

# The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries

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## Introduction

THROUGHOUT THE HISTORY OF HOMOEOPATHY in Britain, patients have played an important part in its spread and in defence against attack by conventional medicine. Action has been taken sometimes by individuals and at other times by groups and organisations. Several of the British homoeopathic hospitals resulted from the donations of individual entrepreneurs such as the Tate Homoeopathic Hospital in Liverpool, built by Sir Henry Tate (1819–99) a sugar importer, and the Bristol hospital by Mr Melville Wills a tobacco manufacturer.<sup>1</sup> The London Hospital resulted from donations from the aristocracy.<sup>2</sup>

Before homoeopathy came to Britain there was a demand for an alternative to the recognised methods of treatment, but this was labelled 'quackery'. What it constituted is difficult to define for it was not related to a medical qualification. Dr James Graham (1745–94) was the presenter of the Celestial Bed, an alleged treatment for infertility.<sup>3</sup> Many infamous patent medicines were marketed by doctors. Dr Robert James (1705–76), a court physician, produced a very popular powder containing antimony which supposedly led to the death of the author Oliver Goldsmith. Homoeopaths reduced the income of their conventional rivals by casting doubts on their

ability and their treatments. Medicine was becoming scientific but the 'systematists' had only just disappeared. Many medical students, in the 1820s, were still required to give a dissertation in Latin about the four elements of Galen. Homoeopathy might have appeared nonsensical but no more so than the theories of Francis Broussais (1772–1838) who was attacked, but not despised, as a quack.

Frederick Quin (1799–1879) was a successful conventional doctor in Naples, before he became Britain's first homoeopath in 1832. His treatment of his patron, the Duchess of Devonshire (1758–1824), during her last illness in 1824 probably contributed to her death. She was bled four times in 24 hours.<sup>4</sup> Quin's origins are obscure. He had aristocratic connections and the entrée to all the great houses and, thus, was acceptable to the upper classes. After the death of the Duchess, he was introduced to homoeopathy by Dr George Neckar (1770–c.1849)<sup>5</sup> and went to Germany to study it. He then took service for two years with Prince Leopold (1790–1865), later King of the Belgians. He hoped for recognition by the profession when he returned to London in 1832 but was unsuccessful. Only a few years later he was publicly called a quack by the President of the Royal College of Physicians.<sup>6</sup>

### The First Patients

HOMOEOPATHY WAS FIRST CONFINED to the upper classes, many of whom had crossed the Channel to consult Hahnemann in Paris. The patients were the driving force in the establishment of British homoeopathy. Those who urged Quin to come to London were of two kinds. Some, like the diplomat Lord John Ponsonby (1770–1855), supported the system. He wrote:

I have no hesitation to say stoutly, go to London; try your luck or rather show your science; if you fail, what then, you can only fail by the failure of homoeopathy, you know that to be true and that it cannot fail; but if it should prove false you are too honest a man not to be amongst the first to declare it to be so and too acute not to find out its fallacy as soon as any other man whatsoever. You can then fall back to where you have been and I think with advantage.<sup>7</sup>

In contrast, Lord Robert Grosvenor (1801–93) seems to have wanted his friend to come and was content to accept whatever treatment he was given. Quin's successful treatment of cholera in 1831 was a probable factor when the disease threatened Britain.<sup>8</sup>

Twenty years later there were over 50 homoeopathic doctors in

London and more than 100 in the provinces, 14 hospitals and dispensaries in London and nearly 50 outside. Quin was still in practice. His patients included minor Royalty, aristocrats, literary and artistic figures such as Charles Dickens (1812–70), Sir Edwin Landseer (1802–73) and Charles Mathews (1803–78).<sup>9</sup> Lord Ronald Gower, writing about Quin after his death, thanked him ‘for saving him from the Blue pills’.<sup>10</sup> Upper-class patients actively sought homoeopathy and helped to defend it against the medical profession. One who rendered important service to homoeopathy was Lord Robert Grosvenor. As a Member of Parliament he put down a question which forced the Government to publish the results of the London Homoeopathic Hospital during the cholera epidemic of 1854. These were greatly superior to those of conventional medicine but ignored by the Board of Health.<sup>11</sup>

In 1858 the Medical Act was introduced into Parliament to enforce, for the first time, the registration of doctors. It allowed degree-awarding bodies to withhold qualification from anyone whose views they disliked. Had it been passed, homoeopathy would have ceased to exist. Forty-eight hours before the Act was to go through its final stages in the Upper House Dr Robert Dudgeon (1820–1904) discovered what was happening. He went to Lord Ebury (previously Lord Robert Grosvenor) and, together with another peer, they stayed up all night drafting an amending clause which removed the offending power.<sup>12</sup> This clause seemed so innocuous that it went through without debate. The leading opponent of homoeopathy was Sir James Y. Simpson (1811–70)<sup>13</sup> who left the House totally unaware that he had been defeated.<sup>14</sup> Grosvenor also served on many homoeopathic committees, as did other notables such as the seventh Duke of Beaufort (1792–1858) and the first Marquis of Anglesey (1769–1852).

### **Working-Class Patients**

THE ONLY EARLY RECORDS of lower-class patients come from the cholera epidemic of 1854. The upper and middle classes were nursed at home, where even surgery was performed. Voluntary hospitals and dispensaries were established to serve the poor. The London Homoeopathic Hospital offered free treatment to the local population and it is not surprising that ordinary working-class men, women and children formed the majority of patients (Table 1). It is unlikely that they initially chose homoeopathy but, as the epidemic progressed and it became obvious that more homoeopathic than allopathic patients were surviving, their attitude may have changed.

In normal times patients were referred by a contributor to the hospital or dispensary, the number depending upon the amount subscribed.

**Table 1. Occupations of Patients at the London Homoeopathic Hospital 1854 (Parliamentary Papers: Return of an Address to the Honourable House of Commons dated 17 May 1855)<sup>15</sup>**

Occupation	No.	Occupation	No.	Occupation	No.
Baker	1	French Polisher	2	Potman	1
Bath Attendant	1	Fruitseller	1	Printer	4
Boilermaker	1	Fruitwoman	1	Saddletree Maker	1
Bookbinder	2	Gardener	2	Sawyer	1
Bookseller	1	Gas Fitter	1	Schoolmaster	2
Boot Binder	1	Glovesmaker	2	Schoolmistress	1
Boot Closer	1	Grocer's	1	Sempstress	2
Brass Fitter	1	Grocer's Boy	1	Servant	33
Brazier	1	Hairdresser	1	Shoemaker	17
Bricklayer's Boy	1	In War Office	1	Shopkeeper	1
Cabinet Maker	3	Ironmonger	1	Shopman	3
Capmaker	1	Labourer	5	Smith	1
Carman	1	Labourer	4	Stableman	1
Carpenter	6	Lady	4	Stableman	1
Carver	1	Laundress	3	Stationer	2
Clergyman	1	Letter Carrier	2	Stonemason	1
Clerk	8	Mason	2	Surgeon	1
Clogmaker	4	Master Bookseller	1	Tailor	16
Coach Painter	1	Matron	1	Tailoress	1
Coachman	3	Medical Practitioner	1	Traveller	2
Coal merchant	1	Milliner	1	Turncock	1
Collector	1	Music Seller	2	Turner	2
Composer	2	Needlewoman	1	Waistcoat Maker	1
Cook	1	Nurse	5	Warehouseman	2
Cooper	2	Officer of Rank	1	Watch Finisher	1
Cornmeter	2	Painter	1	Watchmaker	1
Cutler	1	Pastry Cook	5	Waterman	2
Cutter	1	Plasterer	4	Wheelwright	1
Drayman	1	Policeman	1	Wigmaker	2
Drug Grinder	1	Porter	5	Wood Turner	1
Engineer	3	Postman	1	Zinc Worker	1
Errand Boy	1				

Most patients would have been unconcerned about the form of medicine prescribed. They could not afford a private doctor, so accepted whatever was offered. Many were domestic servants. It must have been a temptation for subscribing employers to send them to the hospital, where they were away from the house, and incurred no further cost to their employer. Thus, in mid-century, patients included a small number of aristocrats and of the middle classes, who chose homoeopathy, and a much larger number of

the working class who probably had no strong views. The latter may, of course, have been delighted to be spared the blue pills, blisters and purges of conventional medicine.

### Early Lay Support

IN 1835 MR WILLIAM LEAF (1790–1874), a publisher and businessman, had invited Dr Paul Curie (1793–1853) to come to Britain from Paris. Once Curie had learned English, he and Leaf opened a dispensary in Finsbury Square, London. This was followed, in 1842, by a Hospital in Hanover Square, London. Unlike Quin, Curie worked to spread homoeopathy among the working classes. Unfortunately his ideas, that were claimed to be supported by Beaumont's work on gastric juices, did not appear totally divorced from Broussais's pathology which centred all disease in the gastrointestinal system.<sup>16</sup> He also gave public lectures at which he demonstrated his 'marvellous' cures. There was an obvious division between the medical supporters of Curie and those of Quin; Curie's associates supported Curie's ideas of pathology but objected to what they regarded as Quin's high-handedness. Some, like Robert Dudgeon, rejected Hahnemann's theories which Quin, who knew Hahnemann, accepted. But why laymen chose a particular group is less clear. They were probably more concerned with the preservation of homoeopathy than about hypotheses. Many had personal friends in both camps and were not concerned with the doctors' quarrels.

The first organisation for homoeopathic lay supporters was probably the Homoeopathic Association, formed about 1836, under the Presidency of Lord Robert Grosvenor.<sup>17</sup> This Association was replaced in May 1845 by the English Homoeopathic Association, still under Grosvenor's Presidency, its main task being to support the Hospital in Hanover Square.<sup>18</sup> Its members were Curie's associates<sup>19</sup> though some of its officials left in 1847 after a disagreement with Curie. They announced to the British Homoeopathic Society that 'No consideration could induce them to have their names connected with the Homoeopathic Institution in Hanover Square which by the manner in which professional deportment has been directed has done so much to compromise homoeopathy ...'.<sup>20</sup> Supported by Quin, who was very critical of what he regarded as Curie's unprofessional behaviour, they formed the British Homoeopathic Association in the same year. It was to raise funds for the London Homoeopathic Hospital which opened in 1849. At a meeting of the British Homoeopathic Society Quin reported 'That the financial state was most prosperous, for having established

the nucleus of a library, it [the British Homoeopathic Society] has by its exertions in conjunction with the British Homoeopathic Association established a hospital ...'.<sup>21</sup> The Association disbanded after this single success. Meanwhile the Hahnemann Hospital opened in Bloomsbury Square in 1850 with Curie on the staff. It closed after Curie's death in 1853, but the English Homoeopathic Association continued for a few years more.<sup>22</sup> For the rest of the century there was no national organisation for patients. In the provinces, groups of patients supported practitioners in their efforts to open and run dispensaries and hospitals. In 1886, the belief that the conventional profession would never give up its prejudice led to the formation of the Homoeopathic League, with branches throughout the country, under the chairmanship, once more, of Lord Ebury. For the next 30 years 54 pamphlets or 'Tracts', written by Drs Robert Dudgeon and William Sharpe (1805–96) and explaining the advantages of homoeopathy, were distributed to the general public.<sup>23</sup> In the last quarter of the century, although the hospital had moved to larger premises in Great Ormond Street, the vast majority of its patients were still working class. However, instead of peers from the ancient noble families running the hospital the new bourgeoisie of the upper middle classes now filled the committees. Many of these had been knighted or even raised to the peerage for their commercial or political work. The aristocratic patients, that Quin had attracted, do not seem to have been replaced in any numbers after his death in 1878.<sup>24</sup>

Other hospitals and dispensaries were usually opened at the behest of doctors supported by local worthies. Doctors felt it their duty to serve the poor as well as their paying patients. While the smaller institutions usually paid the doctor a salary, an honorary post at a large hospital enabled a doctor to make his name and attract patients to his private practice. What is not clear is why working-class patients attended a homoeopathic rather than a conventional hospital or dispensary. There were, for example, at least five conventional hospitals within walking distance of the London Homoeopathic Hospital.<sup>25</sup> Curie's influence in spreading homoeopathy to the working class may have played a part, as could the system of sponsorship, but at least some of the patients were beginning to favour homoeopathy. The sponsorship system disappeared towards the end of the century and patients became responsible for their own fees, on a means-tested basis. It is likely that patients attended homoeopathic institutions from choice. By 1899 the catchment area of the London hospital was very wide<sup>26</sup>. A large number of patients would, as was customary until the advent of the National Health Service in 1948, have walked into 'Casualty' without reference from a doctor. Yet, doctors from all over the country referred patients. These

patients must have consciously chosen a homoeopathic doctor, but this was a temporary phenomenon. Scientific medicine evolved and by 1914 support for homoeopathy had noticeably diminished, but whatever their preferences, lower-class patients had little power to influence the provision of homoeopathic services.

### **The Advent of Scientific Medicine**

**D**URING THE LATTER PART of the nineteenth century changes took place in conventional medicine, which indirectly affected the future of homoeopathy. In the medical specialities the important factor was greater understanding. In 1895 x-rays were discovered and in 1903 Willem Einthoven (1860–1927) invented the ECG which replaced Marey's sphygmograph that had been modified for clinical use by the homoeopath, Robert Dudgeon.<sup>27</sup> When Quin arrived in 1832, physical examination using such instruments as the stethoscope was unusual but by the end of the century it was the norm. Nevertheless, physicians were still almost as powerless as they had been in the days of bleeding and purging. Even in the 1940s, admission to a medical ward was usually for investigation and seldom resulted in effective treatment. Only in the case of infectious fevers, which were major killers particularly of children, had any real progress been made; even there improved hygiene was the most important factor. Yet trust in doctors was returning and the treatment no longer seemed worse than the disease. Many major reasons for turning to homoeopathy no longer applied. Since several homoeopathic remedies such as aconite and belladonna had been incorporated into the conventional pharmacopoeia, fewer doctors were prepared to suffer the loss of professional status by calling themselves homoeopaths. Thomas Wakley (1795–1882), the editor of the *Lancet* and a virulent opponent of homoeopathy, took an extreme view as early as 1882, probably through wishful thinking: '... It is not now – when homoeopathy is extinct; when the real disciples of Hahnemann in England can be counted on the fingers of one hand; when they say that homoeopathy is no longer taught even in the school of homoeopathy; when the contempt and denunciation of homoeopathy have received their triumphant vindication ...'.<sup>28</sup>

However, there was still a substantial population requiring homoeopathic treatment. Margaret Tyler (1859–1943), who qualified in medicine in 1903, at the age of 44, with the intention of serving the poor of London, pointed out that the interests of doctors and patients were not identical.<sup>29</sup> While patients were calling for homoeopathic doctors to run dispensaries in

London, she accused the homoeopathic hierarchy of sending new doctors away to the country, where they would not interfere with the income of established practitioners. She called upon laymen to look out for the patients' interests, and she welcomed the establishment of the House Committee at the London Homoeopathic Hospital, which was almost entirely lay in its composition.<sup>30</sup> Since there was no adequate homoeopathic medical school in Britain, she called for newly qualified doctors to be sent for instruction at the schools of homoeopathy in America. She induced her parents to establish the first three scholarships and agreed with James Tyler Kent (1849–1916) of Chicago about the details of the course.<sup>31</sup>

### **The Change to Kentian Philosophy**

THE DOCTORS RETURNING FROM AMERICA brought with them Kentian homoeopathy, which had already been foreshadowed by Octavia Lewin (c.1860–c.1938) in 1903.<sup>32</sup> Kent's ideas took over in less than two decades. Not only were his homoeopathic theories accepted but also his philosophy which derived, not directly from Hahnemann as he claimed, but was greatly influenced by Emanuel Swedenborg (1688–1772), the Swedish theologian. The result was a tendency to reject almost everything connected with scientific medicine. Bacteria were regarded as the result of disease rather than its cause and pathology was of little interest. The wish of late nineteenth-century homoeopathic doctors to unite with the conventional profession, even if this meant presenting homoeopathy in a more scientific way, was no longer regarded as rational or desirable. Homoeopathy became a rather inward-looking sect, to some extent dependent on 'homoeopathic families' who supplied doctors, patients and, of course, money. Homoeopathic families already existed: the Epps family, for example, produced three doctors, a pharmacist and a publisher as well as many committee members. The Tylers served on committees and laid many foundation stones, while their doctor daughter was on the hospital staff.<sup>33</sup> Family ties became more important because there was less recruitment of new supporters. Most of the patients had an absolute devotion to Hahnemann and homoeopathy, which they regarded as the answer to every medical problem. The frequent disagreements of practitioners with Hahnemann's theories in the nineteenth century now completely disappeared. Patients thought it their duty to spread the gospel. Thus, the committee of the Children's Homoeopathic Clinic which opened in Shepherds Bush, London, in 1914, regarded their bringing of homoeopathy to deprived children as war work.<sup>34</sup> Support for homoeopathy continued during that war, and when the



British armed forces refused all their offers of help, homoeopaths provided units to assist the French. A hospital in Normandy was supported by £22,569 raised during 1915 from workmen who made weekly subscriptions or bought sixpenny stamps.<sup>35</sup> A hospital established in Paris 'sold' the right to name wards for £250 each. Thus, wards were dedicated to the towns which raised the money and to families who made the appropriate donation. Beds 'cost' £100 each.<sup>36</sup> In addition, wealthy patients lent their motor cars as ambulances, frequently accompanied by their chauffeurs. Other individuals served as drivers, orderlies and volunteer nurses.

### **The British Homoeopathic Association**

ANOTHER OCCURRENCE WAS TO AFFECT the influence of patients. The strict rules about advertising made it increasingly difficult for homoeopathic doctors to attract patients and to introduce new doctors to the therapy. At the turn of the century the London Homoeopathic Hospital started a centenary appeal for funds. This '20th Century Fund' was put under the control of a new society that bore the name of an old one, the British Homoeopathic Association, 'For the development and extension of homoeopathy throughout Great Britain.'<sup>37</sup> It was intended primarily to encourage the education of doctors and for research, but also it was in a position to tell prospective patients about homoeopathy and to give them the names of doctors who practised it. The British Homoeopathic Society, the doctors' organisation, started the Association and Dr Margaret Tyler, for example, played an important part in it for 40 years. Nonetheless, the majority of its committee was lay.<sup>38</sup> At its inaugural meeting 13 lay members were appointed, but any donor of £1,000 was also given the right to a seat on the committee. All six doctors of the Executive of the British Homoeopathic Society were given places, but this number of medical members was reduced over time. The Association increasingly took upon itself the role of spreading knowledge among the lay public and of supplying them with the details of homoeopathic doctors.<sup>39</sup> It was remarkably successful. After a year the chairman was able to report:

During the past twelve months it has:

1. Obtained £9,000 in promises and payments for carrying out its objects.
2. Commenced the Foundation and Endowment of a Professorship in Homoeopathic Therapeutics.
3. Commenced through a Ladies Committee, the Foundation and Endowment of a Travelling Scholarship in Homoeopathy.

4. Provided funds for the necessary expenses of such a Travelling Scholarship in the Homoeopathic Colleges of the United States for the current year.
5. Initiated a series of lectures during the Summer Sessions to professional men on the Theory and Practice of Homoeopathy.
6. Arranged for the production of a Standard Work showing the essential relations of Homoeopathy to the more important modern medical advances.
7. Afforded its aid in various directions for the extension of Homoeopathy and Homoeopathic Hospitals.
8. Initiated a general membership of all Homoeopaths interested in and desirous to aid the national work of the Extension and Development of Homoeopathy in this country.

It cannot be too clearly apprehended that this is a National Work of value and importance to all Homoeopaths in the British Islands.<sup>40</sup>

But there were still problems:

In England, as elsewhere, the call from the laity is out of all proportion to the professional response. For it is the laity whose health and wellbeing are actually involved; it is on the non-professional public that the stress of a limited Homoeopathy mainly falls. Partly from the defects in our organisation, partly from deficiency in our numbers, the progress of homoeopathy in these islands falls far short of its realisable possibility ... all these disabilities lend themselves to effective removal by an adequate organisation, efficiently financed for widening the developments of homoeopathy in Great Britain ... The result of all this should be the provision for the public need of a body of convinced and trained practitioners of the Homoeopathic method, ready to minister its healing powers to the sick in all parts of the kingdom.<sup>41</sup>

### Royal Patronage

**H**OMOEOPATHY IN BRITAIN cannot be mentioned without reference to Royal patronage. Although Queen Victoria (1840–1901) and King Edward VII (1841–1910) were never homoeopathic patients, many of their relatives were. The Duchess of Cambridge (1822–1916), sister-in-law of King William IV, was treated by Dr Johann Stapf (1788–1860), prior to the arrival of Dr Quin who became Physician to her household. Her granddaughter became Queen Mary (1867–1953), wife of King George V (1865–1936), and grandmother of the present Queen. Queen Elizabeth the Queen Mother (b. 1900) is a patron of the British Homoeopathic Association.<sup>42</sup> Dr John Weir (1879–1971) was appointed first as Physician in Ordinary to Edward, Prince of Wales, later King Edward VIII (1894–1972).

When King George VI (1895–1952) succeeded him, after his short reign in 1936, Weir became the first homoeopathic physician to the King. As a result, doubtless helped by Weir's personal status in professional circles, many people heard of the therapy without having a clear idea of what it represented. King George VI was an enthusiastic supporter of homoeopathy. He was a patient of John Weir before he came to the throne and the patron of the 1936 International Homoeopathic Conference in Glasgow. As well as appointing Weir he gave the title 'Royal' to the London Homoeopathic Hospital.<sup>43</sup> He was not averse to using his influence when he thought homoeopathy might be of more general benefit, or where he could assist its survival in an adverse medical world.

In 1940, the Royal Air Force was having considerable problems with the treatment of burns. At the time about 36 cases of severe burns to Air Force pilots were occurring each month.<sup>44</sup> The standard treatment was tannic acid, but this could lead to gangrene of the fingers if applied to the hands, the commonest site of burns in fighter pilots. On hearing of this problem King George VI told Weir to offer advice on using *Urtica Urens* in conjunction with saline baths. On 10 October 1940 Weir duly wrote to the Under Secretary at the Air Ministry:

Doubtless you have seen the enclosed re [regarding] treatment of burns by tannic acid.

Curiously enough, I met the King and he raised the question of burns in the Air Force. I gave His Majesty a copy of this report, and he mentioned that I ought to write to you about the efficiency of *Urtica Urens* in such conditions. It ought to be a simple matter to add some to the saline baths; at least the M.O. [Medical Officer] would be carrying out his orders and you would have control experiments. I assure you it does work, as I know from personal experience.

One does not wish to be interfering, but at the same time, it is only fair to offer additional help.

Best wishes, etc.

Sir John Weir.<sup>45</sup>

The King had already pushed homoeopathy towards the Royal Air Force Medical Service. In June 1940, Weir was writing to the Commanding Officer of the Air Force Hospital at Matlock:

It is a long story, but I have been brought into touch with the authorities; for the moment I cannot mention the ins and outs, but I wondered if we could not help in our own peculiar way with some of the difficult problems you have to solve. For example, many of the men after a severe crash, don't quite recover their faculties for some time; indeed they seem dazed and cannot concentrate;

this quite apart from any possible headache. They don't seem to respond to usual forms of treatment, and it is here that we find Arnica, given internally of the greatest use ... I have been interested in the state of sleeplessness after Caffeine. The boys seem to come home over-excited, with vivid imagination. They feel inclined to lie down and sleep, but they are quite unable to fall over; we find that Coffea suits this particular state; I know that Chloral Hydrate is given, but this seems to make attacks on the economy.

I don't want seemingly to interfere, but I have been asked to take an interest and I know that I can approach you for advice.

With kind regards etc.,

Sir John Weir.<sup>46</sup>

Obviously reluctant to push his opinions, he could not refuse his royal patient, nor could the Royal Air Force refuse to act. Therefore, the trials were set up though, unfortunately, no results are available.<sup>47</sup> It is probable that, in the case of burns, any improvement was put down to the change from tannic acid to saline and the effect, if any, of homoeopathy was ignored.<sup>48</sup> However, it would be helpful to know of the private comments of such eminent plastic surgeons as Sir Harold Gillies (1882–1960) or Archibald McIndoe (1900–60) about this 'quackery'.

### **The Coming of the National Health Service**

THE PROPOSED INTRODUCTION of the National Health Service, after the Second World War, gave rise to many potential problems for homoeopaths. It was necessary to overcome the prejudice of the conventional profession to ensure that the homoeopathic hospitals were included in the service, and that homoeopathic remedies were prescribable on health service prescription forms. There were nine homoeopathic hospitals of which five now survive in some form. The British Homoeopathic Society, which had reorganised as the Faculty of Homoeopathy in 1943, held several long discussions with the Ministry of Health. Once more, the King acted to effect an introduction to the Minister when his private secretary wrote to the Minister asking him to see Weir.<sup>49</sup>

Non-medically qualified practitioners were increasing in number, but not adequately organised; the Society of Homoeopaths was not fully established until 1977. They wanted the National Health Service to include them as professionals but this was unthinkable. Homoeopathy was suspect, but non-medically qualified practice was totally unacceptable to the conventional medical establishment which held the power. In any case, what was being argued concerned doctors' activities in hospitals and general practice. Some practitioners had joined the British Homoeopathic

Association but left when it was clear that their objectives could not be obtained. The Association had first become involved in political activity when the National Insurance Act was proposed in 1911. This was a restricted measure where provision was only being made for the free medical care of working men. The National Health Service Act of 1948 was much more important for free medical treatment was to be given, at both primary and secondary level, to everybody in the country. Previously independent homoeopathic hospitals would be taken over and might become the responsibility of opponents. The Association made its submission:

That in order to ensure that this widespread demand from the public is met through the National Health Service they wished certain homoeopathic hospitals to be designated Teaching Hospitals under the Bill so that doctors specialising in homoeopathy may be trained ...

The Minister in reply said he hoped the homoeopathic hospitals in general would come into the National Health Service scheme, and he would try and preserve their special character by making suitable appointments to Management Committees etc.

He could not give any assurance as regard designating homoeopathic hospitals as teaching hospitals. It was not his function to determine what kind of training was to be given in teaching hospitals and University Authorities must come into the question.<sup>50</sup>

The following year the Association again requested the establishment of the London Homoeopathic Hospital as a teaching hospital. It estimated that approximately one million patients attended the 400 registered physicians practising homoeopathy in Britain, apart from those who attended unregistered practitioners.<sup>51</sup> In 1945, homoeopathic hospitals had admitted 5,122 in-patients and carried out 157,752 out-patient consultations. It called for official recognition of postgraduate teaching of homoeopathy to provide the necessary number of doctors to meet the demand. While this may have assisted the Faculty in having homoeopathy accepted as part of the NHS, recognition of homoeopathic teaching was refused by the authorities, which were dominated by the conventional medical colleges. It was to be 20 years before piecemeal recognition of homoeopathic courses on an individual basis began.

The political activity of the British Homoeopathic Association became of increasing importance in the fight to preserve homoeopathy. In 1974 a reorganisation of the Health Service grouped hospitals under Area Authorities, thereby losing their independence. They became easy targets for conventional authorities. All the homoeopathic hospitals suffered, and the Glasgow Homoeopathic Children's Hospital closed. The Birmingham

Hospital, which opened in 1857, had already closed, shortly after being taken over by the Health Service. The small hospital in Plymouth also vanished while the unit at Eastbourne became a conventional psychiatric hospital. In 1972, the closure of the Liverpool hospital was proposed, eventually happening in 1976. It was replaced by a Department of Homoeopathic Medicine, split between an out-patient clinic in the centre of the city and wards in the Mossley Hill Hospital on the outskirts. Despite protests this measure was pushed through. As homoeopathy was not recognised for the training of doctors, this consultant unit had no junior staff. Night and emergency cover had to be provided to the homoeopathic wards by the doctors of the neighbouring psychiatric unit. This led to resentment and was one factor in the eventual disappearance of homoeopathic beds in Liverpool, and the reduction of the Department to out-patients only. In theory, the consultant can apply to use general medical beds when necessary. The failure to prevent this reduction in facilities was, at least in part, due to the lack of a co-ordinated national campaign by homoeopathic supporters.

In contrast, when the Royal London Homoeopathic Hospital was in danger, in the same period, the BHA campaigned to bring it to public notice. The two teaching hospitals, the National Hospital for Nervous Diseases and the Great Ormond Street Children's Hospital which adjoin it, wished to take over 50 beds from the Homoeopathic Hospital. This was successfully resisted. In 1979, the Association, together with the Faculty, sought the support of more than one third of Members of Parliament for an 'Early Day Motion' in the House of Commons in favour of homoeopathy. A petition signed by 116,781 people was 'laid on the table' of the House of Commons.<sup>52</sup> A public meeting was also held which the Minister attended together with 600 supporters of homoeopathy. The Minister assured the audience that the hospital would not be closed. Unfortunately, the local Health Authority, intent on saving money, was proposing to close half the wards of the hospital. A last-minute resort to the Minister ensured that only two wards were lost. However, the erosion has continued. The hospital was refused funds to modernise its operating theatre, so that it lost its surgical and gynaecological capability and its recognition as a nurse training school. It had to accept other forms of complementary medicine to survive and has now lost its status as an independent Trust. It has been absorbed into another Trust responsible for community services in the area. Its continuation has been guaranteed for the moment, but experience has taught that any new reorganisation of the National Health Service presents a danger. The British Homoeopathic Association and the League of Friends of the Hospital are alert to prevent further erosion.

The British Homoeopathic Association has helped to spread homoeopathy by financially supporting the opening of new clinics and it sends information to anyone who telephones or writes.<sup>53</sup> Much of the success of the Association has been due to having a presence at as many public venues as possible; be it a major cat or dog show or a commercial exhibition, the BHA will have a stall from which information can be distributed. The Association also produces a journal, which is sent three times a year to its approximately 3,000 members. Copies are issued free to waiting rooms and libraries. In the 1930s it was edited by Margaret Tyler (1897–1943), and her *Drug Pictures* appeared in it before being consolidated into her well-known book, published in 1942. Those journals, as well as informing the laity, acted as a correspondence course for doctors unable to come to London for courses.

### **Homoeopathic Groups**

**I**N THE 1950S LOCAL HOMOEOPATHIC GROUPS started to be formed and the number increased during the 1970s. These were sometimes started by medical or non-medical professionals with their patients. Most were simply groups of patients who wanted to know more about homoeopathy. They have developed a reputation as campaigning organisations but this would be an inaccurate picture.<sup>54</sup> Most meet to listen to a talk by a practitioner on such subjects as ‘how to treat hay fever’, ‘the common cold’, or similar common conditions. In campaigns for local facilities they seem to have had variable results. Under present financial arrangements in the National Health Service, an Authority must pay to refer a patient to a hospital or doctor outside its area. The majority have been averse to providing homoeopathy officially, and approaches by groups have received the answer that homoeopathy requires much more positive research before it can be accepted. However, these authorities are finding it increasingly difficult to pretend that there is no demand.

### **Government Organisations**

**A**NOTHER ORGANISATION, which appeared in the 1970s, was the Community Health Council. This was an official committee established to represent the views of patients in each Health Authority Area. Many Community Health Councils have expressed views in favour of alternative medicine, including homoeopathy. Homoeopathic patients have served on these Councils and helped this pressure to provide the treatment.

Individuals have also contributed. In the 1980s Members of Parliament who were patients formed a Complementary Medicine Group. They have achieved the state registration of osteopaths (1993, effective 2000) and chiropractors (1994, effective 2001) and aim to improve the provision of homoeopathy.

### **Unorganised Patient Pressure**

THE DEMAND FOR HOMOEOPATHY has increased markedly during the last 20 years. A major factor is concern about the side effects of conventional drugs but may also be due to disappointment with their effectiveness. A recent paper reports that 28 per cent of patients attending a musculo-skeletal clinic had used complementary medicine, of whom more than half have obtained benefit.<sup>55</sup> Those who had not considered such therapies lacked information about them, and those who had, had derived their information from laymen. While in general practice the author provided homoeopathy as well as other complementary therapies and, consequently, was regarded by his partners as peculiar, but tolerated as harmless. When he left the practice, the local pharmacist removed the stock of remedies from the shelves and the therapy apparently died. However, nine years later, the practice again provides homoeopathy and acupuncture because of patient pressure.

### **Conclusion**

HOMOEOPATHY WAS BROUGHT TO BRITAIN because of patient demand. It survived in the nineteenth century because of the political support from its patients. Over the last 20 years the popular demand for homoeopathy has steadily increased, fed by the failure of conventional medicine to provide expected results while causing iatrogenic disease. It has survived the attacks upon it because of the co-ordinated pressure of patients. The senior medical establishment is still prejudiced against it, or at least thinks it should have the lowest priority in the distribution of the funding of the National Health Service. Junior doctors take a less unfavourable view and many now take the Primary Care Certificate examination of the Faculty, which gives them a basic knowledge of the subject. Research is progressing so that it is becoming more difficult to dismiss homoeopathy as baseless.<sup>56</sup> In time the resistance of the conventional medical profession may disappear, but the continued efforts of patients are essential to ensure that homoeopathy is not destroyed before this occurs.



## Notes

- 1 See *Bristol Homoeopathic Hospital. A Brief History* (Bristol, undated).
- 2 Edward Hamilton, *A Memoir of Dr Frederick Hervey Foster Quin, MD* (London, 1878), 94.
- 3 There appears to be some argument as to whether Graham, who did not complete his original training, later acquired an MD. The fifth Duke of Devonshire and his first wife were unsuccessful patients of his. The Duchess who Quin served was the Duke's second wife, formerly Lady Elisabeth Foster; see note 4.
- 4 *Journal of the 6th Duke of Devonshire*, Chatsworth Archive, unpublished.
- 5 He is known to have practised homoeopathy from 1823 until at least 1848.
- 6 Hamilton, *Memoir*, 76.
- 7 Hamilton, *Memoir*, 26.
- 8 Hamilton, *Memoir*, 31. Quin achieved a nil death rate in the epidemic at Tischnowitz in Moravia in 1831. He published a pamphlet on the subject in May 1832.
- 9 Hamilton, *Memoir*, 50–53, 96.
- 10 Lord Ronald Gower, *My Recollections* (London, 1883), II, 251–54.
- 11 Bernard Leary, 'The Homoeopathic Management of Cholera in the Nineteenth Century with Special Reference to the Epidemic in London in 1854', *Medizin Gesellschaft und Geschichte*, 16 (1998), 125–44.
- 12 As the younger son of a peer, Lord Robert Grosvenor had been entitled to the courtesy title 'Lord' although, technically, a commoner. By 1858 he had been created Baron Ebury in his own right.
- 13 Simpson was the Scottish obstetrician who introduced chloroform.
- 14 H. Wynn Thomas, 'The Dudgeon Cup', *British Homoeopathic Journal*, 39 (1949), 213–17.
- 15 It is impossible from the information available to determine the degree of duplication in the figures. They can only indicate approximate proportions of occupations of the residents in the area.
- 16 William Beaumont (1785–1853) observed many of the physiological changes in digestion through direct observation via a stoma resulting from a healed gun shot wound in a patient, Alexis St Martin. For a discussion of Curie's views see John Epps, *Homoeopathy and its Principles Explained* (London, 1850), Appendix.
- 17 Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, 1988), 111 and n. 15.
- 18 *Homoeopathic Medical Directory* (London, 1853), p. 48. The English Homoeopathic Association was a mixed organisation of medical and lay members. Curie's medical society, the Hahnemann Medical Society, appears to have been confined to London.

- 19 The committee of the Association numbered some 20 persons some of whom were medical. Others were not shown as having a qualification but at least one was a doctor in training (C.T. Pearce who later became the Secretary of the EHA). The overall number of members of the Association is not known. See the *Homoeopathic Medical Directories* (London, 1853 and 1866).
- 20 *Proceedings of the British Homoeopathic Society* 5, 22 (1847), 529. The background to the split is outlined in the obituary of Dr P.F. Curie, *British Journal of Homoeopathy* 47 (1854), 160–66.
- 21 *Minutes of the British Homoeopathic Society* (1854) [manuscript, no page numbers].
- 22 The exact date is uncertain but it is not mentioned in the *Homoeopathic Medical Directory* (1866).
- 23 See *The Monthly Homoeopathic Review* (April 1886), 288 which gives the objects and rules of the League. In the edition for June 1886, 374, the medical staff of the Birmingham Homoeopathic Hospital stressed that this appeal to the public by means of the Tracts should be made by laymen. Note that throughout this paper the term ‘lay’ refers to patients and supporters and not to non-medically qualified practitioners. No. 1 gave the reasons for the establishment of the League; no. 2, ‘What is Homoeopathy?; no. 3 described the origins of homeopathy; and no. 4 recounted Hahnemann’s achievements (*Monthly Homoeopathic Review* (2 August 1886), 494). Unfortunately, there is no record of the other tracts.
- 24 Those mentioned in homoeopathic literature were increasingly of the upper middle class rather than the aristocracy proper. For example, a new wing of the London Homoeopathic Hospital was named the Sir Henry Tyler Wing and the cornerstone was laid in 1909 by Sir George Truscott. Sir Henry Tyler (1827–1908) was chairman of a Canadian railway company; Sir George Wyatt Truscott owned a printing company. He became Lord Mayor of London and was created a baronet. Of the Wills family in Bristol (see note 1), George Wills (1854–1928) was knighted and William Henry Wills (1830–1911) was created a peer. See *Dictionary of Business Biography*, 5 (1984), 591, 841–45; *Burke’s Peerage and Baronetage* (London, 1963), 2440 and Geoffrey Hamilton, *Queen Square* (London, 1926), 11.
- 25 The Italian and Alexandra hospitals were in Queen Square, opposite the LHH. University College Hospital, St Bartholomew’s, the Euston Womens’ Hospital and the Royal Free Hospital were all within easy reach. See map in the *Daily Mail*, ‘London Hospitals Should Move, a map of the congested area’, (27 November 1902).
- 26 *Annual Report of the London Homoeopathic Hospital* (London, 1899), 25. Perhaps five per cent were from outside the London area. See also the 300 volumes of clinical and administrative records of the London Homoeopathic Hospital (1889–1923) which contain references to patients coming from as far as Wigan in the North of England. Records for other hospitals are not available for comparison.

- 27 Christopher Lawrence, 'Physiological Apparatus in the Wellcome Museum, 2. The Dudgeon Sphygmograph and its Descendants', *Medical History* 23 (1979), 196–201.
- 28 'Leading Article', *Lancet* (19 August 1882), 281.
- 29 Margaret Tyler, 'A Scheme for the Advancement of Homoeopathy in this Country', *Homoeopathic World*, 43 (August 1908), 355–63.
- 30 One of the functions of this committee, which had responsibility for non-clinical aspects of the hospital, was to oversee admissions policy and to ensure that prospective patients were eligible under the rules.
- 31 Margaret Tyler, 'Advancement of Homoeopathy'.
- 32 Octavia Lewin, 'Cases Illustrating Constitutional Treatment', *British Journal of Homoeopathy* (1903), 131–39. Probably the first British homeopathic woman doctor, she allegedly studied under Kent in Chicago where she took her MD but her entry in the Medical Directory, which was regularly updated by her, never showed any qualification other than her original MB, BS.
- 33 The names Epps and Tyler occur repeatedly in *Annual Reports* and *Minute Books* of the London Homoeopathic Hospital and Newspaper reports of the time.
- 34 *Minutes of the 5th Annual Meeting of the Childrens' Homoeopathic Dispensary* (London, 1919), 2. This committee was mainly lay and included Colonel Clifton Brown, Sir George Truscott and others from the committees of the London Homoeopathic Hospital. The secretary was a doctor. Several of the medical staff of the London Homoeopathic Hospital supported the project although they were not committee members.
- 35 Dudley Wright, 'Experiences of Fifteen Months Work in a French War Hospital', *British Homoeopathic Journal*, 6 (1916), 233–56.
- 36 The British Committee sitting at the London Homoeopathic Hospital in conjunction with the French Red Cross Society (eds.), *The Anglo-French-American Hospital: an account of the work carried on under homoeopathic auspices during 1915–16 at the Hopital Militaire, Neuilly sur Seine* (1918).
- 37 *Minutes of the Inaugural Meeting of the British Homoeopathic Association* (London, 1902).
- 38 The relationship between lay and medical members was harmonious in the early years. In the period 1930–60, when there was greater involvement of non-medical practitioners in the Association, some friction did arise due to differing ideas about policy.
- 39 The BHA has wide powers defined to support research and teaching, to finance hospitals and other medical units and to support homeopathy in any other way. Prior to its amalgamation with the Homeopathic Trust in 2000, the Council had up to 25 members of whom only three could be medical.
- 40 *Homoeopathy, Its Extension by a 20th Century Fund* (1903), 1, John Weir Archive, uncatalogued, British Homoeopathic Association, London.

- 41 *Homoeopathy, Its Extension by a 20th Century Fund*, 3.
- 42 Although the Queen Mother takes no formal part in the running of the Association she expects to be kept informed and has, in the past, been present at events publicising homoeopathy.
- 43 John Weir Archive, uncatalogued, British Homoeopathic Association, London.
- 44 S.C. Rexford-Welch (ed.), *History of the Second World War: Royal Air Force Medical Services*, 1 (1954), Administration, 305.
- 45 John Weir Archive, uncatalogued, British Homoeopathic Association, London.
- 46 John Weir Archive, uncatalogued, British Homoeopathic Association, London.
- 47 The file of *Minutes of the RAF Sub-Committee on Burns* has not been preserved. One doctor who worked with MacIndoe denied any knowledge of such a trial. Advertisement failed to find anyone with knowledge of the trials. It is possible that although the remedies were provided they were not used.
- 48 See Zachary Cope (ed.), *History of the Second World War: Surgery* (1953), 312–20. Although this describes the management of burns, no mention is made of homeopathy.
- 49 Royal Archive, Windsor Castle, PS/GV1/PS 07265.
- 50 Official Report Issued by the Ministry of Health of The Deputation Sponsored by the British Homoeopathic Association Received By the Right Hon. Aneurin Bevan, MP, Minister of Health, on 27 June 1946, 1, London.
- 51 Report of the Deputation sponsored by the British Homoeopathic Association received by Mr J. Edwards, Parliamentary secretary to the Minister of Health on 3 March 1947, 1, London. Since the membership of the British Homoeopathic Society/Faculty of Homeopathy stayed between 200 and 250 throughout the century these figures must be suspect. The general medical profession totalled about 30,000 doctors.
- 52 Anon, *Homoeopathy*, 28 (1978), 40–41; Hilary Jenkins, late Chief Nursing Officer, London Homoeopathic Hospital, personal communication.
- 53 When Dr Margery Blackie, Weir's successor as Royal Physician, published a book about homoeopathy the Association dealt with 1,500 enquiries in a week. Every enquirer now receives an explanatory pamphlet, the journal and a doctor's list.
- 54 Bernard Leary, personal survey of 26 groups (1999), unpublished.
- 55 A. Chandola et al., 'Use of Complementary Therapies by Patients Attending Musculoskeletal Clinics', *Journal of the Royal Society of Medicine*, 92 (January 1999), 13–16.
- 56 *The Case for Homoeopathy in Faculty of Homoeopathy Resource Pack*, <http://www.trusthomeopathy.org> (2000) and, Galen Ives, 'The Blackie Memorial Lecture: Homeopathy versus orthodoxy, the current state of play', *British Homeopathic Journal*, 89 (January 2000), 17–25.