

# Struggle for Survival: the American Foundation for Homeopathy and the Preservation of Homoeopathy in the United States, 1920–30

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BY THE EARLY 1920S, the heyday of homoeopathy as a professional medical alternative in the United States had ended. All but two homoeopathic medical schools had become orthodox in orientation or closed their doors. Leaders waged largely unsuccessful battles to retain control of homoeopathic hospitals, and homoeopathic medical societies languished for lack of enthusiastic young physicians.<sup>1</sup> A general pessimism pervaded a profession divided by ideology, personal and professional jealousies, competition for funds and different methods of assimilating into the medical mainstream.<sup>2</sup> Hahnemannians dedicated to preserving the tenets of Samuel Hahnemann and progressives anxious to modernise homoeopathy according to the ideals of scientific medicine blamed each other for homoeopathy's decline. In the opinion of many physicians and patients, 'homoeopathy had not been killed half so much by allopathic opposition as by the doings of its own school'.<sup>3</sup>

At an American Institute of Homeopathy meeting in 1924, one impatient physician sounded a familiar but unheeded appeal: 'Let us stop calling each other names and all work together to bring a state of cohesion [to the profession]'.<sup>4</sup> The American Foundation for Homeopathy, founded

in 1921 by homoeopathic physicians Julia M. Green (1871–1963) and Julia Loos (1869–1929), intended to do just that. However, as this essay will show, the task of uniting homoeopathic physicians and patients in a joint effort to preserve homoeopathy was a difficult one, influenced by issues of professionalisation, gender, self-interest and the changed meaning of homoeopathy.

In 1920, Julia Loos and Julia Green interested 10 members of the International Hahnemannian Association (IHA) in a plan to preserve ‘pure’ homoeopathy. On 28 June 1924, the organisation incorporated as the American Foundation for Homeopathy (AFH). Trustees included three female and four male physicians and one layman.<sup>5</sup> Julia Green became the organisation’s first chairperson.<sup>6</sup> Although IHA members were a small minority among homoeopaths in the United States at that time, they were driven by something akin to a holy crusade. Many were influenced by the teachings of James Tyler Kent (1849–1916) and were determined to prevent the traditional philosophies and therapeutics of Samuel Hahnemann from dying out. Seeking to appeal to as many homoeopathic physicians and patients as possible, AFH founders rejected incendiary ‘high’ and ‘low-potency’ rhetoric, promoting non-partisanship instead. Loos and Green established the structure of the new organisation, consisting of four bureaux – publicity, research, publication and teaching. Goals included the establishment of a major research centre and hospital, a postgraduate school, and the development of lay leagues throughout the country. While different interpretations of homoeopathy had historically divided homoeopaths, founders of the AFH optimistically believed their programme to conduct modern scientific research into homoeopathy would eliminate arguments based on subjective experience and abstract theory, resolving them on the mantle of science – a science which would justify the truth and efficacy of traditional or Hahnemannian homoeopathic philosophy and practice. Founders considered ‘Laymen’s Leagues’ a high priority. Possibly modelled after lay leagues in Germany, they were intended to educate patients in traditional homoeopathic principles, creating a demand for Hahnemannian physicians. In December 1924, Julia Green helped establish the first lay league affiliated with the AFH in Washington, DC and by December 1925, the league had 62 members.<sup>7</sup> However, by the spring of 1925, Green was convinced the Foundation needed a full-time field worker to publicise its work and raise funds. Although it is unclear how Julia Green knew Mary Ware Dennett (1872–1947), trustees requested that Green sound her out on the proposition of becoming the Foundation’s Special Field Representative.

Founder of the National Birth Control League (1915), Mary Ware Dennett's superior organisational and political skills were honed through years of involvement in various progressive reform activities. As a board member of the National Women's Suffrage Association in 1910, Dennett quickly earned a reputation for diplomacy in an organisation plagued by factionalism.<sup>8</sup> Green reported to the board that Dennett 'is intensely interested in Homoeopathy and in the Foundation plan', and had agreed to accept the position of Special Field Representative.<sup>9</sup> From the beginning of her tenure with the AFH, Dennett reminded Green that she was not a professional fund-raiser – not a 'forth-right money beggar' – but that she would promote the organisation and meet with interested people, 'which should produce money'.<sup>10</sup> Julia Green told Dennett that the campaign would be left 'squarely in her hands'. Throughout Dennett's two-and-a-half years with the AFH, Green and Dennett corresponded almost daily. Green was a constant consultant and booster, following up on Dennett's visits to doctors and patients with written appeals for donations. Together they discussed Dennett's best approach to people based on their personalities, past behaviour and local politics. Between 1925 and 1927, Dennett conducted interviews with approximately 100 patients and over 200 homoeopathic physicians throughout the Northeast and Midwest. Her task was to convince physicians to join the AFH and provide names of patients they believed had sufficient interest as well as the financial means to support the fledgling organisation. Reports of interviews provide fascinating insight into patients' and physicians' perceptions of the status of homoeopathy and their criticisms of the profession. Her research reveals the complex influences of family tradition, personal experience, ideology and intra-professional politics on patients' advocacy of homoeopathy. And while Mary Ware Dennett was perhaps not a 'typical' homoeopathic patient, her support provides insight into the broader meaning of homoeopathy within early twentieth-century American culture. Dennett's attraction to homoeopathic medicine stemmed partly from a family tradition of homoeopathic care.<sup>11</sup> Born into an upper middle-class Boston family, Dennett's mother and sister Clara were both ardent homoeopaths (patients) and her uncle, Carleton Spencer, was a prominent homoeopathic practitioner and educator in New York City.<sup>12</sup> Yet, for Dennett, the meaning of homoeopathy was intimately connected to her ideas on women's rights, individual freedom and the relationship between science, art and religion, and is part of a broader cultural critique of early twentieth-century industrialised society. Dennett considered herself an insurgent, part of the vanguard of social radicalism. She argued for the erotic rights of women, founded the first birth control organisation in the

United States, subscribed to *The Masses*, and was a member of 'Heterodoxy' – a group of radical feminists who met regularly to debate such social issues as free love, divorce, collective child rearing and anarchy<sup>13</sup> A leader in Boston's Arts and Crafts Movement, Dennett considered 'all special privileges' the Craftsmen's enemy, including monopolies and trusts, corrupt legislatures and a 'weighty' military establishment. In her view, reunification of art and labour in the workplace would counteract the degradation and exploitation of workers, reintegrating the creative (or spiritual) and intellectual elements of human nature with one's work. Her ideas on labour, like those on human sexuality and medicine, combined a physical, intellectual and spiritual purpose.<sup>14</sup> Deeply suspicious of organised medicine, Dennett believed people's freedom to choose health practitioners, like their freedom to make personal decisions regarding sexuality and reproduction, was threatened by the increasing bureaucracy of modern society, especially the political power of organised medicine, which she termed a 'growing medical monopoly'.<sup>15</sup> She resented the 'tyranny of experts' who undermined the reasoned opinions and common sense of individuals holding different views. Dennett's attraction to 'anti-modern' impulses, such as traditional homoeopathy and arts and crafts, were responses to the growing depersonalisation and dehumanisation of modern life more generally.<sup>16</sup> Homoeopathy's 'natural laws' and concept of a spirit-like 'vital force' connecting mind, body and spirit corresponded to her meaning of fully integrated individuals and individuals in society. For her, homoeopathy was a kind of secularised religion, 'part of the plan of the universe, of what it means to help work out natural laws and not hinder them'.<sup>17</sup> Dennett's advocacy of homoeopathy reflects its appeal to those opposed to an 'overcivilised' and secularised modern culture. The Foundation's emphasis on patient and physician education as well as its promotion of equal roles for lay people (including Dennett's role as lay 'expert') appealed to Dennett's sense of egalitarianism, individual rights and personal authority. Yet, as Dennett learned, lay support often depended on physicians' approval of the organisation. Competing financial and professional interests often influenced their willingness to provide Dennett with names of patients.

Dr Anna Johnston of Pittsburgh, Pennsylvania informed Dennett that it was an inopportune time to interest Pittsburgh people in any new projects. Having recently completed a fund-raising drive for a new wing of the local hospital, Johnston declined to subject her patients to another solicitation for money. Homoeopaths in New York City similarly refused to provide names of patients who had contributed to

a recent fund-raising campaign for the New York Homeopathic Medical College. Other physicians were sceptical of the Foundation itself, resisting involvement in any homoeopathic endeavour that might prove professionally embarrassing. Conrad Wesselhoeft (1884–1962), a Harvard graduate and influential Boston homoeopath, called the Foundation's literature 'very poor stuff', and hated its 'cheap appeals to lay interest'. Wesselhoeft was 'perfectly disgusted' with his colleagues in the IHA and AIH, finding their 'politics, medical flag-waving ... [and] the promotion of creeds instead of therapeutics' embarrassing.<sup>18</sup> Dr Henry Houghton (1869–1948), who had one of the wealthiest homoeopathic practices in Boston, declined to meet with Dennett. Both Wesselhoeft and Houghton were members of the Massachusetts Medical Society and, according to Dr Elizabeth Wright (1896–1967) who was friends with both, the two 'would hold back from anything that might prejudice regular medicine and the general public against them'.<sup>19</sup>

In 1903 the American Medical Association had revised its code of ethics, giving honourable standing in the profession (including admission to medical societies) to physicians who did not publicly identify themselves as practitioners of an exclusive dogma or sectarian system, regardless of their educational backgrounds or actual practice.<sup>20</sup> Whether or not practitioners emphasised or acknowledged their homoeopathic identity depended upon their assessment of possible consequences to their relationships with regular physicians and the impact such a revelation would likely have on professional opportunities in specific locations. Some retained membership in homoeopathic organisations and continued to prescribe homoeopathically yet did not publicly identify themselves as homoeopaths.<sup>21</sup> Connecticut homoeopath Stella Root cited her own co-operative experiences with 'old school' doctors with whom she 'made no emphasis' of her homoeopathic leanings.<sup>22</sup> Others, like Wesselhoeft and Houghton, held joint memberships in homoeopathic and regular medical societies. And in certain circumstances, homoeopathic physicians did not emphasise or explain their homoeopathic leanings to patients. For example, when patients seemed unaware of the distinctions between homoeopathy and regular medicine, physicians would simply not make a point of mentioning their affiliation with homoeopathic medicine. According to Pennsylvania homoeopath Margaret C. Lewis (1868–1953), most patients appreciated individual doctors but not homoeopathy in particular. Homoeopath Cornelia Chase Brant of New York City agreed, believing the average lay person simply wanted relief from pain or discomfort, not caring whether or not the doctor was homoeopathic. Several New York doctors complained of uninterested patients where the

population was largely 'new and foreign'. Morris Elting Gore of New Jersey found patients 'quite ignorant and indifferent'. And Baltimore's Alice Parkhurst, a homoeopathic practitioner for 40 years, believed her exterior sign 'Homeopathic Physician' confused patients who did not know the meaning of homoeopathy. In Parkhurst's opinion, her mostly female patients came to her because she was a woman physician.<sup>23</sup> Pessimism over homoeopathy's future and even antagonism towards homoeopathic institutions, organisations, or groups of physicians were common themes in most of the cities Dennett visited. Some physicians flatly refused to support any new homoeopathic organisations. Dr Vesta Wandell of Oak Park, a Chicago suburb, told Dennett she was no longer a 'joiner'. Wandell was disgusted with the members of her profession whose 'bad-faith, little mindedness ... ego and ... disinterestedness', had caused her to lose faith in the ability of organisations to accomplish goals.<sup>24</sup> Nevertheless, despite a lack of co-operation from many doctors, Dennett gradually developed lists of physicians' 'best' patients – those considered most knowledgeable or likely to be interested in the Foundation's programme. Patients Dennett interviewed were primarily middle and upper middle class. Dennett variously described them as 'comfortable', 'well-to-do' or 'wealthy'. Most were middle-aged or older and the men were lawyers, state senators, businessmen, investment brokers, pharmacists, chemists and librarians. While one woman was a librarian and another a chemist, most were full-time homemakers involved in a variety of civic and volunteer organisations; and a few were mothers of young children. Some were related to homoeopathic practitioners or travelled in the same social circles as physicians.<sup>25</sup> They represented the Foundation's best hopes for success. During approximately two years of field work, Dennett interviewed 32 women and 68 men in Massachusetts, New York, New Jersey, Baltimore, Pennsylvania, Ohio and Illinois. While some physicians provided Dennett with patients' names, patients themselves were often more helpful in publicising the Foundation. For example, Mrs John S. Reed of Waltham, Massachusetts was 'delightfully responsive' to news about the Foundation, promising Dennett she would mail Foundation literature to a 'dozen or so' friends. One week later, Mrs Reed telephoned Dennett with names of 25 people 'worth interviewing'.<sup>26</sup>

Analysis of Dennett's reports of interviews reveals the various meanings of homoeopathy to patients. In many cases, dedication to homoeopathy in general was incidental to the loyalty patients felt towards individual physicians. Patients under the care of homoeopaths nearing retirement felt some urgency in assuring the same kind of care from new physicians and were completely responsive to Dennett's appeals on behalf of

the Foundation. Julia Loos's patients seemed particularly devoted to her and at a loss when she moved her practice from Harrisburg, Pennsylvania. Mrs C.M. Sigler said her husband was a 'tremendous enthusiast about Dr Loos', and that she herself, 'misses Dr Loos sadly and does not know to whom else to turn'. Mrs B.F. Snavelly of Lancaster, Pennsylvania told Dennett she 'still depends upon her [Loos] for prescribing by mail when necessary'. Both women responded positively to the Foundation's programmes when Dennett reminded them one of its aims is 'to make more Dr Looses'. H.A. Bridges, head of the Chicago Ethical Culture Society, did 'not know much about Homoeopathy', but had 'great confidence' in his personal physician, homoeopath A.H. Gordon. And New York investment broker Louis Musil whose family members were patients of homoeopath Stuart Close (1860–1929) did not know where he should turn 'if Dr Close were to die'. Musil said Close knew all about his family 'and their entire physical makeup and predispositions'.<sup>27</sup>

While these patients were sympathetic toward the Foundation because they valued individual physicians either as close personal friends or because they 'liked the way they doctored', an equal number of men and women supported the Foundation's plan to educate 'good' homoeopathic doctors on ideological grounds. Mrs Frank A. Hall of Montclair, New Jersey informed Dennett she was only interested in 'genuine Hahnemannian Homoeopathy ... It will be a waste of time to discuss any other form.' Mrs William S. Hallowell of Philadelphia claimed she was 'deeply interested in homeopathy, that is in real homeopathy'. Hallowell questioned Dennett on the kind of teachers in the Foundation's school, asking 'Are they just modernists who have merely lessened allopathic dosing ... or true homeopaths.' Retired Navy officer, Captain Harrison A. Bispham, a patient of Fredericka Gladwin's (1856–1931) in Philadelphia, said he 'appreciates homeopathy and knows the difference between the real sort and nominal sort'. Mrs John S. Reed of Waltham, Massachusetts called herself a 'true-blue homeopath', one who knows the difference between 'a mongrel and a real one'. Dennett called D.V. Thompson of Boston 'one of the best friends the Foundation has'. 'He wants fine true homeopathy to win, and is ready to co-operate with anything that will help it.'<sup>28</sup> Mrs Leopold Auer's comment amused Dennett most and perhaps reflects the feelings of many homoeopathic patients at that time. Married to a noted violinist, Mrs Auer was of Russian ancestry and had been raised in Europe where she 'heard much' about homoeopathy. She used her own 'little kit of remedies', and talked about homoeopathy to her friends. Yet, according to Dennett, Mrs Auer had 'no real understanding of the subject'. Attempting

to reproduce her accent in writing, Dennett quoted Auer's answers to the question of whether she believed in homoeopathy: 'Homoeopahtee? Yes I believe in it, also Allopahtee sometimes. But I do not *first* believe in Homoeopahtee, I take the remedies. They do me good. *Then* I believe.' Auer read with interest the booklet Dennett gave her – *Homoeopathy: A Pamphlet for the People* – asking Dennett to send her 50 more copies to give to her friends.<sup>29</sup>

Like Auer, most patients Dennett interviewed based their support of homoeopathy on personal experience. In Illinois, Dennett met Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy. According to Dennett, there was 'no great wealth in either family' – they were 'the sort who have one housemaid' – but they were young, intelligent parents of small children, and 'ideal people to reach, so far as spreading the news of the Foundation is concerned.' Mrs Sheriffs credited homoeopath Harvey Farrington (1872–1957) for ending her long battle with 'the exzema [sic]-asthma combination', a condition she believed was inherited. Worried her 'little daughter' had similar tendencies, Sheriffs was particularly interested in the potential of homoeopathy to 'gradually uproot' inherited chronic diseases from families.<sup>30</sup> Mrs Gaudy had been a patient of Dr Farrington's for only two years. Having suffered from sinus trouble and the 'probings, sprayings [and] all manner of miseries under old school treatment', Gaudy had been 'straightened out' by Dr Farrington. And although she knew little of the principles of homoeopathy, she was 'keen to learn'.<sup>31</sup> John S. Dove Jr. of Philadelphia, a member of the advisory board of the Women's Southern Hospital in the city, was enthusiastic about the Foundation's plan to educate lay people. Dove converted to homoeopathy after his 'baby's life was saved years ago', and, after 'given up for dead', Dove himself had been cured of cirrhosis of the liver by homoeopath Raymond Harris. Dove asked Dennett for Foundation literature to distribute to hospital associates. Bruce Walter of Pittsburgh, Pennsylvania suffered with 'chronic headaches' as a young man. Raised in an 'allopathic family', Walter took 'all sorts of dope', yet his headaches persisted. He became interested in homoeopathy after meeting a homoeopathic physician socially. Thereafter, he became the patient of Dr Crowley, whose 'wonderfully [sic] fine' prescribing cured him. Walter told Dennett his employer Lawrence E. Riddle may 'give handsomely' to the Foundation. Riddle's daughter was being treated by Dr Crowley for Bright's disease. According to Walter, she was making 'real progress', after being told by 'old school' physicians she could not last two years. 'If she is really cured her father is likely to have a tremendous appreciation of homoeopathy.'<sup>32</sup>



The cure of children under homoeopathic care, when all previous therapies failed, often led to their lifelong advocacy of homoeopathy and the conversion of parents. Mrs J. Waddell had been a homoeopathic patient from the age of 12. Nearing age 70, Waddell and her husband – a civil engineer and ‘a very active businessman’ – travelled widely and had many acquaintances. Dennett hoped Waddell would spread news of the Foundation. Dennett found Waddell a ‘friendly critic’. Waddell said homoeopathic physicians should take time to explain their treatment of babies to mothers – ‘an intelligent mother is the doctor’s best ally’. Waddell believed by increasing mothers’ understanding of homoeopathy, the promotion of homoeopathy among lay people ‘would increase perceptibly’.<sup>33</sup> Other patients were sharply critical of homoeopathic doctors, arguing physicians did not explain homoeopathic therapeutics to patients, ignored physical exams, and paid little attention to preventive medicine.

Alma Hiller, a chemist at the Rockefeller Institute in New York City, was most interested in the Foundation’s plan for research, elevating homoeopathy to the level of a ‘demonstrable science’. Hiller told Dennett she knew several ‘good physicians’, and with the exception of her personal physician, they prescribed ‘in silence’, leaving the patient ‘in the dark as to what it is all about’. The family of wealthy, retired businessman Decatur Sawyer had been under the care of several well-known homoeopaths. Sawyer approved of the Foundation’s plan to educate more ‘thorough-going homeopaths’, telling Dennett he had observed the ‘superficial attention which many supposedly good homoeopaths give to their patients’. Dennett sympathised with Sawyer’s criticism. Having been under the care of some of the ‘finest homoeopathic physicians in the land’, Dennett never received a complete physical examination. According to Dennett, she underwent several unnecessary surgeries resulting from physicians’ neglect of proper examinations and treatment. In her opinion, physicians who based treatment solely on symptoms missed important opportunities to ‘create and conserve’ health.<sup>34</sup>

According to Walter Sheriffs, Illinois homoeopath Harvey Farrington paid no attention to diet. Sheriffs believed it lessened Farrington’s ‘all-round ... usefulness to the patient’. In Philadelphia, Dennett met Edward C. Bostock, ‘the very picture of the rich young business man, alone in his fine big office’. Bostock, who had ‘always been a homoeopath’, told Dennett all the physicians he knew were ‘considerably unsatisfactory’. He believed many of the ‘best homoeopaths’ had been ‘too indifferent to hygiene, and other means for creating and conserving health’. Hermann L. Grote of Pittsburgh, Pennsylvania believed the Foundation’s plan to educate the laity would help

patients protect themselves from poor therapeutic practices. Grote criticised the 'theoretical' rather than 'practical' prescribing of local homoeopath Dr Crowley. Grote cited one instance when a patient of Crowley's grew worse rather than better after Crowley prescribed the 'best indicated similar remedy'. Crowley let the patient 'get next door to death, still insisting that he was improving because he had been given the right remedy'.<sup>35</sup> Despite such criticisms, and perhaps because of them, many patients enthusiastically supported the Foundation's programme to ensure a proper education in homoeopathy for a new generation of physicians.

Patients generally appreciated the Foundation's non-partisan approach to unify a fractious profession in the preservation of homoeopathy. Harry Parkhurst, brother of Baltimore homoeopath Alice Parkhurst, complained that homoeopaths in his city had been 'lazy and quarrelsome for years ... Forty years ago they had all the best people in Baltimore behind them. Now they are losing out fast.' In his opinion, only 'vigorous demand' by lay people would induce doctors to 'give good service'.<sup>36</sup> However, the 'vigorous demand' Mary Ware Dennett and Julia Green anticipated from specific groups of patients never materialised. Dennett found Swedenborgian patients particularly 'hard-boiled and indifferent'.<sup>37</sup> Followers of Swedish religious mystic Emanuel Swedenborg (1688–1772), members of the Church of the New Jerusalem had been enthusiastic disciples of Hahnemann in the nineteenth century.<sup>38</sup> Both Swedenborg and Hahnemann postulated physical and metaphysical laws for understanding one's relationship to a 'higher sphere' at a time when traditional churches and conventional medicine failed both spirit and body.<sup>39</sup> Swedenborgians were prominent homoeopathic physicians, trustees of homoeopathic colleges, homoeopathic pharmacists and dedicated patients.

Dennett made her first trip to the Swedenborgian community in Bryn Athyn, Pennsylvania in December 1925, meeting 12 people. Mrs Cara Glenn, whose father had been a homoeopathic physician, and Miss Margaret Crowley helped Dennett plan a future meeting, one in which they hoped to interest a large segment of the community. Yet the meeting in March 1926 was extremely disappointing. Mrs Glenn had warned Dennett not to expect much interest from the 'younger set', including her own two daughters, who tended to be 'backsliders'. Dennett's disappointment, however, was compounded by the absence of the older generation, noting 'the wealthy and influential part of the population was scarcely represented at all'.<sup>40</sup> According to Dennett, the Bryn Athyn audience took a 'certain satisfaction in believing in Homoeopathy as if it were a creed, but they were quite cold toward doing anything to spread its usefulness'.<sup>41</sup> A meeting in

Glenview, Illinois in February 1927 elicited a more positive response from Swedenborgians. About 35 attendees asked 'many interesting questions' and wanted additional literature on the Foundation. Many of the Glenview families were related to Boerickes and Tafels, members of the New Church and the earliest manufacturers of homoeopathic pharmaceuticals in the United States. At a later meeting in Cambridge, Massachusetts, Dennett met another descendant of the family whose forebears were homoeopathic doctors. She reported to Julia Green, 'Everywhere I go, some kin of the Boerickes and Tafels appear.'<sup>42</sup> Also in Cambridge, Massachusetts, Dennett met Mrs John C. Moses, patient of Swedenborgian homoeopath Dr Florence Taft (1853–1927). Mrs Moses told Dennett she personally knew between 100 and 150 lay homoeopaths through her 'New Church connections'. As President of the Women's New Church Alliance, Mrs Moses offered to send invitations to all her homoeopathic friends for a future meeting.<sup>43</sup> However, expectations far exceeded the 25 people who attended the gathering at the home of Rev. William L. Worcester in April 1927. Mrs Moses speculated that the reason for the low attendance was because there were 'so few *real* homeopaths in Cambridge'.<sup>44</sup> However, the low attendance was also the result of physicians' influence over patients regarding the Foundation. Although Dr Taft was solidly in favour of its programme, her preceptor Dr Houghton, physician to many of the area's wealthiest patients, had not yet come on board.

Expectations of large donations from patients was not unreasonable based on the high economic status of many. In the Boston suburb of Brookline, Dennett interviewed Mrs George D. Pike whose 'beautiful home' rested atop 'one of the Brookline hills'. Dennett characterised Pike as 'completely the leisure sort of woman. I found her placidly playing Mah Jong when I arrived.' A patient of Dr Turner, Pike was twice cured of pneumonia, and was 'interested' and 'appreciative' of homoeopathy. After apologising to Dennett that her chauffeur was off for the day and could not drive Dennett back to the city, Pike told Dennett she 'absolutely couldn't' contribute financially to the Foundation. Disappointed, Dennett speculated that perhaps Pike had 'no income of her own, and ... a tight-wad allopathic husband! You never can tell.'<sup>45</sup> In Chicago, doctors who were enthusiastic about the Foundation's programme gave Dennett the names of Robert Allerton, 'said to be the richest man' in the city, and Mrs Frank Loudon (formerly Florence Pullman), wife of the former governor of Illinois. State Senators Rodney B. Swift and Edward J. Huges were also patients of homoeopaths. Nevertheless, in many instances, physicians' approval of the new organisation held little sway with philanthropists.

Chicago homoeopath Julia Strawn, at first sceptical about the Foundation's work, 'warmed' to its 'big features', providing Dennett with a letter of introduction to her wealthiest patient – William Wrigley, founder of the Wrigley Chewing Gum Company.<sup>46</sup> Yet, despite Strawn's recommendation, Wrigley refused to see Dennett. Remembering Wrigley's generous donation to the Voluntary Parenthood League, Dennett believed Wrigley 'steers away from the experimental stages of any work'.<sup>47</sup> Julia Green learned Wrigley was 'disgusted' with homoeopathic politics and the bitter relations between homoeopaths in Chicago, lacking faith in the ability of homoeopaths to work together for a common purpose.<sup>48</sup> According to Mr Ehrhart of Ehrhart and Karl Homeopathic Pharmacy in Chicago, Wrigley withdrew from several previously proposed homoeopathic 'projects' not only because of factionalism but because 'they were not teaching true Homoeopathy'. And Chicago homoeopath A.H. Gordon proffered yet another theory for Wrigley's refusal to meet with Dennett. Noting Wrigley's \$200,000 gift to the Chicago Memorial Hospital arranged by Julia Strawn, Gordon said Wrigley had a 'strong instinct towards self-advertising' and wanted his money to attract the spotlight to himself.<sup>49</sup> Whatever Wrigley's true feelings about homoeopathy, philanthropists usually supported projects whose chances for success were high. And according to homoeopath Mary E. Hanks, homoeopaths in the city had not been 'good business people, – haven't known how to raise or to spend money'.<sup>50</sup> Philanthropists judiciously put their funds behind mainstream developments in professionalism such as hospitals, university medical centres and nursing education where 'short-term change might be achieved'.<sup>51</sup> Whereas John Pitcairn, Jr. (1841–1916) had liberally supported James Tyler Kent's Post-Graduate School of Homeopathics in Philadelphia in the 1890s, his son Raymond Pitcairn (1885–1966), wealthy leader of the Swedenborgian community in Bryn Athyn, Pennsylvania, refused to meet Dennett despite two special delivery letters sent to his office and home. According to local homoeopath Louis Olds who knew Pitcairn, the latter had 'slight' interest in homoeopathy and was 'completely absorbed in Church and his own affairs'. Olds said Pitcairn's own physician was one of the 'rather unhomoeopathic men at Hahnemann', referring to Hahnemann Medical College of Pennsylvania – considered a 'mongrel' institution by Hahnemannians.<sup>52</sup>

Dennett's and Green's hopes for a large endowment from John D. Rockefeller – homoeopathy's most famous patient – rested on the latter's close friendship with homoeopathic physician Hamilton Biggar. However, Rockefeller's personal secretary W.H. Richardson was not encouraging, noting Dr Biggar had tried several times without success to 'get him

[Rockefeller] to do something for homoeopathy', and that Rockefeller's son would 'probably have none of it'.<sup>53</sup> Julia Green planned to write to Biggar, enlisting his help, but when Biggar died in November 1926 the Foundation's best hopes for Rockefeller money died with him. On 25 November Dennett wrote to Green: 'It is maddening to think of all that vast wealth sitting there back of that dried-up old man, when it ought to be let out into channels that lead to the salvation and enrichment of life on a big scale.'<sup>54</sup> In spite of Biggar's friendship with Rockefeller and of the latter's personal dedication to homoeopathy, it is highly unlikely the doctor could have influenced his friend regarding the Foundation. Beginning in the last decade of the nineteenth century, Rockefeller's chief financial advisor and architect of his philanthropies, Frederick T. Gates, directed Rockefeller funds. Carefully negotiating between his employer's allegiance to homoeopathy and his own idea of medical progress, Gates effectively mobilised the power of Rockefeller's wealth behind scientific, technological medicine, providing a leadership followed by other foundations and wealthy individuals.<sup>55</sup>

By the spring of 1926, subscriptions to the Foundation's publications numbered 237. Dennett had contacted 43 doctors in New York City, only six of whom volunteered names of patients. One out of three New Jersey doctors provided her with names as did 17 out of 65 doctors in Ohio.<sup>56</sup> Although patients were generally in favour of the Foundation, many failed to support it. Some were annoyed by the factionalism within the homoeopathic profession; others were more interested in supporting their personal physicians rather than homoeopathy itself. And in several areas, patients were swayed by local homoeopathic physicians who disapproved of the organisation. Although Dennett's non-partisan attitude and powers of persuasion converted many a reluctant physician and patient to the Foundation's cause, income barely covered basic operating expenses and Dennett's salary. The board expressed appreciation for Dennett's work, but trustees doubted the wisdom of keeping her on the payroll given the Foundation's precarious financial status. Green and Loos defended Dennett's value to the organisation, knowing the Board had paid little attention to her lengthy and detailed reports and her role in helping Green formulate fund-raising plans. While trustees acknowledged that the Finance Committee had been 'a dead failure', they blamed Dennett for the lack of contributions.<sup>57</sup>

In January 1926, Green confided to Dennett that 'some of the men' had become critical of women's prominence as trustees and teachers in the postgraduate school. Having experienced similar negative reactions among male physicians in particular locations, Dennett responded that

such feeling was 'old-fashioned' yet 'inevitable'.<sup>58</sup> Nevertheless, some women homoeopaths were also convinced that the lack of important male physicians on the Board and teaching staff of the Foundation lowered its 'standing' and 'contributed to the general feebleness' of homoeopathy's status. Admitting her opinion of the Foundation was probably influenced by the general conservatism in Boston, Alice Basset called it a 'ladies-only affair'.<sup>59</sup> New board member Elizabeth Wright agreed, insisting a 'man' should represent the Foundation.<sup>60</sup> Besides the growing unrest regarding women's high profile in the organisation, Wright and others criticised the Foundation's promotion of lay leagues.

Trustee Royal S. Hayes (1872–1952) thought laymen's work complicated relations with the majority of homoeopaths and regular physicians, believing patient education was best conducted by individual physicians among their patients. And although Elizabeth Wright had originally favoured the formation of leagues, she now considered them a 'bad mistake ... Why if people in regular medicine begin proselytising among the laymen and pandering among the laymen ... they immediately get tagged as almost patent medicine; I mean, it isn't scientific, it isn't done.'<sup>61</sup> Twentieth-century medicine had become a predominantly masculine profession, involving the conscious creation of an elite occupational class, widening the distance between patients and doctors.<sup>62</sup> Hayes, Wright and others were interested in conforming to the highest professional standards of mainstream medicine. Although Green and Loos defended lay education in general and Dennett's value to the organisation in particular, the board voted to terminate Dennett's contract, considering Dennett's work a practical failure and her position as representative a hindrance to future progress.<sup>63</sup> Dennett resigned as Special Representative of the AFH on 2 July 1927. Determined to further the Foundation's cause by any means possible, Green relinquished her position as chair. She urged the board to replace her with a man and, in January 1927, Dr Herbert A. Roberts (1868–1950), secretary of the IHA and one of the original trustees of the AFH, was elected to the position.<sup>64</sup> After the 1929 death of Loos, Green remained the only original trustee on a board strongly opposed to the promotion of lay education through the development of lay leagues. At Green's urging, the trustees agreed to let the issue 'simmer', neither promoting nor abandoning the commitment to lay education. However by de-emphasising lay work and lessening women's prominence, the Foundation survived, however marginally, as an organisation.

During its approximately 50 years of programme activity, the Foundation fell far short of its original goals.<sup>65</sup> Plans for a national centre

for scientific homoeopathic research never materialised; and relatively few physicians attended the Foundation's six-week postgraduate school.<sup>66</sup> However, the AFH continued to respond to requests from patients interested in establishing leagues, filled requests for homoeopathic literature, and provided information on locations of the few remaining homoeopathic physicians. Continuing to believe that lay education was critical to the survival of Hahnemannian homoeopathy, Julia Green developed a lay correspondence course in 1945 offered through the Foundation. And, in the 1960s, a new public relations campaign combined with growing popular interest in alternative medicine gave new vigour to the organisation. In response to growing lay interest, the Foundation instituted a course for lay people in conjunction with its postgraduate school for physicians in 1966. By 1968, there were 12 lay leagues, and six in the process of organising.<sup>67</sup> However, over the course of the next two decades, with few doctors specialising in homoeopathy, the focus of lay groups changed from education in homoeopathic principles to the techniques of self-prescribing. Purchasing remedy kits and books, and delving into repertories and the homoeopathic materia medica, patients selected remedies for themselves. Focusing on traditional or 'classical' homoeopathy, membership in homoeopathic 'self-study' groups grew steadily beginning in the 1970s. Today, there are 170 self-study groups in 38 states affiliated with the National Centre for Homeopathy.<sup>68</sup> Although it failed to achieve many of its goals, the AFH was an important link between late nineteenth-century homoeopathic orthodoxy and classical homoeopathy today. Throughout its years of operation, the AFH generally promoted grass-roots organising among lay persons, supported lay and professional homoeopathic education, and provided equal roles for lay persons and physicians within the Foundation. And as the first and longest lived organisation uniting physicians and patients in the preservation of homoeopathy, the AFH is a model for many present-day homoeopathic organisations in the United States.

**Notes**

- 1 In 1923, only the New York Homeopathic Medical College and Hahnemann University in Philadelphia were in existence.
- 2 Based on reports of interviews with 200 homoeopathic physicians and 100 patients conducted by Mary Ware Dennett between 1925–27, National Center for Homeopathy Collection, Alexandria, VA, Box 56. Hereafter, reports cited will include patient's/physician's name, location and date of interview.
- 3 Harris Coulter makes this argument in *Divided Legacy: The Conflict Between Homoeopathy and the American Medical Association* (Berkeley, 1982).
- 4 James C. Wood, 'Modernism vs Fundamentalism in Medicine', *Journal of the American Institute of History* (=AIH), XVII, 3 (1924), 269–70.
- 5 'Certificate of Incorporation', and 'Trustees of the American Foundation for Homoeopathy', National Center for Homeopathy, Alexandria (=NCH), Box 6. Trustees included physicians Alonzo E. Austin (1868–1948); Cyrus M. Boger (1861–1935); George E. Dienst (1858–1932); Herbert A. Roberts (1868–1950); Fredericka E. Gladwin (1856–1931); Julia C. Loos; Julia M. Green; and lay trustee George E. Fleming, Vice President of the Union Trust Company in Washington, DC.
- 6 *Minutes to the Meeting of the Board of Trustees of the AFH*, 25 June 1924, Cleveland, Ohio. All board minutes and correspondence between Dennett and Green are located in NCH Box 6.
- 7 Elizabeth B. Magruder, 'Some notes on the Early History of the Homoeopathic Laymen's League of Washington, DC' (30 June 1936), *Record*, NCH Box 6.
- 8 Constance M. Chen, '*The Sex Side of Life*': *Mary Ware Dennett's Pioneering Battle for Birth Control and Sex Education* (New York, 1996), 135–36.
- 9 Mary Ware Dennett (MWD) to Julia Minerva Green (JMG), 21 April 1925; and Addendum Adjourned Meeting (16 June 1925), 1.
- 10 MWD to JMG (14 August 1925), 2.
- 11 Dennett was a patient of Boston homoeopaths William Wesselhoeft and Frank Patch.
- 12 Constance Chen, '*The Sex Side of Life*', 57.
- 13 Constance Chen, '*The Sex Side of Life*', 160.
- 14 Constance Chen, '*The Sex Side of Life*', 50, 16, 23, and 246.
- 15 MWD, *AFH/IHA Meeting*, 26 June 1925, 169.
- 16 See T.J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880–1920* (Chicago, 1981).
- 17 MWD, *AFH/IHA Meeting*, 26 June 1925, 169.
- 18 Stella Q. Root, Stamford, Connecticut, 29 March 1926, 2–3.
- 19 'Confidential for Dr Green', Dr Elizabeth Wright interview by MWD, 5 April 1927, 1.



- 20 Martin Kaufman, *Homoeopathy in America – the Rise and Fall of a Medical Heresy* (Baltimore and London, 1971), 153–55.
- 21 See John S. Haller, Jr. and Barbara Mason, *Forging a Medical Practice, 1884–1938, An Illinois Case Study: Wilber Price Armstrong* (The Pearson Museum, Southern Illinois University, 1997).
- 22 Stella Q. Root (discussing Wesselhoeft) interview, Stamford, Connecticut, 29 March 1926.
- 23 Margaret Lewis, Philadelphia, 9 December 1925; Cornelia Chase Brant, NYC, 28 November 1925; Dr John Hutchinson, NYC, 1 December 1925; Morris Elting Gore, NJ, 27 January 1926; Cornelia Chase Brant, NYC, 28 November 1925.
- 24 Vesta Charlotte Wandell, Oak Park, IL, 27 January 1927.
- 25 Based on analysis of 100 interviews.
- 26 Mrs John Reed, Waltham, MA, 24 March 1927.
- 27 Mrs C.M. Sigler, Harrisburg, PA, 19 March 1926; Mrs B.F. Snively, Lancaster, PA, 20 March 1926; Horace J. Bridges, Chicago, 18 February 1927; Louis Musil, New York, 6 January 1926.
- 28 Mrs Frank A. Hall, Montclair, NJ, 1 February 1926; Mrs William S. Hallowell, Philadelphia, 9 December 1926; Harrison A. Bispham, Philadelphia, 11 December 1925; Mrs John S. Reed, Waltham, MA, 17 March 1927; D.V. Thompson, Boston, 16 February 1926.
- 29 Mrs Leopold Auer, 24 November, 1925.
- 30 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927.
- 31 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927.
- 32 John S. Dove, Jr., Philadelphia, 1 March 1926; Bruce Walter, Pittsburgh, 20 April 1926.
- 33 Mrs J.A.L. Waddell, NYC, 13 March (n.d.).
- 34 Alma Hiller, NYC, 10 May 1926; Decatur M. Sawyer, Montclair, NJ, 6 January 1927.
- 35 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927; Edward C. Bostock, Philadelphia, 17 December 1925; Hermann L. Grote, Pittsburgh, PA, 17 April 1926.
- 36 Mr and Mrs Harry Parkhurst, Baltimore, 7 November 1926.
- 37 Mr Albert D. Henderson, Chicago and Glenview, 17 February 1927.
- 38 Professor Charles A. Lee, 'Homeopathy', *The New Church Messenger*, I, 23 (1854), 365.
- 39 See Robert C. Fuller, *Alternative Medicine and American Religious Life* (New York, 1989), 25, 56.
- 40 Bryn Athyn report by MWD, 16 December 1925 and 6 March 1926.
- 41 Mr Albert D. Henderson, Chicago and Glenview, 17 February 1927.

- 42 Report of 4 April 1927 meeting at the home of Rev. William L. Worcester, Cambridge.
- 43 Mrs John C. Moses, Cambridge, MA (n.d.).
- 44 By 'real homeopaths', I assume Moses was referring to Hahnemannian or 'Kentian' patients. Report of 4 April 1927 meeting at home of Rev. Worcester. The italics are those of this author.
- 45 Mrs George D. Pike, 13 April 1927.
- 46 Dr Julia Strawn, Chicago, 18 February 1927.
- 47 MWD to JMG, 12 April 1926.
- 48 JMG to MWD, 10 April 1926.
- 49 Mr Ehrhart, Chicago, 18 January 1927; A.H. Gordon, Chicago, 4 February 1927.
- 50 Dr Mary E. Hanks, Chicago, 11 February 1927.
- 51 Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York, 1989), 129.
- 52 C. Louis Olds, Bryn Athyn, PA, 11 December 1925.
- 53 JMG to MWD, 17 September 1926.
- 54 MWD to JMG, 25 November 1926.
- 55 E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley, 1979), 193–94.
- 56 Mary Ware Dennett, 'Patient Summaries', NCH Box 56.
- 57 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927, 4.
- 58 MWD to JMG, 6 January 1926.
- 59 Dr Alice H. Basset, Boston, 11 February 1926.
- 60 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927.
- 61 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927, 63–70.
- 62 Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York, 1985), 232–65.
- 63 Morantz-Sanchez, *Sympathy and Science*, 4.
- 64 *Minutes to the Meeting of the Board of Trustees of the AFH*, 24 January 1928.
- 65 In order to conform to new tax regulations, AFH board members separated fund-raising activities from programme administration, creating the National Center for Homeopathy in 1975. After that time, the AFH raised funds for the National Center and other organizations whose purpose was to promote homoeopathy.
- 66 Between 1922 and 1970, approximately 120 physicians attended the school.
- 67 Leagues in existence included those in Washington, DC, Minnesota, Washington, Pennsylvania, NY, Arizona, Massachusetts, Michigan, New York, Canada, California and Florida. 'Report of the Laymen's Bureau, 5 October 1968', NCH Box 6.
- 68 *Membership Directory and Homeopathic Resource Guide*, National Center for Homeopathy, 2000.