

# Children as Patients in Early Homoeopathy

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‘BUT VERY DEFINITE ADVANTAGES are presented by the homoeopathic method in the treatment of children’s illnesses, if only because children show no reluctance in taking the almost entirely tasteless medication and because they receive such small doses at such infrequent intervals.’<sup>1</sup> So wrote Georg August Benjamin Schweikert (1774–1845) in his 1825 essay in defence of homoeopathy. Indeed, during the early years, homoeopathic treatment seems to have been particularly well suited to children compared with other types of treatment available at the time and often described as heroic. Nevertheless, does corresponding evidence exist that homoeopathy was used specifically for children?

Teaching texts and patients’ letters to Samuel Hahnemann (1755–1843) can be examined to analyse the subject of children as patients of early homoeopathy. How, when, and in what manner were children perceived, described and treated by their adult environment? Although these questions cannot be answered immediately it should be possible to demonstrate the areas which medical historians could pursue further. Evaluating the sources highlights a very specific problem as children, unlike adults, are not able to talk about their diseases and certainly have no opportunity of committing their feelings to writing. For an account of their illnesses, there is thus a necessity to rely on the description provided by the adults closest to them; usually the parents or the doctor. Consequently, in homoeopathy as in other medical systems, children always form a special group of patients. The description of symptoms which, in homoeopathy, is the principal

element in establishing the diagnosis and determining the treatment, occurred mainly through adults. Consultation by correspondence represents an extreme case in this connection since, by definition, it rules out any direct communication between the child and the therapist.

### **Hahnemann's Attitude to Children**

THE IDEAS OF THE ENLIGHTENMENT influenced the most disparate medical theories of the late eighteenth century and traces of them can be found also in Hahnemann. Certainly, Hahnemann addressed the subject of 'children'. In 1796 he published a German edition of Rousseau's essay *Sur l'Éducation des Enfants*,<sup>2</sup> complete with supplements.<sup>3</sup> The text reflects Hahnemann's own views as he stated in an introduction that, wherever he had found shortcomings or errors in the original, he had rectified or improved them. In general, Hahnemann's ideas about child education largely follow those of Rousseau. The 'physical education' that was concerned with children's health and formed a constant component of educational texts of the period was bound up very closely with ideas of hygiene and medicine as well as with moral ideas. As other doctors of his day, Hahnemann took an idealistic view of nature. In the area of hygiene, this prompted demands that had been formulated in the medical literature well before Hahnemann. Children should be suckled by their own mothers, wear loose nappies, not be mollycoddled and, so far as possible, grow up in fresh air, because 'stale indoor air' made children ill.<sup>4</sup> However, the extent to which this attitude found expression in Hahnemann's practical work is questionable. The philanthropy that characterised Enlightenment thinking is not as apparent in Hahnemann's work as it is in other medical authors of the period. In addition, his educational ideal cannot be described as progressive in the modern sense. Following the custom of the time, Hahnemann recommended repeated use of 'harsh words and the cane' against 'obstinacy and boisterousness' or 'malice' so that the evil might be 'permanently eradicated'.<sup>5</sup>

### **Hahnemann's Earliest Treatments of Children**

EVEN IN HIS PRE-HOMOEOPATHIC PRACTICE Hahnemann treated children, at least his own. In 1795 he reported, in Blumenbach's *Medicinischer Bibliothek*, treating a case of cradle cap in his children. Suspecting that the rash was caused by tiny creatures, he wrote: 'If it is skin insects that bring about this malady, what harm can there be in killing them, so long

as we do so with drugs that have no power to harm the body itself?<sup>6</sup> According to Hahnemann, to prevent various maladies he had kept his children completely separate from the other village children. They were always required to keep a certain distance, which seems to have been effective for months. However, Hahnemann discovered that they did have contact with a neighbour's boy who suffered badly from cradle cap. The boy had forced himself on his children and his eldest daughter, aged 12, had voluntarily kissed the intruder and, subsequently, developed infected blisters on her lips. Hahnemann waited until all three children exhibited the same cradle cap and then brushed the affected places with a solution of *Hepar sulphuris*.<sup>7</sup> The malady, he says, was stopped and cured. This treatment was not based on any homoeopathic principle since, as Hahnemann reported, because it 'is known to cause sudden death in most insects'. In other words, it was a remedy selected according to the principle of 'contraria contrariis'; it was directed against the insects as the cause of the illness. In this account, Hahnemann's attitude towards sick children goes beyond treating his own children as neighbouring children were also 'horribly affected with cradle cap'.<sup>8</sup> However, he did not treat these children although he was aware of a remedy against cradle cap even before discovering *Hepar sulphuris* solution. He wrote that he had cured all his four children and 'afterwards tried to protect them against infection with the condition'. Unlike the inoculators who, steeped in Enlightenment philanthropy, treated poor children free of charge,<sup>9</sup> Hahnemann felt no obligation to cure the village children.

Nevertheless, children played a not unimportant role as patients of Hahnemann. In 1800, Hahnemann developed his first homoeopathic child remedy, which achieved remarkable popularity.<sup>10</sup> He referred to this medicine for preventing scarlet fever as a 'gift granted to me by the world's Providence'. However, he was not prepared to reveal the composition to all the parents, only to the future purchasers of a treatise on the subject.<sup>11</sup> When such behaviour provoked criticism, Hahnemann published a further announcement, promising 'a solution for mankind in its present sufferings that will vouch for the tenderness of my feeling for human wellbeing.' Purchasers only, not simple subscribers, would receive 'such a powder enclosed free of charge – enough to make several thousand persons immune against scarlet fever.'<sup>12</sup> The promised treatise, a slender brochure, was published a year later,<sup>13</sup> revealing that the mysterious preparation consisted of a belladonna solution which, when 'stirred vigorously into any drink with a teaspoon' every three days, was supposed to produce an unerring effect.<sup>14</sup> For publicity purposes, Hahnemann illustrated his treatise with a series of highly effective anecdotes of prevention and cure. Even 10

years later, the *Organon* contained a relevant success story. In 1801, he had inoculated children in Konigsutter against scarlet fever, using minute doses of belladonna and, in the next epidemic, not one of them had fallen ill.<sup>15</sup> In fact, the new preventive remedy against scarlet fever did not meet with universal enthusiasm and a violent controversy broke out, not only because of Hahnemann's sales strategy but also because of the high failure rate of belladonna. Hahnemann defended his invention by arguing that the critics were confusing scarlet fever with another mysterious illness known as 'purples' or military fever.<sup>16</sup> However, since scarlet fever was not only a very common but also a very dangerous illness, the medicine remained in heavy demand despite the critics. Later, with his belladonna preparation, Hahnemann made his first successful breakthrough with a homoeopathic remedy for children.

Whom had Hahnemann sought to address in propagating his medicine? The link with his publication shows clearly that his target audience must have been well-to-do parents who purchased and read medical essays and were prepared to spend money not only for treatment for their sick children but also for a preventive preparation. Thus, Hahnemann's motive seems to have been not so much the salvation of children as simply making money. In a state of great penury in the same year, he had also sold a 'new alkaline salt' that subsequently turned out to be normal 'borax'.<sup>17</sup> This raises the issue as to what goals did Hahnemann pursue? In relation to the homoeopathic treatment of children, two further questions emerge. Among what population groups was there a demand for children's medication? Are there any connections to the spread of homoeopathy?

### **The Child in Early Homoeopathic Literature**

SINCE THE ENLIGHTENMENT, childhood illnesses had been attracting more and more attention throughout the medical world. There was a new view among those concerned with population policy, who saw children as guarantors of a strong state, and, with expanding industrialisation, child labour played an important role. It was also connected with the pedagogically inspired philosophy of the age. The eighteenth century had seen the appearance of numerous works on health provision for children, some directed at professional medical personnel, doctors, surgeons, midwives, etc.; others written in the Enlightenment spirit sought to inform the general public, in this case about the prevention and treatment of childhood illnesses.

How did homoeopathy compare with contemporary medicine in the

treatment of children? As with humoral pathology and other eighteenth- and early nineteenth-century systems, homoeopathy did not specialise in particular areas of medicine. Even subsequently, in contrast to the burgeoning natural sciences, it continued to cling to its non-specific approach.<sup>18</sup> Most general homoeopathic texts included directions on which remedies were to be used against scarlet fever, smallpox, whooping cough or other childhood illnesses.<sup>19</sup> Without developing a special children's treatment, such descriptions join accounts of other illnesses. This undifferentiated inclusion of children occurs also in non-homoeopathic medical literature. However, in such literature, this is found mainly in the eighteenth century, whereas the early decades of the nineteenth century saw child medicine beginning to evolve as a distinct discipline.<sup>20</sup>

The 1820s saw the publication of the first few homoeopathic writings on the treatment of children.<sup>21</sup> These did not see themselves as original textbooks, but mainly as collections of remedies that young brides or mothers-to-be might use at home. The implication is plain in such titles as, for example, Caspari's *Catechism of conduct for young women during their first pregnancy and delivery, as well as during their confinement, to teach them to avoid whatsoever might harm them and their children [...]*.<sup>22</sup> They were aimed at a very specific public, young female readers whose husbands might buy them such a book. In terms of content, they were mainly about pregnancy, childbirth and feeding babies. The narrow gap between doctor and layman, so clearly prevalent in such 'domestic manuals', suggests that they are linked with the medical instruction pamphlets of the eighteenth century. Homoeopathy had a further close connection with eighteenth-century medical systems in the characterisation of the nature of the child. Such views were never presented systematically, but they appear in the occasional marginal note within homoeopathic literature.<sup>23</sup> The primary characteristics of the infant constitution, clearly distinguishing it from that of the male adult, were seen as sensitivity and weakness. Conversely, entirely in accordance with eighteenth-century academic medical opinion, the constitution of women was regarded as being very similar to that of children.<sup>24</sup> Hahnemann's *Handbook for Mothers* of 1796 propagated the constantly repeated 'sensitivity of fibre' said to characterise the physical nature of children. Both characteristics, sensitivity and weakness, were inherited from the theory of 'sthenic' and 'asthenic' stimuli. This concept of the body, the 'nervous strength' posited by William Cullen (1710–90) and continued in Brownian theory, was the object of vigorous discussion in the late eighteenth century and won privileged acceptance in the earliest Enlightenment educational models. While it disappeared gradually

from non-homoeopathic medicine during the first 20 or 30 years of the nineteenth century, it continued to determine homoeopathy's understanding of the child into the twentieth century.<sup>25</sup> The continuing persistence of this traditional view of children in homoeopathy is associated undoubtedly with the latter's strongly traditionalist approach and with its own extreme sensitivity to changes in the original concept.<sup>26</sup>

### Homoeopathic Child Medicines

AMONG THE EARLIEST DESCRIPTIONS of homoeopathic treatment of children are the cures reported in the *Archiv für homöopathische Heilkunst* published by a German medical society in 1822–26. Drawing on the material from the years 1822 to 1850 collected by Rückert and published in the middle of the nineteenth century,<sup>27</sup> Dr Jutta Müller studied the homoeopathic medicines used in treating children where approximately five to 10 per cent of the patients described were children.<sup>28</sup> Given this percentage, the question arises whether there was not a degree of 'specialisation' in children. However, special children's medicines consisted only in a simplification of the otherwise usual homoeopathic catalogue of medication. Aconite, belladonna and sulphur were prescribed for preference for the common, life-threatening illnesses. Chamomilla and calcium carbonicum might also be described as favourites, though without a specific 'materia medica' being developed for the childhood years. The selection of child remedies was very much smaller than that of adult homoeopathy. This lack of differentiation could be interpreted as indicating that the child was perceived as having a 'simpler' constitution. In homoeopathic theory, the condition of the child was regarded as incomplete. 'Being a child' was seen more-or-less as an ailment to be overcome, a common view in eighteenth-century medicine.<sup>29</sup>

In the early years of homoeopathy a special place was occupied by cowpox vaccination. Hahnemann was deeply impressed by this procedure, which was practised chiefly on infants. On the basis of his theory, he considered smallpox vaccination to be a remedy that might also 'suspend' other childhood illnesses such as measles, mumps and scarlet fever.<sup>30</sup> Vaccination induced an artificial infection with cowpox that gave the patient similar symptoms, skin eruptions, to the dreaded illness itself, as of course did not only happen with smallpox. Probably, Hahnemann hardly ever performed vaccinations. Even if the effect could be attributed to the 'law of similars', the mode of administration was not compatible with his ideas. As he was not acting as a vaccinator, his recommendation makes

him seem to be taking advantage of others. What thoughts might he have had in this connection? Possibly his enthusiasm stemmed partly from the image of such intervention, which most people in the early nineteenth century, particularly among better-off families, viewed as progressive. By claiming that vaccination proved the correctness of his theory, Hahnemann was able to paint himself in a progressive light and, at the same time, to pass off his theory as proven.

### The Letters to Hahnemann as a Source

THE ARCHIVE OF THE INSTITUTE for the History of Medicine of the Robert Bosch Foundation houses a collection of more than 5,500 letters from patients. They are addressed to Hahnemann and they stem from the period 1831–35, when Hahnemann was practising in Köthen.<sup>31</sup> The *Findbuch*<sup>32</sup> has been used to select letters in which the patient was described as a ‘child’.<sup>33</sup> The selection comprised 22 letters in which a total of 16 children were described as patients. With the exception of one young woman of 17, the children were aged between a few weeks and 10 years, although most of them were still infants or toddlers. The letters were principally written by the parents; a few were written by close relatives and friends and, in one instance, the writer was a surgeon. The margins of these documents almost invariably contain notes that give clues to Hahnemann’s treatment recommendations and to the principal symptoms. A second category of documents in this collection was practice notes by Hahnemann written on separate sheets, some of which have been included in the analysis. Sometimes medical histories could be traced through other documents and, thereby, to follow them over a certain period. The letters provide an insight into the perception of sick children from the viewpoint of the adults in their lives. They describe the young patients’ symptoms, usually in detail, and they often contain diary-like reports in which, at Hahnemann’s prompting, parents provided daily information about the course of the illness concerned.

In the early days of homoeopathy, unlike present-day practice, most children were treated in emergency situations. Not surprisingly, because the high mortality rate among children was mainly the result of infectious diseases, parents regarded acute fevers as dangerous. Only three sick children were not suffering from illnesses causing temperatures. One concerned a girl of 17 who had suffered from herpes since early childhood.<sup>34</sup> Two letters were from a surgeon who had approached Hahnemann for advice about a blind boy with paralysis.<sup>35</sup> The third exception in the type of illness

described occurs in one of Hahnemann's practice notes concerning a child with convulsions and paralysis.<sup>36</sup> At the time 'gouts', as such nervous convulsions were usually called, were one of the principal causes of death among newborn children. When they occurred in older children, they often indicated a chronic illness such as epilepsy.

### **Who were Hahnemann's Youngest Patients?**

**M**OST OF THE CHILDREN WERE WELL LOOKED AFTER and came from comfortable backgrounds. This was in some contrast to Hahnemann's adult patients.<sup>37</sup> It might be suggested that treating children was seen by Hahnemann, and possibly the medical treatment of children per se, as a luxury that only a small number of parents could afford. Among Hahnemann's practice memoranda, however, there are some notes about a shoemaker's child, though without an accompanying letter from the parents.<sup>38</sup> Possibly the parents, who were not from the upper bourgeoisie or the aristocracy, had not written to Hahnemann.<sup>39</sup> However, there is letter from a childless aristocrat who wrote on behalf of 'some poor people of my acquaintance' to consult Hahnemann about the treatment of an 18-month-old infant with whooping cough.<sup>40</sup> Given the high rates of infant and child mortality,<sup>41</sup> the death of a child was a sad but not unusual occurrence in the life of the average family. Irrespective of social structure, it seems that only in situations regarded as absolute emergencies would parents have turned to a doctor on account of a child. The degree of threat posed by the illness, together with the hope of a cure, probably constituted the chief criterion for involving someone other than the family doctor. Nevertheless, in contrast to only the very sick children who were referred to Hahnemann, sick adults with less dramatic complaints approached him as well.<sup>42</sup> So perceptions of illness differed, depending on whether children or adults were affected. The high rate of mortality presumably influenced not only the way parents behaved towards their sick children but also, from a quite different perspective, the inclusion of children in the clientele of doctors and other healers – children were high-risk patients who could suddenly die. Presumably, so far as the treatment of children was concerned, there was a gap in the market. As a result, parents were prepared to pay large sums and not to complain in the event of failure. It may be this market situation that explains why Hahnemann did not shy away from treating children. The documents regularly reveal a pronounced diffidence on the part of parents. In the spring of 1834, for example, Hahnemann received a letter from an extremely worried mother. All three of her children had



fallen ill with whooping cough, and the youngest, a girl, was only eight weeks old. Hahnemann prescribed a powder dissolved in water for the wet nurse.<sup>43</sup> However, two days later the father wrote: 'Our delight at the arrival of a little daughter was but short-lived.' Although the letter goes on to say that the infant passed away peacefully, there follows a description of a painful suffocation hardly suggesting a fatalistic acceptance of the infant's death. Yet, the reason why the father approached Hahnemann again was not to reproach the doctor nor to question the treatment. Rather, he was worried about his wife and asked for a remedy to assist recovery from her daughter's death.<sup>44</sup> The absence of any criticism of Hahnemann may have been a result of the father's unshakeable faith in the doctor as a person or in his teachings. It could be interpreted, equally, as the expression of a markedly hierarchical doctor-patient relationship. The letters reflect, in a moving fashion, how not only mothers but also fathers were emotionally involved in the fate of their children. One father was still listing his sick daughter's symptoms at three o'clock in the morning, purely to inform Hahnemann of her condition in the last hours before the letter was sent.<sup>45</sup> Other parents sat up all night at their sick children's bedsides, suffering with them when they were convulsed with fever, nearly suffocated from coughing, or underwent great pain, hoping against hope for some improvement.

### **Treatment by Hahnemann and other Therapists**

THE CORRESPONDENTS PLACED all their hopes in Hahnemann's remedies, even when those around them were of a different opinion. They wrote back delightedly when the child recovered, yet they levelled no reproaches when success was not forthcoming. From time to time they gave Hahnemann concrete hints regarding the generous fee that awaited him, as in the case of one aristocratic mother of six. When Hahnemann sent her his 'priceless' remedy, she wrote that his 'counsel and assistance' had been expended 'on no ingrate, that is certain ... And at the next opportunity I shall willingly and with gratitude settle my debt.'<sup>46</sup> Some letters make it clear that Hahnemann also saw children in his practice. A father of three children, all suffering from whooping cough, wrote that his eldest 'came with my wife to see you in Köthen'.<sup>47</sup> A patient description in Hahnemann's notes demonstrates that he examined the child himself because he records that the girl's left eye was red and had watered.<sup>48</sup> Lumps on the hands of a nine-year-old girl are described in letters written by an aunt, who felt responsible for her niece and connected the symptoms with an acute fever.<sup>49</sup>

Her letter included the strikingly diffident formula: 'May Sir forgive me if I perhaps write to you too often and unnecessarily, only I am not sure to what extent the cure calls for communications or renders them superfluous.'<sup>50</sup> Hahnemann had recorded, in a practice note three weeks earlier, that the girl had 'flakes on her head'.<sup>51</sup> He had examined the child before the illness had reached the acute stage. He may have given the aunt instructions to send detailed reports about changes in her niece's state of health, as she politely suggests only indirectly.<sup>52</sup>

Although homoeopathy had no theoretical child medicine of its own, Hahnemann's form of administering remedies for children did show some special features. The most striking is that many babies were to take the remedy in the milk provided by their mother or wet nurse.<sup>53</sup> There are many indications in letters from patients that Hahnemann prescribed powders for sick babies that the mother or wet nurse had to take to pass on the remedy, in the right form, in the milk a short while later. Thus, breast-feeding, an intimate experience between wet nurse or mother and child, became the connecting link between doctor and patient; maternal behaviour came under medical control. Reports of how babies reacted to breast-feeding were correspondingly detailed. 'After ingesting the first powder, the same [child] threw up 3 times in the morning, each time it took the breast.'<sup>54</sup> Elsewhere, a husband reported that his wife, following Hahnemann's instructions precisely, had breast-fed the baby half an hour after ingesting the remedy.<sup>55</sup> In addition to administration through breast milk, which Hahnemann always indicated by putting the words 'der Mutter' ('for mother') on the prescription, there was another peculiar feature of homoeopathic treatment of children: ingestion of remedies by 'olfaction', although this injunction does also occur in connection with adults.<sup>56</sup> Treating infants by holding an open vial, containing a pillule moistened with liquid medicine, under their noses appears to have been especially popular with parents. If the children were still in a weak condition, the parents got them to smell the vial in their sleep.<sup>57</sup> The consequences of these two forms of administration such as how far nursing mothers and wet nurses had their daily routine forced into a pattern imposed from outside cannot be determined here. However, neither form called for any change in behaviour by the child or by the responsible adult.

Treating children enabled the doctor to intervene directly in the daily life of a family. Parents often asked Hahnemann for more than simply medicinal assistance. The detailed record of the day's events, as ordered by Hahnemann, was followed by questions on the children's whole lifestyle. 'May the children go outside in warm weather, given these conditions?'

asked one mother.<sup>58</sup> Another wanted to know whether the rusk she was giving her child to eat would spoil the homoeopathic cure.<sup>59</sup> A third asked what she should do about diet and whether she might expose her coughing children to fresh air.<sup>60</sup> Clearly against Hahnemann's instructions, a fourth mother said she had found it necessary 'to change the child's underwear, but I did so very carefully and hardly think it can have done any harm'.<sup>61</sup> In the list of questions she appended to her letter she enquired impatiently 'whether the child may now be washed again and have fresh underwear?' The doctor's acquisition of influence in the various intimate spheres of family life, such as breast-feeding or changing underwear, had an effect on the relationship between parents and doctor. Possibly, he gained not only greater authority but also greater competence as he was now able to perform a function in healthy times as well.

The high value placed upon dietary rules in the homoeopathic treatment of children may also have affected the gender-specific treatment of boys and girls. In his *Handbook for Mothers* Hahnemann attached great importance to the functional differences between men and women. The physical constitution of women must satisfy the requirements of men; accordingly, 'the whole upbringing of women ... must relate firstly to men, secondly to the duties of mother and housewife. Pleasing men, serving them, being loveable in their eyes, bringing them up as children and, on their reaching adulthood, caring for them, counselling them, consoling them, making their lives easy and agreeable: such has ever been among the first duties of the female sex, to which that sex must be brought up from childhood on.'<sup>62</sup> Presumably, this attitude influenced the therapeutic lifestyle instructions issued to girls and boys. For example, one young female patient of Hahnemann was covered all over with a repulsive lichen. Pus flowed out beneath the dermis, disfiguring the young woman to such an extent that she became very unhappy and lonely, so her father wrote.<sup>63</sup> How was this girl to perform her function of pleasing men and being a good mother, for which, according to Hahnemann, a good constitution was an absolute requirement?<sup>64</sup> A focused investigation in this area might make a contribution to a gender-specific history of patients.

### Different Healers, Different Forms of Treatment

IN PRINCIPLE, HAHNEMANN TOLERATED no other treatment than his own; this could sometimes place parents in difficult situations. For example, one couple wrote that their 'allopathic'<sup>65</sup> family doctor wished to treat their barely three-year-old daughter, who was suffering from malaria, with

powdered quinine, but that they had 'naturally said nothing' to him about observing Hahnemann's treatment strategies 'to the letter.'<sup>66</sup> Other parents, however, also described methods of treatment that they were using alongside the homoeopathic method. An 18-month-old baby girl with a bad cough was given an application of Spanish fly, 'on the advice of the nurse',<sup>67</sup> a remedy used in humoral pathology. The irritant effect of Spanish fly was supposed to draw infected discharges out of the body; the child was also being treated with sea onions. Another mother gave a disappointing report on a consultation with a professor of medicine, who had assessed the condition of her child not as dangerous 'but as a normal manifestation in connection with whooping cough'. In other words, she ventured to question the professor's verdict, which did not correspond with her view. Nevertheless, she expressed herself to Hahnemann in quite different terms. Some of her friends had advised her 'to give the child with whooping cough a teaspoonful of Malaga each morning; but I dare not do so without medical approval'.<sup>68</sup> The qualification throws a very different light on her earlier self-confident statement. Does it suggest a markedly hierarchical doctor-patient relationship in homoeopathy? Perhaps the request for 'medical approval' was a gesture of submission vis-à-vis Hahnemann, and the same might be true of the negative description of the professor. However, the woman possibly had already a lower opinion of the professor than of Hahnemann. Other doctors consulted were mentioned also by the surgeon who wrote asking for expert advice. He said that his four-year-old patient, who had a head 'as large as a full-grown man's head', had been diagnosed by a number of doctors in various places as suffering from 'hydrocephalus' and subsequently from 'paralysis'. They had prescribed herbal baths and a liniment for therapy.<sup>69</sup> Such treatment conformed with the state of knowledge at the time, yet the surgeon appeared to be convinced that Hahnemann had something better to propose. Unfortunately, no further details about this boy are available, but the involvement of so many professionals with so serious, even hopeless, an illness does suggest a fairly wealthy family. Whether or not this was so, consulting a variety of therapists was typical in treating chronically sick children.

A particularly important place in the treatment of sick children was occupied by mothers. One woman wrote of her son's treatment: 'I have not let him have any more medicine for several days because it was not doing any good and I had lost faith in it.'<sup>70</sup> Some fathers also became involved in their children's sufferings. One example of this was a homoeopathic doctor who enclosed his descriptions of the illness 'as a sample', to prove his own skill. His account, besides listing the symptoms, also included an

explanation as to how the illness had come about. A wet nurse suffering from a weeping rash was, he said, to blame for the subsequent smallpox-like illness of the now two-year-old girl.<sup>71</sup> The same father complained to Hahnemann, a month later, that his wife, without his knowledge, had laid a tallow compress over the oozing pustules covering the child's hot little face.<sup>72</sup> In so doing, she had acted on her own authority and against Hahnemann's instructions.

### **How Children were Described**

THE WAY PEOPLE DESCRIBED CHILDREN was not confined to their symptoms but also took account of physical, mental and emotional characteristics which were seen as criteria for the course of the illness. Among the elements of child behaviour which were mentioned most frequently were calm and restlessness, being asleep and being awake, appetite, vomiting, digestion and excretion, skin colour, strength and weakness, heat and cold, even tongue coating and pulse.<sup>73</sup> In addition, such qualities as friendly, merry and bright, or stubborn were commented upon as, for example, when an aunt described it as a particularly good sign that her niece had begun 'to enjoy her toys'.<sup>74</sup> Men talked also about the feelings of sick children. For example, the surgeon mentioned earlier, writing to Hahnemann to report on the success of the medicines prescribed, cited his patient's emotional symptoms as signs of improvement: 'He is brighter and merrier in mood.'<sup>75</sup> The homoeopathic doctor likewise reported that his child was lively and in good spirits.<sup>76</sup> The extent to which Hahnemann also considered descriptions of mental and emotional states for therapeutic purposes requires more detailed analysis of the sources. However, examination of Hahnemann's notes and the passages in letters from parents underlined by him suggests that he took account only of what were regarded ordinarily as medically relevant indications, such as diarrhoea, temperature, vomiting and rash. He prescribed the same remedies for such symptoms, largely irrespective of individual characteristics. It may be that Hahnemann did not translate his own theory, which attached great importance to observing mental symptoms, into practice or did so only partially.<sup>77</sup> The effort parents expended on registering their children's moods, through detailed observation, seems out of all proportion to the value placed on such accounts by the therapist. The discrepancy between these different perceptions emerges also from a comparison of the emotional 'child-centred' accounts provided by parents and Hahnemann's own notes. The sick children included a 10-year-old girl who was not described by those closest to her but was mentioned in one of Hahnemann's practice notes. In

her first year one ankle was already giving her pain, the girl never learned to walk properly, she lost feeling in that foot, and eventually, as a schoolchild, she suffered convulsions throughout her body.<sup>78</sup> The medical particulars are described in detail, but Hahnemann makes no mention of any peculiarities of the girl's character or of emotional reactions to her serious illness.

The difficulty of describing children's feelings precisely is not only because of the limited linguistic powers of the children themselves, their own way of communicating, and their totally different perception of their own bodies; it also stems from the huge investment of time which is an absolute requirement for suitably careful observation. It is not possible to know how much time the letter writers took over their descriptions. Individual diary entries tell of episodes lasting for hours, describing how a particular child had a coughing attack, choked, how phlegm blocked up its nose and throat, how it tried to swallow its dry saliva, struggled, clung to grown-ups in its fear of death, how it turned blue, how it eventually, laboriously, managed to draw breath again and fell back onto its pillows exhausted.<sup>79</sup> Undoubtedly, one of the most difficult symptoms to grasp pain. Often it is known that children are in pain from the fact that they cry. However, this does not necessarily occur, as in the case of 18-month-old Mathilde who 'wanted to cry, but her chest was so full and her voice so hoarse, also her sore mouth may have hurt, that she was unable to make a sound.'<sup>80</sup> A particularly detailed observation took what a nine-year-old girl said and related it to her normal experience of pain: 'the pain the child complains of so unsettles her that she does not tell us about lesser pains'.<sup>81</sup> The situation of the parent or other close adult as an intermediary between the sick child and Hahnemann presumably had a direct effect on the descriptions. Various factors can be inferred from these richly emotional letters. The parents' faith in homoeopathy, their often desperate hope that their meticulous descriptions would facilitate the correct choice of remedy, but also their powerful emotional bond with a helpless being whose survival is their responsibility. Thus, this body of sources constitutes a treasure trove for research studies that also takes into account emotions as factors influencing the course of events.

## Summary

**C**HILDREN AS PATIENTS HAD A ROLE in the early years of homoeopathy, although no specific child therapy existed. Hahnemann thought highly of preventive drugs against childhood diseases and treated children from well-to-do households. However, in comparison with philanthropically

minded professional colleagues, the financial motive appears to have predominated for Hahnemann. Later in his career, Hahnemann dispensed instructions to the parents of children who had fallen ill. They were required to administer medication to their children or, while breast-feeding, to take such medication themselves, to keep a detailed record of symptoms, and to determine their children's lifestyles in accordance with doctor's orders. This situation of dependence, where parents saw inappropriate behaviour on their part as possibly endangering their children's health, allowed the doctor a large measure of intrusion into the everyday lives of families. Although, in the last resort, parents could have determined at any time the manner of their children's treatment, it is possible to infer a largely uncritical attitude towards Hahnemann. That attitude, on the one hand, probably sprang from a somewhat reduced supply in the market for child medicine, matching the high rate of mortality among such patients, which might have jeopardised the healer's reputation. On the other hand, Hahnemann's clientele may be assumed to have been prejudiced in favour of his mode of healing.

In contrast to homoeopathic child therapy today, parents turned mainly to a homoeopathic doctor when their children contracted life-threatening diseases. A comparable, albeit opposite, development is observable in scientifically oriented medicine over the course of the nineteenth and twentieth centuries. Previously, it was required to deal mainly with chronic children's illness, but with growing professionalisation its province expanded to include acute conditions. Childcare was primarily the mother's responsibility, not surprising given the bourgeois family background. This meant, however, that, in the majority of cases, it was also the mother who decided what kind of medical treatment her child should ultimately receive. Most of the symptom diaries that parents sent to Hahnemann included highly sensitive and precise descriptions of their children's sufferings. The notes that Hahnemann wrote in the margins of such documents give the impression that he took no notice of any psychological symptoms, only underlining the ordinary medical symptoms and basing his therapy on those alone. This initial account of Hahnemann's youngest patients leaves many questions for future historians to answer.

## Notes

- 1 Georg August Benjamin Schweikert, 'Verdient die Homöopathie das Urtheil der Nichtachtung und Verdammung, welches bisher von so vielen Ärzten über sie ausgesprochen ist?', *Archiv für die Homöopathische Heilkunst* 4, 3 (1825), 63–83, 80.
- 2 Jean-Jacques Rousseau, *Sur l'éducation des Enfants* (Paris, 1793).
- 3 Samuel Hahnemann, *Handbuch für Mütter, oder Grundsätze der ersten Erziehung der Kinder* (translation of Rousseau, *Sur l'éducation des Enfants*, with introduction and amendments) (Leipzig, 1796).
- 4 E.g. Hahnemann, *Handbuch für Mütter*, 1–48.
- 5 Samuel Hahnemann, *Heilkunde der Erfahrung* (first Edition Berlin, 1805) (Ulm, 1958), 44 ff.
- 6 Samuel Hahnemann, 'Über den Ansprung (crusta lactea)' in *Medicinische Bibliothek, hg. Von Johann Friedrich Blumenbach* 3, 4 (1795), 701–05.
- 7 Hahnemann described this remedy as dried oyster-shell powder mixed with equal parts of sulphur, held at white heat for 10 minutes, then doused with warm water.
- 8 Hahnemann, 'Über den Ansprung', 702.
- 9 See, for example, Eberhard Wolff, *Einschneidende Massnahmen. Pockenschutzimpfung und traditionale Gesellschaft in im Württemberg des frühen 19. Jahrhunderts* (Stuttgart, 1998), 147–51, 370 ff.; Andreas Holger Maehle, 'Inokulation in Deutschland im Zeitalter der Aufklärung' in Ragnhild Münch (ed.), *Pocken zwischen Alltag, Medizin und Politik* (Berlin, 1994), 42–52; Werner Gottwald, 'Zur Lebensleistung und Persönlichkeit des des Görlitzer Arztes Christian August Struve (1767–1807)', *Würzburger medizinhistorische Mitteilungen* 18 (1999), 313.
- 10 On the discovery and sale of the scarlet-fever remedy, see Josef M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie (bis zum Organon der rationellen Heilkunde, 1810)* (Munich, 1990), 68–70.
- 11 Samuel Hahnemann, 'Entdeckung eines specifischen, nie trügenden Verwahrungs- und Vorbauungs-Mittels des Scharlachfiebers', *Reichsanzeiger* 1, 18 (1800), Sp. 237–39; reprinted in Schmidt, *Philosophische Vorstellungen*, 68. The very title of Hahnemann's announcement, which included the words 'never-failing', spoke of the remedy's infallibility.
- 12 Samuel Hahnemann, 'Dr Hahnemann's fernere Erklärung über die Bekanntmachung seines specifischen Mittels gegen Scharlachfieber-Ansteckung', *Reichsanzeiger* 1, 108 (1800), 1389–91; reproduced in Schmidt, *Philosophische Vorstellungen*, 68.
- 13 Samuel Hahnemann, *Heilung und Verhütung des Scharlach-Fiebers* (Gotha, Nürnberg, 1801).
- 14 Samuel Hahnemann, *Heilung und Verhütung des Scharlach-Fiebers und Purpurfriesels* (3rd ed., Munich, 1857), 23.



- 15 Samuel Hahnemann, *Organon der Heilkunde* (1st ed.: *Organon der rationellen Heilkunde*, Dresden, 1810), (5th ed., Dresden and Leipzig, 1833), 99, n. 1.
- 16 In this connection, see Jutta R. Müller, *Entwicklung, Prinzipien und Methoden homöopathischer Behandlung im Kindesalter* (medical dissertation, Freiburg/Br., 1978), 5.
- 17 Samuel Hahnemann, 'Neues merkwürdiges Laugensaltz', *Reichsanzeiger* 2, 283 (1800), Sp. 3672. Allegedly, Hahnemann donated the proceeds from this supposed invention to a poor fund. See Schmidt, *Philosophische Vorstellungen*, 68.
- 18 See Volker Hess, 'Samuel Hahnemann und die Semiotik', *Medizin, Gesellschaft und Geschichte* 12 (1993), 177–204.
- 19 For relevant publications, see Müller, *Entwicklung*, 6 ff.
- 20 For a comparable source in terms of subject matter and of period, see the first standard work on child medicine: *Analekten über Kinderkrankheiten oder Sammlung auserwählter Abhandlungen über sämtliche Krankheiten des kindlichen Alters. Zusammengestellt zum Gebrauche für praktische Ärzte* (4 vols., Stuttgart, 1837).
- 21 Particularly Karl Georg Christian Hartlaub (1795–1839) and Karl Gottlieb Caspari (1798–1828), who committed suicide at the age of 30, were among the pioneers of the homoeopathic treatment of children. Hahnemann subsequently distanced himself from all these authors, who actively championed the spread of homoeopathy. On the subject of the authors mentioned, see Renate Wittern, 'Einleitung' in Martin Dinges (ed.), *Frühzeit der Homöopathie. Ausgewählte Aufsätze aus dem 'Archiv für die homöopathische Heilkunst' aus den Jahren 1822 bis 1838* (Stuttgart, 1984), 196–222.
- 22 Karl Gottlob Caspari, *Katechismus des Verhaltens für junge Frauen während ihrer ersten Schwangerschaft und Niederkunft, so wie im Wochenbett, um alles vermeiden zu lernen, was ihnen und ihren Kindern schaden könnte; nebst einer Anweisung zur glücklichen Aufziehung der Kinder durch Ammen und andre Nahrung. Zum ersten Geschenk junger Ehemänner an ihre Frauen* (Leipzig, 1825); Gustav Wilhelm Gross, 'Ueber das Verhalten der Kreissenden und Wöchnerin, so wie des neugeborenen Kindes in diätetischer und therapeutischer Rücksicht', *Archiv für die homöopathische Heilkunde* 10, 2 (1831), 3–72; *Das Verhalten der Mutter und des Säuglings vom Augenblicke der Empfängnis an bis zu dem Zeitabschnitte, wo sie Letzteren entwöhnt; in diätetischer und heilkundiger Rücksicht. Ein Taschenbuch für Neuwermählte* (Dresden and Leipzig, 1833); Karl Georg Christian Hartlaub, *Die Erziehung der Kinder. Ein Wort an Eltern und Lehrer* (Leipzig, 1829); second edition entitled *Der homöopathische Kinderarzt. Zum Hausbedarf für Aeltern, Lehrer und Erzieher* (Leipzig, 1829).
- 23 See Müller, *Entwicklung*, 14.
- 24 See, for example, L.B. Weickart, *Der homöopathische Arzt als Hausfreund; oder kurzgefaßte und deutliche Anweisung, wie man sich bei allen Krankheitsfällen sowohl Erwachsener als Kinder nach homöopathischen Grundsätzen zu benehmen habe* (Leipzig,

- 1834), 11, where children and women are described as 'delicate and sensitive individuals'. For further quotations, see Müller, *Entwicklung*, 20.
- 25 Müller, *Entwicklung*, 19, alludes to a tradition continuing into modern times. For example, with a quotation from Julius Metzger (1891–1976) dating from 1964, to the effect that Chamomilla particularly suited 'delicate natures, such as children and women'.
- 26 See in this connection Müller, *Entwicklung*, 64–66. Müller sees precisely this age-related and constitution-related concept as providing an opportunity for an individualising complement to modern medicine oriented towards the natural sciences. On the importance of these concepts so far as homoeopathy was concerned, see also Hans Joachim Schwanitz, *Homöopathie und Brownianismus, 1795–1844* (Stuttgart, 1983).
- 27 Theodor Johannes Rückert, *Klinische Erfahrungen in der Homöopathie. Eine vollständige Sammlung aller in der deutschen und ins Deutsche übertragenen homöopathischen Literatur niedergelegten Heilungen und praktischen Bemerkungen von 1822–1850* (5 vols., Dessau and Leipzig, 1854–61).
- 28 Müller, *Entwicklung*, 6 ff.
- 29 As an example, take this quotation from Arthur Lutze (1813–70): 'The child is in a state of becoming, something as yet incomplete, a shoot that is in the process of and capable of growing into a tree. The child is physically and mentally still as unformed as it is helpless; however, with regard to body and mind it is capable of the same extraordinary perfection. Just as the bud slowly unfurls the most beautiful flower and produces the most magnificent fruit, the child too is so organised physically and mentally as to be able to achieve the highest degree of human refinement. The child carries within it a treasure that is without parallel but that needs gradually to be uncovered and developed.' See Arthur Lutze, *Anweisungen für junge Frauen zum naturgemäßen Verhalten vor, in und nach dem Wochenbette* (Köthen, 1862), 103; quoted in Müller, *Entwicklung*, 16.
- 30 Hahnemann, *Organon*, 103–05. On this subject, see also Eberhard Wolff, 'Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century' in Robert Jütte, Guenter B. Risse and John Woodward (eds.), *Culture, Knowledge and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield, 1998), 217–50.
- 31 In this connection, see the still relevant list drawn up by Jörg Meyer in "... 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, 76–79.
- 32 These records have been captured in a computer index at the Robert Bosch Foundation's Institute for the History of Medicine. Patient letters studied:

| <b>Name</b>  | <b>Age</b>                           | <b>Diagnosis</b>            |
|--|--------------------------------------|-----------------------------|
| Baldamus, child<br>B 32822 (4 July 1832);<br>B 32896 (19 July 1832)  | (6 months)                           | Cough                       |
| Braunbehrends, children<br>B 321706 (25 December 1832)   | (1 year, 5 years, 8 years)           | Whooping cough              |
| Glafey, Adelheid von<br>B 32377 (4 April 1832)   | (for a child)                        | Whooping cough              |
| Gödecke, Mathilde<br>B 32682 (6 June 1832);<br>B 32688 (8 June 1832);<br>B 33100 (15 January 1833);<br>B 33132 (21 January 1833);<br>B 33146 (23 January 1833) | (9 months)                           | Cough, prickly heat         |
| Harmening, girl<br>Louis and Wilhelm:<br>B 34264 (1 May 1834);<br>B 34268 (3 May 1834)   | (8 weeks)                            | Whooping cough              |
| Kahlkoff, shoemaker's daughter<br>E 321643 (7 December 1832)   | (10 years)                           | Paralysis, cramps           |
| Liebold, boy, patient of surgeon<br>B 331221 (4 November 1833);<br>B 34132 (17 February 1834)  | (4 years)                            | Paralysis,<br>hydrocephalus |
| Luther, daughter of doctor<br>B 32131 (8 February 1832);<br>B 32261 (11 March 1832)  | (2 years)                            | Rash, fever, cough          |
| Moldenhauer, Auguste<br>B 33686 (15 May 1833);<br>B 33756 (1 June 1833)  | ('little niece')                     | Rash, grippe                |
| Saldern, von<br>B 33537 (9 April 1833);<br>B 33554 (14 April 1833);<br>B 33648 (2 May 1833)  | (2½ years)                           | Chill, fever, grippe        |
| Schoepke, daughter<br>B 34449 (30 July 1834)   | (17 years)                           | Herpes                      |
| no surname given: Hermann<br>Wilhelm<br>Anna<br>B 31963 (9 October 1831)   | (3 years)<br>(2 years)<br>(9 months) | Whooping cough              |

- 33 The terms 'son' or 'daughter' did not necessarily refer to children and were usually used simply to record the family relationship of the person concerned, irrespective of age.
- 34 IGM (Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart), B 34449.
- 35 IGM, B 331221 and B 34132.
- 36 IGM, E 321643.
- 37 Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 35–37.
- 38 IGM, E 321643.
- 39 However, this supposition would require closer investigation on the basis of a comparison with Hahnemann's medical journals from the same period.
- 40 IGM, B 32377.
- 41 On the subject of infant and child mortality see, for example, Jörg Vögele, 'Urbanization, Infant Mortality and Public Health in Imperial Germany' in Carlo A. Corsini, Pier Paolo Viazzo (eds.), *The Decline of Infant and Child Mortality. The European Experience: 1750–1990* (The Hague, 1997), 109–27; Rolf Gehrman and Maureen Roycroft, 'Quellen und Methoden der Mortalitätsberechnungen' in Arthur E. Imhof (ed.), *Lebenserwartungen in Deutschland von 17. bis 19. Jahrhundert* (Weinheim, 1990), 51–83, especially 80–83; Ines E. Kloke, 'Untersuchungsgebiete – Ortsbeschreibungen' in Imhof (ed.), *Lebenserwartungen*, 85–493, especially 199–201, 208–11, 448–64.
- 42 There is an example in IGM, B 34268.
- 43 IGM, B 34264.
- 44 IGM, B 34268.
- 45 IGM, B 33554.
- 46 IGM, B 321706.
- 47 IGM, B 34268.
- 48 IGM, B 32682 and B 32688.
- 49 IGM, B 33686 and B 33756.
- 50 IGM, B 33686.
- 51 IGM, E 33619.
- 52 Here, a comparative study of consultations by letter, on the one hand, and notes about direct encounters, on the other, could throw light on other aspects of the doctor–patient relationship.
- 53 See Samuel Hahnemann, *Die chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, part 1 (Dresden, Leipzig, 1828), 234.
- 54 IGM, B 32896.

- 55 IGM, B 32688.
- 56 Olfactory remedies are described in Hahnemann, *Organon*, 296 ff., esp. §§ 288, n. 1. See also Samuel Hahnemann, *Vorwort zu Bönningshausens Systematisch-alphabetisches Repertorium der Antipsorischen Arzneien* (Münster, 1833), XXVII; Reinhard Hickmann, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996), 396 ff.
- 57 Described in detail in IGM, B 33146 and B 33537. There is a relevant passage in Hahnemann, *Organon* (1810/1833), 297: 'Infants have the same [the vial] held close to first one then the other nostril while they are asleep, and success is assured'.
- 58 IGM, B 34268.
- 59 IGM, B 32896.
- 60 IGM, B 321706.
- 61 IGM, B 33132.
- 62 Hahnemann, *Handbuch für Mütter*, 129. The same work stresses that, in connection with the prattle of young girls, it must not be sufficient to ask 'What good does it do?', because speech serves different purposes in men and women. 'A man says what he knows, a woman what pleases her; the former requires knowledge to speak, the latter taste' (*ibid.*, 150). In writing in this way, Hahnemann was certainly not being particularly mysogenistic; his image of women was entirely in line with the views of most of his contemporaries.
- 63 IGM, B 34449.
- 64 Hahnemann, *Handbuch für Mütter*, 129.
- 65 Allopathic is a derogatory term, in this context, denoting 'non-homoeopathic'.
- 66 IGM, B 33537.
- 67 IGM, B 32822.
- 68 IGM, B 31963.
- 69 IGM, B 31221.
- 70 IGM, B 321706.
- 71 IGM, B 32131.
- 72 IGM, B 32261.
- 73 IGM, B 33554. In this connection, see also Markus Mortsch, *Edition und Kommentar zu Samuel Hahnemanns Krankenjournal D22, Kommentarband* (forthcoming).
- 74 IGM, B 33146.
- 75 IGM, B 34132.
- 76 IGM, B 32131 and B 32261.

- 77 See, for example, Hahnemann, *Heilung*, 24 ff., or Hahnemann, *Organon*, 160–66 (§ 88 with n. 2; § 90 with n. 1; § 93 with n. 1; § 94 with n. 1; § 95). In this connection, see also Schmidt, *Philosophischen Vorstellungen*, 150 ff., 326 ff.
- 78 IGM, E 321643.
- 79 There are particularly striking accounts in IGM, B 34264, B 33100, B 31963 and B 32682.
- 80 IGM, B 33146.
- 81 IGM, B 33680.