

The Experience of Illness and the Doctor–Patient Relationship in Samuel Hahnemann’s Patient Correspondence

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Introduction

THE HISTORY OF THE PATIENT can draw on a wide range of historical documents, from published case histories, physicians’ personal case books and hospital journals to autobiographies, diaries and family letters as well as criminal and inquisitional records. Many of these sources have only recently attracted the sustained attention of medical historians. This is also true for the type of source on which this paper is primarily based: patient letters or, if the physician’s reply is included, patient correspondence.¹ They resulted from the fairly common practice of consulting by letter, which had its historical roots in the medieval ‘consultationes’ and ‘consilia’ but gained increasing importance in the seventeenth century, when more and more patients turned for advice to famous physicians at a distance. Some patients relied on the services of their ordinary physician or surgeon to draft the letter. Many others, however, preferred to write it on their own, sometimes explicitly arguing that a physician might shape the account too much according to his own ideas. Thousands of such letters have survived, mostly among the papers of prominent physicians such as Samuel Auguste Tissot (1728–97), Lorenz Heister (1683–1758) or William Cullen (1710–90).² Since the physician, just on the basis of a written account, was expected

to arrive at more precise diagnosis and a more effective therapy than other previously consulted healers, these letters often provide very detailed narratives of the history and the current complaints. They thereby offer unique insights into the experience of illness and medical care from the patient's perspective. Applied somewhat loosely, the term 'patient letter' can be taken also to include related ego-documents which resulted from a personal therapeutic encounter. Some patients, for example, wrote a detailed account of their health status before they saw a physician. Others resorted to letter writing only intermittently, during periods of absence. Quite frequently also, spouses, relatives, friends, employers or benefactors wrote in the patient's stead. Their letters reflect the patient's own experience only indirectly, but they still provide valuable information on lay perceptions in general.

The advantages of using patient letters as a historical source are obvious. The detailed description of current complaints and previous disease episodes provides a wealth of information on the very physical sensations caused by the disease, on how it was experienced and interpreted by lay people and by professional healers, and on how the patients and their families coped under their respective personal, social and economic circumstances. Of course, as with any kind of ego-document, the problems of verbalising subjective experience must be taken into account, the possible anticipation of the addressee's presumable expectations and likely responses, and the literary conventions of the genre – in this case of letter writing. Neither can these letters be taken to be representative of the population as a whole. Though many patients recounted previous episodes of acute illness, chronic ailments predominate as the immediate motive for consultation. More importantly, for obvious reasons, the letters reflect almost exclusively the experiences of the literate middle and upper classes. The lowest level of social status is the urban craftsmen, soldiers, rural priests and students. However, other contemporary sources hardly provide more information about the lower classes either. In the case of medical case histories or medical ethnographies an even much more thorough process of selection and filtering on the part of their educated authors was clearly at work.³ In other words, for the period before 1850, patient letters still offer the broadest and most detailed access to the experiences, interpretations and reactions of the sufferers and their families.⁴

Patient Letters in the History of Homoeopathy

THE PRACTICE OF LETTER CONSULTATION seems to have disappeared rapidly in the early nineteenth century. Two major developments in contemporary medicine played an important part in this process. First, in most European countries, the number of physicians rose dramatically, making their help more accessible in smaller market towns and rural areas and widening the patients' choice in more populous places. Patients could therefore exploit a growing range of options before resorting to a distant physician. Secondly, new medical ideas on the body and its diseases focused much more than previously on palpable pathological changes in the various organs as they could be identified retrospectively by dissection. Eighteenth-century physicians already expressed some qualms about the reliability of diagnosis and treatment by letter, but still widely practised it. Now, a personal examination, possibly including the use of a stethoscope, became almost mandatory.⁵

Some of the new 'alternative' healing systems, however, did not share the new localist, pathological-anatomical approach. Their representatives were much less numerous, and even where a practitioner of the desired method was available locally, potential patients might still doubt whether he really was as skilful as the founder and master when it came to applying 'fitting remedies'.⁶ Therefore, consultation by letter for patients who preferred treatment with one of the new alternative therapies remained a meaningful and, in many cases, even an indispensable option.⁷

This is also true for homoeopathy and, above all, for its founder and most famous representative, Samuel Hahnemann (1755–1843). As with the physicians of the preceding generation, Hahnemann emphasised the superiority of a personal examination but was ready to compromise when serious obstacles made it difficult for the patient to see him personally. In fact, as he wrote to one such distant consultant in 1820, he concerned himself 'to this very day mostly with healing the chronic diseases of distant and very distant people, whom I have never seen.'⁸ Such words may also have been aimed at reassuring the patient but, undoubtedly, Hahnemann received and answered countless patient letters over the years. For the period before 1830, only a few of these letters have survived. However, from 1830, Hahnemann no longer just made excerpts from the patients' letters. Instead, he now glued the originals into his patient journals. Thus, for the period from 1830 to 1835, several thousand, mostly German, patient letters have survived.⁹ In addition, a smaller number of predominantly French letters to Hahnemann and his wife Mélanie were found in the patient journals from the following Parisian period.¹⁰ This analysis is based on a

cursory examination of this large collection and on a more detailed analysis of a limited sample drawn from it. In addition, to complement the patients' accounts, all of Hahnemann's answers to patient letters which could be located have been studied.

In terms of their socioeconomic status, those who consulted Hahnemann were middle and upper class. Thus, they appear to be fairly representative of Hahnemann's own private clientele,¹¹ but not of the homoeopathic lay milieu in general. The attitudes and the reactions of homoeopathic patients from a more modest social background may have differed markedly. There are many indications, for example, that the less educated and often illiterate patients of the numerous rural homoeopathic lay healers and barber surgeons in nineteenth-century Bavaria did not regard homoeopathy primarily as an 'alternative' healing method or as a kind of medical belief system. Rather, the frequent combination of homoeopathy with allopathic treatment or with religious or magical practices suggests that the healers as well as their patients attributed the same occult, specific healing powers to homoeopathic medicines which they assumed to be present in the highly popular 'specifics' sold by drug-peddlers, pharmacists and ordinary barber surgeons.¹²

As with other patient correspondence, Hahnemann's can be approached from a variety of perspectives. First of all, because of the large number, the letters offer ample data on the geographical and social origins of Hahnemann's clientele. They provide also extensive evidence of his diagnostic and therapeutic practice since Hahnemann usually noted on the original letters his answer and the drugs he applied. In Hahnemann's particular case, however, the patient journals offer an even richer wealth of information on the patients' place of residence and social status, on their presenting complaints and on Hahnemann's therapeutic conclusions. Only his dietetic recommendations are somewhat more amply documented in his patient correspondence namely in the extant replies from Hahnemann. They demonstrate above all that Hahnemann did apply the recommendations put forward in his printed work.¹³ Like Samuel Tissot, Théodore Tronchin (1709–81) and other eighteenth-century health educators he gave particular importance to a 'natural' living order and to the control of 'baser instincts'.¹⁴ Coffee, Chinese tea and other modern stimulants and spicy foods had to be avoided. Physical exercise and fresh air were to invigorate body and mind. Hahnemann was concerned particularly about the deleterious consequences of uncontrolled sexual desire and the ensuing loss of precious body fluid. 'I pray you, be as moderate as possible in marital life', he wrote to a tailor in Gotha. 'You cannot believe, how essential and important a part of our

forces is the seed, an extract of our life.¹⁵ Accordingly, he endorsed strongly the massive contemporary campaign against masturbation as a major cause of disease.¹⁶ A patient's simple account of his walks with his son already prompted his recommendation that the father should severely admonish his son that he 'not stimulate, rub and press his genitals, like other naughty school-boys, from which great damage and a despicable and deleterious habit results, which is a horror to all good people.'¹⁷ The letters from Hahnemann's patients, in turn, show that many of them were quite willing to follow his advice. They took walks in the fresh air, no matter the weather. They renounced drinking wine and eating unhealthy food, and some even went further than Hahnemann suggested and totally gave up all sexual pleasures. How seriously many of them took his advice is also made abundantly clear by their frequent request for reassurance on the minutest details of their daily regime.

Illness Experience and Embodiment

THE OUTSTANDING VALUE of Hahnemann's letter correspondence, as a source for the history of the patient in general and that of the homoeopathic patient in particular, lies in two other areas. First, the letters provide uniquely detailed accounts of the subjective perception and experience of physical and emotional suffering. And secondly, they are the direct expression of the very physician–patient relationship to which they owed their existence.

The initial letters, in particular, frequently contain detailed narratives of complaints and symptoms. These, in turn, usually correspond to implicit or explicit notions of the body and its functions, which profoundly permeated the very perception of the disease symptoms and the language in which they were expressed. The great majority still stood in the tradition of humoral pathology. Many patients described, for example, how a 'morbific matter' was 'expelled' from the body in the form of a skin rash, sweat or visible bodily evacuations like the female 'whites', and how cold water applications or premature treatment sometimes drove such matter dangerously back into the body's interior.¹⁸ They felt it was 'as if all good [matter] were dissolved into ordure'.¹⁹ Or they interpreted their frequent nosebleeds as a result of an excessive accumulation of blood in the body, due to overly nutritious food and lack of physical exercise.²⁰ Female patients, accordingly, paid particular attention to the regularity, amount and quality of their menstrual bleeding. Compared to this humoral framework, more recent medical innovations had a much weaker impact. A particular

example is the rise of the 'nerves', which had become a central explanatory category in eighteenth-century medicine.²¹ In many late eighteenth-century French patient letters, the concept provided a somatic explanation for all kinds of physical discomfort, cramps, pains and mood changes. Yet in the letters of Hahnemann's predominantly German patients, complaints, for example about a particular 'irritability of the nerves', are mentioned only occasionally.²²

It is a striking characteristic of the patient letters to Hahnemann that the sensations and complaints which the patients reported and the way in which they described them often changed markedly in the course of the treatment. In their initial letter, they tended to offer the usual enumeration of a large variety of different complaints rather than describing their sensations in greater detail. They limited their account to those sensations which they deemed important enough for the physician to form a correct opinion of their individual constitution and the aetiology and natural history of their disease. In the course of their treatment and, as it appears, under Hahnemann's guidance, many patients then learnt to pay closer attention also to seemingly marginal aspects of their physical and emotional state. Thus, they came to describe their manifold and daily changing perceptions and sensations much more carefully than ordinary 'allopathic' patients. The most tangible evidence for this changing approach is furthered by a specific product of Hahnemann's practice, the patient diary. Hahnemann instructed his patients to write every day 'a couple of words' about how they had felt the preceding day, together with the number of the medicine which they had taken.²³ When they began to run out of medicines, they were to send this diary to Hahnemann or bring it with them to their next consultation. Hahnemann would then change his prescriptions accordingly based on the evidence presented in the diary.

Such patient diaries have survived in large numbers among Hahnemann's patient correspondence. Some patients remained rather laconic, as in the following example: 'on May 3 and 4 I was quite fine, on May 5 I got my periods, on May 6 I got pulling and pain and belching and vomiting, on May 7 I was better, but great languor and little appetite.'²⁴ Others, however, filled one or two pages just to describe a single morning. Or they illustrated their complaints or the course of the disease with drawings: a painter, for example, sent a detailed drawing of the furunculous, purulent swellings on his nose;²⁵ another consultant used musical notation to illustrate his wife's irregular heartbeat.²⁶

Their unusually detailed and daily descriptions, even of the minutest changes and most ephemeral sensations, make homoeopathic patient diaries

a unique source for the study of lay perceptions of the body and its diseases. For example, no other source offers similarly rich data on the nature and frequency of premenstrual suffering. A number of women reported complaints like headaches, abdominal cramps or a depressed mood, just to remark, a few days later, that their periods had started.²⁷ Also, few contemporary ego-documents provide such impressive and dramatic accounts of the subjective experience of ‘depressive’ mood changes and the manifold physical symptoms which accompanied them, as illustrated by the following quotation:

Saturday, March 17. No. 8. Still vehement headache, in particular still the heavy pressure and the sensation of dizziness; also at various times the terrifying transport towards the head, also still the trembling of the feet, burning hands, the pain in the neck down the back, and pain in the stomach; very often a convulsive shaking and working in the belly and the area of the stomach; still quite dark and cloudy in front of the eyes, and, in particular, mentally so apprehensive and disturbed; thousand things, which I cannot all name, frighten and vex me, for example the sight of people, or rather, when they look at me; so I want to cry out loud, and all the torment, which one does not dare to articulate. Alas, and then this exceedingly unhappy mood! When I am sitting quietly by myself, such a sudden vehemence often overcomes me, I mean to say of anger (also without any external trigger, and when I am all alone), that I must grind my teeth, clench my hands menacingly and utter vehement words of rage, without really knowing, why and due to what. These attacks usually pass quickly, but they repeat themselves frequently.²⁸

This constant and close observation of their physical and emotional state, to which the patients were guided, also raises fundamental questions about the potential effects of homoeopathic treatment on the patients’ presenting complaints and their subjective experience of the disease. The constant scrutiny of their physical and emotional state for even the minutest changes, may well have sharpened the patients’ perception, bringing forth sensations and complaints which otherwise might never have passed the thresholds of consciousness and which were also quite likely to quickly disappear again, whether under homoeopathic or allopathic treatment, or none at all.

The Doctor–Patient Relationship

PATIENT CORRESPONDENCE IS THE PRODUCT and, at the same time, the expression of the relationship between a physician and (some of) his patients. Hahnemann’s relationship with his patients, as evidenced by the letters as well as by his personal account, differed markedly from

that of ordinary late eighteenth- and early nineteenth-century allopathic practitioners. Their numerous lamentations as well as their surviving patient correspondence make it abundantly clear that they were commonly faced with patients and their families who were very self-confident in their dealings with the academic physician. The patients had their own ideas about the disease, its causes and its proper treatment, based on previous experiences with other healers, on exchange of information with fellow sufferers and sometimes also on a fairly extensive reading of popular and academic medical treatises. They frequently changed the physician's prescriptions to suit their own convictions and preferences. They totally ignored his advice, or they even proposed a therapeutic or dietetic regimen of their own making. And, if they did not expect the physician to heed all their wishes – after all they paid for his expertise – they certainly wanted him to take their ideas seriously, to discuss the disease with them and to justify his diagnosis and prescription. The physicians, in turn, as much as they complained about their patients' stubbornness and 'medical half-knowledge', often complied.²⁹

More than any other leading contemporary medical authority of his time, Hahnemann rebelled against such 'submission' to the patients and their families. His priority was to maintain the physician's dignity and authority. Certainly, the good physician had to devote sufficient time to his patients. He had to listen carefully without guiding their account prematurely into pre-established formulations.³⁰ But he also had a moral duty not to diminish his professional status by giving in to his patients' whims and wishes. Allopathic physicians, Hahnemann felt, allowed their patients to turn them into slaves.³¹ Therefore, he advised a colleague: 'Rather live in poverty ... than damage one's own dignity and that of the art!' 'You are much too timid,' he wrote to another, 'letting your patients get through with all too much – in the manner of the allopaths, who are glad, when they can just keep a patient among their clients ... It must not be this way. If you measure up to your art, you must command, and not the patient stipulate this or that. He must yield to you, not you to him.'³² Hahnemann questioned, in particular, the common practice of house calls. His patients had to come to his office, if their health permitted it, and he advised his colleagues to proceed in the same way: 'To use our precious time sparingly and to preserve our dignity, we must not visit the chronically sick – and be it a prince – in their homes, if they still can come to our house.'³³ 'Who could wish to debase himself so much, to visit the Herr Patient, who has gone out in the meantime and made you come in vain!'³⁴ Furthermore, Hahnemann was unusually outspoken in demanding that his

patients submit totally to his professional advice. Even in the case of high-ranking patients such as the Prince of Schwarzenberg (1771–1820), he assumed treatment only on the explicit ‘condition’ of their ‘obedience to my very moderate prescriptions concerning a convenient regimen.’³⁵ Such obedience, it should be noted, required unusual trust on the patients’ part. Hahnemann normally just sent them a series of numbered containers with solid or fluid medicine, which they were to take or smell one after the other, without knowing their nature or the desired effect.

At least the more educated among Hahnemann’s patients were also admonished to read homoeopathic publications, in the first place his *Organon*, or, later, his briefer treatise *Über die Allöopathie*.³⁶ This would keep them from contravening the essential rules of healthy living and, thus, from contributing unknowingly to a deterioration in their health.³⁷ They would learn, in particular, about the dangers of seemingly innocuous household remedies such as camomile or elder, for ‘I cannot have my careful medical endeavours subverted and destroyed by such harmful prejudices.’³⁸ Keeping a patient diary also involved a considerable effort on the patient’s part, though some sufferers may have welcomed the opportunity to unburden their hearts.³⁹

How seriously Hahnemann took his demand for strict obedience is well illustrated by his response to patients who did not fulfil their part of the deal. ‘You cannot know exactly the changes which the medicine which you took with you occasioned in your state, because you have not kept a diary’, he wrote to one of them, ‘hence I can know them even less, because you have not sent me such a diary. But this is indispensable, if you want to become healthier. I cannot cure such serious, inveterate ills, if the patient is not quite diligent, does not observe his daily condition and does not write down what is necessary (with the date and the number of the powder next to it).’ He threatened to terminate the treatment, in case the patient persisted in his negligence: ‘I would rather not have a sick person among my patients at all, who does not diligently take his medicines, observe all the changes, write them down carefully and send them, no matter how much he might earn me – the more so, since I have no lack of patients, also not of patients who report diligently and unceasingly take their medicines. I have almost too much work.’ Drastically, he made the patient envisage the disastrous consequences of terminating the treatment: ‘You do not seem to understand the importance of your disease, nor have an idea of its threatening nature. You seem to believe that, if you only hardened yourself, it would largely disappear on its own with good regimen. But you forget that, if one goes away by itself, something else, more serious will come

instead; every year it must grow worse in this or that respect (due to the nature of the disease).’ In sum, year by year, the patient would get worse, if he did not seek refuge in the only efficient, the homoeopathic, treatment. The patient was confronted with a fateful choice: ‘Having communicated these for you highly important truths, I leave it to you, to abandon yourself to your fate (the one, which I just expounded to you), or to take diligently, punctually, unceasingly and without interruption what is necessary and to give, in due time, a careful and detailed account to the one who can help you.’⁴⁰ At least in the case of those numerous patients who confided in Hahnemann’s treatment for longer periods of time, he seems to have succeeded in driving his message home. Of course, knowing Hahnemann’s strong opinions on this point, they may have preferred sometimes not to inform him when they modified the regimen or therapy on their own account. But, in marked contrast to the many ‘confessions’ in the letters of allopathic patients, explicit avowal of such ‘non-compliance’ was rare. Instead, some patients asked Hahnemann’s permission even for the slightest modification of their way of life. Patients also frequently alluded to their reading of homoeopathic treatises, most of all of the *Organon* and of the *Allöopathie*,⁴¹ and some quoted from them word by word.⁴²

The question of fees was a further central element in the peculiar way Hahnemann arranged the physician–patient relationship.⁴³ Hahnemann was very outspoken about this issue. He made it clear that he was not satisfied with an arbitrary ‘honorarium’, but expected well-deserved compensation for his efforts. Thus, he had no qualms about declaring publicly that, henceforth, he would not answer letters from patients and other consultants, ‘if they do not contain an adequate compensation for my endeavours (at least one Friedrichs d’or) in money order or cash.’⁴⁴ In his consulting room, according to the account of a homoeopathic colleague, he remained standing in the middle of the room with his hand stretched out until he had received due payment for the medicines he had just given.⁴⁵ Patients who did not accept his demands risked immediate termination of the treatment. His fees, he explained to one of them, were calculated according to the person and to the amount of consideration their disease required. ‘Now, if you are not prepared to pay the established price willingly, I can no longer serve you in your disease, which necessitates so much consideration and labour.’ Again, he stressed that he was overburdened with existing work.⁴⁶ Against the common practice of his time, Hahnemann also made his patients pay in advance and he advised his colleague to do likewise. According to his experience, patients all too often lacked the necessary gratitude, once the cure was completed. Regular advance payments, on the

other hand, allowed the physician to acquire a certain wealth. In addition, they were less painful for the patients than paying larger amounts at the end of the year, once they were accustomed to them.⁴⁷

Hahnemann's fees were relatively high, even considering the fact that they usually included the costs of his medicines and were somewhat tailored to the patient's economic possibilities. For a (letter) consultation, he usually demanded five to ten taler, and sometimes, in the case of noble patients, a lot more. He seems to have been quite aware that his fees sometimes far exceeded those of local physicians, arguing that their treatment also brought little benefit, while he delivered a masterpiece.⁴⁸ Judging from their letters the patients did adjust quickly to this mode of payment. However, it should be noted that, in the specific case of letter consultations, advance payment was already a fairly common practice in the eighteenth century, possibly providing a model for Hahnemann. Only a few patients asked for a reduction. A public servant, for example, sent the established fee of five taler for the coming month but complained that his meagre income would hardly permit him to continue paying so much, if his wife's treatment were to last much longer.⁴⁹ Due to his 'impoverished condition' another patient, Pastor Brunn, declared himself totally incapable of paying for his son's treatment. Instead, he shrewdly mentioned the numerous high-ranking persons, including the local duchess herself, who had inquired about his son's health, and to whom he had joyfully announced the great improvement resulting from Hahnemann's treatment. In this case, Hahnemann, continued exceptionally to send him the medicines 'on loan'.⁵⁰

There was an obvious precondition for the patients' willingness to comply with Hahnemann's authoritarian manner and his financial demands: they had to trust in the superior efficiency of homoeopathic treatment in general, and in Hahnemann's skills in particular. In this situation, it was essential for Hahnemann that he maintain and strengthen this trust. In the case of new patients he was at an advantage: they usually turned to him after fruitless allopathic treatment. Herr and Frau Bernau in Leitzkau, for example, had lost 'all hope and all confidence' in ordinary medicine, after years of blood-letting and after having suffered the harmful effects of fontanelles, chinine, digitalis and other potent remedies.⁵¹ To these patients the very 'alternative' nature of homoeopathy, its 'otherness', became a powerful source of hope in itself. To strengthen and maintain this hope over longer periods of time, however, required a lot of circumspection on Hahnemann's part.

First of all, he did everything to convince his patients that homoeopathy

was the only true and efficient medicine. Repeatedly, he used the very first sentence in his letter of response to brandish the pernicious consequences of the allopathic method. 'You are so run down due to your allopathic treatment', he wrote, for example. 'Your state does not please me at all.'⁵² Or, 'Homoeopathy does not lift the sick life up to shorten its duration; this is what allopathy commonly does, promising a long life and unknowingly working for its destruction.'⁵³ The patient's health, he wrote in another case, would deteriorate even more quickly, 'if he uses the wrong, allopathic medicines against it!'⁵⁴ He himself, on the other hand, treated disease 'in the only possible way, with the sole helpful medicines.'⁵⁵ 'Put your trust only in God and me', he accordingly advised a tailor in Gotha.⁵⁶ Under his treatment, he assured another patient, 'it shall and can, with God's help, take a different course than with the old brainless hum-drum way of physicians from the old school.'⁵⁷ Careful reading of his works was then to consolidate the patients' belief in the superiority of homoeopathic treatment. A patient who, at one point, dared consult an ordinary physician, could expect harsh criticism. 'You have not done well to accept medicines from someone else, whatever his name. You have such an irritable body ... and without praising myself, you would long be buried, if I had not examined your truly rare and tricky physical constitution.'⁵⁸

In their letters, some patients echoed Hahnemann's medical Manicheism. 'May heaven grant that I will at least not fall into the hands of those physicians again, who chase away the disease and kill the patient.'⁵⁹ But even when Hahnemann's treatment was not overly successful, patients were careful not to annoy him. 'The ill still is not removed, but I am bearably well', one of them wrote; 'I will be patient.'⁶⁰ Or, 'As long as I have been using homoeopathy (although my most ardent wish has not yet been fulfilled), the ill has not grown worse, as was the case with earlier allopathic attempts.'⁶¹ Only a few patients openly found fault with Hahnemann's sensitivity to the slightest hint of doubt or criticism and with his lack of comprehension and empathy. 'It seems that you have taken very much offence, my venerated *Hofrat*, when I expressed that the star of hope, which homoeopathy had given rise to, had further sunk under the horizon of my life,' one of them wrote. 'But why get immediately angry at one who was unhappy from his youth and is not only deeply aware of the loss of freedom but truly! does not suffer little from the manifold personal consequences of this wretched state, when he once, in a few words and against all his custom, bewails his pain?' Nevertheless, he asked for Hahnemann's forgiveness, in case the doubts in the success of the cure, which his words might have suggested, should have affected him unpleasantly.⁶² 'Trust

cannot be commanded', another patient declared more bluntly, apparently in response to Hahnemann's reproaches. But, in spite of the 'little success of the remedies until this day', he still assured Hahnemann of his complete confidence and sent him the money for the next consultation.⁶³ Such caution on the patients' part is all the more striking considering that they all had good reasons for a certain degree of scepticism. After all, in 1828, Hahnemann himself justified his new concept of 'psoric' disease with the so far often 'less favourable' or even distinctly 'unfavourable' results of extended homoeopathic treatment of chronic diseases.⁶⁴ Frequently, according to his own experience, the initial treatment seemed promising, its continuation less positive and the final outcome hopeless.⁶⁵ Neither could Hahnemann avoid the evidence that patients got worse under his treatment or even that relatives announced, with 'deeply saddened hearts', the death of his patient and returned the remaining medicines.⁶⁶

At the beginning of the cure, at least, the homoeopathic notions about the healing process provided the physician with an important advantage. A certain initial deterioration of the patient's condition was not only possible, it was to be expected as a sign that the medicines worked. In the case of the seriously ill Prince of Schwarzenberg, for example, Hahnemann added to his prescription a long list of complaints which the medicines might at first bring about.⁶⁷ The patients received no clear indication as to how long this ultimately beneficial deterioration of their health might last. Apparently, Hahnemann succeeded in convincing his patients that a transitory deterioration was indeed inevitable, if the cure was to be successful. While Samuel Tissot and other late eighteenth-century physicians encountered massive indignation and criticism in the face of similarly negative developments, Hahnemann's patients remained remarkably complacent – at least those, that is, who continued the treatment. Even after three weeks of discomfort, Frau von Bock, for example, did not complain about the serious side effects, but remarked laconically, 'perhaps it is the effect of the medicine'.⁶⁸ And when the Freiherr von Radke und Schippenbach felt distinctly worse under Hahnemann's treatment, he thought he could literally feel, 'how the powders expel all ills from the body, and then only make them perceptible. It seems comprehensible to me that it must be this way, before an improvement sets in.'⁶⁹ But Hahnemann managed to sustain his patients' loyalty over very long periods without any tangible curative effect. His personality and charisma may have played an important part, though the sources necessarily remain elusive in this respect. His patient correspondence also provides ample evidence, however, of the skill with which he responded to the ups and downs in the

patient's physical and emotional state. This is particularly well illustrated in his letters to Major Schmeling-Dieringshofen, the longest known series of surviving letters from Hahnemann to a single patient.⁷⁰ When the patient felt better, Hahnemann emphatically endorsed this subjective assessment: 'From your report I perceive with great pleasure the improvement of your health and the prospect of a complete cure.'⁷¹ Or, after a year and a half, 'As you rightly assume, you are on the path to become ever healthier and happier.'⁷² On the other hand, when the patient felt worse, Hahnemann stressed the seriousness of his disease and the deep roots it had already driven into the body. Certainly, the patient was well aware that his health at the beginning of the treatment had been 'in a very shattered state.' 'Therefore, we cannot expect very much improvement of your state, from the few portions of medicine, which you have already received from me.' Indeed, it was a sufficient sign of improvement in that unhealthy winter season that he 'not only was not worse (as would have to be expected without help), but in general somewhat better.'⁷³ Or, he incriminated outside influences, 'Probably an emotional disturbance in this period was a contributing cause.'⁷⁴ Or, he doubted the validity of the patient's negative assessment as such, 'I myself cannot find your condition after the last medicine as bad as you write in your letter.'⁷⁵ And, above all, again and again, he raised the patient's hope for improvement. 'What was unsatisfactory last month, will improve with today's medicine.'⁷⁶ Or, 'It will get better with mind and body.'⁷⁷ Along similar lines he wrote to the Count von Fuchs, who had repeatedly coughed up blood, 'I do see some improvement in your state of health and I have hope to still see you cured from your disease.'⁷⁸ A few months before the Prince of Schwarzenberg's death, he showed himself optimistic that he could, at least, improve the patient's condition. He did not want to promise more, but would 'possibly achieve more, perhaps a lot more, than I promise.'⁷⁹

Conclusion

IN HIS MEDICAL IDEAS, in many respects, Hahnemann may have been a child of the eighteenth century. Similarly, the crucial role which he attributed to the patient's subjective perceptions and sensations, and to which his patient correspondence bears striking evidence, was a major feature of ordinary medical practice in the seventeenth and eighteenth centuries. Only in the nineteenth century did this 'person-centred' approach lose ground, especially in hospital practice, and was increasingly superseded by a reliance on 'objective' signs and physical examination. The new

type of physician–patient relationship and patient guidance, however, which Hahnemann advocated and practised, anticipated, by decades, the achievements of a massive drive towards medical professionalisation in the later nineteenth century. Of course, much less is known about those dissatisfied or disappointed patients who may have turned their backs on Hahnemann, than about those who continued to trust him. But there is no doubt that Hahnemann, in spite of his authoritarian manners and his outspokenness about the economic aspects of the therapeutic relationship, succeeded in binding a sufficient number of patients over long periods of time – and in acquiring the substantial wealth to which the physician, in his view, was justly entitled.

Notes

- 1 Cf. Michael Stolberg, "Mein äskulapisches Orakel!" Patientenbriefe als Quelle einer Kulturgeschichte der Körper- und Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaft*, 7 (1996), 385–404.
- 2 Guenter B. Risse, 'Doctor William Cullen, Physician, Edinburgh. A Consultation Practice in the Eighteenth Century', *Bulletin of the History of Medicine* 48 (1974), 338–51; Laurence Brockliss, 'Consultation by Letter in Early Eighteenth-Century Paris. The Medical Practice of Etienne-François Geoffroy', *Clio medica* 25 (1994), 79–117; Stolberg, 'Mein äskulapisches Orakel!'; Thomas Schnalke, *Medizin im Brief. Der städtische Arzt des 18. Jahrhunderts im Spiegel seiner Korrespondenz* (Stuttgart, 1997).
- 3 Cf. e.g. Barbara Duden, *The Woman Beneath the Skin. A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, 1991), a fascinating study of the experiential qualities of Stahlian medicine, based on a source, however, which, contrary to Duden's claims, primarily reflects the physician's views and provides very indirect access only to the patient's own perceptions and interpretations (cf. Johann Storch, *Unterricht vor Hebammen [...] welcher als das Ite Volumen eines bald folgenden opere practico casuali de morbis mulierum betrachtet werden kann* (Gotha, n.d.); idem, *Von den Kranckheiten der Weiber*, vol. 2 (Gotha, 1748); further volumes with slightly varying titles.)
- 4 For the more practical aspects, on the other hand, of coping with disease and its consequences, autobiographies are, in general, a superior source; cf. Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995).
- 5 Erwin H. Ackerknecht, *Medicine at the Paris Hospital 1794–1848* (Baltimore 1967); Mary Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine' in Roger French and Andrew Wear (eds.), *Medicine in an Age of Reform* (London and New York, 1991), 91–109; Jens Lachmund, 'Die Erfindung des ärztlichen Gehörs. Zur historischen Soziologie der stethoskopischen Untersuchung' in Cornelius Borck (ed.), *Anatomien medizinischen Wissens. Medizin, Macht, Moleküle* (Frankfurt, 1996), 55–85.
- 6 Archive of the 'Institut für Geschichte der Medizin der Robert Bosch Stiftung' (henceforth: HA), B 32569, letter from Bergrat Münzing, Karlsruhe 5 May 1832. I am grateful to the director of the archive, Martin Dinges, for his help and support.
- 7 Around 1850, for example, numerous patients wrote to Carl Baunscheidt (b. 1809), the founder of the homonymous healing system, Baunscheidtismus; cf. the many case reports in Carl Baunscheidt, *Der Baunscheidtismus* (6th ed., Bonn, 1858); at the core of Baunscheidt's treatment was the so-called 'Lebenswecker' or vitalizer, a long-handled tool fitted with fine needles at the top. It was applied to the skin so gently that the needles just hardly penetrated the skin. The skin was then rubbed with irritating oils, all this in order to draw the morbid matter towards the surface or to stimulate the vital force itself.

- 8 HA A 1831 (xerox of a letter dated 12 March 1820 from the Schwarzenberg-Archiv, Murau, I-26-4). Thus, he reassured Major Schmeling-Dieringshofen that his letter contained ‘so much information on your state that I can already start the cure today.’ (HA A 663, letter from Hahnemann, 30 August 1825; the letter is simply directed to a ‘Major’, but the patient can be identified on the basis of the corresponding patient journal (HA D 28, 27 August 1825)).
- 9 For more detailed information on these collections see Jörg Meyer, “... als wollte mein alter Zufall mich jetzt wieder unter kriegen.” Die Patientenbriefe an Samuel Hahnemann im Homöopathie-Archiv des Instituts für Geschichte der Medizin in Stuttgart’, *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 3 (1984), 63–79. Their particular value for a history of the homoeopathic patient has already been rightly stressed in a preliminary analysis by Walter Nachtmann, ‘Les malades face à Hahnemann (d’après leur correspondance, juin-octobre 1832)’ in Olivier Faure (ed.), *Praticiens, patients et militants de l’homéopathie aux XIXe et XXe siècles (1800–1940)* (Lyon, 1992), 139–53; see also Reinhard Hickmann, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996).
- 10 HA, Bestand C.
- 11 Cf. Michael Vogl, “Nahe und entfernte Landpraxis”. Untersuchungen zu Samuel Hahnemanns Eilenburger Patientenschaft 1801–1803’, *Medizin, Gesellschaft und Geschichte* 9 (1990), 165–80; Robert Jütte, ‘Samuel Hahnemanns Patientenschaft’ in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 23–44.
- 12 Cf. Michael Stolberg, ‘Alternative Medicine, Irregular Healers, and the Medical Market in Nineteenth-Century Bavaria’, in Robert Jütte, Motzi Eklöf and Marie C. Nelson (eds.), *Historical Aspects of Unconventional Medicine: Approaches, Concepts, Case Studies* (Sheffield, 2001), 139–62.
- 13 Samuel Hahnemann, *Die chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, part 1 (Dresden, Leipzig, 1828).
- 14 HA A 664, letter to Major Schmeling-Dieringshofen, 12 November 1825.
- 15 Bernhard Schuchardt, *Briefe Hahnemanns an einen Patienten aus den Jahren 1793–1805* (Tübingen, 1886), 28, letter of 26 May 1793, and 56–57, letter of 15 December 1796.
- 16 Jean Stengers and Anne van Neck, *Histoire d’une grande peur: la masturbation* (Brussels, 1984); Michael Stolberg, ‘An Unmanly Vice. Self-Pollution, Anxiety, and the Body in the Eighteenth Century’, *Social History of Medicine* 13 (2000), 1–21.
- 17 J.A. Stargardt, *Auktionskatalog 670* (Berlin, 1998), illustration on p. 173, partial reprint of a letter of 21 February 1829.
- 18 HA B 32440, forester Bock, Dessau, 16 April 1832; HA B 32381, district secretary Bernau, 13 April 1832.

- 19 HA B 32367, patient diary Emma Braun, 16 February 1832.
- 20 HA B 321014, Comte de las Cases, Paris, 29 July 1832.
- 21 George S. Rousseau, 'Cultural History in a New Key. Towards a Semiotics of the Nerve' in Joan H. Pittock and Andrew Wear (eds.), *Interpretation and Cultural History* (Basingstoke, 1991), 25–81.
- 22 HA B 32367, von Braun, 2 April 1832.
- 23 Thus, e.g. Hahnemann's prescription to a court preacher, 30 November 1832, HA A 1409.
- 24 HA B 32428, Schlegel, undated (answered 15 May 1832).
- 25 HA B 32379, painter Schmitt, Altenberg, 27 March 1832.
- 26 HA B 32532, Aug. Baehr, Oppach 24 April 1832.
- 27 Cf. Michael Stolberg, 'The Monthly Malady. A History of Pre-Menstrual Suffering', *Medical History* 44 (2000), 301–22.
- 28 HA B 32435, Friederike Lutze, 1832.
- 29 Michael Stolberg, 'La négociation du régime et de la thérapie dans la pratique médicale du dix-huitième siècle' in Olivier Faure (ed.), *Les thérapeutiques. Savoirs et usages* (Lyon, 1998), 357–68.
- 30 In Köthen, Hahnemann is said to have spent six hours a day in his ordinance room, receiving an average of eight patients, cf. Ute Fischbach-Sabel, 'Hahnemann au travail à Köthen en 1830 (d'après son 34^e journal de consultations)' in Faure (ed.), *Praticiens, patients et militants*, 85–102, here 91.
- 31 Letter to Dr Schrëter, 28 February 1829, reprinted in *Neues Archiv für Homöopathie* 3 (1846), cit. in Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen auf Grund neu aufgefundener Akten, Urkunden, Briefe, Krankenberichte und unter Benutzung der gesamten in- und ausländischen homöopathischen Literatur* (2 vols, Leipzig, 1922), II, 153 f.
- 32 Letter to Dr Ehrhardt in Merseburg vom 24 August 1829, cit. in Haehl, *Samuel Hahnemann*, II, 153.
- 33 Haehl, *Samuel Hahnemann*, II, 153, letter to Ehrhardt.
- 34 Haehl, *Samuel Hahnemann*, II, 153–54, letter to Schrëter. It should be added, however, that Tronchin and other famous and fashionable late eighteenth-century physicians similarly made even their most noble patients come to their offices.
- 35 HA A 1831, letter of 12 March 1820 (xerox of I-26/4, Schwarzenberg-Archiv, Murau). For a detailed account of this case see Walter Nachtmann, "'Ach! Wie viel verliere auch ich an Ihm!!!" – Die Behandlung des Fürsten Karl von Schwarzenberg durch Samuel Hahnemann und ihre Folgen', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1987; published 1989), 93–110.
- 36 HA A 1838 (xerox), letter to a 'Herr Doktor', 28 February 1829 (according to HA D 32 to Dr Karl Reichenbach); letter to Dr Ehrhardt, 24 August 1829, cit. in

- Haehl, *Samuel Hahnemann*, II, 153; letter to Dr Aegidi, 28 September 1831, cit. in Haehl, *Samuel Hahnemann*, II, 413–14.
- 37 HA A 688, [Heinrich Ludwig] Weigel, 16 March 1831.
- 38 HA A 688, [Heinrich Ludwig] Weigel, 16 March 1831.
- 39 See, e.g. the patient diary of Friderike Lutze (HA B 32435, entry 10 March 1832): 'I have nobody, to whom I could exhibit my sorrows and thus unburden myself!'
- 40 HA A 1838, Dr Karl Reichenbach, 28 February 1829; unfortunately, we do not know whether the patient was henceforth more compliant or did, in fact, terminate the treatment.
- 41 In some cases, of course, such works may have won them over in the first place.
- 42 HA B 32463, Sebastian Schoepfel, 17 April 1832; HA B 32381, secretary Bernau, 3 April 1832; HA B 32562, Carl von Bock, Vevey, 25 April 1832; HA B 33178, merchant Henri Bonte, Magdeburg, Januar 1833; HA B 321548, Vicomte de Bonneval, Bordeaux, 30 October 1832.
- 43 For a more detailed treatment of this issue see Robert Jütte's contribution to this volume.
- 44 *Reichsanzeiger* 1799, vol. 2, 3108 and 3371, cit. in Schuchardt, *Briefe*, 71; the only exception he admitted was when misery and poverty were so blatant to make it impossible to deny his help.
- 45 *Allgemeine homöopathische Zeitschrift* 26 (1844), 185.
- 46 HA A 1407, letter to Mme Belli, 18 December 1830.
- 47 Letter to Dr Aegidi, 11 December 1831, cit. in Haehl, *Samuel Hahnemann*, II, 414; letter to Dr Rummel 19 May 1831, cit. in Haehl, *Samuel Hahnemann*, II, 152f; extract from a letter to Dr Ehrhardt in Merseburg 24 August 1829, cit. in Haehl, *Samuel Hahnemann*, II, 153; letter to Dr Schréter, 28 February 1829, in *Neues Archiv für Homöopathie* 3 (1846), cit. in Haehl, *Samuel Hahnemann*, II, 153 f.
- 48 Thus, U.F.B. Brückmann, personal physician in Braunschweig, *Allgemeiner Anzeiger der Deutschen*, 17 March 1808, n. 76 (cf. Haehl, *Samuel Hahnemann*, II, 81).
- 49 HA B 32528, May 1832.
- 50 HA B 32496, undated (answered 29 April 1832), with Hahnemann's manuscript annotations.
- 51 HA B 32381, secretary Bernau, Leitzkau 3 April 1832.
- 52 HA A 728, letter to [Carl] Reiß, 29 March 1831 (answer drafted on HA B 31044).
- 53 HA A 663, letter to Major Schmeling-Dieringshofen, 30 August 1825.
- 54 HA A 1838, letter to Dr Karl Reichenbach, 28 February 1829.
- 55 HA A 1838, letter to Dr Karl Reichenbach, 28 February 1829.
- 56 Schuchardt, *Briefe*, 41, undated.

- 57 HA A 688, letter to Weigel, 16 March 1831.
- 58 Undated letter to a tailor in Gotha (received on 4 October 1798), cit. in Schuchardt, *Briefe*, 54.
- 59 HA B 32456, Carl Maximilian Speck, Leipzig, 18 April 1832.
- 60 HA B 32541, V. Trabe, 29 April 1832.
- 61 HA B 32370, painter Schmitt, Altenburg, 27 March 1832.
- 62 HA B 32378, Wilhelm Löffler, Berlin, 25 March 1832.
- 63 HA B 32557, J. Mussard Claparède, Geneva, 30 April 1830.
- 64 Hahnemann, *Die chronischen Krankheiten*, 6.
- 65 Hahnemann, *Die chronischen Krankheiten*, 6.
- 66 HA B 32565, building inspector Krause, Dessau, 8 May 1832.
- 67 HA A 1829, xerox of I-26-6, Schwarzenberg-Archiv, Murau, 'Medical instructions'.
- 68 HA B 32460, letter of April 1832.
- 69 HA B 32540, undated (answered 6 May 1832).
- 70 HA A 663–680.
- 71 HA A 670, 19 November 1826.
- 72 HA A 672, 16 February 1827.
- 73 HA A 665, 28 December 1825.
- 74 HA A 668, 3 April 1826.
- 75 HA A 669, 15 June 1826.
- 76 HA A 673, 11 April 1827.
- 77 HA A 675, 11 August 1827.
- 78 HA A 793, Paris, 28 June 1842.
- 79 HA A 1831, 12 March 1820 (xerox of I-26-4, Schwarzenberg-Archiv, Murau).