

# Co-operation and Tensions between Homoeopathic Lay Societies and Homoeopathic Doctors: the Homoeopathic Lay Movement in Württemberg during the Professionalisation of the Medical Profession, 1868–1921<sup>1</sup>

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## Introduction

IN THE VIEW OF MANY US SOCIOLOGISTS,<sup>2</sup> independence from the state is always an important element for professions, for they do not acknowledge a model of professions that is dependent on the state. However, this model of independence from the state describes only British and US society. The American historian, Charles E. McClelland, has therefore designed a different model capable of embracing the reality of European, Asian and socialist countries. According to him, independence from the state is not always the deciding factor for a profession. In his study, he illustrates the German type of professionalisation process, which was dependent on the state. He lists the following nine elements of the *ideal* profession: ‘(1) highly specialized and advanced education, (2) a special code of conduct (“ethics”), (3) altruism/public service, (4) rigorous competency tests, examinations, licensing, (5) high social prestige, (6) high economic

rewards, (7) occupational career pattern or ladder, (8) monopolization of market in services, and (9) autonomy.' He stresses that not every profession need exhibit all these elements. Autonomy does not always mean autonomy vis-à-vis the state but also autonomy vis-à-vis the client.<sup>3</sup> In the light of these elements, coupled with the historical developments described by Claudia Huerkamp,<sup>4</sup> it is easy to understand why, under the Empire, Germany's doctors enjoyed great success as a profession, despite the fact that they possessed only a small measure of autonomy vis-à-vis the state.

In Hahnemann's day there was already a trend towards professionalisation in connection with homoeopathic treatment, as the homoeopaths of the time believed that practising this mode of healing, the fruit of long years of scientific research on Hahnemann's part, required special training. In this sense homoeopathy, like academic medicine, was a medicine of specialists.<sup>5</sup> Professionalisation of homoeopathic doctors is found not only in the USA but also in Germany. However, its development in Germany was less typical than that in the USA. For homoeopathic doctors in Germany there was no possibility of creating a separate licence since the state, which had the power to grant medical licences, refused to recognise alternative medicine. Nevertheless, Germany's homoeopathic doctors had their own societies that laid claim to autonomy with regard to establishing and structuring additional training and with regard to formulating a code of ethics within the group of homoeopathic doctors, the German Central Society of Homoeopathic Doctors (*Deutscher Zentralverein homöopathischer Ärzte*).<sup>6</sup> Against this background, the present essay sets out how one lay homoeopathic society in Germany operated as a group of patients in the period of the professionalisation of the occupation of doctor.

### Treatments by Lay Practitioners

**I**N THIS ESSAY MEMBERS OF LAY SOCIETIES are defined generically as 'lay practitioners'. All members of lay societies were able to compete with approved doctors at least with regard to simple cases, having learned the appropriate treatments from leaflets, lectures, various courses, etc. However, only certain lay practitioners might belong to the 'publicly active' group. Such activists had an extensive clientele or were influential as agitators. Consequently, it was not simply a matter of whether a lay practitioner acquired a reputation as a competent non-medical practitioner. If he played an important role as an agitator, he also belonged to the 'publicly active' group; even if he performed no medical treatment outside his own family or circle of friends, through his presence in the media he encouraged many

people to treat themselves. This had the effect of damaging the treatment monopoly enjoyed by homoeopathic doctors. So those who contributed to the spread of homoeopathic medicine through printed media or lectures should also be placed in this 'publicly active' group. The other lay healers belonged to the 'privately interested' group. In emergencies or cases of mild illness they treated their own families or neighbours on the basis of knowledge and experience acquired through various lay society media.<sup>7</sup> However, such members needed doctors when they had a serious illness. In their case, the possibility of genuine competition with doctors was slim. They were non-medical practitioners in their families or among friends but, at the same time, they were patients of doctors. Most members of lay societies belonged to this group. The boundary between the two groups was fluid.

Even in Hahnemann's day, lay practitioners made a contribution to homoeopathic treatment and research.<sup>8</sup> Important lay practitioners in the first half of the nineteenth century included Clemens von Bönninghausen (1785–1864)<sup>9</sup> and David Steinestel (1808–49)<sup>10</sup> and, in the middle of the century, Arthur Lutze (1830–70).<sup>11</sup> A noted lay practitioner in the second half of the nineteenth century, Werner von der Recke-Volmerstein, successfully treated epilepsy, menstrual disorders, rheumatism, facial neuralgias, stomach cramps, palpitations with breathing difficulties, and various skin disorders. Because of his great fame, patients came from far and wide or wrote asking for the treatments he employed.<sup>12</sup> Nevertheless, the influence of lay practitioners in homoeopathic treatments should not be overestimated as a result of these examples. For instance, homoeopathic doctor Emil Schlegel (1852–1934) warned against the dangers of treatment by lay practitioners: 'Some lay practitioners, who practise homoeopathy as a pleasant recreation, do contrive to pull off a more successful coup than we have sometimes done ourselves; nevertheless, the unfortunate fact is that judgement, a level head, or a degree of modesty in rating one's own understanding are things we shall rarely find among lay homoeopaths.'<sup>13</sup> Most lay homoeopathic practitioners treated only their families or neighbours. The mother of Richard Haehl (1873–1932), for example, was a convinced and zealous champion of homoeopathy, not only treating members of her family in accordance with its principles but also readily giving friends and acquaintances advice when asked.<sup>14</sup> However, lay practitioners lacked all-round experience and knowledge. Here, a priest describes one such example:

The wife of my schoolteacher once came and told me her boy was having peculiar fits. They made him shake and grind his teeth. After a while the

fit passed and the boy felt quite well again, but next day or the day after the fit would return. Since between fits the boy felt well, I did not regard the matter as serious and tried out various homoeopathic remedies without knowing what disease I was dealing with. I achieved nothing, of course. After a while the district medical officer [*Oberamtsarzt*] was summoned. He explained that the boy had malaria and soon cured him with quinine. That is in fact the weakest point with us lay homoeopathic practitioners – that we very often fail to diagnose correctly.<sup>15</sup>

Homoeopathic doctors were afraid of losing their privilege as a profession because of the treatments by lay practitioners. One homoeopathic doctor, Hermann Welsch, wrote in 1886 that lay practitioners were bringing homoeopathy into disrepute and doctors were suffering from being in competition with laymen:

*Because of them* [lay practitioners], not because of us doctors, Hahnemann's teachings are becoming a mockery in the eyes of our opponents. A therapy that can be administered just as well by laymen as by doctors, a body of doctrine that any schoolmaster may acquire in his leisure hours – these do not need a state professorship, nor do they deserve one ... Has he [the young doctor] studied in order to sit down now with Brother Glovemaker to read the *same* medical journal, looking on as he himself becomes daily more dispensable!<sup>16</sup>

But not all doctors were so critical of treatment by lay people. Other doctors gave full acknowledgement to the treatment provided by lay practitioners for family and neighbours in emergencies or for mild illnesses in order to propagate homoeopathy. However, they felt that lay practitioners should be under the control of doctors. Doctors made repeated calls on the one hand for the activities of lay practitioners to be restricted and on the other for their knowledge to be improved. Friedrich Arnold Heinrich Lorbacher (1818–99), for example, who edited the homoeopathic journal *Allgemeine Homöopathische Zeitung*, expressed misgivings about the abilities of lay practitioners and called upon homoeopathic doctors to improve the state of knowledge of such practitioners through relevant publications.<sup>17</sup>

### Who came over to Homoeopathy?

**M**ANY PATIENTS WHO EMBRACED HOMOEOPATHY warmly had had bad experiences with allopathic treatments and allopathic doctors generally. One illustration of this is an article in the 1889 issue of *Homoöpathische Monatsblätter* entitled 'Once an allopath, now a homoeopath'. The author

relates how he gave up allopathic medicine and came over to homoeopathy. A (male) patient with a slight temperature was also suffering from headaches and a sore throat, which made swallowing very difficult. A doctor diagnosed diphtheritis [sic!] and prescribed tannin, to be gargled with water. When the treatment produced no effect, the doctor tried carbolic acid, ice compresses, turpentine, etc. Although the patient was able to eat and drink again reasonably well, the right tonsil was still very inflamed. His doctor recommended that he have the tonsil removed. After the operation the man, feeling unwell, consulted the doctor again because of persistent pain, this time in the left tonsil. The doctor diagnosed severe pharyngeal catarrh and again prescribed tannin for gargling with the recommendation that the patient get plenty of fresh air, eat and drink cold things, make cold compresses, etc. But there was no improvement. The doctor then tried a 'warm treatment': the patient had to take to his bed and do the exact opposite of what had previously been prescribed. Again there was no improvement. When the man asked him whether he should see a specialist, the doctor was offended and said simply: 'Do as you please, but specialists have no other medicines than we do ourselves; in fact, cases have occurred in which a patient, having been discharged by specialists, was subsequently cured by ourselves.' He thereupon gave up treatment with that doctor. A friend eventually gave him a little book about homoeopathy to read, and he tried the homoeopathic remedies. In this way he got rid of his complaint.<sup>18</sup>

The example illustrates the weaknesses of allopathic treatment. If a doctor is unable, on the basis of the symptoms, to identify the illness correctly, he will also be unable to find the right therapy. Many people turned to homoeopathic treatment after being disappointed by orthodox medicine. Josef Kirm, for example, a teacher and later a committee member of the Hahnemannia lay society, came to homoeopathy after the death of his eldest child, who had succumbed to pneumonia.<sup>19</sup> A senior primary-school teacher by the name of Fischer had had such poor health as a child that, at the age of 28, allopathic doctors had pronounced him a potential consumptive; however, since being introduced to homoeopathy by a friend had he had enjoyed good health.<sup>20</sup> It might be, though, that such cases were reported because they made good publicity for homoeopathy. Homoeopathy was also chosen instead of orthodox medicine. There were still rural municipalities where no doctor lived. One parish priest appointed to a small village in the 1860s began administering homoeopathic treatment because he had no expectation that he and his family would ever be treated by a doctor in their new home.<sup>21</sup>

The side effects of allopathic treatment also drove people to homoeopathy. For example, during the Boer War, a doctor in South Africa fell ill with rheumatic fever. He took salicylic acid, as he had himself advised many patients to do. However, rather than giving him relief it brought him a deal of trouble. Even after reducing the dosage, he suffered greatly from such symptoms of poisoning as buzzing in the ears, hardness of hearing, nausea and stomach disorders. The salicylic acid cure weakened him to such a degree that his body scarcely managed to survive a severe attack of pericarditis, against which allopathy had no remedy at the time. He had to make do with palliatives and anaesthetics that alarmed more than calmed him. When the doctor was sent to Germany he was able, eventually, to recover from his illness with the aid of homoeopathy.<sup>22</sup> Another reason why people turned to homoeopathy was fear of vaccine damage.<sup>23</sup> Allopathic doctors and the state simply relied on the effectiveness of smallpox vaccination, ignoring the harm it could do. For instance, the Prussian government did not fully investigate the damage done when large numbers of children in Lebus, a town near Frankfurt an der Oder, fell ill with syphilis after being vaccinated.<sup>24</sup> Almost every issue of the Hahnemannia society's press organ reported on cases of vaccine damage as well as on homoeopathic remedial methods against vaccine damage and the then anti-vaccination movement worldwide. The Hahnemannia anti-vaccination movement involved a sharp critique of orthodox medicine and led many people with misgivings about vaccination to switch to homoeopathy. Knowing about homoeopathy within the family circle was another factor leading patients to familiarise themselves with this mode of healing. Richard Haehl's mother treated her family homoeopathically, and 'there was scarcely a house in the neighbourhood in which one inhabitant or another [had not turned to his mother] for advice and information in cases of illness.'<sup>25</sup> Growing up in such an atmosphere, Haehl was reading homoeopathic texts at the age of 10. Robert Bosch Sr (1864–1942) also came from a home that had a homoeopathic family doctor.<sup>26</sup>

### **Origin and Role of the Lay Homoeopathic Society in Württemberg**

**T**HE HAHNEMANNIA LAY HOMOEOPATHIC SOCIETY in Württemberg began as a small study group organised by a lay practitioner in the early 1860s in order to exchange experiences.<sup>27</sup> The study group soon grew into a small society which was then set up as a national body in 1868. The society was established by lay people: 116 lay homoeopaths attended the

inaugural meeting, but there were no doctors present. At that meeting it was decided to adopt the name 'Hahnemannia'. Nine persons were elected to form the first committee.<sup>28</sup> The object of the society was to propagate knowledge of homoeopathic treatment for lay people. The society's journal, *Homöopathische Monatsblätter*, chiefly served the same purpose. The first issue announced that the journal was being published in order that 'people with no prior knowledge of medicine can set about administering the most widely used homoeopathic remedies.' Accordingly, it explained the symptoms of commonly occurring illnesses and the medicines needed to deal with them. The idea was to save the expense of purchasing literature and, above all, to prevent the inexperienced non-doctor from acquiring a large number of remedies that would only make it harder for him to select the most suitable one.<sup>29</sup>

The society also saw itself as representing the interests of homoeopathy. Traditionally, the Württemberg government had adopted a tolerant stance towards homoeopathy. Homoeopathic doctors were exceptionally licensed by the state to dispense homoeopathic medicines themselves. Yet, even in this phase, an instance of state suppression directed against homoeopathy can be found. Georg Rapp (1818–86), having been professor at the medical faculty of Tübingen University since 1850, lost his job in 1854 when he tried to get his homoeopathic treatment accepted.<sup>30</sup> From the late 1850s, the situation of homoeopathy in Württemberg worsened very substantially. Control of homoeopathic treatment was tightened up. Under a ministerial decree of 19 March 1859, homoeopathic doctors were no longer permitted to dispense their own medicines. It is true that pharmacists were obliged 'to keep a stock of simple or composite homoeopathic remedies not prescribed in the national pharmacopoeia in good condition and the requisite quantity as soon as these are asked for by a doctor regularly practising in their area and furnishing an assurance regarding use of such medicines.'<sup>31</sup> However, this order was of no help to Württemberg homoeopaths, who could not expect most pharmacists to manufacture homoeopathic remedies correctly.

Against this background, Hahnemannia started by making propaganda for homoeopathy, sending out various leaflets to doctors, teachers, clergymen, top civil servants in the kingdom, and the court itself. The aim was to improve the situation of homoeopathy in the country, for example by winning back the freedom to dispense for homoeopathic doctors or getting a chair of homoeopathy established at the medical faculty. In this respect, homoeopathic doctors themselves expected great things of the lay movement.<sup>32</sup> At the Hahnemannia annual general meeting on 1 May 1870, Georg Rapp urged the society not to flag in the efforts it had made hitherto

in terms of propagating homoeopathy. He claimed that there was to be found in medicine a system of guilds and castes such as had existed only in the Middle Ages or at the time of the Pharaohs. Rapp concluded by saying: 'Let homoeopathy be set free! If it is a lie, then let it perish; but if there is truth in it, then it must take its natural and lawful place alongside all the other truths of the medical sciences!'<sup>33</sup> In his talk, Rapp recalled his expulsion from the medical faculty of Tübingen University and the dispensing ban imposed on homoeopathic doctors. It was his hope, he said, that as a result of the Hahnemannia movement conditions for homoeopathic treatment might be improved. There was little change in the society's goals in the period that followed. In 1898 (28 years later), a homoeopathic doctor by the name of Hermann Moser, a former scholarship holder of the Foundation for Students of Medicine (*Stiftung für Studierende der Medizin*), stated that he expected the lay society's propaganda in the press to bring homoeopathy to the attention of the public. He went on to challenge the lay society to become so strong financially and in terms of its membership as to be able to assume the role of lobby for homoeopathy.<sup>34</sup> Because of its small membership, the separate professional group of homoeopathic doctors in Germany was not as influential as the *Ärztevereimbund*, the association that gave positive backing to the interests of doctors with an orthodox orientation. According to figures from the *Allgemeine Homöopathische Zeitung*, the membership of the German Central Society of Homoeopathic Doctors (*Zentralverein der homöopathischen Ärzte*) in 1904 accounted for only about 0.6 per cent of civilian doctors in Germany.<sup>35</sup> That is why Germany's homoeopathic doctors needed the help of the lay society as an interest group aiming to improve the basic conditions for their method of treatment.

### Organisation of the Hahnemannia Lay Society

A KEY ROLE IN THE MANAGEMENT of the society was played by the nine-person committee. The most influential member was the secretary of the society. Important projects such as appointing a doctor to the society<sup>36</sup> or collecting donations for starting up a homoeopathic hospital<sup>37</sup> were initiated by the secretary at the time. Motions were debated at the annual general meeting, but they were usually adopted as they stood or with only minor amendments. August Zöpplitz (1833–1926),<sup>38</sup> a founder member of the committee and secretary of the society from the early 1870s until 1897, monopolised almost all the important positions in the society. He was, at the same time, editor of the society's publication, *Homöopathische*



*Monatsblätter*, and secretary of the Foundation for Students of Medicine, and he proved a businesslike propagandist for the lay homoeopathic movement. Similarly, his successor, homoeopathic doctor Richard Haehl (1873–1932), occupied the positions of secretary to the society, editor of the society's journal, and cashier of the committee set up to launch a fund to build a homoeopathic hospital in Württemberg.

The growth of the lay homoeopathic movement at local level was driven ahead by local societies. Zöppritz reported that, by the end of 1887, there were already 15 local societies with a total of 1,652 members, including 178 in Pforzheim, 113 in Cannstatt, 58 in Münster, 66 in Ravensburg, 26 in Feuerbach, 200 in Heidenheim, 246 in Gmünd, 76 in Gaisburg, 127 in Brötzingen, 52 in Hedelfingen, 18 in Heselach, 64 in Würm, 24 in Oeschelbronn, 66 in Niefern and 300 in Göppingen.<sup>39</sup> By 1900, the number of local societies of Hahnemannia had reached 50, and on 1 April 1914 there were 121 societies in existence.<sup>40</sup> Through lectures, using the society's library, exchanging medical experiences in study groups, and through the society's publication, members of local societies were trained in homoeopathic cures for emergencies and in self-help in connection with mild illnesses. They could also call upon the services of the society's doctor and the society's pharmacy at reduced cost or for nothing.<sup>41</sup> Membership numbers illustrate the growth of the movement. Yet it was only until 1894 that the membership numbers of Hahnemannia and its local societies were regularly published in the society's journal; after that they were occasionally given out at annual general meetings. The inaugural meeting had been attended by 116 persons; by 1886 the membership of Hahnemannia stood at 2,450. Because, from the 1880s, local societies were established in various towns and cities, some Hahnemannia members transferred to such societies. So, while the membership of Hahnemannia showed a steady decline, the total number of members (including local societies, which were able to gain new members) continued to increase until 1893. After 1894 a dispute within the organisation<sup>42</sup> caused many members to leave Hahnemannia and the local societies. But after the secretaryship and editorship had passed from Zöppritz to Haehl, numbers increased again to reach 12,792 by 1914.

The social structure of Hahnemannia was composed of a considerable number of members who were teachers and clergymen, playing an important social role in villages and towns. In 1879, for example, the 1,705 members included 161 clergy and 269 teachers, in addition to 141 [barber] surgeons and veterinarians.<sup>43</sup> In 1886, the society had 2,450 members, of whom 303 were teachers, 172 clergy, 88 surgeons and vets and 32 pharmacists.<sup>44</sup>

According to a report to the society's 1894 annual general meeting, 'our membership is now over 2,000, including 143 clergy and more than 300 teachers (all grades).'<sup>45</sup> The committee members of Hahnemannia were from a higher social class than the ordinary members. Elected by the 1868 inaugural meeting, the first committee comprised two knight members of parliament, two teachers, a pharmacist, an engineer, a manufacturer, a secretary of the Roman Catholic Church Council and a parish priest.<sup>46</sup> The 1882 committee had two knight members of parliament, a major, a manufacturer, three teachers and a top civil servant.<sup>47</sup> However, after the retirement of the two knight MPs no further members of the aristocracy were to be found on the committee which, in 1909, consisted of three teachers, a doctor, two civil servants, a manufacturer, a pharmacist and an engineer.<sup>48</sup> Compared with the natural-healing societies of the German Confederation of Societies for Health Care and Healing Methods without Medication (*Deutscher Bund der Vereine für Gesundheitspflege und arzneilose Heilweise*), Hahnemannia members came from a relatively higher stratum of society. In 1908, for example, over half the members of the confederation were craft-tradesmen and manual workers; very few were civil servants, clergy, or teachers. In 1889, only two per cent of the confederation's branch chairmen were academics.<sup>49</sup>

The high-handed leadership of Zöppritz as secretary of Hahnemannia increased the tension between the society and homoeopathic doctors. He wanted to decide who was a true homoeopathic doctor.<sup>50</sup> He also ignored the recommendation of Emil Schlegel, the only approved doctor on the board of the Foundation for Students of Medicine, when Schlegel sought to make it compulsory for scholarship holders to read the principal homoeopathic texts during their medical studies and to attend his private colloquium for homoeopathy.<sup>51</sup> Although doctors welcomed such activities of the lay society as setting up the Foundation for Students of Medicine and agitating for the spread of homoeopathy, they nevertheless objected to the society's laying claim to an autonomous position as regarded treating patients or training doctors. They wished to retain the powers and privileges of doctors as a profession. This is where tension occurred between the doctors' society and the lay society.

## Hahnemannia Initiatives in the Medical Field

### *Appointment of a 'Doctor to the Society'*

THE SIZE OF THE MEMBERSHIP of the local society in Heidenheim depended not only on the economic situation of members but also on the medical infrastructure with regard to homoeopathic treatment. Where there was no homoeopathic doctor living in the city and people could not expect to find an adequate range of medicine on offer, the lay society lost many members.<sup>52</sup> The Heidenheim society did not consider a non-medical practitioner who had not studied medicine a substitute for an approved homoeopathic doctor. Moreover, in that society lay treatments of society members were recognised only in connection with mild illnesses or in emergencies.<sup>53</sup> The same can be seen in another local society: after a homoeopathic doctor settled in Metzingen and became active on the committee, membership of the local society increased.<sup>54</sup>

Treatment by a doctor was also deemed important by Hahnemannia. When, at the 1887 annual general meeting, Zöpplitz called for the appointment of a special doctor for Hahnemannia, he justified the demand on the grounds that 'it is simply impossible for non-local members without means to send for a homoeopathic doctor, and in view of the great shortage of such doctors this is why so many friends of our cause find themselves obliged, in the event of illness, to stick with the allopathic doctor after all.' He further asserted that, if a doctor 'is firmly engaged with the duty of advising members of Hahnemannia and of local societies less expensively than non-members, both the national society and local societies will enjoy such growth as a result ...'.<sup>55</sup> Zöpplitz suggested paying the doctor 1,200 marks a year, but the annual general meeting decided, after some discussion, on a salary of 'up to 1,800 marks'.<sup>56</sup> The resolution makes clear that the members of Hahnemannia and the local societies emphatically expected treatment by a homoeopathic doctor. In mid-May of that year (1887) a young doctor, Heinrich Göhrum (1861–1945), was taken on as doctor to the society. Contrary to the decision of the annual general meeting, he received only 100 marks a month from the society's funds, out of which he had to pay 30 marks for a consulting room and a waiting room, provided by Zöpplitz.<sup>57</sup> However, the system developed by Zöpplitz did not work, and the doctor's task was not an easy one. Each morning he had a surgery in Stuttgart from 7.30 to 9.30; then in the afternoons he was out and about: in Pforzheim on Mondays and Thursdays, in Göppingen on Tuesdays and Fridays, in Gmünd on Wednesdays, and on Saturdays in Cannstatt and Münster; he was also in Stuttgart on the afternoon of the first Sunday in the

month, in Gmünd on the second and third Sundays, and in Pforzheim on the fourth Sunday.<sup>58</sup> Apart from minor changes of location and organisation in connection with his surgeries,<sup>59</sup> the doctor was unable to achieve any amelioration of his working conditions. After approximately 10 months Dr Göhrum tendered his resignation to the committee through the secretary. His resignation was accepted following the appointment of a new doctor to the society at a meeting of the committee on 5 March 1888.<sup>60</sup> Göhrum remained in Stuttgart, where he ran a practice.

His successor, Dr Quesse from Mecklenburg, not only took over Göhrum's practices in Göppingen, Gmünd and Kirchheim but also opened new practices in such places as Heidenheim and Hall.<sup>61</sup> However, he remained in post for an even shorter time than his predecessor. Having been offered a more lucrative position in Bremerhaven, he asked the committee to release him from his contractual obligations. He further asked for a 300 mark loan from Hahnemannia funds to enable him to meet his commitments. Both requests were approved when the committee met on 15 October 1888.<sup>62</sup> At the same meeting it was decided to appoint Dr Fritz Donner (1896–1979), the son of a member, as the third doctor to the society. He was to take over the once-weekly practices in Göppingen and Nagold from Dr Quesse and, in return, receive 50 marks a month.<sup>63</sup> Donner practised as doctor to the society in many towns but, in 1890, he decided to leave Stuttgart. He had received offers from north Germany, but he also said he would move to Heilbronn if Hahnemannia would support him. The committee decided to offer him 100 marks with the proviso that he should return the sum if he left Heilbronn before two years had expired.<sup>64</sup> From 1 December 1890 until 1893 he practised in Heilbronn and Öhringen; then, following six months' continuation training in Vienna, he settled in Stuttgart as a specialist for gastric and urinary disorders. He was succeeded in Heilbronn and Öhringen by Dr Fröhling.<sup>65</sup>

It is clear that Zöpplitz's plan, to employ a doctor to the society with an itinerant practice, did not work. A separate official needed to be appointed in each large town instead. Consequently, an advertisement appeared in the *Homöopathische Monatsblätter* in 1892 looking for 'a competent homoeopathic doctor for a large Württemberg town'.<sup>66</sup> Three years earlier, the 1889 annual general meeting had authorised the committee to help Pforzheim by granting a young homoeopathic doctor an interest-free loan of 500 marks on condition that he undertake to settle in or near Pforzheim for a minimum of three years and, in any case, until the loan had been repaid.<sup>67</sup> Following a refusal from Dr P. Krömer, a former scholarship holder of the Foundation for Students of Medicine who had

initially acceded to Zöppritz's demands,<sup>68</sup> these positions were taken over by Dr Immanuel Kirn, the son of inaugural committee member Josef Kirn and, likewise, a former scholarship holder of the Foundation for Students of Medicine, with a 1,000 mark loan at 4.5 per cent interest.<sup>69</sup>

The local society in Heidenheim was also keen to appoint its own doctor. Consequently, the committee of the society decided, in 1902, to advertise in the *Frankfurter Zeitung*. The minutes expressly recorded that it was immaterial whether the postholder was 'Prussian, Bavarian, French, a Jew, or a Christian'.<sup>70</sup> The words show how strong was the desire for a doctor of their own in the Heidenheim society. The faith lay people placed in homoeopathic doctors is illustrated by this passage in the *Festschrift* of another local society: 'We therefore wish to introduce our members to an understanding of the principal homoeopathic remedies as the best means of cleansing the blood, in order that suitable use may be made of them at any time and by any person, whether for humans or animals, as preventive and healing medicinal stimuli. In this we have no intention of replacing the expert ...'.<sup>71</sup>

### *The Foundation for Students of Medicine*

The plan to set up a Foundation for Students of Medicine was also brought before the committee by Zöppritz. After the committee had approved the plan, it was presented to members in the *Homöopathische Monatsblätter*.<sup>72</sup> By December 1881 a total of over 5,000 marks had been donated; by February 1883 the figure was 7,968.41 marks, made up of 3,173.48 marks in 561 payments from members of the society and 4,794.93 marks from 48 non-members. The list of donors includes Queen Olga of Württemberg (1822–92), Dr Willmar Schwabe (1839–1917), and Prof. Dr Rapp.<sup>73</sup> According to the foundation's statutes,<sup>74</sup> its object was 'to provide support for those students of medicine who have decided to make their purpose in life the study and practice of homoeopathy as it is shaped by temporal conditions and who are unable to complete their studies out of their own funds' (§ 1). The foundation was to be run by a seven-member board (§ 2). When applicants were being selected, preference was to be given to those whose parents were sympathetic to the cause of homoeopathy (§ 4). A scholar had to give a written undertaking that after 10 years he would without fail pay the money received back to the foundation if he was not practising as a homoeopathic doctor (§ 5).

In April 1882 the board decided to accept a student, the son of a member of the society, as the foundation's first scholar and to pay

the sum of 150 marks per semester for his training. Between then and 1919 a total of 35 students were selected to receive scholarships, of whom Immanuel Kirn, Carl Kiefer, Albert Beeskow, F. Regneri, P. Krömer, Hermann Moser, Gotthold Layer, Reinhold Honkamp, Friedrich Glöckler, Robert Boffenmezer, Eckermann, Richard Haehl and August Sachsenweger subsequently practised homoeopathic medicine. The remaining students either broke off their medical studies or went on to practise allopathically. The foundation stopped paying the scholarship for the first recipient, Th. Hafner, because of poor grades.<sup>75</sup> According to Zöppritz's notes he died 'as cand. med. married (!!!) [sic!] in 1895. Having obtained a position as district medical officer in the vicinity of Würzburg with false papers and practised homoeopathically with success, he was imprisoned for fraud!<sup>76</sup> Additionally, although Richard Zöppritz, nephew of August Zöppritz, worked hard at his studies and passed the state exam with a grade one, he decided to concentrate on surgery and became an allopathic doctor.<sup>77</sup>

It is hard to judge whether the foundation was a success. A large number of students took shameless advantage of it, never keeping their promise in that they neither took up homoeopathy nor repaid the grants they had received.<sup>78</sup> On the other hand, the homoeopaths attracted some very good doctors such as Richard Haehl. However, of greater importance in this context is the awareness and active response of members of the lay societies. They knew that the shortage of homoeopathic doctors caused many problems in connection with the homoeopathic treatment of serious illnesses. Most members preferred to turn to a doctor in such an event.

### *Hospital Building*<sup>79</sup>

The *Diakonissenhaus* in Stuttgart, which was supported by the royal family, functioned as a homoeopathic hospital because the hospital's director, Paul Sick (1836–1900), was a homoeopath and had won acceptance for homoeopathic treatment there. After Sick's death<sup>80</sup> the position of director was filled by an allopathic doctor and this base for homoeopathy in Württemberg was lost. In this situation, prompted by secretary Richard Haehl, who had put a motion to the 1901 annual general meeting of Hahnemannia, the lay homoeopaths launched a campaign to found a homoeopathic hospital.<sup>81</sup> In November 1901 an appeal by the committee to establish a fund to erect a homoeopathic hospital in Württemberg appeared in the *Homöopathische Monatsblätter* stating that it was 'no great pity that we are not yet in the university. A homoeopathic hospital is what we need.'<sup>82</sup> There it would be possible not only for homoeopathic treatments

to be administered but also for young homoeopathic doctors to gain clinical experience.<sup>83</sup> The Hahnemannia annual general meeting, held on 15 May 1904, received a report to the effect that the hospital fund had already raised 11,000 marks.<sup>84</sup>

For reasons that cannot be explained precisely, the Society of Homoeopathic Doctors in Württemberg was against these activities on the part of the lay society.<sup>85</sup> In 1904, on the initiative of the former, a separate Stuttgart Homoeopathic Hospital Society was set up with the aim of building a homoeopathic hospital in the city. At the inaugural meeting, Privy Councillor Karl Stiegele (1850–1937) spoke of the hospital planned by the homoeopathic doctors as the successor to the homoeopathic outpatient clinic in which, since Sick's death, the homoeopathic doctors of Stuttgart had held a thrice-weekly surgery. But he was critical of the fact that Hahnemannia was agitating for a chair of homoeopathy to be established at Tübingen University. In Stiegele's view, the homoeopaths would have had a great many problems at the university hospital even if they had been given a professorship at the university because the medical faculty was dominated by allopathic professors. It was more important, therefore, to build a hospital than to lobby for a university chair.<sup>86</sup> However, he made no mention whatsoever of the hospital-building plan put forward by Hahnemannia.

The report of the inaugural meeting stated that the Stuttgart Homoeopathic Hospital Society had been founded with the collaboration of doctors and lay people. In fact, lay people filled the positions of director, accountant and deputy accountant while doctors filled those of deputy director, clerk and two assessors.<sup>87</sup> The gulf between Hahnemannia and the Society of Homoeopathic Doctors widened as a result of these conflicting initiatives to build a hospital. Hahnemannia members were not invited to the inaugural meeting despite the fact that the fund started by Hahnemannia had been championing, for more than three years, the construction of a homoeopathic hospital with as much energy as success. Hahnemannia was critical, therefore, of the way in which this disregard of its members by the doctors' society was a cause of some surprise.<sup>88</sup> The conflict was settled in 1906 by a compromise that benefited mainly the doctors. Hahnemannia was to hand over its hospital fund and the leaflets it had published in support of the hospital building plan to the Stuttgart Homoeopathic Hospital Society. Any money that Hahnemannia collected was also to be given to the Stuttgart Homoeopathic Hospital Society's building fund. Hahnemannia was not permitted to establish any fund that would compete with that of the Stuttgart Homoeopathic Hospital Society.

In return, the latter society undertook to offer Hahnemannia members using the hospital the same advantages as its own members. Two members of the hospital society's inner committee were always elected by the Hahnemannia committee from among its members.<sup>89</sup> In addition to the two Hahnemannia members, the 1911 committee comprised five homoeopathic doctors (Adolf Lorenz, Stemmer, Boeckh, Göhrum, Alfons Stiegele (1871–1956)), Mayer, a pharmacist, and von Völter, a senior court official.<sup>90</sup> Given this situation, Hahnemannia can hardly have wielded much influence within the Stuttgart Homoeopathic Hospital Society.

All the efforts of the now partially united homoeopaths notwithstanding, construction costs increased so dramatically after the First World War that a special homoeopathic hospital could not be built. Nevertheless, because of the financial backing of Robert Bosch Sr it was possible, after many vicissitudes, to open a small hospital in the centre of Stuttgart in 1921.<sup>91</sup> Eventually, after various conversions, this became the Robert Bosch Hospital on the Pragsattel.<sup>92</sup> The campaign to build a hospital was one of the most important activities of Hahnemannia in the twentieth century. However, after the compromise with the Stuttgart Homoeopathic Hospital Society (in which homoeopathic doctors were dominant) Hahnemannia not only forfeited the initiative here but also lost influence as a lay movement generally. With the hospital, what the members of Hahnemannia had hoped for became reality. Among the things they expected a homoeopathic hospital to provide were specialist care, clinical research into new homoeopathic treatments, training for young homoeopathic doctors, and so on. In other words, the members of Hahnemannia had faith in the highly qualified treatment administered by homoeopathic doctors. It meant that they shrank from no sacrifice on behalf of the lay movement.

## Conclusion

**B**ECAUSE THE HOMOEOPATHIC DOCTORS' ORGANISATION was too weak as an interest group, they expected and needed the help of lay societies to propagate the method and to overcome the restrictions on homoeopathic treatment. The leaders of Hahnemannia understood these expectations and directed their efforts accordingly. Basically, lay practitioners acknowledged the authority of doctors, although sometimes they looked for a greater degree of independence from doctors and sought to push through initiatives of their own. Hahnemannia, which emerged from a small study group of homoeopathic lay practitioners (the 'publicly active' group), was set up in 1868 on the initiative of lay people as a lobbying, propaganda,



and educational organisation for homoeopathy. In the 1880s the society attracted many new members who belonged to the 'privately interested' group. This transformed Hahnemannia into a consumer organisation for homoeopathic treatment. The appointment of a doctor to the society or the hospital building campaign characterised the society as the organisation of the group that was mainly interested in treatment. After the 1906 compromise with the homoeopathic doctors over the construction of a hospital, Hahnemannia functioned as the body responsible for collecting donations and making propaganda for the hospital that had been planned by the homoeopathic doctors. The society lost most of its power to initiate action and became more dependent on the doctors than it had been previously.

Compared with the activities of the German Confederation of Societies for Health Care and Healing Methods without Medication, Hahnemannia had relatively little autonomy from doctors. The German Confederation established a training course for lay practitioners to improve their proficiency. A licence for non-medical practitioners was also created. Only an individual who had passed the examination was, in future, to be recommended as a *Naturarzt* to treat the sick.<sup>93</sup> *Naturarzt* should not be regarded as a profession, lacking as it did many of the elements of a profession as described by McClelland. But such 'nature doctors' had created a licence outside state control and the authority of the medical profession. Initially, the qualification was valid only within the membership of nature healing societies, but those who held it later received state recognition as *Heilpraktiker* (non-medical practitioners). Unlike the nature healing societies, Hahnemannia did not introduce a special licence for homoeopathic non-medical practitioners, further demonstrating that it clung to the authority of doctors.

## Notes

- 1 The author thanks the Fukutake Science and Culture Foundation in Japan for financial support for this research.
- 2 See Talcott Parsons, 'Profession' in David L. Sills (ed.), *International Encyclopedia of the Social Sciences* (New York, 1968); Talcott Parsons, *The Social System* (New York, 1951; Glencoe, IL, 1958); Eliot Freidson, *The Professional Dominance: The Social Structure of Medical Care* (New York, 1970); Eliot Freidson, 'The Theory of Professions: State of the Art' in Robert Dingwall and Philip Lewis (eds.), *The Sociology of the Professions* (New York, 1983).
- 3 Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge, 1991), 14.
- 4 Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert* (Göttingen, 1985).
- 5 Robert Jütte, 'The Professionalisation of Homoeopathy in the Nineteenth Century' in John Woodward and Robert Jütte (eds.), *Coping With Sickness. Historical Aspects of Health Care in a European Perspective* (Sheffield, 1995), 49; 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), 174 ff. For the problems of professionalisation in connection with homoeopathic treatment in Germany, see also Robert Jütte, 'The Paradox of Professionalisation: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century', in Jütte, Risse and Woodward (eds.), *Culture, Knowledge, and Healing*; Martin Dinges, 'Professionalisierung homöopathischer Ärzte: Deutschland und Vereinigte Staaten von Amerika im Vergleich' in *Medizin, Gesellschaft und Geschichte*, 14 (1995).
- 6 Dinges, 'Role of Medical Societies', 180.
- 7 For the role of Willmar Schwabes for the spread of lay homoeopathic treatment, see Joachim Willfahrt, 'Wie der homöopathische Apotheker und Verleger Willmar Schwabe (1839–1917) und seine Wegbegleiter im Laufe des 19. Jahrhunderts der Homöopathie ein Millionenpublikum verschafften' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996).
- 8 Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozess – Der homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989), 45 ff.
- 9 See Friedrich Kottwitz, *Bönninghausens Leben. Hahnemanns Leiblingsschüler* (Berg am See, 1985); see also Martin Stahl, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen* (Heidelberg, 1997).
- 10 See Elisabeth Häcker-Strobusch, 'Johann David Steinestel (1808–1849). Drechsler – Missionar – Homöopath: ein Beruf, zwei Berufungen' in Dinges (ed.) *Homöopathie*.

- 11 See Ingeborg Streuber, "'Der Mensch kann, was er will, doch er muß glauben und vertrauen' Ein Macher: Arthur Lutze (1813–1870)' in Dinges (ed.), *Homöopathie*, 160–184.
- 12 *Homöopathische Monatsblätter* (HM) 15 (1890), 1 ff., 17 ff.
- 13 *Allgemeine Homöopathische Zeitung* (AHZ) 112 (1886), 34.
- 14 Erich Haehl (ed.), *Zum Arzt berufen. Heilkunst der alten und der neuen Welt im Lichte eines ärztlichen Lebens. Nach einem Manuskript von Dr. med. hom. Richard Haehl* (Leipzig, 1934), 55.
- 15 HM 28 (1903), 57.
- 16 AHZ 113 (1886), 76.
- 17 AHZ 104 (1882), 33 ff. See also the article by Emil Schlegel referred to in note 13.
- 18 HM 14 (1889), 84 ff.
- 19 HM 36 (1911), 50.
- 20 HM 24 (1899), 120 ff.; see also Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), 163 ff., 167.
- 21 Wolff, *Gesundheitsverein*, 47.
- 22 *Homöopathische Rundschau* (1903), 5 ff.
- 23 HM 18 (1893), 4 ff.
- 24 HM 3 (1878), supplement to no. 4. For the critical evaluation of orthodox medicine by the opponents of vaccination, see Eberhart Wolff, 'Medizinkritik der Impfgegner im Spannungsfeld zwischen Lebenswelt- und Wissenschaftsorientierung' in Martin Dinges (ed.), *Medizinkritische Bewegung im Deutschen Reich (c.1870–c.1933)* (Stuttgart, 1996), 79–108.
- 25 As note 14.
- 26 Theodor Heuss, *Robert Bosch* (6th ed., Tübingen, 1946), 594.
- 27 *Geschichte der Entwicklung der Homöopathie in Württemberg* (Stuttgart, 1889), 15. See also Eberhard Wolff, "'... nichts weiter als eben einem unmittelbaren persönlichen Nutzen.'" Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 4 (1985; published 1987), 61–97; Dörte Staudt, 'The Role of Laymen in the History of German Homoeopathy' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 199–215.
- 28 *Geschichte der Entwicklung der Homöopathie in Württemberg*, 31 ff.
- 29 HM 1 (1876), 1.
- 30 *Geschichte der Entwicklung der Homöopathie in Württemberg*, 20 ff. Afterwards he was compulsorily transferred to a senior medical officer post in Rottweil and from 1882 he served as personal physician to Queen Olga of Württemberg (1822–92). See

Christian Lucae, *Homöopathie an deutschsprachigen Universitäten. Die Bestrebungen zu ihrer Institutionalisierung von 1812 bis 1945* (Heidelberg, 1998), 46 ff.; Wolff, *Gesundheitsverein*, 43.

- 31 *Regierungs-Blatt für das Königreich Württemberg* (1 April 1859), 52.
- 32 Staudt, 'Role of Laymen', 207.
- 33 *Populäre Zeitschrift für Homöopathie* 1 (1870), 117 ff., 25 ff.; See also *Aus der 25jährigen Geschichte der Hahnemannia von ihrer Gründung am 24. Februar 1868 bis 24. Februar 1893* (Stuttgart, 1893), 6 ff.
- 34 HM 23 (1898), 162 ff. See also Dörte Staudt, "'... dem Blick der Laien auf das Ganze gerichtet.'" – Homöopathische Laienorganisationen am Ende des 19. und zu Beginn des 20. Jahrhunderts' in Dinges (ed.), *Homöopathie*, 96.
- 35 Thomas Schlich and Reinhart Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von der Schwierigkeit, die Verbreitung der Homöopathie unter Ärzten festzustellen' in Dinges (ed.), *Homöopathie*, 217; see also Huerkamp, *Der Aufstieg der Ärzte*, ch. VII.
- 36 HM 12 (1887), 51.
- 37 HM 26 (1901), 96.
- 38 HM 51 (1926), 65 ff.
- 39 Institut für Geschichte der Medizin der Robert Bosch Stiftung (IGM), V 7, *Hahnemannia minutes*, 136.
- 40 HM 4 (1900), 92; HM 39 (1914), 25. See also Wolff, *Gesundheitsverein*, 55, 58; Staudt, 'Role of Laymen', 200.
- 41 For the lay society in Heidenheim, see Wolff, *Gesundheitsverein*, 66 ff.
- 42 Haehl (ed.), *Zum Arzt berufen*, 154. See also Staudt, 'dem Blick der Laien', 95 ff.
- 43 HM 4 (1879), 124.
- 44 HM 11 (1886), 189.
- 45 HM 19 (1894), 50.
- 46 *Geschichte der Entwicklung der Homöopathie in Württemberg*, 51.
- 47 HM 7 (1882), 46.
- 48 HM 34 (1909), 87. The doctor was Richard Haehl, who after training in Germany only as a craft-tradesman had studied homoeopathy in the USA on a Hahnemannia scholarship; see Haehl (ed.), *Zum Arzt berufen*.
- 49 Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889–1914)* (Stuttgart, 1995), 70 ff.
- 50 AHZ 120 (1890), 168 ff.
- 51 AHZ 112 (1886), 25 ff.
- 52 Wolff, *Gesundheitsverein*, 84 ff.
- 53 Wolff, *Gesundheitsverein*, 142 ff.

- 54 *100 Jahre Homöopathischer Verein Metzingen* (Metzingen, 1992). The local society in Feuerbach also endeavoured to attract a homoeopathic doctor; see also *Homöopathischer Verein Feuerbach, 40jährige Jubelfeier* (Feuerbach, 1926), 8 ff. For the Heidenheim example, see Wolff, *Gesundheitsverein*, 84 ff.
- 55 HM 12 (1887), 51.
- 56 HM 12 (1887), 51.
- 57 IGM, V 7, 134.
- 58 HM 12 (1887), 96.
- 59 HM 12 (1887), 112, 175, 189; HM 13 (1888), 16.
- 60 IGM, V 7, 137.
- 61 HM 13 (1888), 87. For the practice in Heidenheim, see Wolff, *Gesundheitsverein*, 87.
- 62 IGM, V 7, 139.
- 63 IGM, V 7, 140.
- 64 IGM, V 7, 171.
- 65 HM 15 (1890), 189; HM 18 (1893), 176; HM 19 (1894), 32.
- 66 HM 17 (1892), 62.
- 67 IGM, V 7, 154.
- 68 IGM, V 7, 160, 162.
- 69 IGM, V 20, list of scholarships awarded.
- 70 Wolff, *Gesundheitsverein*, 140 ff.
- 71 Verein für Homöopathie und Lebenspflege Laichingen, *Festschrift zum 25. Stiftungsfest am 14. Juli 1935* (Laichingen, 1935), 6.
- 72 *Aus der 25jährigen Geschichte der Hahnemannia*, 37; HM 5 (1880), 165 ff.
- 73 HM 6 (1881), 177; HM 7 (1882), 15; HM 8 (1883), 62.
- 74 HM 7 (1882), 67.
- 75 IGM, V 16, Protokollbuch der Stiftung für Studierende der Medizin 1882–98, 10, 15.
- 76 IGM, V 20, 3.
- 77 IGM, V 17, Protokollbuch der Stiftung für Studierende der Medizin 1882–98, 41, 51.
- 78 HM 51 (1926), 66.
- 79 For homoeopathic hospital building in Stuttgart, see Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser. Von den Anfängen bis zum Ende des Ersten Weltkrieges* (Heidelberg, 1995), 106 ff.
- 80 AHZ 142 (1901), 17 ff.
- 81 HM 26 (1901), 96 ff.

- 82 HM 26 (1901), 165.
- 83 HM 26 (1901), 165 ff.
- 84 HM 29 (1904), 95.
- 85 HM 29 (1904), 95.
- 86 AHZ 148 (1904), 199 ff. For the debate about the chair of homoeopathy in Württemberg, see Lucae, *Homöopathie an deutschsprachigen Universitäten*, 106 ff.
- 87 AHZ 148 (1904), 201.
- 88 HM 29 (1904), 103 ff.
- 89 HM 31 (1906), 101 ff., 125 ff.
- 90 HM 36 (1911), 64.
- 91 HM 47 (1922), 60 ff.
- 92 HM 65 (1940), 41 ff.; AHZ 188 (1940), 64 ff.
- 93 Cornelia Regin, 'Naturheilkundige und Naturheilmovungen im Deutschen Kaiserreich', *Medizin, Gesellschaft und Geschichte*, 11 (1992), 184 ff.