and licensing of their professional group independently, how the societies contributed to the development of a systematic theory and, finally, how successful they were in gaining power and privileges? The records of the German Central Society of Homeopathic Physicians have been destroyed so that there is a total dependence on published sources. The lack of sources only permits a re-examination of the normative statements of the by-laws and the evaluations of the historian of the Central Society, Erich Haehl, by studying the printed sources, in particular the *AHZ (Allgemeine Homöopathische Zeitung)*.<sup>9</sup> References to the American Institute of Homeopathy (AIH) are based mainly on King's survey of American homeopathy and Rothstein's critical comparative study of the various medical movements.<sup>10</sup>

### **The Foundation for Professionalisation in Hahnemann's work**

**F**IRST, THE REFERENCES IN HAHNEMANN'S WORK to what is now known of the professionalisation of homeopathic practitioners will be outlined. These ideas were published and were studied seriously by later homeopathic

practitioners.<sup>11</sup> In addition to his pharmacology and several fundamental essays clarifying important controversial points, Hahnemann's *Organon* has to be regarded as a 'systematic theory' in the sense of a theory of professionalisation to which later homeopathic practitioners repeatedly referred.<sup>12</sup> Here Hahnemann outlined a clear concept of a professional code of ethics; similarly he defined clearly the wide margin between the competence of the doctor and that of the lay person, and the difference in the fees justified by this.<sup>13</sup> His attitude towards healers who were not doctors was generally negative, apart from a few exceptions, notably Clemens von Boenninghausen.<sup>14</sup> The professional code of ethics, by disassociating itself from 'semi-homeopaths', accentuated the image of a homeopathic doctor as able to dispense, as far as possible, with 'allopathic' remedies. Hahnemann's conception of training emphasised practical training supervised by a professional, did not object to homeopathic doctors being approved by the Central Society and was unenthusiastic about the importance of clinical training; even though Hahnemann did agree, in principle, to the establishment of a hospital offering homeopathic treatment. Hahnemann recognised the importance of having an organised body to represent the interests of homeopathic physicians. The Central Society was founded on the occasion of the 50th anniversary of the award of Hahnemann's medical degree. He remained favourably disposed towards this society as long as it did not affect his own privileged position among homeopaths. Thus, Hahnemann's writings offer a firm basis for the professionalisation of homeopathic doctors and certainly present no obstacles.

### The Institutionalisation of the Central Society for Homeopathic Doctors and the American Homeopathic Institute

THE CENTRAL SOCIETY WAS FOUNDED in 1829 and is the oldest German medical society on a national level.<sup>15</sup> The first by-laws were drawn up as early as 1832 and subsequently repeatedly revised. In them Hahnemann envisaged a relatively finely differentiated internal organisation. The fact that a headquarters with permanent paid staff was set up is an indication that the society had established itself as an institution.<sup>16</sup> In 1832 the by-laws specified the salary for a secretary but left open the possibility of employing two people should an increase in responsibilities require it.<sup>17</sup> However, in the by-laws of 1872 there is no further mention of a secretary; it would appear that the society was managed by a member of the board from Leipzig.<sup>18</sup> By 1921 there must have been a considerable increase of paid staff since at least six paid society employees are provided for in that year.<sup>19</sup> These consisted of

a medical manager, the hospital doctors, the editor of the society's journal, the treasurer, the librarian and the assistants in the Leipzig homeopathic hospital. However, this list shows also that the society's by-laws were only partially realised, since at the time of their publication there was no longer a homeopathic hospital in Leipzig.<sup>20</sup> Nevertheless, the figures indicate that the Central Society was an established institution, particularly between 1872 and the 1920s. The membership developed as follows: 1829: 22 members, 1834: 88, 1844: 147, 1860: 264;<sup>21</sup> the AHZ, gives no figures in its annual reports for 1880 and 1890 and then quotes 162 members for 1904 and 266 for 1932.<sup>22</sup> For 1904 this represents approximately 0.6 percent of the 28,400 civilian doctors in Germany and about 1 percent of the doctors organised in the *Leipziger Verband*.<sup>23</sup>

In a climate of increased tension between representatives of regular medicine and homeopaths, the American Institute of Homeopathy (AIH) was founded in 1844. It was a nation-wide amalgamation, which was initiated by the New York Society and developed out of local foundations from the 1830s and general medical societies where homeopaths sometimes had a considerable influence.<sup>24</sup> Its aims were firstly the 'reformation and augmentation of the materia medica', and secondly the 'restraining of physicians from pretending to be competent to practice Homeopathy who have not studied it in a careful and skilful manner'.<sup>25</sup> Only one paid general secretary was provided for in the by-laws.<sup>26</sup> The annual treasurer's report shows, however, that in 1880 nobody drew a salary but that in 1900 a second person was paid also as a salary and expenses secretary.<sup>27</sup> The membership figures show a continual increase from the middle of the century; from 144 members in 1846 to approximately 540 in 1867 to 830 in 1880. Then there is a sharper increase to about 1800 members in 1900 rising to about 2100 in 1903.<sup>28</sup> At the end of this period this was equivalent to about 8 to 9 percent of all American doctors.<sup>29</sup> This is a much higher proportion than in Germany.

Particularly at a time of less developed mass communications, and given that the homeopathic doctors were geographically even more widely scattered, the publication of journals was an important contribution towards the creation of a group identity and an organ for the exchange of practical experience and scientific results as well as for the propagation of professional interests.<sup>30</sup> The Central Society used the *Allgemeine Homöopathische Zeitschrift* to this end. Compulsory subscription and considerable donations from the company of Willmar Schwabe made it possible for the Central Society to survive financially from its foundation in 1832 until 1922 when the *Berliner Homöopathische Zeitung* became the official organ of the Central Society. In 1912 they felt secure enough to permit the AHZ to publish highly

controversial discussions on high potencies and in 1922 even to find the publication of two scientific journals appropriate. After 1846 the AIH published the proceedings of its annual conference, whose purpose was mainly scientific, in book form and later as a journal entitled *Transactions of the AIH*. Apart from the minutes of the proceedings these contained detailed reports on the specific medical topics discussed by workshop groups. There is no record of any financial problems. Besides the *Transactions of the AIH* there were thirty other medical journals in the USA in 1900.<sup>31</sup>

A further service offered by the Central Society was a library which was open to all members. Although Hahnemann donated 500 volumes in 1832 they went missing and this number was not reached again until 1865. By 1903 the number of volumes had risen to 4375, and they were kept in the building of the unsuccessful Leipzig hospital. The library was managed mostly by one person over long periods and only succeeded partially in providing a fully comprehensive collection of homeopathic literature. The collected works of Hahnemann were not acquired until 1884.<sup>32</sup> The Central Society was not able to secure dependable financial support, at least not for new acquisitions, in spite of a special fund earmarked for this purpose between 1905 and the 1970s.<sup>33</sup> There is unfortunately no information on borrowing frequency prior to this. It is not known if there was a central library of the AIH. However its function was covered presumably by the libraries of the 155 homeopathic training establishments existing in 1910 in the USA.<sup>34</sup> An example is the Hahnemann Medical College in San Francisco which had a library of 4,000 volumes in 1910. This demonstrates the strength of the local organisations of American homeopaths.<sup>35</sup> In 1900 three of the four largest medical libraries in colleges were in the hands of homeopaths.<sup>36</sup> Both the AIH and the Central Society provided their members with surveys of literature and book reviews via the *AHZ*. In these articles the Americans display notably less interest than their German colleagues in the developments in other countries, whose reports frequently concern neighbouring countries or the USA.<sup>37</sup>

Apart from these academic services there were others such as the fund for widows in need or grants for students. These are worthy of mention as a further indication that the profession was better organised in the Central Society, particularly after the 1870s, and that this may have increased its autonomy as a professional group.<sup>38</sup> These facilities may have provided occasionally definite help. However, since they suffered constantly from insufficient funding their contribution was probably of a more symbolic nature. The equivalent institutions in the USA do not appear to have been organised on a national level.

### Autonomous Organisation of Homeopathic Physicians

THE CHIEF AIM OF THE MEDICAL SOCIETIES, which were organised independently of the state, was to make a clear differentiation between the medical profession and other healers.<sup>39</sup> Both societies saw themselves, from the beginning, as societies for doctors. However, the Central Society was never so exclusively orientated to having only doctors as its members unlike its American counterpart. In 1832 its by-laws still state that first class members are 'doctors and other healers ... whose interest in homeopathy is practical, literary or expressed by pecuniary contributions'.<sup>40</sup> In 1844 and 1872 there had been no fundamental change, even though two references and later two references from doctors were required. It was not until 1921 that the Central Society defined itself as a 'professional association of doctors in German-speaking countries.' Although the participation in discussions by people with no medical training was restricted in 1858, an exclusion of non-medical members was not able to be passed in the meetings of 1877 to 1879. Nevertheless, these conflicts demonstrate a heightened professional consciousness. The AIH, on the other hand, restricted the admission of honorary associated members to three a year.<sup>41</sup> Their status was distinct from that of the doctors.

In Germany the question of who was a doctor was clearly defined by licence.<sup>42</sup> Consequently, it could not be determined by the medical societies themselves. It led also to a natural assumption of a position of superiority over other healing professions. The situation in the United States was made more complicated by the fact that the medical licensure which had been practised by the medical societies since 1772 was abandoned by the end of the 1840s.<sup>43</sup> This meant that the conditions of membership used by the society of New York Homeopathic Physicians in 1846 that the applicant must be a 'licensed physician' were no longer sufficient.<sup>44</sup> If the exclusion of 'quacks, charlatans and medical pirates', as one of the purposes of founding the AIH, was to succeed then the societies would have to fall back on the second component of the New York admission regulations.<sup>45</sup> The applicant was required 'to possess a thorough knowledge of every branch of medical science as the most respectable portion of his Allopathic brethren.' Accordingly, the AIH prescribed in its by-laws that a new member must provide proof of a 'regular course of medical studies, according to the requirements of the existing institutions of this country.' Further requirements were 'a good moral character and professional standing' and proof of the origin of the diploma.<sup>46</sup> Thus, formal qualifications proven by certificates and evaluated independently by a committee of the AIH became the crucial criterion for a homeopathic physician.<sup>47</sup>

In the definition of the society of New York Homeopathic Physicians the relationship between regular doctors and homeopaths was formulated to the effect that the homeopathic physician should know at least as much as the other 'brethren'. This appears to have been imperative since, after 1847 and binding from 1855, the code of ethics of the American Medical Association advised that 'irregular medical practitioners' should be excluded from consultations.<sup>48</sup> The term 'irregular' was applied to treatment according to a dogma or the rejection of modern science. It was hoped that the younger generation would be enticed away from the rival group by threatening to punish any 'student' in contact with a non-academic doctor of this kind.<sup>49</sup> The AMA, with the help of the judicial council, defined stricter limits in 1874; and in 1881 they prohibited a certificate of training to be conferred on 'persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine'.<sup>50</sup> This always included homeopaths as the most competent rival group which, at the beginning of the 1880s, led to a schism in the New York Medical Society which lasted for over 20 years. The American homeopaths drew up a similar code of ethics for themselves in 1884. No later than 1893 the senior members, after 25 years of membership, acted as a 'court of appeal in all doubtful questions of ethics'.<sup>51</sup> How this court of appeal affected the internal regulation of homeopathic practitioners is not known. The homeopaths' 'professional medical code' was more integrative particularly as regards consultations for 'no tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next.'<sup>52</sup>

Any demarcation does appear to have been difficult to define. In 1890 American homeopathic practitioners used homeopathic and allopathic remedies as required side by side, and were increasingly less convinced of the effectiveness of high potencies and no longer regarded the law of *similia* to be universal. Thus, it is not surprising to find the AIH, in 1899, defining a homeopath as 'one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics'.<sup>53</sup> The homeopathic doctors possessed also a specialisation which did not differ from that of the general body of doctors.<sup>54</sup> Attempts to define clear boundaries within the profession were outweighed by the common advancement of professionalisation by means of qualifications independently controlled by the AIH.

According to the 1832 by-laws of the Central Society, 'theoretical and practical points of dispute between doctors or friends of homeopathy' were to be settled by its committee.<sup>55</sup> It was supposed also to 'defend

homeopathy against literary attacks and homeopathic practitioners from unjustified complaints'. Yet, it was not until the mid 1870s that the internal quarrels over the role of lay people as members, but especially over the methods used by the Berlin Society to gain greater influence in the Central Society, had reached such dimensions that the possibility of institutionalising a disciplinary committee was considered. Its purpose was to guarantee 'decency and good behaviour as can be expected amongst respectable people or colleagues'.<sup>56</sup> However, the reference to colleagues is placed in such a weak position after 'respectable people' that it can hardly be taken as proof of an increase in professional consciousness. The disciplinary committee was established in 1886 at a time when increasing external pressure had enforced more internal harmony. This is presumably also the reason why nothing further is known about the workings of this committee. Nevertheless, it is true to say that after its foundation the Central Society never lost sight of its aim of providing the profession with legal protection against outsiders.

A definite differentiation from other medical colleagues was emphasised quite defiantly by declaring in 1902 that they themselves '...as a result of their training and examinations homeopathic practitioners quite rightly consider themselves equal colleagues to other German doctors and that the more so as in addition to their general training they have undertaken a further course of study in the effects of specific remedies which is in present circumstances regrettably not the case with most doctors and teachers in medical faculties.'<sup>57</sup> This means that 'therapeutic independence' was to be preserved and the allegation that homeopathic doctors are unscientific is countered with the threat of application to the general medical disciplinary council.

Certain formal qualifications determined the definition of a professional doctor in the nineteenth century. In 1847 American homeopaths did discuss not only the fact that students who wanted to practise homeopathic medicine were hindered, but were able also to react by founding their own colleges: 1848 in Philadelphia and in Boston with one of the first medical schools for women, 1850 in Cleveland, 1860 in Chicago and New York, to mention only those that were of later importance.<sup>58</sup> In the 1870s a curriculum for homeopathic doctors was developed. Since the Civil War the homeopathic institutions had been always advocates of an extension of the training period. Thus, in 1877 the AIH required three years training for its members, by 1890 it was four years and this was put into practice in all nineteen colleges by 1894.<sup>59</sup> In individual cases, such as New York, by 1900, clinical training could be obtained by a combination of



attaining medical school training and bedside-teaching. Some state medical schools established professorships for homeopathic medicine which were on an equal footing with those for allopathic medicine. After 1900 rising costs for laboratory equipment put the small colleges under increasing pressure so that between 1900 and 1912 the number of homeopathic colleges almost halved (from 22 to 12).<sup>60</sup> Between 1917 and 1936 the three top colleges were transformed into normal medical schools with a small proportion of courses in homeopathy. Altogether the American homeopaths advanced purposefully along the road to professionalisation by means of their own foundations and above-average expenditure on training. They succeeded also in being represented with equal rights in state medical colleges.

German colleagues, for their part, had recognised the value of training since the 1820s but regarded the term 'study' in a less technical sense as the 'publication of articles, compendia and tables, lectures, the foundation of a homeopathic clinic and competitions'.<sup>61</sup> In 1872 a renewed demand was made to the Central Society to accept as its responsibility 'the upkeep of an advisory institution'<sup>62</sup> and the 'definite settlement of the chair for homeopathy in Leipzig previously proposed'. Neither of these were realised.<sup>63</sup> In absolute contrast to the USA, which was still at the beginning of its institutional development, it was not possible to found new training institutions in Germany where further education was monopolised by the existing universities. Thus, it was hoped to install representatives of homeopathic medicine at these universities. However, only in isolated cases were homeopathic doctors permitted to lecture (Joseph Buchner in Munich, Joseph Bakody and Franz Hausmann in Budapest, Elias Altschul and Jakob Kafka in Prague) and only until the 1850s and in Bavaria until the 1860s.<sup>64</sup> Homeopathy never achieved any greater recognition from German universities than this and was excluded from them until 1928. It is possible that the Central Society was not totally blameless. A professorship at the University of Leipzig, which had been passed by the government of Saxony though not yet approved by the minister, was sabotaged indirectly by the Central Society when it provided the candidate with a 'personal chair' in its own clinic.<sup>65</sup> In the 1920s the problem lay more with the negative attitude of the medical faculties than with a lack of support from the regional parliaments. The Prussian parliament, for example, was unable to approve a professorship for naturopathy at the Friedrich-Wilhelms-Universität Berlin after 1919. It was not until 1928 that a lectureship for homeopathy was reinstated at the University of Berlin (held by Ernst Bastanier) as a result of pressure from the Central Society.<sup>66</sup> Although the Prussian parliament had approved the inclusion of all Prussian universities in this development it

could not be realised in the face of strong opposition from the medical faculties. Only in one isolated case during the Nazi period in 1934 did the homeopath Karl Kötschau succeed in obtaining the professorship for biological medicine in Jena in 1934.<sup>67</sup>

This meant that, after Hahnemann's quarrel with Leipzig university, German homeopaths had to be satisfied with the organisation of a private training programme, independent of the universities. This was a problem which was lamented repeatedly since the doctors, who had been 'spoilt' by their university training, had to be brought back out of the 'aberrations of scientific medicine'.<sup>68</sup> As early as 1832 the Central Society supported the alternative idea of offering clinical training in 'a homeopathic healing and teaching institution', the hospital in Leipzig, where it had a share in the management.<sup>69</sup> However, a post only existed for a short period (1870–71) when Hennigke held five-week long courses before Willmar Schwabe enticed him away to his own clinic.<sup>70</sup> So, all that remained were the summer courses organised mostly by the Berlin Homeopathic Society. It has only been possible, to the present day, to become a homeopathic practitioner by attending such private courses. This situation was unaltered by the introduction of homeopathy as a subject in medical degree courses in 1992. Nevertheless, it can be seen as a partial step towards an institutionalised existence for homeopathy at German universities. Thus, it has not been possible to forge a professional image with standardised training and examination requirements for homeopathic practitioners in German-speaking countries.

Since the problem of the balance of power between the medical sects in the USA had not been finally resolved, there were renewed efforts after the 1860s to regulate the legal licensing of doctors.<sup>71</sup> The homeopaths were willing only to agree to a law which prescribed three independent commissions for the three different medical sects, whereas the regular physicians insisted on a homogeneous board with no homeopaths and opposed firmly any co-operation with the other sects.<sup>72</sup> They were able only to carry their point in those States without any medical minority groups. In most States it was agreed finally around 1900 to accept mixed boards with representatives from the sects.<sup>73</sup> Attempts made in the meantime, in 1884, by the AMA to deny recognition of qualifications from homeopathic medical schools also proved unsuccessful.<sup>74</sup> Integrative reforms were finally possible when the practitioners were united by the new 'scientific' medicine.

It was the aim of the German Central Society to obtain recognition for homeopathic doctors equivalent to that of their colleagues. In addition, in Germany after 1908, particularly radical opponents of homeopathy, such as the Stettin allopathic doctors, demanded that homeopaths should be

excluded from the medical council.<sup>75</sup> 'Total scientific and legal equality' remains quoted as an objective in the by-laws of the Central Society in 1921, having declared themselves the better physicians in 1902.<sup>76</sup> In the dispute over specialists, parity was achieved partially in 1928 by agreeing to the additional title 'general homeopathic practitioner'. Yet, the Central Society was permitted no longer to decide independently who was entitled to be called a homeopath as it was in the second third of the nineteenth century. This was done now by the state medical councils of which all doctors were compulsory members. However, since the local homeopathic societies played a decisive role in allocating the additional title for homeopaths, it was also an officially guaranteed title which classified homeopaths on an equal status with other doctors.<sup>77</sup> On the other hand, the German homeopaths did not succeed in forming a separate grouping with a proportional vote in the medical councils. Yet, there was no particular obstacle to homeopaths obtaining permission to treat patients in the national health insurance scheme, so that, at least in this area, it can be assumed that there was parity.<sup>78</sup> Finally, both countries were able to achieve some form of licensing whereby members of the profession in differently composed public councils or boards themselves determined who was a professional. The American homeopaths were able to negotiate a larger proportion of the market for themselves which put the special quality of homeopathy into a higher class.

### **The Societies' Contribution to the Development of a Systematic Theory**

THE CONSTITUTION OF THE CENTRAL SOCIETY of 1832 defines the comprehensive theoretical aspirations of homeopaths as 'the application of homeopathic principles to the treatment and enrichment of all branches of medical science'.<sup>79</sup> The duties of the board of directors were stated as 'to facilitate the study of homeopathy by the publication of articles, compendia and tables, by lectures and by the foundation of a homeopathic healing and teaching institution ... experiences and observations made in this institution are to be evaluated scientifically'. It was stated also that the study of homeopathy was to be encouraged by competitions, theoretical and practical points of dispute between doctors and friends of homeopathy were to be settled by the committee. Lay people should be taught among other things by means of 'catechisms'. 'Guidelines' were even to have been drawn up 'for patients reporting to doctors not living in the close vicinity'. These duties were not all listed in such detail in later statutes but were retained with only slight changes.<sup>80</sup>

The Central Society was wrestling repeatedly with homeopathic theory. For long periods it was agreed to comprise 'the use of internal remedies in doses suited to the reaction of the individual but following a generally valid principle (the principle of similars), which in order to investigate the healing function requires as an essential condition, the relationship observed in the healthy human body between the remedies given and the tissues or organs that are sick'.<sup>81</sup> However, the Central Society was of the opinion that the basic elements of homeopathic theory consisting of the law of similars, the testing of remedies on healthy persons and individual dosages (which included the high potencies) were in need of further development on the basis of scientific research. Disagreements arose over the value of the results of research such as remedy or drug proving or the dosage theory. The question of whether results deviating from those of the *Organon* should be seen as further progress in Hahnemann's work or whether the new results could only be regarded as interpretations of the *Organon* were still considered seriously in the so-called 'dogma dispute' in 1879.<sup>82</sup> This debate is proof of the continual difficulties faced by adherents of homeopathic theory in adapting to constant innovation, at least in the area of the law of similars, as was happening in the contemporary scientific medicine. The emphasis on individual dosage later proved to be an obstacle hindering the scientific development of the so-called drug provings in the sense of randomised clinical studies using 'double blinds'.<sup>83</sup>

The AIH did not formulate such comprehensive theoretical standards but emphasised the need to extend the knowledge set down in the *Materia Medica*. Neither are there any attempts at authoritative definitions of the core of homeopathy to be found in the *Transactions*. Statements made by leading American homeopaths, such as Constantine Hering in the introduction to the third edition of the *Organon* in 1849, rather infer that they considered the principle of similars, the proving of drugs on healthy persons and the administration of only one remedy at a time to be the central element of their doctrine. In contrast, the relevance of high potencies was controversial at an early stage.<sup>84</sup> Conflicts over this topic were endemic and led in 1867 to the foundation of a non high-dilutionist medical school which proved more successful than its dogmatic predecessor.<sup>85</sup> In 1879 Paine called the doctrine of the minimum dose and of dynamisation erroneous. This open questioning of Hahnemann's basic principles led to a splinter group separating from the International Hahnemannian Society which remained, however, comparatively small for America with two to three thousand members. In 1883 the president of the AIH declared that high potencies were not naturally universal law but comparable with other scientific laws

and their transitory nature and in 1899 the principle of similars was diluted also by changing the indicative to a subjunctive in the motto. *Similia similibus curantur* became *curentur*.<sup>86</sup> The weakening of the principle, in the English translation, is even clearer: 'like is cured by like' becomes 'let like be cured by like' whereby it is diminished from a supposed 'law of nature to 'a method of treating disease'.<sup>87</sup> In a climate of relatively reserved acceptance of the new bacteriology, where Hahnemann was stylised as one of its forerunners, interest was dwindling largely through a spirit of indifference towards a scientifically based identity as a homeopathic physician.<sup>88</sup> Doctors also no longer specifically recommended homeopathic medical colleges.

In the meantime, the AIH had gained a world-wide reputation particularly for its drug provings. Its work had concentrated on these from the beginning. After 1865 it established 'bureaux of materia medica, pharmacy, clinical medicine, zymoses, surgery and of homeopathic organisation, registration and statistics'. Later, further specialist groups were set up so that the general impression was one of a relatively well organised collective research institute.<sup>89</sup> Thus, the AIH tested also the common homeopathic remedies for the active ingredients contained in their high dilutions which, in 1881, served only to increase scepticism within the medical field.<sup>90</sup> This may have been one of the reasons for hastening the publication of the 'authorised and approved pharmacopoeia of established medical strength and uniformity in homeopathic medicines', which had been planned by the AIH since 1868. A responsible committee was not set up until 1888 but the AIH did succeed in publishing the *Homeopathic Pharmacopoeia of the AIH* by 1897.<sup>91</sup>

In Germany prize-questions were supposed to encourage doctors to undertake scientific work. Although they had been called for since 1832 and funds had been made available, they did not occur regularly until 1854 onwards. The reaction was disappointing and contributions not always up to standard so that in 1877 it was decided to use a five year preparation period to create 'something really useful'. In 1885 the Central Society found it more important to increase its funds by appropriating the endowment for the competitions and not reinstating them.<sup>92</sup> Other attempts to encourage drug proving systematically were equally disappointing.<sup>93</sup> Only after 1899 were occasional results able to be published. The new approach suggested by Alfons Stiegele to test certain active substances annually in the regional societies was partially adopted after 1924 and in 1928, forty years after its American counterpart, led to the foundation of the commission for homeopathic drug testing.<sup>94</sup> These impulses were taken up and pursued in the Robert Bosch Hospital in Stuttgart until the 1960s. Overall, German

homeopaths, being more scattered than their American colleagues, did not succeed in efficiently organising their research. The publication of a pharmacopoeia, for example, had been repeatedly called for since 1836 and would have been not only of practical importance but fundamental to scientific development. It only has to be remembered that around 1900 homeopathic drugs were still prepared in different German States according to widely differing regulations. The value of publishing the effects of drugs when the tests were based on such differing 'basic ingredients' was extremely limited. So the fact that the Central Society failed in this respect was particularly remarkable. Another reason for the failure to carry out this basic research was the fear of having to compete with pharmacists for professional rank. Representatives from some States objected successfully to the introduction of a binding pharmacopoeia because they were afraid of losing their right to dispense their own medicines.<sup>95</sup> After several unsatisfactory attempts this gap was filled finally in 1872, but temporarily, by the company of Willmar Schwabe as a producer of modern drugs with an international market. In 1901 the German Society of Apothecaries published the German homeopathic dispensatory which Schwabe rivalled with a further publication in 1924.

It is important to reiterate here the role of journals as a medium of scientific communication.<sup>96</sup> The *AHZ* of the Central Society contained, from the first issue, a large proportion of medical notices and reports from hospitals which could be termed 'scientific'.<sup>97</sup> A comparison of the editions of this journal at 25 yearly intervals suggests that the proportion of such articles and their length increased with time, while announcements and news from the societies decreased and advertisements increased slightly.<sup>98</sup> To this extent the periodical can be seen as evidence for an increase in scientific interest in homeopathy, which, however, does not conceal the fundamental differences between the prevailing concepts of 'science'. The *Transactions of the AIH* was founded initially to publish drugs tests, which it did regularly from 1846.<sup>99</sup> There are many indications that the peer review for all publications mentioned in the by-laws was more strictly applied than in Germany and, thus, the *Transactions of the AIH* are of a higher academic standard than their German counterparts.<sup>100</sup> In general, the American journal contained less apologetics and homeopathic philosophy, fewer internal disputes and more professional and academically high quality articles.

Clearly defined demarcations from other closely related forms of healing serve also to strengthen the systematic theory of a professional group. The Central Society did this frequently by passing corresponding

resolutions. Thus, in 1879 it condemned electro-homeopathy, which was particularly damaging to business because of the similarity of its name, as 'abominable modern patent medicine trash'. Later, it claimed, with pharmaco-therapeutic self-confidence, that Schüsslers' twelve biochemical histological remedies had belonged to the wealth of homeopathic remedies for a long time but that they could never be sufficient to cure all sickness. The Society set itself totally apart from iridology (eye diagnosis).<sup>101</sup> There is no evidence of any equivalent authoritative attempts by the AIH at demarcation.

### **Gaining Social Privileges and Power**

**S**PECIFIC GAINS AND LOSSES OF TERRAIN by homeopathic practitioners cannot be described as a general increase in the power of a profession but merely as the conquering of a segment of the whole academically moulded medical market. Every professional group, for reasons of status, likes to emphasise the high demand for its services. However, it is difficult to establish the true extent of demand by patients. Although, together with the judgement of prevailing medical opinion and the final decision of the legislature, it is one of the conditions which affects whether society is prepared to confer privileges or not on a professional group. Some indication may be given by the complaints and, indeed, resounding ones from the homeopathic lay community that there were insufficient homeopathic practitioners in Germany. This led incidentally to a strong lay movement which tended to treat itself.<sup>102</sup> The proportion of homeopathic doctors to regular doctors in Germany can be placed at approximately one-half percent in 1904. In contrast, the figure for America at the end of the nineteenth century was that homeopaths made up 8 to 9 percent of the total number of doctors.<sup>103</sup> In the USA homeopathy was an early challenge to regular medicine since it appealed to a more affluent clientele with well-trained doctors, who offered, in addition, a less heroic type of therapy.<sup>104</sup> Its influence reached its zenith in 1880 and was associated with the large number of influential supporters, educated doctors who were prepared to specialise in accordance with the demands of their clientele. The body of homeopathic doctors was a relatively small sect, concentrated geographically in the North-East and in the large cities. Thus, the American homeopaths benefited not only from their much larger share of the market but also from their concentration on a clientele from a high and correspondingly influential social class.<sup>105</sup> In Germany the efforts of the homeopathic physicians and their societies to gain influence can be seen as a relative

failure. They did not succeed in securing permanent control of public hospitals nor were they able to set up or retain professorships in medical faculties. The picture of failure is not altered even if it is assumed that preferences shifted from the seemingly unattainable goal of professorships to the hospitals.<sup>106</sup>

The history of homeopathic hospitals is the history of under-funded foundations which were mostly undermined, within a short time, by internal disputes among homeopaths.<sup>107</sup> In the rare cases where sufficient funding was available, as a result of financially secure and generous donors, insufficient qualifications on the part of the homeopathic physicians or the high costs of homeopathic treatment meant that the experiment was brought to an end, at the latest by the 1960s. A history of tragic failures lay in-between. Although clinical homeopathy experienced a short boom in connection with the *Neue Deutsche Heilkunde* when it was allocated wards in state hospitals, this disappeared almost as quickly as the National Socialists themselves.<sup>108</sup> American homeopathic physicians began to be banned from treating patients in hospitals in the 1850s and this continued until the 1870s.<sup>109</sup> They were excluded normally from the medical societies before 1850 though, in some isolated cases, not until 1877. The medical schools were not all equally strict, though, the relative lack of privileges of American homeopaths as early as the first half of the nineteenth century was less severe. If they did manage to counteract these tendencies by founding their own institutions, it is all the more striking that they were able to retain or regain a considerable influence in the state and city hospitals. Their share of the market was much higher. Homeopaths also had a greater influence when it came to professorships as several homeopathic medical schools were converted into state universities whereby posts orientated to homeopathy were transferred to the public sector.

Other efforts made by the Central Society to maintain the influence of homeopaths highlight a detail in connection with the law against quackery. Homeopaths in the 1920s felt so threatened by the formulation of this prohibition of 'mystical healing methods' that they joined with the *Berliner Verein der Nichtärzte* (Berlin Society of Non-Professional Healers) to file a legal objection. The positive outcome may be interpreted as the result of a successful alliance or, alternatively, as a tactical problem for a minority group whose attempts at professionalisation were sometimes hindered by alliances which could be criticised by their opponents as damaging to their professional status. In this respect, this episode demonstrates the specific political problems connected with partial professionalisation. Otherwise, efforts were made to assert medical interests



within the professional medical societies without having the advantage of an independent lobby. American homeopaths had more scope for forming alliances. In the decisive question of licensure, they were able to co-operate in several States with representatives of the eclectic sect and together prevent licensing regulations which would have been harmful to their business. In the licensing boards it was often possible to co-operate with representatives of 'regular medicine' which allowed for more flexibility.

## Results

**I**N GENERAL, AMERICAN AND GERMAN HOMEOPATHS followed two paths to professionalisation with similarities and discrepancies. Both societies had a common self-image determined largely by the medical profession, based on formal qualifications after periods of study at universities which were extended in the course of the nineteenth century. However, simply as a result of their standardised academic training and their clear distinctions which defined them as professionals, the more numerous American homeopaths were able to organise themselves in medical schools and hospitals in a more professional manner.

After the middle of the nineteenth century the autonomy of this professional group in the USA was secured more firmly by the medical societies themselves and then introduced into the state licensing boards which they controlled. In Germany licensure was of much greater importance. This meant that homeopaths, only after the 1920s, through the public boards were able to exert influence on one aspect of licensing, namely the allocation of the additional title. The profession was correspondingly less free from external control. On the other hand, the definition of the special homeopathic product on the market of medical therapies lay throughout in the hands of the Central Society and of the AIH. Although they were not permitted to influence who became a doctor they could determine who became a homeopathic doctor. The fact that therapeutic advantages were of more concern than systematic 'scientific' theories is demonstrated by the inability to agree on what constituted the core of homeopathic practice. In general, the chances were better for the Americans to standardise the service provided by individual doctors as the institutional environment was weaker and state influence less strong. The greater numbers of American homeopaths is a fact to be considered only in relationship to this more open social environment.<sup>110</sup> This was embodied in a training and health care system which was far less controlled by the state and had a much less repressive effect on the supporters of Hahnemann's pharmaco-therapy.

However, they were more able to organise themselves than their less numerous German colleagues. In this respect the differing contributions of the two associations towards the process of professionalisation reflect largely the basic circumstances of medical professionalisation in the two countries.<sup>111</sup>

## Notes

- 1 Eliot Freidson, *Profession of Medicine. A Sociology of Applied Knowledge* (New York, 1970). The medical market is emphasised by Magali Sarfatti-Larson, *The Rise of Professionalism. A Sociological Analysis* (Berkeley, 1977).
- 2 See Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens* (Göttingen, 1985), pp. 14–21; Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), pp. 21 ff.
- 3 See in particular Drees, *Ärzte*, 23 and, in comparison, Jacqueline Jenkinson, 'The Role of Medical Societies in the Rise of the Scottish Medical Profession 1730–1939', *Social History of Medicine* 4 (1991), 253–275. The expansion of the market is determined initially by the demand by patients, then by their organisation in mutual benefit associations and finally substantially by the state through health insurance, cf. Huerkamp, *Aufstieg*, pp. 137 ff.
- 4 Huerkamp, *Aufstieg*; Drees, *Ärzte*; Francisca Loetz, *Vom Kranken zum Patienten. 'Medikalisierung' und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (Stuttgart, 1993); for the background see also Ute Frevert, *Krankheit als politisches Problem 1770–1880* (Göttingen, 1984).
- 5 For the process of professionalisation of this medical group in general see Robert Jütte, 'The Professionalisation of Homeopathy in the Nineteenth Century,' in John Woodward and Robert Jütte (eds.), *Coping with Sickness: Historical Aspects of Health Care in a European Perspective* (Strasbourg, 1995), pp. 45–66. The lack of comparative research bemoaned by Dietrich Rüschemeier, 'Professionalisierung, Theoretische Probleme für die vergleichende Geschichtsforschung,' *Geschichte und Gesellschaft* 6 (1980) 311–325 still holds for the medical profession. For a comparison between the professions in the USA see Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750–1900* (Chicago & London, 1991).
- 6 Cf., for example, Huerkamp, *Aufstieg*, 18; Frederic W. Hafferty and John B. McKinlay (eds.), *The Changing Medical Profession. An International Perspective* (New York & Oxford, 1993).
- 7 For the USA see John H. Warner, 'The Fall and Rise of Professional Mystery,' in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), 110–141, esp. 133 and John H. Warner, *The Therapeutic Perspective, Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge (MA) & London, 1986), pp. 59 ff. and pp. 258 ff.
- 8 These points were developed further from William G. Rothstein, *American Physicians in the 19th Century. From Sects to Science* (Baltimore & London, 1985), pp. 168 ff. and take into consideration the scepticism of Kuhn and the constructivists towards changing scientific paradigms; cf. also Jenkinson, *Role*,

- p. 262 and Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870–ca. 1993)* (Stuttgart, 1996).
- 9 Erich Haehl, *Geschichte des Deutschen Zentralvereins homöopathischer Ärzte* (Leipzig, 1932).
  - 10 William Harvey King, *History of Homeopathy and its Institutions in America*, 4 vols. (New York & Chicago, 1905), especially the article by Thomas Lindsay Bradford, 'Homeopathic Societies' in volume 3, 254–270. Harris L. Coulter, *Divided Legacy: The Conflict between Homeopathy and the American Medical Association* (Berkeley, 1973).
  - 11 In homeopathic medical circles it was (and is) more common to refer more frequently and insistently to the authority of the founder of homeopathy than the more scientifically orientated medical circles would refer to their medical authorities, which were, in any case, constantly changing. In this respect the level of knowledge in homeopathy differs structurally from that of scientific medicine since homeopathy is not so predominantly attuned to innovation – herein lies the difference. Cf. Martin Dinges & Reinhard Schüppel, *Vom Nutzen der Homöopathieggeschichte – insbesondere für den 'ärztlichen Stand'*. As an example of a positive evaluation of this difference see the introduction by Karl-Heinz Gebhardt in E. Heits (ed.), *Allgemeine Homöopathische Zeitung. Register 1832–1981* (Heidelberg, 1982), IX. For the importance of Hahnemann as a personal authority for US homeopaths see Rothstein, *Physicians*, p. 240.
  - 12 Individual references can be omitted here. For all points see Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen*, 2 vols. (Leipzig, 1922). (Engl. edition: Richard Haehl, *Samuel Hahnemann. His Life and Work* (London, 1927)
  - 13 For all these points see Haehl, *Hahnemann*.
  - 14 Martin Stahl, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen* (Heidelberg, 1997), p. 265
  - 15 It is not the oldest medical society as homeopathic circles sometimes maintain. Cf. the list by Eduard Graf, *Das ärztliche Vereinswesen in Deutschland und der deutsche Ärztevereinsbund* (Leipzig, 1890), esp. pp. 139, 153, & 159; and Hans Michael Schmaltz, *Von der Medizinalreformbewegung zur Standesorganisation der Ärzte* (medical diss., University of Frankfurt/M., 1977), pp. 89 f. For other homeopathic societies see also Johannes Müller, *Die wissenschaftlichen Vereine und Gesellschaften Deutschlands im neunzehnten Jahrhundert* (Hildesheim, 1965), XVIII ff.
  - 16 The question of whether these were full or part-time posts remains open due to a lack of sources.
  - 17 Haehl, *Zentralverein*, p. 130. There were no changes in the by-laws of 1844.
  - 18 Haehl, *Zentralverein*, pp. 138–140.
  - 19 Haehl, *Zentralverein*, p. 162.

- 20 Heinz Eppernich, *Geschichte der homöopathischen Krankenhäuser von den Anfängen bis zum Ende des Ersten Weltkrieges* (Heidelberg, 1995), pp. 55–72, 232.
- 21 cf. Thomas Schlich and Reinhard Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von den Schwierigkeiten, die Verbreitung der Homöopathie unter Ärzten festzustellen', in Martin Dinges (ed.), *Patienten, Heilkundige und das 'homöopathische Milieu* (Stuttgart, 1995), pp. 210–227.
- 22 *Allgemeine homöopathische Zeitung* (AHZ) 66 (1863) 141; 141 (1900) 66 (an increase from 148 to 170 members); 149 (1904) 82.
- 23 The proportion of homeopaths is, in fact, even lower since the Central Society comprises German-speaking countries and, therefore, includes doctors in Austria and in the German-speaking part of Switzerland. For details of these calculations see Huerkamp, *Aufstieg*, 283. On June 1st 1904 the Leipzig society had 16,204 members out of 28,288 civilian doctors. An evaluation of up-to-date information from the councils results in figures of under 1% for the proportion of homeopathic doctors to the total number of doctors in the Federal Republic of Germany in the 1990s; cf. Schlich and Schüppel, 'Aufschwung'.
- 24 Rothstein, *Physicians*, pp. 162 ff. & 170.
- 25 King, *History* 3, p. 256.
- 26 *Transactions of the AIH* 14 (33), 1880, p. 690 (By-laws of 1878; earlier by-laws were not available to the author).
- 27 *Transactions of the AIH* 36 (55), 1900, p. 29; 14 (33), 1880, p. 37.
- 28 For the data on 1846 see King, *History* 3, p. 256 and on 1903 see *ibid.*, p. 261. The other data were calculated from the membership lists in *Transactions of the American Institute of Homeopathy* (AIH) 1 (1868): 141 ff.; 14 (1880), 699 ff. and 36 (1900), 872 ff.
- 29 Rothstein, *Physicians*, p. 345.
- 30 Cf. William F. Bynum, Stephen Lock and Roy Porter (eds.), *Medical Journals and Medical Knowledge* (London & New York, 1992); Martin Dinges, 'Die Internationalität der Homöopathis – Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne', in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), pp. 382–425, 393.
- 31 *Transactions of the AIH* 36 (55) (1900): 768.
- 32 Cf. Haehl, *Zentralverein*, 43ff.
- 33 Today the staff are still paid from public funds.
- 34 Fritz Donner, 'Homeopathica Americana. II. Beiträge zur Geschichte und Bewertung der Homöopathischen Medizinschulen in Amerika', *AHZ* 176 (1928), 31–61, 34.
- 35 Donner, 'Homeopathica', 36.
- 36 Rothstein, *Physicians*, 237.

- 37 Compare evidence of reports on the USA in the AHZ in Heits, *Register*, 9 f. Regular reports after 1848 and 1859, and at intervals of a few years after 1871.
- 38 By 1876 other medical societies already had 20 different funds for widows and orphans; cf. Huerkamp, *Aufstieg*, 252.
- 39 For the attempts of the naturopaths – with the participation of licensed doctors – to become professionalised after 1889, and their prohibition in 1900 by disciplinary committees see Cornelia Regin, 'Naturheilkundige und Naturheilbewegung im Deutschen Kaiserreich. Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und medizinischer Laienbewegung', *Medizin, Gesellschaft, Geschichte* 11 (1992), 175–200, & 183 f.
- 40 For the by-laws see Haehl, *Zentralverein*, 126 (for 1832), 134 (for 1844), 138 (for 1872), and 160 (for 1920). Licensed pharmacists were accepted also as associate members in 1921 and 1927; cf. Haehl, *Zentralverein*, 161 (1921), 167 (1927).
- 41 *Transactions of the AIH* 14 (33) (1880): 692.
- 42 For the history of licensure see Huerkamp, *Aufstieg*, 45 ff.
- 43 Martin Kaufmann, *Homeopathy in America. The Rise and Fall of a Medical Heresy* (Baltimore & London, 1971), pp. 20 ff.
- 44 Quoted from Rothstein, *Physicians*, p. 162.
- 45 King, *History*, 3, p. 255 as well for the following.
- 46 *Transactions of the AIH* 14 (33) (1880), 691 (by-laws adopted June 20th, 1878).
- 47 The Code of Ethics of the American Medical Society required respect and gratitude from the patient, which was not out of accordance with the doctors' new image of themselves. Cf. Rothstein, *Physicians*, p. 173.
- 48 Cf. John H. Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Professional Identity in Antebellum American Medicine' in William F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London & Sydney, 1987), 234–260, & 241.
- 49 Rothstein, *Physicians*, p. 173.
- 50 Rothstein, *Physicians*, p. 201.
- 51 Rothstein, *Physicians*, p. 236. The 'Senate of Seniors' functioning as a court of appeal is first mentioned in Article X of the by-laws of 1893; *Transactions of the AIH* 36 (55) (1900): 803. The senate did not yet have this function in the by-laws of 1878; cf. *Transactions of the AIH*, 14 (33) (1880), 692.
- 52 To maintain the homogeneity of the profession it was deliberately modelled closely on the code of the AMA, 'nearly identical in language' is used, see Code of Medical Ethics, *Transactions of the AIH*, 14 (33) (1880), 682–701, 693.
- 53 Rothstein, *Physicians*, p. 245.
- 54 Rothstein, *Physicians*, p. 236.
- 55 Haehl, *Zentralverein*, 127.

- 56 Supplement to the implementation regulations of the by-laws of the homeopathic Central Society in Haehl, *Zentralverein*, 144 and the constitution of 1927, *ibid.* 171; cf. *ibid.* 36 ff.
- 57 Kölner Leitsätze, in Haehl, *Zentralverein*, 156.
- 58 C. Hering had founded already a college in Allentown PA. but this existed only from 1838–1841 because the capital had been invested with a bank which went bankrupt; cf. Rothstein, *Physicians*, p. 232. On Boston see King, *History* 3, 159, and on training in the AIH *ibid.*, p. 258. On the simultaneous problems in the State medical schools see Kaufmann, *Homeopathy*, pp. 258 f.
- 59 Rothstein, *Physicians*, pp. 237 ff.; King, *History* 3, pp. 258 f.
- 60 Rothstein, *Physicians*, p. 296; for the figures for 1910 see Donner, 'Homeopathica', 34 ff., who refers mainly to the report by Abraham Flexner, *Medical Education in the United States and Canada* (New York, 1910), p. 159.
- 61 By-laws in Haehl, *Zentralverein*, 127.
- 62 It is not exactly clear what the Zentralverein meant by the expression 'Unterhaltung der Berathungsanstalt'.
- 63 Implementation regulation to para. 2 of the by-laws in Haehl, *Zentralverein*, 139; cf. 109.
- 64 Cf. Haehl, *Zentralverein*, 108. For the reasons for the greater tolerance in Bavarian colleges (more tolerance towards homeopathy because of opposition to the 'materialist' scientific medicine) particularly in the period from the 1840s to the 1860s see Rudolf Tischner, *Geschichte der Homöopathie* (Leipzig, 1939), pp. 502 f.; otherwise the breaks come in Vienna and Tübingen in the 1850s, *ibid.* p. 621. On the plans for an independent faculty see Jakob Kafka, 'Freie Homöopathische Fakultät', *AHZ* 121 (1890), 59 ff. and for the discussion at the annual conference see p. 90.
- 65 Cf. Heinz Eppenich, *Geschichte der homöopathischen Krankenhäuser bis zum Ende des ersten Weltkrieges* (medical diss., University of Aachen, 1992), p. 43. Perhaps, even then, teaching was preferred to be independent of universities – according to the American model – as in the case of the editor of the *AHZ*, Arnold Lorbacher, 'Woran liegt es, dass die vom Staate bewilligten Lehrstühle für Homöopathie an den Universitäten bis jetzt derselben Nichts (sic) genützt haben?', *AHZ* 98 (1879), 180–182.
- 66 See Petra Werner, 'Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms-Universität zu Berlin zwischen 1919 und 1933', *Medizin, Gesellschaft und Geschichte* 12 (1993), 205–219; Christian Lucae, *Auf dem Weg zur Schulmedizin? Bestrebungen zur Institutionalisierung der Homöopathie an den deutschsprachigen Universitäten von 1812–1933* (med. diss., Heidelberg, 1997).
- 67 Detlef Bothe, *Neue Deutsche Heilkunde. 1933–1945* (Husum, 1991), p. 282.

- 68 Accordingly, prejudice against the universities was cultivated such as in the discussion about the independent faculty (see above Lorbacher, 'Lehrstühle'); cf. Tischner, *Geschichte*, p. 684.
- 69 Haehl, *Zentralverein*, p. 126.
- 70 For more details on the lack of student demand see Eppenich, 'Geschichte', p. 43.
- 71 On this, in general, see Richard H. Shryock, *Medical Licensing in America. 1650–1965* (Baltimore, 1967).
- 72 Rothstein, *Physicians*, pp. 306 ff.
- 73 cf. Kaufmann, *Homeopathy*, pp. 145 ff.
- 74 Rothstein, *Physicians*, p. 317, & 323.
- 75 Haehl, *Zentralverein*, pp. 71 f.
- 76 Haehl, *Zentralverein*, p. 160 (in para. 3).
- 77 Haehl, *Zentralverein*, pp. 73 ff.
- 78 However, the scales of charges did put the homeopaths at a disadvantage, especially after the introduction of payment according to individual items in post-war Germany, since they are less orientated to using medical apparatus.
- 79 See also for the following Haehl, *Zentralverein*, p. 127.
- 80 Compare Haehl, *Zentralverein*, p. 139 para. 2 of the implementation regulations for the by-laws of 1872; 161 with para. 4 of the by-laws of 1921.
- 81 Nothing changed from the 'Cöthener Vertrag' (1833) and the '18 Thesen von Dr. Wolf' to the 'Kölner Leitsätze' (1902) and even since then; cf. Haehl, *Zentralverein*, pp. 131 ff. & 156 f.
- 82 Haehl, *Zentralverein*, p. 41. Cf. also the programmatic title of the essay by Arnold Lorbacher, 'Die Emancipierung der Homöopathie von der Person Hahnemanns', *AHZ* 90 (1875) 137–139, 145–147, 153–155. On the dispute over high potencies cf. Tischner, *Geschichte*, 683.
- 83 Cf. Bothe, *Heilkunde*, pp. 274–281 and e.g. Heinz Schoeler, 'Die Situation der wissenschaftlichen und praktischen Homöopathie in ihrem 150. Entwicklungsjahre', *AHZ* 193 (1948) 9–29. On the current discussion cf. Klaus Linde and Dieter Melchart et al., 'Übersichtsarbeiten: Das Beispiel Homöopathie', *Deutsches Ärzteblatt* 91 (1994) C 76–C 81.; Harald Walach, 'Perspektiven für die Homöopathie-Forschung heute', *AHZ* 235 (1990), 147–151, & 183–187; Harald Walach, 'Ist Homöopathie der Forschung zugänglich?', *Schweizerische Rundschau für Medizin (PRAXIS)* 83 (1994), 1439–1447.
- 84 Rothstein, *Physicians*, p. 164, and for the following pp. 240 f.
- 85 On this in detail see Coulter, *Legacy* 3, pp. 328 ff.
- 86 See Haehl, *Hahnemann* 1, p. 76 and Josef M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie* (Munich, 1990), pp. 192, 315, & 383. Hahnemann had already proposed this change.



- 87 Rothstein, *Physicians*, p. 244.
- 88 Rothstein, *Physicians*, pp. 279, & 295; cf. Warner, *Fall*, p. 133.
- 89 King, *History* 3, p. 258.
- 90 Rothstein, *Physicians*, p. 243.
- 91 King, *History* 3, pp. 259 f.
- 92 Cf. Haehl, *Zentralverein*, pp. 52 ff.
- 93 On earlier attempts by individual doctors see Tischner, *Geschichte*, pp. 563 & 619.
- 94 It is possible that the organisation of local testing groups originated from the American practice after the middle of the 19th century; cf. King, *History* 3, p. 256.
- 95 Haehl, *Zentralverein*, 61 (on 1872), 64 (on opposition from Berlin 1929, one of the last bastions of this right); on the reasons cf. Tischner, *Geschichte*, 720; also Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen zur industriellen Fertigung* (Stuttgart, 1991).
- 96 For evidence of homeopathic journals in Germany and the USA see Jacques Baur and Klaus-Henning Gypser et al., *Bibliotheca Homeopathica. International Bibliography of Homeopathic Literature* 1 (Gouda, 1984); c.f. note 30 above.
- 97 For general points on the society journals see section III.2 in above; the more important science orientated rival papers were the 'Archiv für die Homöopathische Heilkunst' (Stapf) from 1822 to 1843 and 'Hygea' from 1834 to 1848; cf. Karl-Heinz Faber, 'Die Zeitschrift Hygea' in Martin Dinges (ed.), *Patienten, Heilkundige und das 'homöopathische Milieu'* (Stuttgart, 1995).
- 98 It is possible that some of these items were publicised in the newsletters of the regional societies rather than in the AHZ.
- 99 King, *History*, 3, p. 256.
- 100 By-laws of 1874, Article VII, Sec. 8 and 9, *Transactions of the AIH*, 18 (37) (1884), 707.
- 101 Haehl, *Zentralverein*, pp. 67 f.
- 102 Cf. the article by D. Staudt in this volume and the case study by Eberhard Wolff, *Gesundheitsverein und Medikalierungsprozeß. Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 and 1945* (Tübingen, 1989).
- 103 Rothstein, *Physicians*, p. 345.
- 104 Rothstein, *Physicians*, p. 165; on the following pp. 246 & 295. On the more mild therapy as an advantage for the market cf. Kaufmann, *Homeopathy*, pp. 112 f. & 118 f.
- 105 Calculations of the density of homeopathic physicians according to States or federal States in 1860 show also that, at this time, the supply of homeopaths in the USA was already much more numerous than in the German Empire; cf. Jütte, 'Professionalization', Figure 1.

- 106 In the Kölner Leitsätze a change of preferences of this kind is suggested by the rather truculent demand for clinics, 'which ought to be a matter of course for a scientific discipline'. This is preferred to the establishment of 'isolated homeopathic professorships against the will of the medical faculties'; cf. Haehl, *Zentralverein*, p. 156.
- 107 See Eppenich, *Geschichte*, pp. 323 ff.
- 108 Details in Bothe, *Heilkunde*, p. 282.
- 109 Rothstein, *Physicians*, pp. 233–236.
- 110 The stronger competition is emphasised also by Warner, 'Sectarianism', 253.
- 111 Their importance is also emphasised by Jenkinson, 'Role', 272. An important gap in research should be mentioned here, namely the lack of sufficient information about local societies which in both countries will have been of differing importance because of their varying sizes. Some insight into the relationship between the local and national level would result in a more accurate comparison.