

**‘Patients don’t care
from where the cure comes’:
Patients’ Choice of a Homoeopathic
Folk Healer in Iceland**

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IN THE YEARS 1936 TO 1940 a comprehensive law on Social Security was introduced in Iceland, making it possible for everyone, whether rich or poor, to go to the doctor and to buy medicines without considering the cost. The most logical conclusion might be that the new law would have put unauthorised healers out of business. However, this was not the case, according to a survey of health care utilisation in Iceland conducted by the Director General of Public Health in 1985 and 1990.¹ The purpose of this paper is to study the business of a homoeopath who had a fairly large practice in Iceland from 1905 to 1955.² It will examine whether cost played an important role in people’s decisions to consult the homoeopath, and whether they started to consult the doctor rather than the homoeopath after the introduction of the new law in 1936–1940.

Introduction

THE ISSUE OF SOCIAL SECURITY gained momentum in north, central and western Europe in the last decades of the nineteenth century. Besides a growing understanding and a general trend towards more humane treatment of people, laws on social security were being enacted as a general reaction to

problems created by industrialisation and workers' movements that followed in its wake.³ In Iceland, industrialisation had hardly begun at the end of the nineteenth century. The Icelandic population had been slowly growing from the beginning of the century, making it difficult for young people to make a living in the traditional farming economy. Therefore, many moved to the few fishing villages and towns where they hoped to earn a better living. Thousands also emigrated to the New World between 1870 and 1905 but, for some, poor relief was the only possibility. This was usually the last option as those who received poor relief lost their civil rights and had to face contempt from their countrymen.⁴

Provision was made for the poor to seek medical help from 1760 when the first doctor, Bjarni Pálsson (1719–79), was appointed as the Director General of Public Health. The accompanying instructions clearly stated that it was his obligation to serve all who needed medical attention; the rich were to pay, the poor not. Doctors were awarded some extra money so that the poor would not have to pay for medicines.⁵ As is often the case, the intention did not match the reality. Immediately after his appointment, the number of patients unable to pay for his services increased greatly. As there was no hospital, he took many patients into his home for varying periods of time, at his own expense.⁶ His successor stopped taking in patients and insisted that payment was made for the services rendered. In the case of poor people, their community was to pay. If not, they should not be treated.⁷ This could only lead to poor people using their own remedies, the folk healer or whatever they could afford. This seems to have been the general trend. Although the number of people each doctor was supposed to serve was large, this was not significant as those who consulted doctors were relatively few. Those who did go to the doctor were undoubtedly served but those who had some means were more likely to consult the university-trained physician than others. Thus, it is more likely that the doctor would have treated the patient who could pay for his services, than the one who could not.⁸ The same was also true for the medicines awarded to the poor as the sum available was always so limited that there were few who could benefit. The Icelandic Parliament, the *Althing*, often discussed reallocating this money and, in 1877, it was finally decided to abandon poor relief medicine altogether.⁹

Although bills concerning Social Security were frequently proposed from 1885, it was not until 1911 that a bill on Health Security was passed for the first time. In 1932 amendments were made to that bill and, in 1936, a new bill on Social Security was passed in which every Icelander between the ages of 16 and 67 was obliged to participate. Changes made the year

after and again in 1940 form the basis of the present Social Security system. The first laws on Health Security, between 1911 and 1936, were based on the free participation of those who wanted to secure themselves against illness. However, participation was always minimal and, consequently, the results did not match hopes and expectations. Thus, the laws prior to 1936 were incomplete and of little use. Social Security was only for a few individuals, the old age pension was at the lowest possible level and only accident insurance was of worth to workers.¹⁰

Health insurance was of little help if a doctor was not within reach. Medical legislation in Iceland defined who was allowed to practice medicine and who was not. This was in accordance with legislation in many countries such as Germany¹¹ and the Netherlands.¹² The Icelandic medical legislation dated back to 1672 which stated that only university-trained physicians could deal with the sick and ailing.¹³ Legislation in 1794 banned all healing without a licence though, if someone showed definite abilities and knowledge in healing, a limited licence could be acquired.¹⁴ The authorities knew that qualified physicians were too few and, therefore, it would be necessary to allow folk healers.¹⁵ In 1850, when homoeopathy entered Iceland, there were only eight qualified doctors serving nearly 60,000 people. Thus, not surprisingly, a new addition to the medical market was welcomed. The Director General of Public Health was strongly opposed, but it became evident very quickly that homoeopathy had strong support amongst the public and in the Parliament. Bills were put forward repeatedly in the Parliament to legalise homoeopathy but without success until 1911; the same year as the Health Security bill which necessitated an updating of the law on medical matters.¹⁶ The bill was only to allow for university-trained physicians to be qualified to hold a medical licence. The debates soon came to centre on whether homoeopaths should be allowed to practice or not. The supporters of homoeopathy pointed out the simple fact that people did not want to be without folk healers; in places where good doctors were easily accessible, folk healers would automatically stop practising. Besides, as one MP pointed out, '... patients don't care from where the cure comes'.¹⁷ The outcome was that homoeopaths were included in the bill and were allowed to practice; all other unauthorised practice was prohibited. This remained until 1932 when a new law on medical matters was passed, the predecessor of the present law on medicine.¹⁸ Together with legislation on Health Security and medical matters, the fundamentals of a modern health system were being established. The number of regular doctors was slowly rising, as well as that of other health workers. In addition, people were increasingly aware of the importance of cleanliness

and of personal health care. As government health servants became more accessible to the public, lay healers diminished.¹⁹

Arthur Charles Gook (1883–1959)

THE FAVOURABLE ATTITUDE TOWARDS HOMOEOPATHS and the 1911 law on medical licensing was a good start for the young missionary who had moved to Iceland six years earlier, and who was also a trained homoeopath.²⁰ At the age of 22, in 1905, Arthur Charles Gook moved from England to the small town of Akureyri, on the north coast of Iceland.²¹ His purpose was to take over a mission established in 1897 by the Scot Frederic H. Jones (1873–1905).²² However, Arthur Gook was not just a missionary, though that was his first priority. He had studied homoeopathy and dentistry and his medical capabilities were at least as well received as his preaching. The Mission thrived in Gook's hands and he also travelled extensively to preach. Besides his Bible, Arthur Gook always had his medicine chest with him and soon people from all over the country started to visit him and to write, asking for advice on religious matters as well as medicine. Presently, over 1,000 letters from over 400 people have been registered. Most of the writers ask for medicine for themselves, their families, friends and neighbours. Gook lived in Iceland for 50 years and the letters span the time from 1907 to 1954. In addition to letters from patients, a large part of the correspondence between Arthur Gook and his assistant, Sæmundur Gísli Jóhannesson (1899–1990), survives; nearly 300 letters, written between 1916 and 1952. These letters are written in periods, when either Sæmundur or Gook were away from the mission.²³

Arthur Gook married in 1907 and his wife, Florence Ethel (born Palmer, 1883–1948), came to live with him in Akureyri. In 1918 she moved back to England with their four children (their first child was a boy who was stillborn) as she was ill and the climate in Akureyri only made her worse. Arthur Gook later bought a house in Bristol for his family and, after 1918, he tried to spend a whole summer, at least every other year, with his family. When in Iceland, he also travelled around the country when the correspondence between him and Sæmundur accumulated. Gook's diary can give supplementary clues although he wrote in it only periodically. His medical casebooks, 1908 to 1924, provide patients' names, their ailment and the medication. However, nothing is noted on the cost of the consultation or the medicines. Last but not least, some of the people who worked with Gook are still alive, living in Akureyri, and were interviewed in 1998 and 1999.²⁴

The Homoeopath and the Doctor

UNFORTUNATELY, THE EXTENT of Gook's medicine business cannot be determined as no mention of payment is made in the medical case books. His method of accounting for how much each paid or owed to him was by writing it on the letters and there can be no certainty as to how many letters there were originally. Besides, people also sent him the subscription for the magazine he published from year 1912, *Norðurljósið* (*The Northern Light*). They just noted that they were sending money for the subscription and the medicines; only occasionally is there a breakdown. Surprisingly, more money and/or stamps was sent than was owed. The remainder was either for the magazine or for the missionary work. One lady sent money and usually stamps with every letter from 1931 to 1953. Obviously, she was not only ordering medicine for herself and her family, but also for some neighbours and friends. In a letter of 1941 she said: 'I enclose with the letter 39 kr., 10 kr. are from ... [Lily] ... 2 kr. for bible-texts ... 17 kr. for *Norðurljósið* ... the 10 kr. that are left are a small payment for the medicines, which would cost a lot more if they were sold full price ...'.²⁵

It might only be the lady's opinion that the medicine was not sold at full price but this accords with oral evidence. Those who worked with Gook all stated that there was no mark-up on the medicine. When Gook travelled to England, to visit his family, he usually purchased medicines from *Nelson's Homoeopathic Pharmacy* in Duke Street, London.²⁶ His main income came from *Norðurljósið* and the books he wrote on religious matters which he published in Akureyri and sold all over the country and some worldwide. The people in Akureyri usually stated that they had never heard of Gook's medicine being expensive, quite the contrary. One lady said she remembered the medicines well and that they had been very cheap compared to the medicines the doctor prescribed.²⁷ An old gentleman in Akureyri said that he had known several people who had consulted Gook and that there was no doubt he was much cheaper than the doctor. He added that it was probably because he imported the medicines himself.²⁸ Also, in the whole collection of letters, no-one mentions that Gook's medicines are expensive or hesitates to ask for them. Some mention that they are short of money at the moment and will pay later. However most request that medicines are sent to them by postal order. One indication is in an autobiography, *Fátækt fólk* (*Poor People*), of a man living near Akureyri. He described how his father, in mid-February 1916, walked in heavy snow to get some help for the baby, who had been ill for a long time. When the father came back after a few days, he had with him a glass of medicine from Arthur Gook, along with a prayer on a piece of paper.²⁹ Although no

mention is made of cost or of the efficacy of homoeopathic medicines, no mention is made either of the local physician.

As medical knowledge and technology advanced in the twentieth century and more medical personnel were available there is a noticeable change in the patient letters after 1940. Physicians are mentioned more often and more people talk about having consulted a doctor before writing to Gook. He was told what the doctor had done and what had worked and what had not. They talked quite freely about it and the general feeling seemed to be that whatever helped was in order, whether they were consulting a doctor, trying some home-made remedies or contacting Gook. One woman explained that she had had problems with her uterus since the birth of her last child, nine years earlier. She was afraid that the doctor would recommend an operation and she did not want that, at least until she had tried some medication from Gook first, and so she sought his opinion.³⁰ People had often tried everything possible before going to Gook, such as the lady who contacted Gook through a friend asking for some advice or medicine. She had a nine-year-old daughter who constantly wet her bed at nights. The mother had repeatedly gone to the local physician as well as to other doctors and had tried all kinds of medication but to no avail. She then talked to her friend, who she knew was acquainted with Gook, and asked him to contact the homoeopath on her behalf.³¹ Consulting both the doctor and the homoeopath at the same time was obviously not unusual and even a member of the medical profession saw it as perfectly normal to consult Gook. A nurse sent Gook a detailed and precise description of the ailments of a two-year-old boy and she asked Gook, as one health worker to another, whether he thought a solarium would go well with the medication he would prescribe.³²

The case of Annie's husband is a good example of how many of Gook's correspondents sought a cure for their ailments. Annie wrote five letters and sent one telegram from 15 to 29 August 1943, describing one case. In the first letter, Annie had decided to turn to Gook because of her husband. He had been ill for three weeks, the doctor had diagnosed influenza and prescribed some pills. At first he seemed to get well and after a week he started working again but was tired and half sick. After two weeks he got much worse and had to turn to his bed again. He had fever and now a gland in his groin was inflamed. The doctor came to look at him again and prescribed various pills which made her husband feel still worse, especially during the night. Annie ended the letter by saying that she believed in Gook's help and prayers.³³ Five days later she wrote again thanking Gook for having sent her the medication and being so quick about

it. But, when her husband had just started taking the medicine, a friend of his who was a doctor had diagnosed the problem quite differently from their regular doctor. He prescribed new medication and told them that it might be necessary to operate. Annie then wrote to Gook and tried to excuse herself and her husband saying: 'We had to take this advice because it was likely that your medicine didn't fit anymore, as you didn't get the right description of the sickness.' Her husband was taking the medicine the doctor friend had prescribed but still she asked: 'Can you give me any advice or medicine at this stage? I felt I had to tell you this and seek your advice or medicine, if it is possible.'³⁴ Two days later she wrote again with a precise description of her husband's sickness. He was still taking the medicine the doctor friend had prescribed and Annie was administering some household remedies of hot compresses and Iceland moss tea. Yet she ended the letter by saying: 'If you have any medicine I will ask the letter bearer to take them. You will then please give me the bill for all this at your convenience.'³⁵ The day after she declared that the medicine sent by Gook had arrived the evening before and that her husband had started taking it.³⁶ Nothing more was heard from Annie until she sent a telegram on 29 August to Gook: 'Has been operated. Condition stable. Regards Annie.'³⁷ Annie and her husband were of a generation born just before 1900. Their case shows how the doctors and their remedies were slowly establishing themselves in the minds of the people, thereby changing the relationship between folk healers and patients.

The case of Beth is another good example of this change. Beth wrote to Gook between 1927 and 1953 and nine letters have survived. The first of these is dated 1 September 1927 and is the first letter she ever wrote to Gook, though she had known him longer, as she asked him to forgive her for not sending him a letter in all these years. She also thanked him for a letter which he had sent to her in April 1922. She described her health, which was relatively good, apart from some trouble with her eyes. She did not ask for any medicine and it is clear that she had not contacted the doctor either, but had resorted to an old household remedy and common sense (compresses and more sleep). She told Gook that she was now much better but very busy, with four children born between 1921 and 1925.³⁸ In 1944 she wrote and asked for some medicine for her husband. She described his illness as a digestive disorder, saying that probably it was nothing serious but asked for advice, if not medicine.³⁹ In 1950 she wrote, asking for medicine for both her husband and her son. Her husband's illness was nothing serious, though not the same as previously, but the son was having periodic trouble with his heart. Beth did not mention whether or not she had contacted

the doctor but Gook responded immediately and sent her medicines later that same month.⁴⁰ In the autumn of 1952 Beth's husband died and she started to suffer from insomnia. She had written to Gook that same autumn and, in another letter of January 1953, she asked him to forgive her for the letter she had written in the autumn. She had told him that she would not be able to continue to distribute his magazine, *Norðurljósið* as she was having problems with her sleep, was feeling very sick and had problems with writing.

I am not going to describe how I suffered, when I had already been plagued with ... [insomnia] for 10–11 weeks, and had lost all hope of a cure, when no medicine worked. But the doctor assured me that he could cure me, but still I was sceptical. I thought the only thing I would get out of going to him, was to spend money, (and I then had little of it). But my children and the doctor sincerely wished for me to make this experiment, which I then did, and my children paid everything I had to pay and the good doctor was completely right! He cured me in 3 weeks! Oh, how thankful I was to the Lord for not letting the doctor and my children give up!⁴¹

It is obvious that a new generation was taking over. Beth's children went to the local physician and, together with him, they tried to make Beth see that the doctor and his remedies were her best chance of a cure. Beth, of a generation that was used to taking care of things her own way, was sceptical and thought it would be a waste of money. When she consented to doing what her children wanted, she saw it as an experiment. When the experiment succeeded, Beth thanked first the Lord, then her children and the doctor.

Conclusion

UNIVERSITY-TRAINED PHYSICIANS were not part of the Icelandic medical market until 1760, when the first doctor was established in office. From then until the first part of the twentieth century, doctors were always too few and/or too expensive to be of use for many of those who needed medical attendance. The 1911 law on Health Security was intended to tackle this but was incomplete. The public therefore continued to seek out folk healers, as had been the custom. New laws in 1936–40 on Health Security were better suited to peoples' needs and, together with more and better qualified health workers and more effective medicine, had started to change views on whether to seek a doctor or a folk healer. Before this legislation, cost did play an important role in decisions about whom to consult. When Arthur Charles Gook moved to Iceland in 1905, he was a most welcome

addition to the medical market. He was cheaper than the doctors, and people immediately began consulting him from all over the country. The older generation were not used to having a doctor in the vicinity and, for them, choosing a lay healer was cheaper and as natural, if not more so, as seeking out the doctor. Their aim was, first and foremost, to get a cure for their ailments, whether they had to use home remedies, the folk healer, the physician, or all of this, as is shown in the case of Annie's husband. Beth's case is a good example of how the older generation ordered their priorities; in her mind the order of whom to thank for her cure was to put the Lord first and the doctor last. In essence, they did not care as long as they were cured, just as the MP had pointed out in parliament in 1911. The next generation on the other hand, like Beth's children, was growing up in a world that brought frequent news of new miracles in medicine. They enjoyed the benefits of a Health Security system that made it possible for them to consult a doctor and to buy medicine without having to consider the costs. For them and future generations, it was the most natural thing to seek out the doctor first and only then, if that did not work, to try the folk healer.

Notes

- 1 See Erlendur Haraldsson, 'Research on Alternative Therapies in Iceland' in Helle Johannessen, Laila Launsö, Sören Gosvig Olesen and Frants Staugård (eds.), *Studies in Alternative Therapy 1. Contributions from the Nordic Countries* (Odense, 1994), 46–50, 47.
- 2 The names of Arthur C. Gook's patients have been changed and bear no resemblance to the actual names.
- 3 Gísli Ágúst Gunnlaugsson, "Þraut er að vera þurfamaður ...". Um þurfamenn og fátækt á Íslandi í lok síðustu aldar og í upphafi þessarar' in Ritstj. Guðmundur Hálfðanarson, Loftur Guttormsson and Ólöf Garðarsdóttir (eds.), *Saga og samfélag. Þættir úr félags sögu 19. og 20. aldar* (Reykjavík, 1997), 130–43, 139–40. On Poor Relief and the Icelandic family see Gísli Ágúst Gunnlaugsson, 'Fátækralöggjöfn og íslenska fjölskyldan á 19. öld', in Hálfðanarson *et al.* (eds.), *Saga*, 85–101. First published in John Rogers and Hans Norman (eds.), *The Nordic Family. Perspectives on Family Research* (Uppsala, 1985), 16–42.
- 4 Gunnlaugsson, "Þraut er að vera þurfamaður ...", 141.
- 5 *Lovsamling for Island*, 3 (Köbenhavn, 1854), 409–16.
- 6 When his estate was liquidated after his death, the balance was very low even though he was a high-income citizen. Vilmundur Jónsson, 'Forsaga íslenskra sjúkrahúsa', *Lækningar og saga I* (Reykjavík, 1969), 187–294, 216.
- 7 Jónsson, 'Forsaga', 217–18.
- 8 Jón Ólafur Ísberg, *Líf og lækningar* (unpublished manuscript, Reykjavík, 1999), 153 and 159. He is currently writing the medical history of Iceland.
- 9 Sigurjón Jónsson, *Alþingi og heilbrigðismáli* (Reykjavík, 1950); *Saga Alþingis V* (Reykjavík, 1956), 37.
- 10 Jón Blöndal, *Félagsmál á Íslandi* (Reykjavík, 1942); *Saga Alþingis IV* (Reykjavík, 1956), 80.
- 11 Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' 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), 173–98, 178.
- 12 Marijke Gijswijt-Hofstra, 'Critics and Converts of Homeopathy: the Dutch Debate in the Nineteenth Century' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 89–109, 104–05.
- 13 *Lovsamling for Island*, 1, (Köbenhavn, 1853), 340–50.
- 14 *Lovsamling for Island*, 6, (Köbenhavn, 1856), 190–92.
- 15 Gerda Bonderup, 'De "kloge" folk og det danske samfund. Kvaksalverforordningen af 5/9–1794 og de første 30 år derefter', *Historisk Tidsskrift* 97 (1997), 275–303, 281.

- 16 When being scrutinised, the bill on Health Security was sent to the committee that covered the bill on medical licensing for reference as 'The matter is closely related and that committee [on medical-licensing] rests on the Director General of Public Health's suggestions'. *Tíðindi af Alþingi Íslendinga*, 2 (1911), 1399.
- 17 *Tíðindi af Alþingi Íslendinga*, 2 (1911), 1264–65.
- 18 Lárus H. Blöndal and Vilmundur Jónsson, *Læknar á Íslandi I* (Reykjavík, 1970), 72.
- 19 In 1907 there were 53 quacks in the country, 43 in 1909 and 37 in 1910. Guðmundur Björnsson landlæknir, *Skýrslur um heilsufar og heilbrigðismálefni á Íslandi 1907–1908 og 1909–1910* (Reykjavík, no date), 3, 6.
- 20 Arthur Gook started curing homoeopathically immediately after his arrival in Iceland so the bill might not have changed much for him. Still, Arthur was a very conscientious man and if charged with quackery, as would have been possible before the passing of the new law, he might have stopped the practice altogether.
- 21 In the year 1901 Akureyri had 1,370 inhabitants. Guðmundur Jónsson and Magnús S. Magnússon (eds.), *Hagskinna. Icelandic Historical Statistics* (Reykjavík, 1997), 121, table 2.9.
- 22 Private Archives ACG (= PAACG) (Pétursdóttir/Irene Gook), Arthur C. Gook, 'Notes re Missionary work in Iceland for a Young People's missionary meeting at Grace Chapel Westmount, Montreal June 1953'.
- 23 The quantity of Arthur Gook's correspondence was considerable, but the actual extent is impossible to know as a sizeable part is now lost. This certainly raises the question of whether anything conclusive can be drawn from the letters as not all are extant. Access to the whole collection of letters would have been beneficial but the collection is still sizeable enough to give some indication of what patients were thinking.
- 24 With Gook's daughter, Irene (b. 11 August 1909), with the widow of Gook's assistant, Þóra Guðrún Pálsdóttir (b. 21 September 1926), the present head of the mission Jón Hilmar Magnússon (b. 7 October 1925) and several other people in Akureyri, who remember Gook and were living there at the same time as him. The sources mentioned above have only recently been found and are, at present, privately owned and kept.
- 25 PAACG, Arthur C. Gook, Letter, 41/002, 30 January 1941.
- 26 Interview, Irene Gook, Akureyri 1998. Irene remembered going several times with her father to Nelson's to buy medicines. Besides taking medicines with him when going back to Iceland, Gook also ordered medicines regularly from Nelson's and had them sent to Akureyri.
- 27 Interview, Inga Sólnes, (b. 12 August 1910), Akureyri 1999.
- 28 Interview, Gísli Ólafsson, former Chief of Police in Akureyri (b. 23 June 1910), Akureyri, 1999.

- 29 Trygvi Emilsson, *Fátækt fólk. Æviminningar* (Reykjavík, 1980), 147–50.
- 30 PAACG, Arthur C. Gook, Letter, 13/001, 19 May 1943.
- 31 PAACG, Arthur C. Gook, Letter, 73/004, 22 February 1933.
- 32 PAACG, Arthur C. Gook, Letter, 13/015, 7 January 1943. The nurse does not mention whether the child is hers or someone else's.
- 33 PAACG, Arthur C. Gook, Letter, 81/023, 15 August 1943.
- 34 PAACG, Arthur C. Gook, Letter, 81/023, 20 August 1943.
- 35 PAACG, Arthur C. Gook, Letter, 81/023, 22 August 1943.
- 36 PAACG, Arthur C. Gook, Letter, 81/023, 23 August 1943.
- 37 PAACG, Arthur C. Gook, Letter, 81/023, 29 August 1943.
- 38 PAACG, Arthur C. Gook, Letter, 73/003, 1 September 1927.
- 39 PAACG, Arthur C. Gook, Letter, 73/003, 1 December 1944.
- 40 PAACG, Arthur C. Gook, Letter, 73/003, 14 September 1950. In a letter dated 29 September 1950 Beth thanks Gook for the letter and medicines, sent 21 September.
- 41 PAACG, Arthur C. Gook, Letter, 73/003, 6 January 1953.