

Culture, Knowledge, and Healing

Historical Perspectives of
Homeopathic Medicine in Europe
and North America

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NETWORK SERIES

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Homeopathic Medicine in Europe
and North America

*Edited by Robert Jütte, Guenter B. Risse
and John Woodward*



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Culture, Knowledge, and Healing:
Historical Perspectives of Homeopathic Medicine in Europe and North America
edited by Robert Jütte, Guenter B. Risse and John Woodward

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In memory of Otto Ernst Guttentag, M.D. (1900–1992),
Samuel Hahnemann Professor of Medicine and Medical Philosophy,
University of California, San Francisco.

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Foreword



IT HAS BEEN A REAL PLEASURE and a source of education for me to have taken on a substantial share of the editing of the papers in this volume. As a social historian of medicine with an inter-disciplinary approach to the history of medicine and health the papers have demonstrated the value of examining a whole spectrum of healing practices. Non-regular medicine, often given the pejorative term of 'quack' medicine, has become almost conventional in recent years. Complementary medicine, the modern terminology, has moved from a perceived position of little more than alchemy to becoming an accepted part of regular practice. In Britain, over forty per cent of general practitioners offer complementary medicine within their practices and over seventy per cent regularly refer their patients to complementary medicine practitioners. Many of the medical schools are now approaching complementary medicine with a more open mind and there is a move towards greater integration where there are no firm boundaries and much less use of words such as conventional, alternative and complementary. The recent establishment of the Foundation for Integrated Medicine, promoted by the Prince of Wales, to develop a syllabus for the study of complementary medicine demonstrates the need to bring together conventional and complementary practice.

It is in this context that the history of homoeopathy can be seen. It is the most popular of the complementary therapies, enjoying the patronage of the British Royal family, and was included as part of the National Health Service from its foundation in 1948. Some recent scientific evidence has shown support for homoeopathy. Three separate clinical trials reported in the *Lancet* in 1994 indicated that homoeopathic treatment was more successful than a placebo in relieving hay fever and allergic asthma. Jacques Benveniste, a French scientist, carried out experiments in 1988 involving homoeopathic dilutions. These showed that even when a substance had

been diluted to the point of disappearance it still affected living cells. Patients who consult either a regular doctor who practises homoeopathy or a professional homoeopath find that 'a symptom picture' will be drawn up based on answers to questions concerning lifestyle, medical history, likes and dislikes in order to identify the patient's constitutional type. Some two thousand remedies are potentially available to be dispensed either by the practitioner or purchased directly from health shops and chemists/pharmacists. Lactose tablets, pills, powders or granules are available. From the patient's point of view there is the opportunity for self-help in that basic low-dosage homoeopathic remedies are available, without prescription, for conditions such as coughs, colds, heartburn, nausea, stress, shock and bruising. Indeed, recently, a major health care company in Britain, The Boots Company, has entered the self-help area for complementary medicines and has produced a range of homoeopathic medicines for general sales and an accompanying free booklet as part of its 'Healthcare Information' series. The opening description describes homeopathy as a 'natural complement to modern medicine'. Thus, the company sees an opportunity to satisfy the needs of the patient and, of course, an opportunity to generate profits. One of the principal missions of EAHMH is to 'educate the general public'. This volume fulfils that mission admirably in bringing to a wide audience the historical background to present-day needs and demands for health-care.

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MARIA LORENTZON is an Honorary Research Fellow in Primary Health Care at Imperial College, School of Medicine, London, United Kingdom and is also involved in independent research related to the history of medicine and nursing. She has published papers on a variety of topics related to health and social science, notably on the sociology of professions and on the historical evolution of British nursing. The latter research is currently focused on analysis of primary source material related to the London Homoeopathic Hospital from the mid-19th to the mid-20th centuries.

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NAOMI ROGERS is Lecturer in the Women's Studies Program at Yale University and in the Section of the History of Medicine at Yale University School of Medicine, U.S.A. She has published on the history of women and alternative medicine, disease and public health, and American homoeopathy. Her work includes *Dirt and Disease: Polio before FDR* (1992), and she is currently writing a history of the Hahnemann Medical College of Philadelphia 1848–1998, and a study of Sister Elisabeth Kenny and American medicine in the 1940s.

JOSEF M. SCHMIDT is Lecturer on Homoeopathy and Fellow at the Institute of the History of Medicine, University of Munich, Germany. He graduated in medicine and philosophy and completed his postgraduate specialisation in family medicine in Munich. His Ph.D. thesis on the philosophical concepts of Hahnemann, published in 1990, was supported by a scholarship from the Robert Bosch Foundation. With funds from the German Research Association (DFG), in 1991–92 he was Research Associate at the Department of the History of Health Sciences at the University of California, San Francisco, conducting research and lecturing on the history of homoeopathy in the United States. He has many publications including his Hahnemann bibliography (1989) and text critical edition of Hahnemann's last version of the *Organon of Medicine* (1992) for which he was awarded the 'Professor Alfons Stiegele Forschungspreis für Homöopathie'.

DÖRTE STAUDT graduated from the University of Mannheim with an MA in History and Political Sciences with a thesis on *Hygiene und Urbanisierung am Beispiel der Stadt Mannheim im Kaiserreich* and received a scholarship from the Institute of the History of Medicine of the Robert Bosch Foundation, Stuttgart, Germany, to work on a Ph.D. thesis on *Homöopathische Laienvereine in Deutschland 1870–1945*. Her publications include “...den Blick der Laien aufs Ganze gerichtet...’ Homöopathische Laienorganisationen am Ende des 19. und zu Beginn des 20. Jahrhunderts” in Martin Dinges (ed.), *Homöopathie – Patienten, Heilkundige, Institutionen* (Stuttgart, 1996.).

JOHN HARLEY WARNER is Professor of the History of Medicine and Science and of American Studies at Yale University, New Haven, Connecticut, U.S.A. He is author of *The Therapeutic Perspective: Medical Practice, Knowledge and Identity in America, 1820–1885* (1986; paperback with new preface, Princeton University Press, 1997), and of *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Princeton University Press, 1998). He is now studying the clinical practice of writing in the 19th and 20th centuries, focusing on aesthetic, epistemological, and moral choices in the transformation of the patient record.

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Introduction

Guenter B. Risse



ALTERNATIVE OR COMPLEMENTARY MEDICINE is on the rise around the world. These terms and others, such as holistic or integrative, characterise a number of therapeutic practices that are not closely linked to current notions of scientific medicine or subjected to its standard proofs of efficacy. Their growing popularity world-wide, particularly in the very citadels of medical science and technology in the industrialised nations, raises a number of important questions. Although each country differs in the nature and range of treatments enjoying popularity and legal recognition, the growth in practitioners and patients devoted to these therapies is forcing a new global eclecticism in medicine with revolutionary implications for the future nature and shape of health care.

Subsumed under the term alternative or complementary medicine are certain strategies and techniques extracted from a number of healing systems including scientific medicine selected for their presumed beneficial therapeutic effects, sometimes irrespective of the theoretical tenets and meanings they possessed in their original frameworks. In this quest to employ what empirically may be useful, the background of such healing practices is often discarded or distorted. Yet, a close examination of their historical evolution clarifies their rationale and allows us to bring them together for a comparative analysis. The study of their philosophical and cultural roots, political and economic fortunes over time, explodes a number of myths. A historical perspective is essential, therefore, for understanding all aspects of alternative medicine and sort out the paradox of their contemporary integration.

History, of course, has been an important tool for alternative practitioners to legitimate their authority and actions. In the spirit of

partisanship and for rhetorical reasons, the past of many healing systems has often been distorted to make them appear modern and scientific. The traditional definitions of orthodoxy and unorthodoxy are most unhelpful, since they not only shift over time but also because they represent value judgements at particular periods of our past. Even the term 'alternative' employed in recent years suggests that a number of healing practices could be legitimate options if scientifically-sanctioned treatments fail or are unavailable. Our goal as historians is to refrain from such ideologically charged terminology and reclaim this discourse by providing a number of balanced accounts that will foster better understanding.

This volume concentrates on one of the most popular and best studied so-called alternative practices: homeopathy. With some important additions, it contains the revised papers of a 1993 conference organised under the auspices of the Department of the History of Health Sciences at the University of California, San Francisco and the Robert Bosch Foundation in Stuttgart, with support from the German Historical Institute in Washington, DC. The primary goal of this meeting was to bring the history of homeopathy within a broader international context and re-examine its status as an alternative medical system with the tools of social history and the employment of clinical records. This book, therefore, breaks new ground in presenting the history of homeopathy within a new framework. Another objective was to determine the shifting fortunes of Hahnemann's medicine within particular national networks of professionals and lay persons. A select group of scholars and the format of pre-circulated papers allowed for extensive and spirited discussions, as well as an agenda for future research on unexplored issues about politics, religion, gender, and ethnicity and their influence in shaping the 'otherness' of homeopathy.

Part I is devoted to an examination of homeopathy within the framework of alternative medicine. John Harley Warner's contribution studies the dialectic of professional identity that occurred between homeopaths and 'regulars' in the United States throughout the nineteenth century. In defining themselves and the 'others', both professional groups employed a number of strategies that would appeal to contemporary culture and thus influence their share of the medical marketplace. Based on his previous work, Warner depicts the allopaths' abandonment of their old orthodoxy for a new identity rooted in science that created some of the values and practices currently under attack by proponents of a more holistic healing approach. Naomi Rogers' paper, in turn, focuses exclusively on the eclectic and shifting identity of nineteenth-century American homeopaths. Imported from Germany in the 1820s, homeopathy never was a monolithic system. Enjoying wide appeal from

physicians as well as lay persons, it rejected orthodoxy within its ranks, a stance that allowed homeopaths to assimilate parts of the new science oriented around the laboratory. Finally, Robert Jütte employs a comparative approach by examining the fortunes of both homeopathy and hydropathy in Germany. He stresses the importance of therapeutic competence among practitioners that led to the emergence of these competitive healing systems and provided their appeal. As with all social groups involved in providing care, their objective was to be rewarded for their work with positions of power, influence, and material wealth. Jütte therefore detects among homeopaths a strategy designed to initially appeal to influential members of the upper classes who could intervene in their behalf. Once established, both systems could proceed to recruit wider sectors of the population.

Part II examines particular developments in Holland, Canada, and the United States. Marijke Gijswijt-Hoftra's findings challenge the usual reasons and chronology concerning the rise of homeopathy. Her work with the case-books of a Rotterdam practitioner provide a new window into developments in the Netherlands. Although introduced in the 1820's, the new medicine remained nearly invisible, failing to attract a charismatic leader or an influential clientele. More importantly, however, the few practising Dutch homeopaths never constructed Hahnemann's system as an important alternative nor did they challenge the established orthodoxy, thus failing to attract attention and achieve a distinct professional identity. To some extent, James T.H. Connor's study of homeopathy in Victorian Canada also suggests a climate of professional harmony in sharp contrast to the brawls among diverse healers in the United States. As he points out, the blurring of boundaries between homeopaths and 'regulars' owed more to the restrictive but orderly atmosphere of licensing both groups than the popular demands for therapeutic success at stake in countries such as Germany and the United States. In fact, Canadian homeopathy failed to achieve the degree of populist support noticeable in Europe and south of the border. Since homeopaths in Canada achieved a more secure professional niche than any of their British and American colleagues, sectarian strife remained minimal, contributing to a climate of tolerance and eclecticism. The final paper by Josef M. Schmidt documents the German influences on the evolution of homeopathy and scientific medicine in the American West, notably Northern California and especially San Francisco. Although many of the newcomers were initially attracted by the post 1849 gold-fever, others settled to practice in a fast-growing urban environment such as the Bay Area. Schmidt's account of the professional, institutional, and educational contexts created by these men and women offers new information and

insights into the development and decline of homeopathy before 1900.

Part III presents a series of special studies related to important and hitherto neglected aspects of the history of homeopathy. Martin Dinges offers a comparative view of the role played by professional societies in promoting homeopathy both in Germany and the US. The establishment of the Deutscher Zentralverein homöopathischer Ärzte in 1832 and the American Institute of Homeopathy in 1844 contributed to the process of professional consolidation and promotion in both countries. This was particularly important given the legal freedoms afforded to homeopaths in the 19th century to practice their system of medicine. Next, Dörte Staudt focuses on a special lay organisation, the Hahnemannia, located in Württemberg, Germany. Drawing on extensive archival sources, this paper depicts the goals and activities of the group, its conservative, middle class ideology, and relationships to other fringe sectarian groups, especially naturopathy. This paper exemplifies the important political but more importantly social role played by lay associations in the promotion of a particular medical system.

In turn, Eberhard Wolff presents the parameters of a discussion concerning the need for smallpox vaccination among American homeopaths that serves as a litmus test to ferret out their ideological inconsistencies and the porous borders of their actual practices, particularly during the 1870s. Wolff's conclusions of a blurred homeopathic identity that favoured a public health measure opposed to its main tenets supports notions presented in other papers about the gradual softening of older orthodoxies with the advent of scientific medicine. Finally, Bernard Leary, Maria Lorentzon and Anna Bosanquet offer a unique glimpse at homeopathic practice through clinical records obtained from the London Homeopathic Hospital covering a period of about three decades. This material provides valuable information about the patients, their diseases and treatments. The authors concentrate on two critical periods: the late Victorian era when real 'pathological' conditions were considered, and the first decades of the twentieth century as the popularity of homeopathy declined and merely 'constitutional' problems were considered. To complement the papers, Arnold Michalowski produced an interim directory of homeopathic physicians in the United States. In all, this book provides the foundations for future comparative international studies and new perspectives in the history of homeopathy.

Note: The alternative spellings of homeopathy/homoeopathy have been used according to the wishes of individual authors.

Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America

John Harley Warner



ONE THING NINETEENTH-CENTURY American physicians and later historians have tended to share is their depiction of homeopathy as the Other. The distinction that came with that otherness has been regarded as a key factor in homeopathic appeal, while the erosion of its distinctiveness has been interpreted to be a leading source of homeopathic decline. The ways homeopaths in the United States themselves managed this issue is one focus of the contribution for this volume by Naomi Rogers. My paper, instead, explores how regular physicians deployed the idea and imagery of otherness in depicting homeopathy and in representing themselves.

The emergence of homeopathy and the impulse to accentuate otherness it propelled, I want to suggest, were key factors in the creation of orthodoxy in American medicine. During the middle half of the nineteenth century, this ideology of orthodoxy, vigorously cultivated, was a central feature of the culture of medicine in America. Changes in both medicine and American society during the final third of the century, however, fostered the dissolution of orthodox professional identity, and, with it, an erosion of the institutional and cognitive boundaries by which regular physicians had sought to maintain their separateness. It is precisely because strategies of polarisation were so central to definitions of both Old and New School medicine that understanding the rise and fall of medical orthodoxy offers one significant context for exploring the shifting place of homeopathy in

American culture.

What later historians and contemporary critics called medical sects did not exist in the United States before the early-nineteenth century. To be sure, a variety of healers offered the sick alternatives to regularly-educated physicians. Some social healers, such as midwives, often worked co-operatively with so-called regular doctors, while others, 'Ignorant pretenders' as one Massachusetts physician complained in 1782, competed with 'the Regular Bred Physician.'¹ Yet these individual healers did not belong to anti-orthodox systems of belief and practice that possessed a formal structure and shared creed. Such a system with the power to bind together a group of unorthodox healers emerged only after 1806, when Samuel Thomson began to market 'family rights' to his botanical practice. During the 1820s and 1830s the number of professional Thomsonian practitioners grew markedly, and during the 1840s and 1850s Eclecticism began to flourish, as did hydropathy.² At the same time, homeopathy, first introduced into the United States in the mid-1820s, grew to be the country's most prominent irregular medical system.³ With its renaming of regular medicine as allopathy, homeopathy cemented the rhetoric and imagery of sectarianism in American medical discourse.

The rise of sectarianism altered fundamentally the culture of American medicine.⁴ Throughout the ante-bellum period, the 1820s until the outbreak of the Civil War in 1861, the power and prestige of the regular profession were declining. Irregular practitioners assailed the ideas and practices of the regulars. Further, at a time when the proliferation of for-profit medical schools was leading to overcrowding and divisive competition, the success unorthodox practitioners enjoyed seriously threatened the livelihood of regular doctors. More than this, starting in the 1830s the Thomsonians led a crusade to strip regular physicians of all vestiges of professional privilege. Deploying a radically democratic, anti-monopoly rhetoric that had powerful resonances in American society, they persuaded state legislatures to repeal virtually all legal regulation of medical practice. With the collapse of licensing laws, no legal distinction discriminated between regular physicians and other healers. By mid-century, as Matthew Ramsey has noted, 'the American medical field was the freest in the Western world.'⁵

Homeopathy differed from other irregular medical groups in America not only in its cognitive and therapeutic character but also in its socio-economic standing and institutional sophistication. Especially during the early decades of homeopathy in America, many of its practitioners were converts who held M.D. degrees from regular medical schools. Indeed, often

regular physicians expressed a sense of desertion and betrayal by colleagues who, as one complained, 'have left the regular practice for this German mysticism, & have succeeded in getting profitable practice.'⁶ Homeopaths were most common in the urban centres of the north-east, and in some locales they occupied a higher socio-economic position and served a more affluent clientele than their regular counterparts.⁷ Above all, homeopathic practitioners never doubted that they were members of a learned profession, and could point to homeopathic journals, societies, and degree-granting schools as evidence.⁸ 'It is not among the low & ignorant that we find its disciples and converts,' one regular medical student acknowledged in 1838; 'on the contrary it counts among its apologists men of liberal education and high standing in society.'⁹

What homeopaths shared with other anti-orthodox medical practitioners was the proclaimed objective of overturning the established medical order. William Henry Holcombe, for example, a prominent homeopathic physician, was typical in his repeated calls for the rupture of allopathy. In his mind, his dual commitment to homeopathy and Swedenborgianism forged the link between his opposition to medical and religious orthodoxy. The structures that sustained these orthodoxies, he maintained, had to be torn down before the new order could be erected: 'As it is impossible for the old bottles to contain *new wine*, I strongly recommend the immediate demolition of all Orthodox Theological Schools and all apothecary Shops,' he wrote in his diary.¹⁰ 'I felt how useless it is to argue with any body whose whole life had been given to the contemplation and defense of certain dogmas,' he complained in 1855 after reading a regular medical journal. 'The present race of Old Church theologians and of Allopathic doctors has to *die out* before the good seed can spring up on the place of those weeds in the garden of the world.'¹¹ As Holcombe's remarks suggest, for most of the nineteenth century it is a misnomer to frame homeopathy in America as alternative medicine, for its aim was not to coexist as one among many alternatives to regular medicine, but rather to destroy and supplant it.

The pervasiveness of martial and religious metaphors in the rhetoric of homeopaths and of those they called allopaths is revealing, for it served to accentuate the otherness of the two schools by depicting them as binary opposites, as two armies facing off for battle, or as two churches each claiming exclusive possession of revealed truth. 'The army of Hahnemann increases and boldly presses forward,' a homeopathic student in Philadelphia wrote in his 1856 M.D. thesis. 'Truth is on its side, is mighty, and will prevail.'¹² The battle, as another homeopath put it, 'is to be fought between

the Goliath of the Old Medicine and the young David of the New.’¹³ Many homeopathic practitioners who initially had studied regular medicine not only described themselves as *converts*, but composed elaborate conversion narratives that demonised allopathy as an evil to be overcome by those seeking redemption – a ‘Lucifer,’ as one homeopath styled it, to be cast out of American life.¹⁴ Holcombe, for example, who had earned his M.D. degree at a regular medical school, claimed that his conversion experience was typical, and published an account of his passage from darkness ‘into the light and liberty of truth.’¹⁵ Yet as Holcombe’s case illustrates, such language represented more than merely public posturing, and could express deeply felt convictions. ‘Alas! for poor Allopathic practice!’ Holcombe wrote in 1855, in the privacy of his diary, adding five days later, ‘Alas! for poor tottering Old Church Orthodoxy!’ Some months later he recorded, ‘To-day when speaking rather bitterly of Roman Catholic mummeries, my mind following a familiar undercurrent of thought, I misnamed it *Allopathic* mummeries. The difference between Old and New Church are very similar to those between Old and New Medicine. Indeed I am a Homeopath simply in a primary view because I was previously a new Churchman.’¹⁶

Historians have long depicted the rise of homeopathy as one engine of change in regular medicine, and rightly so. The example of homeopathic success showed regular practitioners that often cure could be effected with very mild therapeutic intervention. The recovery of patients under homeopathic care did not necessarily mean that homeopathy actively cured patients – most regular physicians, indeed, regarded the prescription of infinitesimal doses as tantamount to doing nothing; but it did demonstrate that cure often owed more to the healing power of nature than to medical art. As important, the assault upon allopathic therapy incited a popular outcry against heroic drugging; and in a competitive market, regular physicians made their therapies increasingly milder. ‘There is good in everything,’ one orthodox practitioner typically asserted, ‘and if Homeopathy with all of its fallacies has opened the eyes of all or at least of many to the evils of drugging patients, it has been of service.’¹⁷ In this way, the homeopathic example and its assault on allopathy constituted an important force for change.

What has received less attention is the profoundly conservative influence homeopathy simultaneously worked upon the regular medical profession. For while homeopathy fostered change, it also engendered a dogmatic adherence to tradition that made change difficult and at times professionally suspect. As some regularly-bred physicians publicly declared their conversion to the New School, those who continued to identify with

the Old School were compelled to reflect upon who among their brethren shared their beliefs and who dissented, a distinction that could not be reduced to education alone. The homeopathic challenge set up an intellectual and socio-economic environment that forced regular physicians to turn inward to established tradition to find a stable core of professional definition and distinctiveness. Homeopathy thus fostered not only regular stability, but reaction, and was the critical element in transforming regular physicians' confidence in their heritage into a rigid ideology of orthodoxy.

With the strengthening impulse to orthodoxy, regular physicians sought ways to set themselves apart from heterodox healers and to purify their own ranks. Yet with the repeal of licensing laws, there was little hope that the state would act as boundary setter. Instead, the growing awareness of orthodox identity after the 1820s was expressed most visibly by the proliferation of voluntary but exclusive orthodox institutions. Local and state medical societies multiplied and, in 1847, the national American Medical Association (AMA) was formed, in part 'to draw the line of demarcation between those who are of the profession and those who are not.'¹⁸ Between 1820 and 1850, the number of regular medical schools trebled, and the socialisation students received in these institutions forcefully impressed upon them their participation in orthodox tradition. Orthodox medical journals, which rapidly multiplied, also served as a forum for denouncing sectarian ways and consolidating orthodox identity.¹⁹

By the 1840s, such institutions embraced an official policy of discrimination against irregular practitioners. Homeopaths, grudgingly tolerated at first, came to be barred from regular medical societies and thereby denied access to one source of professional distinction, knowledge, and business. Further, the code of ethics to which society members pledged themselves forbade consultation with sectarians, and some members who violated this stipulation were charged with unethical conduct and expelled.²⁰ Similarly, regular schools closed their doors to homeopathic practitioners who sought an M.D. degree; revoked the diplomas of alumni who took up unorthodox ways; expelled students who associated with homeopaths; and refused to allow students who had apprenticed with homeopaths to attend lectures or become degree candidates. At the orthodox Medical College of Ohio, to cite one example, the by-laws specified in 1845 that a graduate who practised homeopathy or any other irregular course would be blocked from attending future lectures, a privilege graduates ordinarily expected; such a heretic had 'deserted the profession and renounced his Diploma.'²¹ Such persecution in turn became an important part of unorthodox identity, and homeopathic leaders celebrated the

distinctiveness it conferred as a martyrdom suffered for steady allegiance to truth.

In the United States, however, for regular and irregular practitioners alike, professional identity and esteem ultimately rested not upon sanctions given by formal education, licensing, or society membership, but upon practice. The available institutional, social, and legal structures failed to provide a framework capable of defining and supporting medical professional identity. And therefore any intuitively persuasive criterion for judging orthodox identity had to derive in the first instance from practice itself. It was in this context that medical therapeutics not only was the pivot upon which orthodox–unorthodox conflict turned, but also provided the most conspicuous insignia of allopathic and homeopathic creeds.²²

Homeopaths, with other irregulars, transformed certain therapies identified with regular practice – especially such hallmarks of heroic depletive practice as bloodletting and purgative mineral drugs – into the most distinctive, widely recognised emblems of the orthodox profession. They targeted regular therapy as the worst evil of the Old School, and identified allopaths with their therapies in order to denounce them both. This imagery was pervasive in irregular medical journals, where regular practitioners were portrayed as ‘Mineral Doctors,’ ‘the poison depletive quacks,’ and ‘the knights of calomel and the lancet.’ Orthodox medicine, in a like fashion, was styled ‘the drugging system,’ ‘the calomel and blue pill school of medicine,’ and ‘the mineral humbuggery practice.’²³ Such therapeutic symbols demarcated a vivid boundary between orthodox physicians and converts to the New School. ‘The essential difference,’ one homeopath explained in 1846, ‘between the old and new school, consists in an entire rejection by the latter, of the *materia medica*, and therapeutics of the former.’²⁴

Rather than resisting this identification of bloodletting and calomel with the orthodox profession, however, regular physicians celebrated these therapies as the most recognisable badge of regular identity. Reaffirming allegiance to traditional practices offered regular physicians a vehicle for dramatising their distinctness from irregulars that did not depend on such unsure measures as pointing to educational differences, seeking legal sanctions, and preserving institutional purity. Indeed, the very fact that non-believers so vigorously assailed these signs of orthodox faith intensified their power as symbols. Establishing professed faith in such therapies as the touchstone of regularity ensured that homeopaths would be placed utterly outside the professional pale. It was around these therapeutic symbols, more than any other nucleus, that the concept of orthodoxy crystallised.

At the same time, partly because therapies like bloodletting and

calomel were associated with heroic medicine, regular physicians found in the language of gender an appealing medium for contrasting the energetic, bold use of the orthodox armamentarium with the feeble, timid use of homeopathic infinitesimals. The active practitioner, confident in his mastery of orthodox therapies, took charge of the disease by using forceful, 'decisive measures.'²⁵ By contrast, the practice of homeopaths – 'fashionable effeminates,' one regular styled them²⁶ – was routinely associated with 'a passive course,'²⁷ with its treatment characterised as soft rather than vigorous, its approach timid rather than courageous, and its attitude watchful and waiting rather than conquering and interventionist. The language used to polarise orthodox and homeopathic practice, and to attach to these polar positions gender dualisms that in Victorian culture were easily recognisable, reinforced both the utility of therapies like bloodletting as symbols of orthodoxy and the fundamental otherness of homeopathy. It was a discursive feminisation of homeopathy, serving to marginalise, devalue, and dismiss it, that orthodox physicians endlessly reinforced by pointing out that gentle homeopathic medicine appealed disproportionately to women and children.²⁸

Ironically, during the period when medical orthodoxy became firmly associated with the therapies of heroic depletion, the actual use of these treatments was declining markedly. But as their use at the bedside dwindled, their symbolic importance was redoubled. The mainstays of heroic therapy were so intertwined with professional identity that the very same physicians who used them only infrequently in *practice* continued to laud them as in *principle* the profession's most powerful weapons in combating disease.²⁹ Regular physicians insisted that they should follow their own judgement in prescribing, not adhere by rote to any therapeutic system, and proposed that while homeopaths *always* gave minute doses, regulars might choose between bold or expectant treatment depending on the needs of each patient. 'You should consider yourself insulted at being called an "Allopathic,"' one regular student wrote in his class notebook, copying his professor's words; 'you have a perfect right to avail yourself of all means, wherever found.'³⁰ It was orthodoxy, not so much orthopraxy, that mattered in displaying professional regularity.

In their workaday routines, the social and professional boundaries between regular and homeopathic physicians often were blurred. Private interactions between American allopaths and homeopaths were more common and more congenial than the public rhetoric of sectarian warfare implied. Regular physicians conversed at dinner parties with homeopaths they regarded as their social peers,³¹ while allopathic and homeopathic

students, though enrolled at rival schools, sometimes interacted daily at the same boarding house.³² So too, regular practitioners sometimes approved of placing their own family members in the care of homeopaths,³³ while an eminent orthodox leader might meet in consultation with a homeopath – so long as the latter was deemed ‘an honorable gentleman’ and the transaction kept private.³⁴ Regular medical societies often even tolerated members who prescribed homeopathic remedies, so long as they did not openly renounce the regular faith.³⁵ Yet it was precisely because the institutional and behavioural boundaries distinguishing between regular and homeopathic medicine in America remained fuzzy that clearly objectifying the concept of orthodoxy became so important.

Holding fast to the symbols of orthodoxy, like charging dissenters with heresy,³⁶ gave regular physicians one means of preserving confidence and order at a time of severe professional dislocation. The young physician could find reassurance in ‘a steady determined reliance on the principles of his tried profession, which has stood the rack and storms of centuries unscathed,’ as a medical student at the University of Pennsylvania put it.³⁷ As the homeopathic challenge aggravated the sense of professional instability, there was comfort in a ritual affirmation of belief in the mainstays of traditional therapeutics, which pointed to the sturdy links binding the orthodox practitioner to two millennia of medical thought and practice.

Yet this identification of orthodoxy with tradition, as regular physicians understood it, did not mean a doctrinaire allegiance to the past. The same professional leaders who promoted orthodox ideals and institutions insisted that an expectation of change was a defining feature of their creed that separated them from homeopaths. The orthodox physician was urged to recognise that ‘the science to which he has devoted himself is a progressive one.’³⁸ Unorthodox medicine, on the contrary, and most especially homeopathy, was dismissed as rigid dogma adhered to by rote. The sectarian physician, one Albany medical student charged in 1849, ‘urged blindly on by the impetus of his theory, looks neither to the right hand or to the left for reason of principle – Their established and unvarying rules are, never to sacrifice *Theory* for reason, truth, or experience.’³⁹

The judgement, however, that homeopathy was dogmatic, unprogressive and doctrinaire, was more than merely dismissive. For instead of recognising homeopathy as a fresh departure informed by empirical investigation, the defenders of orthodoxy framed it as the epitome of a speculative medical system, the anachronistic embodiment of Enlightenment rationalism and all the ills it had come to represent. Regular leaders thereby further sharpened the dichotomy between orthodox and homeopathic

medicine by explicitly identifying homeopathy with a professional past they had renounced and were labouring hard to escape.

The key to understanding what made this identification of homeopathy with rationalistic system and, thereby, a repudiated past, so powerful in the American context is recognising that during the decades when homeopathy appeared and grew prominent, a campaign 'against the spirit of system' was the central programme for change within regular medicine.⁴⁰ Regular leaders, particularly those who returned from medical study in France committed to the empiricist ideals of the Paris School, grew increasingly strident in insisting that rationalism should be held responsible for many of their profession's cognitive and social ills. Misguided faith in rationalism had led to what one Boston physician called 'the incomprehensible mysticism and absurd speculations of the closet dogmatists upon the nature of disease.'⁴¹ Rationalistic systems of practice also encouraged in-fighting within regular ranks and therapeutic extremism, the misuse of such remedies as bloodletting and calomel. Throwing off the domination of rationalistic systems would thereby undermine anti-orthodox criticism, reduce professional divisiveness, make regular physicians better healers, and elevate the standing of the profession in the eyes of the public.

While the empiricist crusade, as it emerged in the 1820s, was designed in part to impel change, over time it increasingly functioned more to reassure the faithful than to convert or reform sinners. Demonising 'ingenious systems,' 'subtle reasoning,' and 'the shackles of speculation,' the regular physician Alfred Stillé charged in 1848 that they had 'contributed to discredit the profession, and to arrest the progress of knowledge.' He called on his brethren to abandon 'the hypotheses which have more recently arisen and flourished,' urging that 'Brownism and Rushism, Broussaisism and Hahnemannism, with all the other fruits of a luxuriant fancy and a poverty of facts, must descend the inevitable slope to oblivion.'⁴² But even as he wrote, no prominent orthodox physician in America any longer publicly professed faith in Brownism, Rushism, Broussaisism, or any other regular 'system' of practice. And that was the point: homeopathy was singular, a real danger in the present that embodied the most destructive evils of the past.

The crusade against system, which intensified in the 1840s and 1850s, gained in power by being expressed in a language that addressed anxieties deeply rooted in American culture. Historians exploring American life during this period have revealed a society keenly on the lookout for deception, paranoid about being tricked by such archetypal counterfeits as the confidence man and the painted woman.⁴³ Deception and fraud became central themes in the assault upon medical systems. In the rhetorical forms

that became commonplace among regular physicians, epistemological positions became distinctly value laden, with empiricism and rationalism linked not only to divergent ways of knowing but more profoundly to integrity and dishonesty respectively. The mystification and needless adornment of rationalistic systems were depicted as forms of deception and trickery dangerous both to the people's health and to the social standing of the regular profession.

The same language orthodox reformers used in denouncing regular-bred system builders of the past they deployed against the disciples of irregular systems in the present; thus homeopathy, Thomsonianism, and 'all the systems of medical delusion'⁴⁴ were consigned to 'the morass of false experience of vain hypothesis and delusive theory.'⁴⁵ Homeopaths and other irregulars were decried as deceivers, as (in the words of one South Carolina medical student) 'imposters and vain pretenders.'⁴⁶ Unorthodox healers were depicted as medical mystifiers par excellence, and their success in competing with regular physicians for patients likewise was attributed to their cultivation of the arts of deception. Thus in 1855, a physician in Texas looking for a place to practice without being suborned to 'the practice of a cheat' wrote despairingly to his brother about the success of homeopathy, 'more especially when almost all of ones friends turn to those who will swindle them the deepest with their infinitesimal delusions and arrant nonsense.'⁴⁷

American xenophobia made the foreignness of homeopathy, its avowed German origins, one easy target, particularly during the years when many of its practitioners were German immigrants. Moreover, in framing homeopathy as 'nothing but German mysticism,' orthodox physicians redoubled its image as a speculative medical system by linking it to a widely-held caricature of the German mind. Homeopathy, as one critic described it, was the 'result of habitual modes of thinking in Germany, the result of a kind of unphilosophical dreaming among a people who often show themselves incapable of severe reasoning, as they are almost always transcendent in the observation of facts.'⁴⁸ Thus the author of *The Anatomy of a Humbug, of the Genus Germanicus, Species Homeopathia* (1837) tellingly urged that 'Germany is the land most congenial to ghosts, goblins and devils,' and suggested that homeopathy – 'baptized in the magic waters of that country' – was a throwback to 'the reign of magic and witchcraft.' He proceeded to represent homeopaths as foreign confidence men 'duping and deceiving the credulous,' as beguilers who 'consider the Yankees fair game and an easy prey.'⁴⁹

By depicting homeopathy as an enduring bastion of the rationalistic

system-building the regular profession had repudiated, and by casting epistemological issues in an emotionally resonant idiom of deception and honesty, regular physicians were asserting that a clear *moral* boundary distinguished orthodox medicine from homeopathy. Especially from the 1830s onward, to the archetype of the medical deceiver, a counter-archetype became prominent in regular medical rhetoric – what was denoted as the ‘true physician’ or, as often, the ‘honest physician.’ The attributes of the true physician were the antithesis of those of the sectarian deceiver: integrity, sincerity, allegiance to medical truth, and success won not by trickery but by honest dealings.⁵⁰ It is doubly telling that homeopathy so often was characterised as a product of ‘the metaphysical mind of the German’ and as ‘German mysticism,’⁵¹ for the mystification of medical knowledge was depicted as not merely misguided but morally wrong, not least of all because it sacrificed the lives of patients and blocked the pursuit of medical truth. In the homiletic language of the empiricist crusade against system, regular reformers found a vehicle for investing their denunciation of homeopathy with both a moral message and moralistic fervour. More than this, in the American context underscoring the otherness of homeopathy by framing it as a rationalistic medical system was a powerful means for regular physicians to imagine themselves set apart from it by chasms in epistemology and integrity alike. An ideology of orthodoxy configured this way made its bid both for absolute separateness and for the moral high ground.

Regular rhetoric demonising homeopathy persisted into the final third of the nineteenth century, as did official policies of discrimination. Yet by the 1870s and 1880s, clear signs emerged that the ideology of medical orthodoxy forged during the ante-bellum period was starting to be pulled apart at the seams. It was during these decades, when homeopathy enjoyed its fullest success in American society, that a growing number of prominent regular physicians set out to erode all invidious barriers between homeopath and allopath as part of a wider programme for reconstructing their own professional identity. The ideals and apparatus of orthodoxy, in their view, far from being the best guarantors of the physician’s success at the bedside and the profession’s success in society, held medicine back, impeding their programme to redefine professional identity, authority, and moral legitimacy.

Those regular practitioners who contested the ideology of orthodoxy and its use to maintain professional standards were often the very physicians who sought to make scientific standards in medicine more rigorous.⁵² Often younger, able to boast of study in Germany, and consecrated to the medical promise of the experimental laboratory, among those who most vocally challenged the idea of orthodoxy were physicians who believed that the

advancement of science had rendered it obsolete and who, moreover, looked to science as a new source of professional authority and of more reliable criteria for professional integrity. 'Homeopathy and allopathy are dreams of a by-gone time,' the regular physician and proselytiser of the experimental laboratory Roberts Bartholow proclaimed in 1872. Insisting that physicians who trusted in the natural laws revealed by experimental science no longer needed to heed artificial distinctions between orthodox and homeopathic creeds, he went on to insist that 'modern science is indifferent to Hippocrates and Hahnemann. The therapeutics of to-day rejects dogmas, and the therapeutics of the future will accept nothing that can not be demonstrated by the tests of science.'⁵³ For those who contested orthodoxy, professional claims to scientific expertise formed the foundation of a new order that dismissed the identification of science with orthodoxy and embraced the promise of specialised knowledge to inform effective action as the ethical sanction for their programme.

In this new programme for rooting professional identity in an accountability to science more than to any particular medical tradition, many of the devices that had marked the boundaries between orthodox medicine and homeopathy lost their utility. The radical empiricism that had once informed the crusade against rationalistic systems was supplanted by aspirations for a New Rationalism, which was to turn upon reasoning from the laboratory to the bedside. The vilification of system, accordingly, began to lose both its cultural force and professional significance.⁵⁴ At the same time, the proselytisers of the new program urged a shift from practice toward knowledge as the principal basis for professional identity.⁵⁵ Experimental science, with its power to explain and its promise of effective intervention, came to provide insignia of the medical profession more potent than symbols drawn from practice, such as bloodletting and calomel. Science, according to the newer view, would inform an egalitarian therapeutic ethic, cutting across artificial sectarian boundaries to judge all therapies objectively.

This challenge to orthodoxy from within was expressed in a variety of intellectual, institutional, and behavioural changes, but can be exemplified with particular clarity by the internal revolt against the orthodox code of medical ethics. The section of the 1847 AMA Code of Ethics, widely taken up by state and local societies, that became the focus of contention prohibited regular physicians from consulting with irregulars on the grounds that the latter were medically and morally unfit. 'No one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology,

pathology, and organic chemistry.⁵⁶ The consultation clause became the most celebrated implement of orthodox discrimination, an institutional and behavioural boundary that separated the orthodox faithful from homeopaths and the putative dangers of their otherness. 'To a young physician going forth into a life full of moral conflicts the wearing of this aegis would be one of his surest defenses,' one AMA president asserted in 1856; 'next to the holy scriptures, and the grace of God, it would serve most effectually to guard him from evil.'⁵⁷

In the 1870s and 1880s, regular physicians who embraced the newer ideals of professional identity began to call for annulment of the code of ethics, or at least the consultation clause, insisting that they should be free to decide with whom they would consult. One prominent argument against the consultation clause was that an allegiance to science subverted the very idea of orthodox and unorthodox medicine. As one practitioner put it in explaining his opposition to the code in 1883, 'There can be in medicine no heresy, because there is no orthodoxy.'⁵⁸ Science was the ultimate arbiter of propriety and had rendered distinctions between competing systems of medical belief and practice made on any other grounds meaningless.

The example of one aggressive local battle, waged in New York State, is suggestive of wider patterns. In 1882, a group of physicians, prominent among them such elite, science-oriented, urban specialists as Cornelius R. Agnew, Abraham Jacobi, and Daniel B. St. John Roosa, pushed through a vote at the annual meeting of the Medical Society of the State of New York deleting the consultation clause from the organisation's code of ethics. Members henceforth were free to consult any legally qualified medical practitioner, and by this time, licensing laws had been reintroduced in New York State that recognised homeopaths. At its annual meeting in 1882 the AMA refused to seat delegates of the New York society. During the next two years the elder of New York medicine Austin Flint, among other conservatives, led a vigorous campaign to have the clause restored by their state society, a move repelled with equal energy by the liberal coalition. In 1883 the AMA aggravated tensions by requiring that all delegates to its annual meeting sign a pledge to observe the ban on consulting with homeopaths, and by naming Flint president-elect. Frustrated in their attempts to restore the consultation clause in their state society, however, in 1884 the conservatives split off to form their own orthodox society, which ceremoniously restored the consultation clause and was duly recognised by the AMA. Into the early-twentieth century, New York would have two state medical societies, split by dissension over the consultation clause.⁵⁹

Orthodox physicians who remained faithful to the consultation

clause framed its annulment by liberals as 'a fire-brand of Nihilism in the profession' and its orthodox defence as the 'survival of right over wrong.'⁶⁰ At the same time, they accused those who had abolished the consultation clause, among them the urban specialists most likely to be called in for consultation by a homeopath confronted with a difficult case, of having betrayed the orthodox faith for a lucrative alliance with homeopaths. The overturning of the clause, one critic put it, 'looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.'⁶¹ Their action, Flint correctly noted, 'in effect removes the barrier dividing members of the regular profession from irregular practitioners,' a course that marked these heretics as familiars of 'the enemies of truth.'⁶² Rural practitioners particularly protested against what they interpreted as the sanctioning of homeopathy by the elite New York specialists. 'If there were a particle, even of the 30th dilution of anything that, could be called *science* about this worse than midsummer madness, one could have a little patience,' one wrote in 1882, in an angry letter to Agnew. 'But there is not; it is a whim, a trick, a *trade* pure and simple.' Calling homeopathy 'the dream of a crazy-brained, dissatisfied German,' he vowed that 'that School, whose foundations were laid by Hippocrates and his followers, will stand – As in Christianity so in this, there is "One faith – one baptism."⁶³

No doubt some who rejected the consultation clause were enticed by the financial rewards of open professional interaction with homeopaths. But other deeply held commitments also informed their stance, most especially a new ideology of liberalism then emerging among American elites and the reform agenda it informed. It was partly in the name of liberalism that between 1882 and 1884 they fought the move by Flint and his followers to reinstate the clause. 'Leave members of a liberal profession free to go as advocates of truth wherever called,' Agnew explained, 'and only restrained by the rule of common decency, legality, and prudence, and error will be less arrogant and dominant, and the dupes of error less numerous, or more quickly rescued.'⁶⁴ Those who had embraced a new conception of professional identity were asserting that with the advancement of science and the training of physicians as scientific experts, exclusive medical creeds and the artificial rules that sustained them would disappear. As Agnew put it in explaining his opposition to the consultation clause, 'When we shall have begun even to consider honestly these and other kindred questions, we shall soon see that the standard of medical education and the legally qualified doctor rise, and the petty questions of schools and "isms" will, like other ephemeral issues, vanish or become despicable.'⁶⁵

The 1880s also witnessed a schism among homeopathic leaders, with one faction clinging tightly to ideals of homeopathic purity and the other advocating assimilation. 'Pure' homeopaths continued to celebrate not only separatism but also the aim of vanquishing allopathy, urging, as one student did in 1885, that homeopathy 'has Truth as its banner and must prevail',⁶⁶ while others increasingly called for integration into the ranks of a profession whose shared commitment to science would overcome all other creeds. Some homeopathic leaders, after all, for years had been insisting on freedom of therapeutic choice and professional association within what one called 'the Republic of Scientific Medicine.'⁶⁷ Thus in 1884, a Massachusetts homeopath could look forward to the 'universal medical school of the future,' which would nurture 'absolute freedom in science.'⁶⁸ Proclaiming much the same liberal ideology that informed the elite regular reform movement to abolish the consultation clause, some homeopathic leaders openly insisted that neither homeopathy *nor allopathy* were 'sects';⁶⁹ homeopathy, instead, was more akin to a therapeutic specialty, one branch of medical expertise that the scientific physician might chose to cultivate.

In the short run the issue of professional consultation with homeopaths and the posture toward orthodoxy for which it stood split apart the leaders of the regular medical profession. The older generation tended to hold fast to traditional orthodox ideals; thus Alfred Stillé, a Paris-experienced Philadelphia physician who had consecrated his life to the empiricist crusade against system, charged in 1886, at the close of his career, that those who consulted with homeopaths were defiling the faith of their fathers, 'as if there could be any fellowship between light & darkness, truth & falsehood.'⁷⁰ Plans by American physicians to host the Ninth International Medical Congress in 1887, for example, were fundamentally disrupted when the AMA sought to exclude physicians who had forsaken orthodoxy from the event. Instead of giving in, however, the elite specialists who most vigorously renounced the consultation clause made plans for an alternative Congress of American Physicians and Surgeons, convened in 1888 as a forum for those physicians most committed to the new experimental sciences.⁷¹

During the 1890s, however, professional leaders of the regular ranks increasingly came to see the ideology of orthodoxy forged early in the nineteenth century as cumbersome baggage inherited from an earlier age, a burden to be shed rather than a faith to be revered. To cite but one further example, at the University of Michigan, whose medical school had both regular and homeopathic departments, declining homeopathic enrolments encouraged the Regents in 1895 to propose that the separate homeopathic

department be abolished and that a professor of Homeopathic Materia Medica and Therapeutics, 'the only distinctive feature of the system', be appointed in the hitherto regular medical department. Victor C. Vaughan, Dean of the school, circulated a letter to physicians across the country soliciting their judgements on the proposal, and the diversity in their replies made it abundantly clear that by the mid-1890s, the orthodox consensus had been ruptured.⁷²

Some regular physicians, though a small minority, wrote back to Vaughan protesting that the established boundaries should be maintained intact and that no homeopathic professor should be appointed to the same faculty as regular doctors. 'It would destroy it as a regular school of medicine,' one regular physician objected. 'No regular students would attend such a mongrel school, and any regular physician who would consent to remain in the faculty under such circumstances would forfeit the respect of his medical brethren. And in my opinion justly.'⁷³ So too, some homeopaths protested against amalgamation of the two schools, writing, as one whose letterhead boldly proclaimed him to be a 'Homoeopathist and Surgeon' did, 'that there are many physicians of both schools who are trying to mix them but only for a lucrative result and not for the good of suffering humanity. Just here comes in a Gospel of truth. "Ye cannot serve two masters."⁷⁴

Other regular practitioners favoured the move as a calculated measure to subvert homeopathy, and urged that 'the past policy of ridicule and opposition' had been one source of homeopathic distinctiveness and thereby strength.⁷⁵ Still others suggested that changes in homeopathy itself had robbed it of its distinctiveness and thereby of much of its appeal, and that 'as the homeopathic school seems to be dying a natural death, I cannot see any good reason for interfering with nature's process.'⁷⁶ S. Weir Mitchell wrote asserting that homeopathy 'has ceased as a rule to be honestly distinct,' while another physician suggested that 'very few practice that art after [they] have graduated, but gradually drop into regular medicine using the little pellets to catch ladies and children.'⁷⁷

Most regular physicians, however, counselled Vaughan that the touchstone for judging a good doctor was no longer orthodox practice but, instead, scientific knowledge. 'After all', William Osler told Vaughan, 'the differences which, in matters of treatment, separate members of the rational school are not greater than those which separate some of us from our homeopathic brethren.'⁷⁸ George Sternberg echoed the point many respondents made in saying that 'there is certainly no such thing as homeopathic chemistry, physiology, anatomy, bacteriology, hygiene, physiological chemistry, physics, pathology, histology, surgery, etc.,' while

adding that he was content to see lectures given on the homeopathic approach to therapeutics.⁷⁹ 'In the practice of medicine,' a Detroit practitioner wrote in support of the move, 'it does not make any difference whether he gives large doses of quinine or small doses of bryonia, or does not give any medicine at all as long as he thoroughly understands physiology and makes that the basis of his treatment; the remediable agent is only of secondary importance.'⁸⁰ The eminent New York paediatrician and, during the 1880s, staunch opponent of the consultation clause, Abraham Jacobi went even further, suggesting that one professor of materia medica and therapeutics should teach 'both "systems,"' explaining that 'in this way the boys would have an opportunity of learning both, and would thus be able to decide and to chose.'⁸¹ To establish a chair of homeopathic therapeutics in the medical school 'would be one of the greatest strides onward toward the final solution of the pathy problem', one Flint, Michigan physician asserted; 'all medical teachings must eventually come under one head, i.e., Science of Medicine so called.' He noted that 'to-day the best of both schools is constantly stepping over the proscribed boundary,' and concluded that establishing a homeopathic chair in the otherwise regular medical school 'is simply the foreshadowing of the future uniting.'⁸²

By the early-twentieth century, accordingly, Abraham Flexner was marching in lock step with other elitist reformers by openly eschewing all notions of medical orthodoxy and medical heresy in favour of the newer ideology of liberalism and the vision it sustained of a professional order that took science as its pole star. In his 1910 *Report* on medical education, Flexner dismissed allopathy and homeopathy alike as 'medical sects,' urging that both must give way to 'scientific medicine.' In advocating this plan, Flexner leaned on the authority of the doyen of elite regular clinicians: "'A new school of practitioners has arisen'", he quoted from William Osler, 'which cares nothing for homeopathy and less for so-called allopathy.' As Flexner insisted in his own voice, 'Science, once embraced, will conquer the whole.'⁸³

The decline of homeopathy that began in late-nineteenth-century America deserves much fuller exploration than it has received, but historians generally have agreed that one key factor was the fading of homeopathic distinctiveness. Changes within homeopathy itself, including divisive upheavals in theory and practice and the assimilation of the new laboratory-based sciences, combined with legal recognition that undercut a support-winning depiction of homeopaths as martyrs persecuted for their beliefs, surely were important ingredients. Yet crucial as well in the erosion of homeopathic distinctiveness were the transformations in regular professional

identity I have briefly sketched here, most especially the waning of orthodoxy. Professional leaders in regular medicine – *scientific medicine*, as more and more they chose to call it, became decreasingly inclined to frame homeopathy as the Other, and increasingly intent on abolishing the symbolic markers that once had established boundaries between incommensurate belief systems. In renouncing orthodoxy, they in some significant measure deprived homeopathy of its otherness, and, thereby, of the distinctiveness that had been so important an element in ordering the professional world of all nineteenth-century American physicians.

Notes

- 1 'William Bachellor to Edward A. Holyoke', Haverhill, Feb. 12, 1782, Holyoke Papers, Phillips Library, Peabody Essex Museum, Salem, Mass.
- 2 See Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia, 1987); Norman Gevitz, *Other Healers: Unorthodox Medicine in America* (Baltimore and London, 1988); Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven and London, 1968), pp. 97–131; and William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore and London, 1972), pp. 125–51, 217–29.
- 3 See Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*, 3 vols. (Washington, D.C., 1973), 3: Science and Ethics in American Medicine, 1800–1914; Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore and London, 1971); Kett, *Formation of the American Medical Profession*, pp. 132–64; and Rothstein, *American Physicians*, pp. 152–74, 230–46.
- 4 This section draws heavily from John Harley Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine', in W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850* (London, 1987), 234–60.
- 5 Matthew Ramsey, 'The Politics of Professional Monopoly in Nineteenth-Century Medicine: The French Model and Its Rivals', in Gerald L. Geison (ed.), *Professions and the French State, 1700–1900* (Philadelphia, 1984), 225–305, here 251.
- 6 James Lakey, 'Diary', vol. 5, Mar. 25–Dec. 15, 1853, entry for May 18, 1853, James Lakey Papers, Collections Division, Cincinnati Museum Center for Natural and Cultural History, Cincinnati, Oh.
- 7 Michael Philip Duffy, *A Progression of Sectarianism: Homeopathy in Massachusetts from 1855 to 1875* (A.B. thesis, Harvard University, 1982), and sources cited in n. 3 above.
- 8 As but one typical example of homeopathic insistence on professionalism, see 'Educational Requirements of the Homeopathic Physician', *Homeopathic Examiner* 1 (1840), 17–22.
- 9 Amory Coffin, *An Examination of the Doctrine of Homeopathia* (M.D. thesis, Medical College of the State of South Carolina, 1838), Waring Historical Library, Medical University of South Carolina, Charleston, S.C.
- 10 William Henry Holcombe, 'Diary and Notes', 1855–57, Southern Historical Collection, Library of the University of North Carolina, Chapel Hill, entry for Apr. 4, 1855.
- 11 *Ibid.*, entry for Mar. 3, 1855.
- 12 Robert J. McClatchey, *The Rites and Ceremonies of Medical Science* (M.D. thesis, Homoeopathic Medical College of Pennsylvania, 1856), Hahnemann University

Archives and Special Collections at Allegheny University of the Health Sciences, Philadelphia.

- 13 'Preface', *North American Homoeopathic Journal* 1 (1851), v–vi, here vi.
- 14 John Wesley Lykes, *The Decline of Allopathy* (M.D. thesis, Homoeopathic Medical College of Pennsylvania, 1855), Hahnemann University Archives.
- 15 William H. Holcombe, *How I Became a Homoeopath* (New York and Philadelphia, 1877), 4. Such conversion narratives deserve much closer attention than historians have given to them. They include not only autobiographical writings by homeopathic practitioners, texts that sought to derive meaning from the told story of a life, but also less stylized accounts in which laypeople explained why they had renounced allopathy and embraced homeopathy (see, for example, 'Dixon H. Lewis to Abraham H. Okie', Alabama, June 21, 1841, Abraham Howard Okie Papers, Trent Collection, Duke University Medical Library, Durham, N.C.).
- 16 Holcombe, 'Diary', entries for Feb. 22 and 27, and Apr. 4, 1855.
- 17 'The Relation of Drugs to Treatment', *Cincinnati Medical Observer* 2 (1857), 43–5, here 43. The most influential historical development of this argument is Rothstein, *American Physicians*.
- 18 C.B. C[oventry], 'Medical Convention' (Utica, Apr. 17, 1847), *New York Journal of Medicine, and the Collateral Sciences* 8 (1847), 371–4, here 372.
- 19 For a broad overview of the shifting social and institutional structure of nineteenth-century American medicine, see Paul Starr, *The Social Transformation of American Medicine* (New York, 1982).
- 20 Such trials for violating the code of ethics by meeting in consultation with a homeopathic practitioner, which rarely were published, deserve much closer attention than they have received, displaying as they sometimes do the social meaning heterodox allegiances assumed in concrete local contexts. See, for example, entry of Jan. 10, 1877, 'Records of the Tioga Medical Society from 1871', Division of Rare and Manuscript Collections, Cornell University Library, Ithaca, N.Y.; papers regarding suspension from the New Orleans Medical Association in J. Dickson Brune and T.G. Richardson Papers, Louisiana and Lower Mississippi Valley Collections Library, Louisiana State University, Baton Rouge; and entry for July 4, 1854, 'Minutes of the Miami Medical Association', in William C. Langdon, 'Record Book', 1853–1900, Manuscripts Collection, Collections Division, Cincinnati Museum.
- 21 Medical College of Ohio, 'Faculty Minutes', 1831–52, entries for Dec. 17 and 27, 1845, Archives and Rare Books Department, University Library, University of Cincinnati, Cincinnati, OH.
- 22 On the relationship between medical therapeutics and professional identity in nineteenth-century America, see Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism and Anesthesia in Nineteenth-Century America* (New York, 1985); John Harley Warner, 'Science, Healing, and the Physician's Identity: A Problem of Professional Character in Nineteenth-Century America', in W.F. Bynum and

- V. Nutton (eds.), *Essays in the History of Therapeutics* (*Clio Medica* 22 (1991)), 65–88; and John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (1986; Princeton, N.J., 1997), esp. pp. 11–36, 207–32.
- 23 The terms are from ‘Botanico-Medical Convention’, *Botanico-Medical Recorder* 8 (1840), 267; ‘Drugging System’, *American Journal of Homeopathy* 2 (1847), 161; ‘Mineral Doctors’, *Botanico-Medical Recorder* 6 (1838), 292; ‘Preface’, *Botanico-Medical Recorder* 8 (1840), 3; ‘Retrospect’, *Western Medical Reformer* 6 (1846), 25–8; and ‘Spread of Hydropathy in the United States’, *Water-Cure Journal* n.s. 1 (1845), 107.
 - 24 ‘Some Things Explained’, *American Journal of Homeopathy* 1 (1846): 13–14.
 - 25 For example, see Lorenzo N. Henderson, ‘Notes Taken on Lectures Given by Daniel Drake’, 1830–1831, 2 vols., 1, History of Medicine Division, National Library of Medicine, Bethesda, MD.; and A.W. Palmer, ‘Notes Taken on Lectures Given by Geddings, Dickson, and Shepard’, Charleston, South Carolina, 1851–52, A.W. Palmer Collection, Southern Historical Collection.
 - 26 Dan King, *Quackery Unmasked* (New York, 1858), p. 87, quoted in Coulter, *Divided Legacy*, p. 133.
 - 27 ‘Review of John Forbes, *Homeopathy, Allopathy, and Young Physic* (1846)’, *Western Lancet* 5 (1847), 182–213, here 191; emphasis added.
 - 28 On the real and perceived links between homeopathy and women, as patients and as practitioners, see Coulter, *Divided Legacy*, pp. 114–8, and Naomi Rogers, ‘Women and Sectarian Medicine’, in Rima D. Apple (ed.), *Women, Health, and Medicine in America: A Historical Handbook* (New York and London, 1990), 477–95.
 - 29 The actual course of change in regular therapeutic practice is traced in Warner, *The Therapeutic Perspective*, esp. pp. 83–161.
 - 30 John B. Rice., ‘Notes on Lectures by Alonzo B. Palmer, *Materia Medica and Therapeutics*’, University of Michigan College of Medicine and Surgery, Ann Arbor, lecture of Dec. 4, 1855, John B. Rice Papers, The Manuscript Collections, Rutherford B. Hayes Library, Fremont, Oh. At the San Francisco County Medico-Chirurgical Association, for example, members adopted the resolution stating that ‘the regular system is, as it should be, the true Eclectic System, a Medical Magnet, suspended over the healing art, constantly attracting all that is good, and repelling all that is bad’ (Resolutions read by Dr. Cooper at meeting of Sept. 9, 1855, ‘Minute Book’, San Francisco County Medico-Chirurgical Association (3119), California Historical Society, San Francisco.
 - 31 See, for example, Lakey, ‘Diary’, vol. 2, Nov. 15, 1849–Jan. 13, 1851, entry for Nov. 20, 1849; George B. Wood, ‘Journal’, vol. 7, Oct. 8–Nov. 21, 1860, entry for Nov. 6, 1860, George B. Wood Journals, Library, College of Physicians of Philadelphia, Philadelphia.

- 32 See 'Henry Aikins to W.L. Aikins', Philadelphia, Oct. 23, 1856, Aikins Papers, Archives Collection, Academy of Medicine Collection, Thomas Ficher Rare Book Library, University of Toronto, Toronto.
- 33 For example, 'Edward E. Jenkins to "Dear Father"', Paris, June 6, 1854, John Jenkins Papers, Manuscript Division, South Caroliniana Library, University of South Carolina, Columbia, S.C., and 'A.C. Munroe to "My Dear Love"', Macon, Aug. 18, 1848, John McIntosh Kell Papers, Manuscript Collection, Special Collections Library, Duke University, Durham, N.C.
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- 35 'Minutes of the Union District Medical Association', 1867–80, meeting at Connersville, Indiana, Oct., 29, 1868, Walter Havinghurst Special Collections Library, Miami University, Oxford, OH.
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- 42 Alfred Stillé, *Elements of General Pathology: A Practical Treatise* (Philadelphia, 1848), pp. 23, 46, & 27.
- 43 See Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle Class Culture in America, 1830–1870* (New Haven and London, 1982); Lawrence Frederick Kohl, *The Politics of Individualism: Parties and the American Character in the Jacksonian Era* (New York and Oxford, 1989); and Lewis Perry, *Boats against the Current: American Culture between Revolution and Modernity, 1820–1860* (New York and Oxford, 1993).
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- 46 Smith, *Remarks on Empiricism*.
- 47 'J.D.B. Stillman to "Dear Brother"', San Antonio, [Texas], June 1, 1855, Jacob Davis Babcock Stillman Correspondence (6/1/1855), California Historical Society. And see, for example, Oliver Wendell Holmes, *Homeopathy, and Its Kindred Delusions* (Boston, 1842), and William Leo-Wolf, *Remarks on the Abracadabra of the Nineteenth Century* (New York and Philadelphia, 1835).
- 48 Charles A. Lee, *Homeopathy. An Introductory Address to the Students of Starling Medical College, November 2, 1853* (Columbus, 1853), pp. 30 & 31.
- 49 *The Anatomy of a Humbug, of the Genus Germanicus, Species Homeopathia* (New York, 1837), pp. 8, 7, 15, & 16.
- 50 See Joseph P. Logan, 'Medicine As It Is', *Atlanta Medical and Surgical Journal* 1 (1855), 1–11.
- 51 Coffin, 'An Examination of the Doctrine of Homeopathia'; Lakey, 'Diary', entry for May 28, 1853.
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- 54 On the ways regular physicians promoted and contested these changes, see John Harley Warner, 'Remembering Paris: Memory and the American Disciples of French Medicine in the Nineteenth Century', *Bulletin of the History of Medicine* 65 (1991), 301–25, and idem, *The Therapeutic Perspective*, esp. pp. 235–83.
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- 58 Thomas Hun, 'A Plea for Toleration', in Alfred C. Post et al. (eds.), *An Ethical Symposium: Being a Series of Papers Concerning Medical Ethics and Etiquette from the Liberal Standpoint* (New York, 1883), 56–71, here 58.
- 59 The newly formed society was the New York State Medical Association. See Toby A. Appel, 'Biological and Medical Societies and the Founding of the American Physiological Society', in Gerald L. Geison (ed.), *Physiology in the American Context, 1850–1940* (Bethesda, Md., 1987), 155–75; Coulter, *Divided Legacy*, vol. 3, pp. 313–6; Kenneth Warren Hamstra, *The American Medical Association Code of Medical Ethics of 1847* (Ph.D. diss., University of Texas at Austin, 1987), pp. 60–85; Kaufman, *Homeopathy in America*, pp. 125–40; Lester S. King, *American Medicine Comes of Age, 1840–1920* (Chicago, 1984), pp. 37–45; Rosenkrantz, 'Search for Professional Order'; Rothstein, *American Physicians*, pp. 301–5; Starr, *Social Transformation of American Medicine*, pp. 100–2; and Warner, 'Ideals of Science and Their Discontents'.
- 60 Ely Van de Warker, comments in *Minutes of a Convention Held in the City of Albany, February 4th and 6th, 1884, at Which the New York State Medical Association Was Organized on a Permanent Basis* (n.p., 1884), 21.
- 61 "Truth" to the Editor, "Misstatements about the New York Code", *New York Medical Journal* 37 (1883), 363.
- 62 Austin Flint, remarks in *Minutes of a Convention*, p. 14, and Austin Flint, Jr., in *ibid.*, p. 12.
- 63 'H.W. Nichols to C.R. Agnew', Canandaigua, New York, July 14, 1882, H.W. Nichols Letter, Manuscripts and Special Collections, The New York State Library, Albany, N.Y.
- 64 C. R. Agnew, 'On Dr. Squibb's Resolution to Abolish the Code of Ethics of the Medical Society of the State of New York', *New York Medical Journal* (1883), 345–7, here 347. A lucid exploration of this liberal ideology and medical polity is Samuel Lee Baker, *Medical Licensing Laws in America: An Early Liberal Reform* (Ph.D. diss., Harvard University, 1977).
- 65 Agnew, 'Dr. Squibb's Resolution', 347.
- 66 H.A. Fitz, *Orthodox Practice of Homeopathy* (M.D. thesis, Hahnemann Medical College of Philadelphia, 1885), Hahnemann University Archives.
- 67 Adolph Lippe, 'Valedictory Address, Delivered at the Eighteenth Annual Commencement of the Homoeopathic Medical College of Pennsylvania, March 1, 1866', *Hahnemannian Monthly* 1 (1866), 291–314, here 308.
- 68 H.E. Spalding, 'President's Address', *Publications of the Massachusetts Homoeopathic Medical Society* 7 (1884), 13–31, here 31.
- 69 See W.C. Goodno, 'The Practice of Medicine', *Medical Institute* 2 (1887), 77–83, here 77.
- 70 Alfred Stillé, 'Truth in Medicine and Truth in Life Inseparable', 1886, Historical Collections, Library, College of Physicians of Philadelphia.

- 71 On the rift over the International Congress see Appel, 'Biological and Medical Societies', 158–62, and King, *American Medicine Comes of Age*, pp. 37–41.
- 72 'Victor C. Vaughan to Dear Doctor', University of Michigan, Ann Arbor, Feb. 11, 1895, in folder marked 'Homeopathic Medical School, 1895', University of Michigan, School of Medicine Records, Box 135 (hereafter Vaughan Letters), Bentley Historical Library, University of Michigan, Ann Arbor, Mich. I am now considering closely exploring the Michigan experience as part of a larger study on the intellectual, political, and moral economy of 'scientific medicine' in late-nineteenth-century America.
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- 74 'E.F. Post to Vaughan', Berlamont, Mich., Feb. 15, 1895; and see 'E.H. Lathrop to Vaughan', Hastings, Mich., Feb. 16, 1895, and 'Stephen V. Knight to [Vaughan]', Detroit, Mich. Feb. 14, 1895, all in Vaughan Letters.
- 75 'J.[?]: illegible] T. Dodge to Vaughan', Big Rapids, Mich., Feb. 15, 1895; and see 'Saml. Kitchen to Vaughan', Saginaw, Mich., Feb. 15, 1895; 'N.S. Davis to Vaughan', Chicago, Feb. 16, 1895, and 'James E. Reeves to Vaughan', Chattanooga, Tenn., Feb. 15, 1895, all in Vaughan Letters.
- 76 'C.H. Lew to Vaughan', Jackson, Mich., Feb. 16, 1895, Vaughan Letters.
- 77 'Mitchell to [Vaughan]', Philadelphia, Feb. 17, 1895, and 'A.B. Chapin to Vaughan', Mt. Clemens, Mich., Feb. 14, 1895, in Vaughan Letters.
- 78 'Osler to Vaughan', Baltimore, Feb. 16, 1895, Vaughan Letters.
- 79 'Sternberg to Vaughan', Washington, D.C., Feb. 15, 1895; and see 'D. Webster Prentiss to Vaughan', Washington, D.C., Feb. 16, 1895, in Vaughan Letters.
- 80 'J.H. Carstens to Vaughan', Detroit, Feb. 14, 1895; and see 'A.W. Alvord to Vaughan', Battle Creek, Mich., Feb. 12, 1895, and 'H.W. Rand to Vaughan', Charlotte, Mich., Feb. 19, 1895), in Vaughan Letters.
- 81 'Jacobi to Vaughan', New York, Feb. 1895, Vaughan Letters.
- 82 'Jno. H. Handy to [Vaughan]', Flint, Mich., Feb. 14, 1895, Vaughan Letters.
- 83 Abraham Flexner, *Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching* (New York, 1910), pp. 156, 161, & 162.

American Homeopathy Confronts Scientific Medicine

Naomi Rogers



BY THE FINAL DECADES of the nineteenth century homeopaths in the United States claimed proudly credit for the transformation that had taken place in American therapeutic practice. Although Hahnemann's laws were denied by the world, John E. James told a graduating class of homeopaths in 1897, the consequences of his teachings were not, 'as is clearly demonstrated by the modification of the practice of every school of medicine.'¹ Only rarely did orthodox physicians bleed or blister their patients or dose them with calomel as they once had. Indeed, one homeopath boasted to a public gathering in 1886 that for the previous sixteen years he had not seen a single patient bled.² Yet, homeopaths did not feel that regular doctors had replaced these heroic therapies with anything other than scepticism. American medicine was changing, but it had not necessarily drawn closer to the homeopathic ideal.

American homeopaths could assert justly that their profession had achieved impressive successes. Like leading orthodox educators, by the 1890s they had begun to attach hospitals to their schools, to introduce more laboratory and clinical instruction, and to lengthen their course of studies. Homeopaths had won support from local and state politicians, sat on the newly revived state boards of health, and walked the wards of some city hospitals.³ Reform-minded homeopaths were working also with regulars to introduce state licensing laws, and most states had established mixed boards of examiners to test regulars, homeopaths and eclectics.⁴ In addition, not only were orthodox doctors forsaking heroic therapies, but the new

bacteriological serums seemed to confirm Hahnemann's law of similars. A few regular medical societies were even ignoring the ethics code that forbade members of the American Medical Association (AMA) to consult with irregulars.⁵

Yet, these gains had not been won without a price. Although homeopaths had adopted the institutional symbols and structure of the orthodox profession – journals, societies and schools – their claim to a distinctive identity had rested chiefly on their therapies. However, by the 1860s, regular physicians were growing less inclined to point to therapy as the chief source of public respect and professional unity. Where once differences between regular and irregular therapies were defining elements of American physicians' professional identities, now orthodox physicians, particularly those who had studied in Germany, called for a new kind of medicine, whose authority was to be drawn from the methods and ideology of laboratory science.

Some regular reformers, particularly elite specialists and educators, believed that this new scientific medicine would enable physicians to value intellectual worth irrespective of professional creed. The term 'scientific' was often used by both regulars and homeopaths as a weapon in the war between the schools. Before the Civil War homeopaths had claimed that their practices of clinical observation, drug purity and self-experimentation showed that they were far more scientific than doctors of the Old School, and closer to the ideals of anti-rationalism and empiricism of the Paris Clinical School. Nevertheless, by the late nineteenth century, a redefined German-oriented scientific medicine involved a commitment to laboratory investigation, and extrapolations from animal physiology and from microscopical study of tissues and fluids rather than from external symptoms. The new sciences, their proponents believed, would undermine antagonisms based on 'systems' or 'theories,' and form the foundation for professional unity. As some regular physicians argued, a truly scientific man did not need to fear consulting with an irregular physician because science overcame all unorthodox thinking. In a similar manner, homeopaths turned the pejorative term 'sectarian' against their rivals, using it to condemn orthodox doctors who clung fiercely to heroic practices and restrictive codes of ethics, and calling for both schools to come together in 'a non-sectarian spirit.'⁶ Nevertheless, like many of their regular counterparts, homeopaths were hesitant initially to give their allegiance to a new scientific order in medicine that seemed to value knowledge gained from microscopical and chemical pathology over judgements made by listening to and observing the patient.

This paper will explore some features of what it meant to be a

homeopath in the United States during the decades between the Civil War and the 1920s, a period that encompassed both the Golden Age of American homeopathy and its precipitous decline. By the early twentieth century, most American homeopaths had embraced this redefined place of science in medicine, and were beginning to build what they saw as a New Homeopathy. Yet, by claiming the mantle of the new definition of 'scientific' they were compelled to rethink what it was that made homeopathic professional identity and knowledge distinctive. In this era of redefinition, many New Homeopaths felt obliged to sort out how to be scientific and forward-looking while remaining faithful to the legacy of Hahnemann. At social functions, at meetings of boards of health, and even by the bedside, daily relations between the two schools were strained but cordial.⁷ However, in the heightened atmosphere of ritual events, at college and hospital openings, graduations, and formal meetings, the battle over the New Homeopathy was fought more fiercely, its banners of combat brightened by the lights of the halls and by the reflection in the eyes of students who were to carry on the crusade. Although this next generation watched the battle and studied the weapons, by the 1920s the struggle was largely over and most had retired from the fray.

The development of homeopathy, which was introduced into America in the 1830s and 1840s by immigrants from Germany and other parts of Northern Europe, had not been smooth.⁸ Homeopaths were unable to establish consensus on interpreting Hahnemann's works, defining homeopathic practice, or resolving relations with orthodox and other medical groups. During the years before the Civil War, American homeopaths criticised Hahnemann's mysticism, his notion of the 'vital force', his theory of the itch, his belief that drugs were made more potent through 'dynamisation', and his use of highly diluted drugs.⁹ Even Constantine Hering, a German homeopath who had come to Philadelphia in the 1830s and established a successful practice, a medical school, and an international reputation, asked in his 1849 preface to Hahnemann's *Organon*, 'What important influence can it exert, whether a Homeopath adapts the theoretical opinion of Hahnemann or not, as long as he holds fast [to] the practical rules of the master, and the *Materia Medica* of our school[?]'¹⁰ In appealing to the public, however, homeopaths mostly played down these divisions, and stressed instead their distinctiveness from regular practice and practitioners: effective and pleasant medicines contrasted with debilitating purging and bleeding; an interest in symptoms described by the patient rather than the use of obscure disease categories; and, above all, the theory of a natural therapeutic law not understood by regulars. Patients and

practitioners were impressed especially by orthodox failures and by homeopathic successes during the devastating epidemics of cholera in the 1840s and yellow fever in the 1850s.¹¹

Before 1870 most American homeopaths were converts from regular medicine, and many sought to continue their membership in regular medical societies and other professional activities. Yet, growing resistance from their former colleagues led them to seek to reform American medicine from the outside through a distinct and competing professional structure. In 1844 a small group organised a national society, the American Institute of Homeopathy (AIH). The first permanent homeopathic college was established in 1848, and, in the 1850s and 1860s local and state societies and other schools were founded. By the 1880s there were homeopathic schools and dispensaries in most major American cities. Yet, throughout the antebellum period, homeopathy drew much of its image and strength from its appeal to values of egalitarianism and populism. Few homeopaths may have agreed with botanic Samuel Thomson that 'every man [was] his own physician', but, nonetheless, homeopathic domestic guides and medical kits were the main way that the American public first learned of homeopathic ideas and therapies.¹² The first homeopathic societies were made up of 'physicians and believers,' and homeopathic journals were directed to both practitioners and the lay public.¹³ Before the Civil War, therefore, homeopathy appealed to the public simultaneously as a populist anti-orthodox medical alternative, and as a professionalising sect.

Homeopaths' critiques of orthodox therapies resonated also with those from within the orthodox profession itself. By the 1840s and 1850s orthodox therapies were coming also under attack from members of the regular profession, particularly by physicians who had studied in Paris and who had committed themselves to a new notion of science based on empirical observation. Paris medicine, as interpreted by American proselytisers, offered a way to raise the standing of their profession in the public's eyes, as well as to improve their practice, the target of so many anti-orthodox attacks.¹⁴ Some homeopaths were suspicious of French clinicians who rejected *all* theoretical systems, had little interest in therapeutics, and, like Gabriel Andral, purported to have discredited homeopathy through statistical studies.¹⁵ Still, many homeopaths, no less than regulars, embraced the Parisian belief that medical truth was best sought through the direct experience of the senses, and prided themselves on their record-keeping and use of medical statistics.¹⁶ Before and even after the Civil War some continued to draw on this ideology in depicting homeopathy and its founder. 'Neglect no opportunity to acquire knowledge by self-experiment', Charles

Mohr warned his students in 1888. Hahnemann 'was not satisfied to get his materia medica second-hand ... I urge you, gentlemen, to make, as far as possible, your own materia medica by provings on your own bodies.'¹⁷ Hahnemann, John Clarke told a group of homeopathic supporters, had 'his foot upon the solid ground of fact. The weakness of all previous systems of treatment that had been proposed lay in their having been founded on the quicksands of theory.'¹⁸ Until Hahnemann pointed out the way, Clarke explained, no one had any notion of how medicine was to escape from 'the darkness of erroneous theories, and the chains of dead Authority.'¹⁹

By the 1870s and 1880s, however, the language and ideology of the Paris School, particularly its emphasis on empiricism and the importance of bedside observation, was giving way increasingly to a new ideology of science from Germany. Laboratory-oriented medicine was integrated less easily into homeopathic ideology and practice than the Parisian science had been, and, combined with other social and political changes in American society, it proved a more profound threat to American homeopathy. It must be stressed that this was not because the new sciences of pathology, physiology and bacteriology provided physicians with immediate therapeutic successes: until the late 1890s, regular physicians could point to few concrete advances, something that homeopaths gleefully noted. It was instead the ideology of laboratory science that inspired American doctors.²⁰ Yet, integrating the theory and practice of laboratory science into medicine threatened to shift medical authority away from the bedside. By the 1880s and 1890s most homeopaths saw clearly that this shift could undermine potentially the lingering features of homeopathy that made it distinctive in the minds of both patients and practitioners.

Homeopathy had changed significantly since its pre-Civil War days. No longer domestic or populist, it appealed to the public as a scientific profession with claims to state funding, distinct from emerging irregular groups such as osteopaths, chiropractors, and Christian Scientists. Four private homeopathic schools were founded in the 1870s, and by the 1890s of some twenty schools nation-wide five were part of state universities.²¹ At most of these schools students were taught both homeopathic materia medica and once-orthodox subjects such as microscopical pathology, and many of their younger teachers had followed their regular colleagues and gone to Germany for post-graduate study, especially in a clinical speciality.²² Yet, the integration of the new sciences neither unified homeopaths nor provided them with stronger weapons to fight regular medicine. Not only did homeopathic theory and practice vary widely, but the symbols of orthodoxy that had once been so easy to caricature were no longer prominent features

of regular practice. Now, instead of the lancet and calomel, regular reformers spoke of the microscope, the laboratory bench and the experimental animal.

Some homeopaths, like their regular counterparts, began to use the language and ideology of the new scientific medicine in efforts to reform their profession. This movement aggravated tensions already present in the ante-bellum years between traditionalists, who tried to practice 'pure' homeopathy, and other homeopaths, often of a younger generation, who offered criticism of some elements of homeopathic theory and therapies, sometimes by drawing on the ideology of orthodox science. The issue of diluted dosing came to symbolise the split between these factions; but the real issue was what should inform change in practice. 'High-potency' traditionalists, calling themselves 'Hahnemannians', established their own medical journals and schools, and, in 1880, left the AIH to set up the International Hahnemannian Association. In their interpretation of Hahnemann's work, homeopaths were valued as healers not laboratory workers, and the new sciences of pathology, physiology and bacteriology were irrelevant.²³ The more therapeutically-liberal majority remained in the AIH, and continued to argue amongst themselves about homeopathic practice, arguments that were resolved less and less conservatively in the next few decades. In 1883, for example, the president of the AIH declared that high potencies were not a universal law, and in 1899 the association altered Hahnemann's principle of similars from *similia similibus curantur* to *currentur*, i.e. from 'like is cured by like' to 'let like be cured by like.'²⁴ Yet, as therapy itself came to be seen as less important (both in defining a doctor's standing and a profession's identity) the debate was widened to include epistemological problems, and particularly the place of the German ideology of science. Which aspects of homeopathy's legacy should be retained if the system was to be considered 'scientific'?

In understanding the ways homeopaths answered this question, it is critical to recognise that, for much of the nineteenth century, homeopathic identity in America was founded not only in a body of medical knowledge and practices but also in a set of social and political commitments. Like other medical sects in mid-nineteenth-century America, homeopathy drew part of its popular appeal from its links to progressive social reform; that is, from its critique of not only heroic therapies but also gender, race and other social relations.²⁵ One of its greatest successes was having Hahnemann's pejorative term 'allopathy' adopted by anti-orthodox practitioners and their lay supporters throughout America. By the late nineteenth century, however, as homeopaths debated the place of science in their professional identity, they began also to reject more broadly the image of homeopathy as a movement

against orthodoxy. Confronting scientific medicine compelled homeopaths to rethink both their social identity, and to sort out the relationship of the profession's past to its present and future, a task made especially difficult by changing popular expectations that the new post-bellum era of science and efficiency should rely on professional experts able to stand aside from the social and moral passions of the day and offer detached, objective solutions. By and large, in their efforts to make homeopathy both modern and scientific, homeopathic reformers chose to shake loose their association with politically divisive social causes.

During the 1850s and 1860s, many homeopaths had allied themselves with social and political liberalism, especially abolitionism and race equality. A number of leading reformers became ardent supporters of homeopathy, seeing in it an equivalent rejection of social orthodoxy, including humanist Daniel Webster, abolition novelist Harriet Beecher Stowe, and poet Henry Wadsworth Longfellow.²⁶ In Boston the support by middle-class intellectuals and liberal reformers was strong enough to convince the state legislature after the war to allow the newly founded Boston University to choose as its medical faculty homeopathic rather than orthodox physicians. At the 1869 AIH annual meeting in Boston, local homeopath David Thayer greeted the delegates with a speech praising recent events which had led to the emancipation of race and 'made liberty national and no longer sectional.'²⁷ The following evening the delegates were offered a 'poetical welcome' written by abolitionist reformer Julia Ward Howe, which included the stanzas:

Knights of hygiene, the growing day
Binds nature in your plastic rule;
Your foemen throw their arms away
And seek the blessings of your school.

Pale forms from prison beds arise,
And follow you with strength renewed,
While age and childhood lift their eyes
And sing the psalm of gratitude.²⁸

Homeopaths contrasted their support of liberal causes with the conservative behaviour of orthodox physicians, an image exaggerated for the purpose of rhetoric but reflected in some aspects of orthodox policy. In 1870, for example, the AMA refused to accept delegates from a racially integrated society.²⁹ The banner of the New School, declared James B. Wood, president of the Homeopathic Medical Society of Pennsylvania, was, by contrast, 'the banner of *progress and medical freedom*'; that of the Old School '*no progress*

and *medical slavery*.³⁰ A toast to 'Reform and Reformers' at the Boston meeting similarly urged that 'striving as we do to emancipate our profession from the errors, traditions and authority fastened upon it, we have ready sympathy for those who seek to help mankind by urging the claim of freedom against the pretensions of precedent.'³¹

As a profession, however, homeopaths were not strong supporters of black colleagues, although Philadelphia's Hahnemann Medical College did graduate at least six black students between 1884 and 1912.³² Indeed, the historian Harris Coulter has suggested that homeopaths' identification with abolition in the North may have led to their lack of success in many Southern states.³³ By the 1880s, American society in general retreated from a concern with race equality, and public debates by homeopaths about links between medical and political liberty largely disappeared as neither medical conservatives nor liberals found them a potent symbol in professional debates.³⁴

The link between homeopathy and the women's rights movement, on the other hand, remained a central element to homeopathic identity throughout the nineteenth century, particularly among the urban middle-class. In the 1850s, Elizabeth Palmer Peabody, the daughter of a homeopathic physician, ran a bookstore that not only sold homeopathic medicine and literature, but was a gathering place for Boston intellectuals.³⁵ A number of leading women suffragists, including Susan B. Anthony, chose women homeopaths as their physicians, and many women attended homeopathic schools.³⁶ Although conservative homeopathic colleges in Philadelphia and New York remained closed to women, most of the homeopathic schools established after the Civil War, including those connected to state universities, were co-educational.³⁷ By 1900, women made up 17 percent of homeopathic medical students and 12 percent of all homeopathic doctors.³⁸

A number of male homeopaths publicly and privately supported women as colleagues.³⁹ In the 1880s female and male homeopaths in Washington D.C., for example, worked together at the Homeopathic Free Dispensary and the National Homeopathic Hospital, and in Detroit and Boston women were on the faculties of co-educational schools.⁴⁰ Support for women's medical education was clearly part of the larger reform ideal. The encouragement of all physicians 'without any arbitrary distinction of sex, or color, or nationality', one homeopath argued in the 1860s, was part of homeopathy's wider goal to achieve 'professional equality, liberality and toleration.'⁴¹ This support reflected also the significant influence of women as patients and fund-raisers for homeopathic causes.⁴² In his 1877

book *How I Became A Homeopath* William Henry Holcombe claimed that his conversion was spurred by a mother who adamantly refused to allow her son to be bled.⁴³ Similarly, Reuben Ludlam of Chicago, newly elected president of the AIH in 1869, chose as his presidential address at the annual meeting 'The Relation of Women to Homeopathy.' Referring to the 'natural relation between women and Homeopathy', he noted their 'tact and influence' and the 'thousand and thousands of dollars' they had contributed and helped to raise for the homeopathic cause, remarking on 'the settled reliance of the women of this and other countries upon the merits of Homeopathy. And, if they are for us, who can be against us?'⁴⁴ Ludlam called on his fellow homeopaths to support women 'as colleagues: 'Is there any good reason why a woman may not properly qualify herself for the practice of medicine?' Ludlam asked, affirming that 'in our calling, as in others, real merit is not an affair of gender, but of genius and industry.' He urged delegates to support women's medical schools and, using the language of the 15th Amendment still under debate, to try to mould public opinion in support of 'all physicians, without any arbitrary distinctions of sex, or color, or nationality.'⁴⁵

Support from male homeopaths, though, was not uniform, nor did it unify the profession.⁴⁶ Women continued to suffer discrimination and condescension. After Ludlam's rousing speech, for example, the evening concluded with 'The Female Doctor', a humorous poem written and recited by a male homeopath.⁴⁷ In spite of women homeopaths' pleas for equality, the special role of women in treating their own sex, and even the example of Hahnemann's support of his wife's medical training, a number of homeopathic societies remained closed to them, and in 1869, perhaps with the knowledge that a year earlier the AMA had refused to admit women, delegates at the AIH annual meeting refused to admit two women as members despite their formal eligibility.⁴⁸ In 1882, in a journal published by students of Philadelphia's Hahnemann Medical College, the author of a hoax article on 'Why Women Can Never Become Successful Practitioners of Medicine' told the well-worn story of the beautiful young woman homeopath who is unable to prescribe for a young man with a chill, because the patient's symptoms change to a fever the closer his doctor comes.⁴⁹ Even at co-educational schools male and female homeopathic students were usually taught in separate classrooms, and were organised into separate and unequal student medical societies.⁵⁰ As late as 1892 homeopath Millie Chapman concluded a talk on 'Women in Medicine' to the Homeopathic Medical Society of Allegheny County, Pennsylvania, by pleading 'Brethren, we enter medicine *not* as a disturbing influence, as monsters, or those out of

place, but in the line of human duty, an element in relieving pain, an aid in education, an influence for reform.'⁵¹

The inconsistent support for women colleagues can be explained in large measure by an image of homeopathy that male homeopaths had begun to battle, namely, that it was weak, feminised medicine, good only for delicate patients, such as women and children.⁵² Homeopaths sought to present a masculinist image of their profession, stressing their successes in combating powerful epidemic diseases such as yellow fever and cholera. 'No stretch of allopathic ingenuity', argued one man, 'can make of cholera a mild disease.'⁵³ Similarly, at a meeting of the medical staff of Philadelphia's Hahnemann Hospital, the doctors praised a colleague's 'splendid manhood' that had 'made him an example before those who have been associated with him and the profession generally.'⁵⁴

Homeopaths had also to confront the orthodox claim that homeopathic therapies were so weak that their prescribers did nothing but trust to the healing power of nature, an argument such leading regular reformers such as Oliver Wendell Holmes, Worthington Hooker, and Jacob Bigelow in the 1840s and 1850s used to attack both homeopathic and orthodox treatments.⁵⁵ In vain did one Philadelphia homeopath quote proudly a 'celebrated test treatment of pneumonia in the Vienna hospitals' where 'non-interference' was compared with homeopathic and allopathic treatments, and homeopathy was shown to be the most effective.⁵⁶ A popular joke described a mother who, distraught after her children had ingested secretly the family's homeopathic medicines, was reassured by her homeopath doctor that she had no reason for concern.⁵⁷ In recounting orthodox objections to homeopathy, convert William Holcombe noted 'the story of little Johnny Smith, who swallowed all the sugar pellets in his mother's box, without being hurt, is, of course, never omitted.'⁵⁸ Homeopathic practitioners were accused also of pandering to the fears of patients, particularly mothers who sought mild therapies for their children, and curing only through psychological persuasion. In addition, homeopaths were unable to dismiss the continuing populist and unprofessional image represented by the editions of domestic homeopathic guides republished throughout the 1870s and 1880s.⁵⁹

Homeopaths were never able to resolve fully the tension between relying on patients and the lay public for professional and political support, and yet creating and maintaining a sense of distance between patient and practitioner, and between doctor and society.⁶⁰ Nonetheless, to combat the view of homeopathy as a simple domestic healing system based on placebos and persuasion, many homeopathic educators tried to establish strict

professional guidelines, and to use the system's German heritage to advantage. Particularly in the North-Eastern cities where homeopathy flourished among elite families, many physicians adopted an authoritarian style, quite opposed to any notion of 'medicine for the people', and sought to project an image of the typical homeopath as a sombre, well-educated man who maintained a distance between doctor and patient.⁶¹ In one case, a Philadelphia homeopath rejected his patient's efforts to relate his doctor's therapies to a particular body part. Arthur Eastman, while a student at Philadelphia's Hahnemann Medical College in the 1870s, visited Charles Raue, one of his teachers, and saw Raue showing a patient out of his office after a consultation. 'The patient said "Doctor, what is this medicine for, my heart, my lungs, my liver, or [my] kidneys?"' Dr. Raue replied, "That medicine is for Mr. Miller. Good Day."⁶²

The issue of anti-vivisection divided homeopaths in their efforts to distinguish themselves from social activists of the mid-nineteenth century. Anti-vivisection was often aligned with the temperance and women's rights movements, reforms with which a number of homeopaths had sympathy. Some physicians feared also that reliance on experimental physiology as a teaching method and source of medical authority would create not healers but unfeeling scientists.⁶³ Orthodox professors, warned one homeopath in the 1880s, fill their books 'with the records of their labours in torturing dumb brutes', and, argued another, they 'strangely ignore Hahnemann's *materia medica*, which records the pure effects of drugs on man.'⁶⁴ 'It is now the fashion to ascribe the discontinuance of blood-letting to certain experiments on animals performed by Marshall Hall', John Clarke suggested in 1886. 'This is a very pretty story and quite good enough for those who wish to believe anything rather than the truth of their indebtedness to Hahnemann.'⁶⁵ This 'barbarous method of class demonstration', agreed the editor of the *Hahnemannian Monthly* in 1880 has a 'degrading influence' on both students and the experimenter; 'human sympathy becomes, at first blunted, then entirely perverted into cruelty.'⁶⁶ By the early twentieth century, however, as the ideology of laboratory science was integrated increasingly into homeopathy, these arguments became rare. In 1911 the editor of a New York homeopathic journal scornfully dismissed an anti-vivisection exhibit that showed 'colored drawings of dogs torn and bleeding at the hands of operators of cruel visage.' 'The more sensational and extreme features of vivisection are exaggerated', he commented, 'for the purpose of working upon the sympathies of the poorly informed public, while the beneficent results are wilfully ignored.'⁶⁷

In their efforts to lose the identification with wider social reforms that

had been a key element in their identity and public appeal, New Homeopaths began to refashion their founder and their history.⁶⁸ Hahnemann's spiritualist roots and belief in a 'vital force', for example, came under critical scrutiny.⁶⁹ Rather than see Hahnemann as a medical revolutionary, reformers portrayed him as part of a continuing medical heritage, an explicator of medical laws already established by other great men. In 1888 one lecturer linked Hahnemann with Hippocrates and Galen, who formed, he believed, 'the oldest trio of medical history.'⁷⁰ Hahnemann was less often depicted as a despised fighter of orthodoxy; the father of homeopathy, Charles Mohr told his students, had a 'thorough medical training', a 'knowledge of all the known sciences pertaining to medicine in his day, was a distinguished graduate of the old school, and was highly esteemed by ... [many] allopaths.'⁷¹ Hahnemann, his followers now claimed, had always relied on the basic sciences of his day to attack reigning medical theory; he even became a proto-bacteriologist. Commenting on Hahnemann's reference to 'invisible (probably animated) matter' in discussing cholera, Augustus Korndorfer reflected in 1892 that 'words of such import might well be attributed to a believer in the germ theory to-day. Yet we still find within and without our school those who ignorantly attribute to Hahnemann a belief in the spiritual essence of disease.'⁷²

Furthermore, while Hahnemann continued to be praised in religious metaphors, his works were less often seen as a medical gospel.⁷³ In 1880 a homeopath who urged AIH delegates not to neglect the study of the *Organon* – 'this great work, the very Bible of homeopathy' – felt obliged to introduce his point by saying he spoke 'not as a blind bigot, or a fanatical enthusiast, or a mere hero-worshipper.'⁷⁴ 'It has been absurdly stated that Hahnemann rejected pathology', Thomas Wilson declared defensively in his AIH presidential address at the same meeting. 'On the contrary we assert that he was the most profound pathologist of his age.'⁷⁵ 'Homeopathy was born of experiment', the editor of the *Hahnemannian Monthly* wrote in 1881, placing his School firmly within the ideology of the new sciences; Hahnemann's 'theories were secondary in origin and altogether subordinate in importance.'⁷⁶

In addition to characterising the New Homeopathy as an experimental rather than theoretical system, one element of homeopathy's former identity that reformers did try to preserve was the ideal of liberalism, now used to combat regulars' accusation of homeopathic dogmatism. 'We are not slaves to any medical sect, or dogma', argued a New York homeopath in 1909, 'and there is nothing in our creed or practice to prevent us from taking and using anything and everything which is of value in medicine.'⁷⁷ The true

scientific mind was to be open to all ideas, a characteristic homeopaths attached to the New School but not to the Old. 'Homeopathy is progressive ... in the sense that it can be adapted to the progress of science. This is the glory of it', William Goodno told students at Hahnemann Medical College in 1887, and, in a medical parade several years later, Philadelphia students carried banners which read 'The world moves – so do we.'⁷⁸ Exclusiveness in thinking and practice was a sign of sectarianism; regulars, thus, were seen as not only close-minded but unscientific.⁷⁹ In the future 'the teachers and students and practitioners of medicine will see and care as little for sectarian lines as do the teachers and students of chemistry and geology and astronomy', argued one homeopath in 1886.⁸⁰ 'I am sorry to say that in the past there has ever been an element of arrogant assumption and bigoted egotism seemingly inseparable from the medical profession', one lecturer told his class in 1888, 'which has ever hindered the march of progress, and ... in the present is still found casting its foul blot upon the noblest of professions, as witnessed by the arrogant claim of one medical body to be the repository of all medical knowledge.'⁸¹ These defences became more common as homeopaths acknowledged the changes in homeopathic practice, and warned against the use of routine prescribing and diagnosing by disease category rather than individuated symptom.⁸²

Such criticisms were not unique to homeopathic reformers. Regulars, too, particularly those infused with the spirit of German science, had begun to reject the notion of 'orthodoxy' and embrace a universalist definition of science.⁸³ The AMA restrictive consultation code became a symbol in these debates, one both homeopathic and regular reformers used in their efforts to redefine professional identity.⁸⁴ In the 1880s members of the Medical Society of the State of New York agreed to consult with 'legally qualified practitioners of medicine', rejecting the AMA's stricter exclusion of anyone 'whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession.'⁸⁵ Regulars in a number of states also violated the AMA code by sitting on examining boards with homeopaths, and, after the 1894 ruling by the Association of American Medical Colleges, by allowing homeopathic students to transfer to orthodox schools.⁸⁶

Some homeopaths welcomed enthusiastically these changes. 'No test of orthodoxy in medical practice should be applied to limit the freedom of consultations', declared Hahnemann Medical College Dean Pemberton Dudley. 'Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next.'⁸⁷ However, others viewed the restructuring of professional relations with more

scepticism. 'It is the old invitation of the spider to the fly', wrote one man in 1882, and others pointed to the role of New York specialists who had the most to gain from consulting with homeopaths who had wealthy patients.⁸⁸ Similarly, in a hoax on the code published in the *Hahnemannian Monthly*, a regular student receives full marks from the examiner for arguing that regulars should sit on a board of health with a homeopath, and, under certain circumstances, even consult: 'If the patient be some poor, unknown wretch, the code remains in full force. But if he be distinguished and wealthy, we should not hesitate to obtain all the honor and emolument we can from it, being careful, however, to state publicly that there really are no homeopaths nowadays, and that men only pretend to be such in order to make money out of it.'⁸⁹

Some aspects of the new sciences seem to have been relatively easy to incorporate into homeopathy. While homeopaths before the Civil War had vacillated over the question of smallpox vaccination, the methods if not the theoretical implications of Listerism and the new serum therapies generated by Pasteur's and Koch's bacteriology were quickly integrated into homeopathic practice.⁹⁰ Lister, claimed one homeopath, was 'the Hahnemann of surgery.'⁹¹ 'Believers in homeopathy need not approach the study of bacteriology with the slightest fear that it will destroy the well-grounded temple into which they have built their hopes and allied their destinies', another physician assured members of the Organon Club of Chester, Pennsylvania, in 1892.⁹² The use of antiseptics could be clearly linked to Hahnemann's call for physicians to prevent disease, and many saw serums and vaccines as an expression of homeopathic law.⁹³ The lay public's support of germ-killing policies also played a role in urging physicians to ignore sectarian differences. In 1887 Philadelphia homeopath Frank Betts praised Hahnemann Hospital where 'the necessity for disinfection is recognized.' Other than relying on Hahnemann's law to treat disease, 'in all things else our hospitals are conducted as other hospitals', he explained, for such institutions need 'liberal aid from the charitably disposed citizens of this city; and *they* should know that in the matter of care and sanitation they compare favorably with the best.'⁹⁴

Integrating the concepts of pathology and experimental physiology, however, raised more serious epistemological problems. Homeopaths' traditional reliance on symptoms – as described by the patient and seen on the patient's body by the physician – suggested a different way of understanding pathological disorder than did laboratory-oriented medicine. Initially, the work of French clinicians and German researchers were praised in homeopathic journals. 'Since we, all of us, take into account those

pathological states, which *we do see on the surface*', one homeopath had argued in 1868 praising recent advances in pathology and physiology, especially the work of Virchow, 'should we wantonly ignore those which *we do not see*'?⁹⁵ Yet by the 1880s the epistemological dangers were more clearly visible. If pathological changes lay beneath symptoms that could be seen and felt, what then was the nature of the patient's condition? What should the physician try to treat? In order to answer these questions in terms of the new sciences meant rethinking fundamentally the homeopathic understanding of disease and the homeopathic relationship between doctor and patient.

Homeopaths had traditionally framed the orthodox conception of disease in opposition to their own rejection of nosology and speculation, and their resolve to treat not for a theoretical category but only on the basis of visible individuated symptoms. Homeopathy had developed an odd combination of valuing empirical symptomatology for diagnosis and a systematised theory of therapeutics. Homeopathic professor William Goodno recognised that he was undermining this homeopathic ideal when he urged his students to embrace the new sciences, saying 'I repudiate the idea that disease is a mysterious something no one knows what, which acts, no one knows how, and that we simply see the results of disease.'⁹⁶ Even Hahnemann, Goodno claimed, 'in spite of all he said of individualizing', had believed in 'the *class value of drugs* – i.e. value of drugs in certain diseases', and had prescribed mercury for syphilis.⁹⁷ Hahnemann, agreed Charles Hempel in his text *The Science of Homeopathy*, 'repudiated pathological speculation; he did not repudiate Pathology.'⁹⁸ By the 1890s, a Chicago homeopath who suggested that it was neither possible nor necessary 'that all physicians should become experts with the microscope', was attacked by a colleague who replied that there was not a day in his life that he was not 'heartily ashamed' of his lack of knowledge of laboratory work. Scientific medicine, the latter made clear, did involve the homeopath in a new relationship to the patient: 'In these days we don't look at but into a patient. For correct diagnosis it is absolutely necessary to have laboratory knowledge.'⁹⁹

Both regulars and homeopaths recognised significant changes in homeopathic practice. New Homeopaths admitted that their practice was often an eclectic mixture of orthodox and homeopathic therapies. In defending these changes, homeopathic reformers made traditionalists who remained suspicious of knowledge gained from pathology and bacteriology their new targets. 'Few may be the excursions from his favorite method made by the consistent homeopathist – but they must be made – and it is the stout denial of this that has led to much of the opposition we have met, and much

of the discredit which has been thrown upon our practice', declared Goodno.¹⁰⁰ Although 'never in the history of medicine and surgery has ... progress been so rapid', John E. James told graduates in 1897, yet homeopaths have 'scarcely kept abreast of the times in scientific accuracy and usefulness.'¹⁰¹ A mixed audience at Boston University's homeopathic school was warned by Richard Hughes that 'there are some who think they are best following Hahnemann by shutting their eyes and ears to all that has been learned since his time.'¹⁰² New Homeopaths complained that traditionalists were unable to contribute to the advance of medical science. Even the tone of homeopathic journal articles was attacked for 'smack[ing] more of a theologic fervor than of critical analysis.' 'Their very eloquence betrays their origin as being rather from the realms of emotion and sentiment than those of judgement and reason.'¹⁰³

As a result of these changes in professional relationships, public image, education and practice, homeopaths in the 1880s and 1890s faced more urgently the problem of maintaining a distinctive identity. Adhering to Hahnemann's teaching was no longer seen as a transforming experience that called upon doctors to 'convert', to explain the workings of the body and the effects of drugs in ways that differed profoundly from orthodox theory. Reformist homeopaths agreed increasingly with regulars that most of the medical knowledge of the 1880s and 1890s could be taught properly by anyone, and that there was no special homeopathic understanding of pathology, physiology or chemistry.¹⁰⁴ Indeed, New Homeopaths tried to raise the standards of homeopathic education by integrating more fully the ideology of science medicine. In 1888, after a detailed comparison of the medical course of the University of Pennsylvania with that of his own school, the Hahnemann Medical College, Charles Mohr reflected 'how false the charge often made by bigoted allopaths that the students of our college are not taught general medicine.' 'The allopaths know very well', he argued, 'that the early teachers of homeopathy came directly from their own ranks; that the fundamental branches are not neglected, and that homeopaths of the present day are alive to all the modern advances in medicine.'¹⁰⁵ A year later, Edward Jackson, professor of ophthalmology at the orthodox Philadelphia Polyclinic, concluded after his study of Hahnemann Medical College that, apart from its homeopathic teaching in materia medica and therapies, the college should be considered a regular school.¹⁰⁶ However, this concession opened up homeopaths to the derision of orthodox proponents of scientific medicine. Regulars ridiculed homeopaths for seeking to keep the old faith and integrate the new sciences. In his 1910 *Report* Abraham Flexner mocked the efforts by homeopathic reformers who taught students

scientific medicine for their first two years, and at the beginning of their third year introduced them to the precepts of homeopathy. Such teaching 'produces a novel principle and requires that thenceforth the student must effect a compromise between science and revelation', Flexner argued. 'The ebbing vitality of homeopathic schools is a striking demonstration of the incompatibility of science and dogma ... One cannot simultaneously assert science and dogma; one cannot travel half the road under the former banner, in the hope of taking up the latter, too, at the middle of the march. Science, once embraced, will conquer the whole.'¹⁰⁷

By the 1890s homeopathy, at least as understood by many New Homeopaths, had come to be presented as merely a useful therapeutic specialty. Even as homeopaths defined their system as an important addition to medicine, they knew that they had lost the fervour and confidence of an earlier age that had pitted a whole way of medical thinking against the orthodox profession. In a rather dispirited tone, John E. James told his students in 1897, 'You, gentlemen, have been taught a law of therapeutics which has its limitations, of course, but, in so far as it is applicable, is as true and sure as any other law of God which the human intellect has discovered and formulated for practical use.' Hahnemann's 'law of therapeutics', he continued, is a 'worthy specialty to which you should devote your lives.'¹⁰⁸ Reflecting this change, in 1899 the AIH altered its definition of a homeopathic physician to 'one who adds to his knowledge of medicine a special knowledge of Homeopathic therapeutics. All that pertains to medicine is his, by inheritance, by tradition, by right.'¹⁰⁹ The debate over what constituted a truly scientific physician led some homeopaths to reject the notion of sectarian identity. 'Among progressive allopathic physicians there is being exhibited a greater tendency to distrust their own teachings, and less prejudice with regard to ours', argued one Pennsylvania homeopath, suggesting that the by-laws of the Homeopathic Medical Society of Pennsylvania be changed so that the presidential address was no longer restricted to the subject 'The Progress of Homeopathy', as 'the restriction is calculated to confirm the idea that we are simply homeopaths, and not physicians.'¹¹⁰

Even those who promoted the latest in scientific advances recognised the potential dangers of this redefinition. At the same time as he urged the use of bacteriology, Frank Betts told students that homeopaths should keep separate their colleges, hospitals, dispensaries, and state bodies, for 'there is a necessity for a separate and distinct organization. The lion and the lamb might lie down together, but the lamb would be consumed and annihilated, except, as it furnished nutriment for the lion.'¹¹¹ Yet, it was not simply

professional distinctiveness that concerned homeopaths; it was the loss of their identity as healers. One man wrote to the *Hahnemannian Monthly* in 1891 praising the advances in medicine, but pointing out that there had been few in therapeutics. All this 'combined progress', he argued, 'will amount to nothing if we do not cure the sick. This is our mission, and for that only are we paid! To call oneself *scientific* sounds very nice, but our patients do not understand this class of talk.'¹¹² If homeopaths would only administer a drug which 'conforms to the totality of symptoms and is of sufficient potency to vibrate in harmony with the sick man', a Nebraska homeopath agreed some years later, then 'order in the house is restored. Just glue to the object glare of your microscope, so that every time you look at a germ you will see this fact first. The man himself must be doctored first, last, and all the time.'¹¹³

By the 1920s it was clear that the powerful image of the laboratory researcher had overpowered the notion of homeopathic physician as a healer.¹¹⁴ The homeopathic sense of distinctive identity was weakened by the 1903 alteration in AMA policy allowing regulars to consult with all legally recognised doctors.¹¹⁵ Homeopaths' experience during the Great War solidified a feeling of homeopathic fellowship, but introduced also a number of homeopaths to the techniques and ideas of orthodox medicine.¹¹⁶ In addition, changes in medical education and career patterns, spurred by Abraham Flexner's 1910 report which had attacked devastatingly irregular schools as both inadequate and unscientific, furthered the decline in student enrolment. The number of homeopathic schools in the United States peaked in 1900 at twenty-two, around 15 percent of all medical schools; in 1920 there were only five, around 6 percent. The numbers and proportion of homeopathic graduates also fell from a high in 1903 of 420, around 7 percent of the nation's medical graduates, to ninety-seven by 1920, around 3 percent.¹¹⁷

Most important, however, was declining state and philanthropic support of homeopathic medicine. Just as many private colleges were starting to disappear, a number of state-funded universities began to withdraw support from their homeopathic faculties, as state politicians began to accept the argument that scientific medicine made sectarian conflict irrelevant. In the 1880s state legislatures had supported homeopathic schools in Massachusetts, Michigan, Iowa, Nebraska and Minnesota; by 1922 there were no longer any homeopathic university departments, and only two private colleges, in Philadelphia and in New York, remained.¹¹⁸ These changes contributed also to the severe decline in women's medical enrolment, the final blow severing homeopathy from feminism.¹¹⁹

Furthermore, despite the growing importance of funding by foundations to orthodox schools, hospitals and laboratories, homeopaths were unable to turn John D. Rockefeller's personal support of homeopathy into public policy. Rockefeller's advisors dissuaded him from funding homeopathic research by assuring him that scientific medicine had 'rendered obsolete' the distinction between homeopathy and allopathy, and that the New York Rockefeller Institute for Medical Research made no distinction as to where the 'qualified men' it hired had been trained. The Institute, however, did not hire any homeopaths.¹²⁰

In 1922 Clarence Bartlett, an eminent Philadelphia homeopath, announced sadly that in the previous year the homeopathic departments at the universities of Michigan and Ohio had closed. His defence of homeopathy had a new and quieter tone, reflecting calls in medical journals for less strident rhetoric.¹²¹ As a separate school, Bartlett argued, homeopathy had done much in the past for the advancement of medical science, and it remained a 'school of therapeutic optimism', offering 'a therapeutic principle' opposed to the 'therapeutic pessimism' of too many current practitioners. But homeopathy, he argued, 'must be modernized to meet the requirements of the advancing medicine of the Twentieth Century.'¹²² Bartlett's model for modernisation is telling. Homeopaths, he argued, must utilise 'all the medical sciences', and, therefore, needed well-endowed pharmacological laboratories attached to medical schools.¹²³ Although Bartlett reiterated the rhetoric of an earlier era by urging his colleagues to be 'practitioners of the healing art and not merely scientists or naturalists', this was only a nod to convention.¹²⁴ Even in his portrayal of the great laboratories that would help to establish homeopathy's scientific legitimacy, Bartlett grew defensive, reflecting the problem for homeopaths of stressing clinical skills in a laboratory age. The laboratories he envisaged, he suggested, would need not only pathologists and chemists but also 'clinicians of analytic minds.' 'Some would contend', he continued, 'that the latter will do more harm than good in the study of pharmacology, a fallacy surely, for there is no greater laboratory than that of clinical observation and experience.'¹²⁵

Bartlett's vision of the New Homeopathy lacked the fervour and passion of earlier generations of homeopathic reformers. With the experience gained in the post-Flexnerian years, Bartlett and other older homeopaths recognised that the embrace of the new scientific medicine posed significant and distinctive problems for homeopaths. His speech exemplified the profound transformation in American homeopathic philosophy and self-definition by the 1920s, a vision of homeopaths not as

bedside healers but as part of an expansive laboratory-oriented Big Medicine that required significant state and philanthropic support, a vision that reflected a wider notion of professional identity in American society. Homeopaths, who had defined themselves as practitioners, concerned with identifying symptoms and the appropriate drugs, could no longer claim, as they had in the early and mid-nineteenth century, that homeopathic practice and theory were the most scientific and progressive; indeed, a new group of conservative homeopaths in the early twentieth century reclaimed proudly an older Romantic and spiritual medical tradition. Embracing the new authorities of European science – a movement that American homeopaths had begun as early as the 1860s – left many modern homeopaths unable to defend or even define clearly what was distinctive in homeopathy. Further, in their making of the New Homeopathy of the 1880s and 1890s, homeopathic reformers rejected increasingly the other important element of their nineteenth-century professional identity: the reformist and anti-orthodox legacy that had been a significant part of its popular appeal.

Until recently, most homeopaths had proudly stripped their system of its spiritualist, holistic, feminist and populist roots. Yet the appeal of homeopathy today in the United States seems to draw less on its status as a scientific alternative to orthodox medicine than on a new social identity drawn from the counterculture values of the 1960s and 1970s and New Age medicine of the past two decades. American homeopaths now find patients through natural food markets, holistic health magazines, and alternative book stores.¹²⁶ Homeopaths, thus, have remained self-conscious medical reformers continuing to carve out a distinctive identity.

Notes

- 1 John E. James, quoted in 'The Healing Art: Forty-Ninth Commencement of Hahnemann Medical College', *Public Ledger* (May [n.d.] [1897], in 'Scrapbook of Newspaper Clippings 1896–1906', 14, Hahnemann Collection, Archives and Special Collections, Allegheny University of the Health Sciences, Philadelphia. I am using the spelling 'homeopathy' throughout.
- 2 John H. Clarke *The Revolution in Medicine: Being the Seventh Hahnemannian Oration delivered October 5th 1886, at the London Homeopathic Hospital* (London & New York, 1886), p. 67. On the decline (although not abandonment) of heroic therapies during the 19th century, see Charles E. Rosenberg, 'The Practice of Medicine in New York A Century Ago', *Bulletin of the History of Medicine* (1967) 41, 223–253; and especially John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America 1820–1885* (Cambridge MA, 1986).
- 3 On homeopaths on state boards of health and the ill-fated National Board of Health, see William G. Rothstein, *American Physicians in the 19th Century: From Sect to Science* (Baltimore, 1972), pp. 310–312. On the political influence of homeopaths in one state, see Elizabeth Barnaby Kenney, Susan Eyrich Lederer and Edmond P. Miniham, 'Sectarians and Scientists: Alternatives to Orthodox Medicine' in Ronald L. Numbers and Judith Walzer Leavitt (eds.), *Wisconsin Medicine: Historical Perspectives* (Madison, 1981), 51. On homeopaths on wards of city hospitals in Boston and Chicago, see Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, 1971), pp. 63–68 & pp. 150–152.
- 4 In 1901 only four states (Alabama, North Carolina, South Carolina and Texas) had state examining boards consisting of only regulars; see Rothstein, *American Physicians*, pp. 307–308; see also Kaufman, *Homeopathy in America*, pp. 144–145. Homeopaths were denied access to the army medical corps during and after the Civil War, but were accepted during the 1898 Spanish–American War; see Kaufman, *Homeopathy in America*, p. 153.
- 5 For the major studies of homeopathy in the United States, see Kaufman, *Homeopathy in America*; Rothstein, *American Physicians*; Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven, 1968); and Harris L. Coulter *Divided Legacy: The Conflict between Homeopathy and the American Medical Association*, 3 vols., especially vol. 3 *Science and Ethics in American Medicine 1800–1914* (Berkeley, 1973). One of homeopathy's greatest successes was having Hahnemann's pejorative term 'allopathy' widely adopted by anti-orthodox practitioners and their lay supporters throughout America; on this point, see Norman Gevitz, 'Perspectives on Unorthodox Medicine' in Norman Gevitz (ed.), *Other Healers: Unorthodox Medicine in America* (Baltimore, 1988), 18.

- 6 Stuart Close, *The Genius of Homeopathy: Lectures and Essays on Homeopathic Philosophy* (Philadelphia, 1924), Preface, n.p. For a brief study of these issues see Naomi Rogers, 'The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in an Age of Scientific Medicine', *Pennsylvania Magazine of History and Biography* (April 1984) 108, 179–201.
- 7 See Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalism* (Urbana, 1987); and John Harley Warner, 'Medical sectarianism, therapeutic conflict, and the shaping of orthodox professional identity in antebellum American medicine' in W.F. Bynum & Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850* (London, 1987), 234–260.
- 8 See Coulter, *Divided Legacy: Science and Ethics*, pp. 102–103.
- 9 See Kaufman, *Homeopathy in America*, pp. 113–124.
- 10 Preface to *Organon* (3rd edition, 1849), quoted in Rothstein, *American Physicians*, p. 164.
- 11 For a brief mention of homeopathic successes in the 1853 New Orleans yellow fever epidemic, see John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (Baton Rouge, 1966), pp. 162–163; and on the Homeopathic Yellow Fever Commission of 1878–1879, see John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington KY, 1992), p. 74. On battles between regulars and homeopaths on cholera in the 1840s and the 1860s see Rosenberg, *The Cholera Years*, p. 163 & p. 224; and on homeopathic success in dealing with cholera in 1849 leading to the founding of a medical college, see Kaufman, *Homeopathy in America*, p. 29.
- 12 Homeopath Frederick Humphreys, for example, sold fifteen million copies of his domestic homeopathic guide and one million of his domestic kit; Kaufman, 'Homeopathy in America: The Rise and Fall and Persistence of a Medical Heresy', in Gevitz (ed.), *Other Healers*, 101–102.
- 13 Thomas Lindley Bradford, 'Homeopathy in New York' in William Harvey King (ed.), *History of Homeopathy and its Institutes in America*, 4 vols. (New York, 1905), vol. 1, 112–113.
- 14 See John Harley Warner, 'The Selective Transport of Medical Knowledge: Antebellum American Physicians and Parisian Medical Therapeutics', *Bulletin of the History of Medicine* (1985) 59, 213–231; and John Harley Warner, 'Remembering Paris: Memory and the American Disciples of French Medicine in the Nineteenth Century', *Bulletin of the History of Medicine* (1991) 65, 301–325.
- 15 On Andral, see Kaufman, *Homeopathy in America*, p. 39; and James H. Cassedy, *American Medicine and Statistical Thinking 1800–1860* (Cambridge MA, 1984), p. 134. For an attack of Andral see William H. Holcombe, *Why I Became a Homeopath* (New York & Philadelphia, 1877), pp. 11–12.
- 16 Cassedy, *Statistical Thinking*, pp. 125–127; Coulter, *Divided Legacy: Science and Ethics*, pp. 171–172.

- 17 Charles Mohr, 'Introductory Lecture: On the Occasion of the Opening of the Forty-First Annual Session of Lectures at the Hahnemann Medical College of Philadelphia', *The Medical Institute* (Oct. 1888) 3, 58. 'Physicians are too prone to depend on the labors and experiments of others for knowledge', *ibid*, 58.
- 18 Clarke, *The Revolution in Medicine*, p. 23. Hahnemann did not invent names or categories that embodied 'at the best only partial experiences.' He allowed a drug to 'write out its own character in the symptoms and changes it produced in his healthy body; he performed the simple clerical duty of writing, so to speak, to the drug's dictation', *ibid*, pp. 31–32.
- 19 Clarke, *Revolution in Medicine*, pp. 71–72.
- 20 See John Harley Warner, 'Science in Medicine', *Osiris* (1985) n.s. 1, 37–58.
- 21 Rothstein, *American Physicians*, pp. 237–288.
- 22 Debates over the place of science in homeopathy became more pointed as homeopathic medical schools, like regular ones, began to incorporate aspects of the new sciences, and advertise them to attract potential students. An 1886 advertisement for the Hahnemann Medical College of Philadelphia, for example, stressed not only its 'unsurpassed' anatomical museum and medical library, but also the 'unlimited clinical advantages' offered by the adjoining Hahnemann Hospital and the 'Microscopical Laboratory' where 'the student becomes familiar with the microscope ... and studies the tissues both normal and pathological', [Advertisement], 'The Hahnemann Medical College and Hospital of Philadelphia', *The Medical Institute* (Feb. 1886) 1, back page. See also Rogers, 'Proper Place of Homeopathy', 189–193.
- 23 See Coulter, *Divided Legacy: Science and Ethics*, chapter 6; and Kaufman, *Homeopathy in America*, pp. 113–124. On the splits in Philadelphia during the 1860s, see Rogers, 'Proper Place of Homeopathy', 181–182. In 1892 the Hahnemannians claimed that there were only 200 true homeopaths in the world; see Rothstein, *American Physicians*, p. 241.
- 24 Rothstein, *American Physicians*, pp. 239–244.
- 25 For explications of these issues in the case of hydropathy see Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia, 1987); and Jane Donegan, 'Hydropathic Highway to Health': *Women and Water-Cure in Antebellum America* (Westport, Conn, 1986). For a recent examination of a Seventh Day Adventist women's medical college, see Clark Davis, 'Called by God, Led by Men: Women Face the Masculinization of American Medicine at the College of Medical Evangelists, 1909–1922', *Bulletin of the History of Medicine* (1993) 67, 119–148. On the support by male eclectics of women, see Ronald L. Numbers, 'The Making of an Eclectic Physician: Joseph M. McElhinney and the Eclectic Medical Institute of Cincinnati', *Bulletin of the History of Medicine* (1973) 47, 160–162.
- 26 For a long list of eminent homeopathic supporters, see Coulter, *Divided Legacy: Science and Ethics*, p. 317 n 1.

- 27 'American Institute of Homeopathy: First Day [June 8 1869]', *Hahnemannian Monthly* (July 1869) 4, 487.
- 28 'American Institute of Homeopathy: Second Day [June 9 1869]', *Hahnemannian Monthly* (July 1869) 4, 498–499.
- 29 Moldow, *Gilded-Age Washington*, pp. 100–102.
- 30 James B. Wood, 'Annual Address', *Transactions of the Homeopathic Medical Society of Pennsylvania* (1867) quoted in Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, 1987 [1962]), p. 224.
- 31 'American Institute of Homeopathy: The Dinner to the Institute [June 10 1869]', *Hahnemannian Monthly* (July 1869) 4, 503. This toast was responded to by the abolitionist William Lloyd Garrison.
- 32 These figures are based on a conversation with Barbara Williams, Consulting Archivist of the Hahnemann Collection. Whether debates over race led to splits between New England and Southern homeopaths is a topic historians have not yet explored.
- 33 Coulter, *Divided Legacy: Science and Ethics*, p. 110.
- 34 Even the notion of reform itself began to seem out of place: 'Revolt against an established order of things has a wonderful attraction for the ill-balanced and noisy members of society ... from the '70s to the present day, we have changed from infancy and adolescence to full maturity; from the period of storm and stress into the one of quiet', [Editorial], 'The Fourth Phase of Homeopathy', *North American Journal of Homeopathy* (May 1910) 3rd s. 25, 335–336.
- 35 Kett, *The Formation of the American Medical Profession*, p. 155 n. 41.
- 36 For a development of these arguments, see Naomi Rogers, 'Women and Sectarian Medicine' in Rima Apple (ed.), *Women, Health and Medicine in America: A Historical Handbook* (New York, 1990), 284–293; and Moldow, *Gilded-Age Washington*, pp. 135–136; and see the dissertation in process by Anne Kirschman, *Women Homeopathic Physicians in the United States 1850–1920*, (University of Rochester). For a broad examination of American women and medicine, see Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in America Medicine* (New York, 1985).
- 37 By 1880 nine out of eleven homeopathic schools admitted women; William Barlow and David O. Powell, 'Homeopathy and Sexual Equality: The Controversy over Coeducation at Cincinnati's Pulte Medical College, 1873–1879', [1981] in Judith Walzer Leavitt (ed.), *Women and Health in America: Historical Readings* (Madison, 1984), 422. In 1891, out of thirteen schools, only two (Philadelphia and New York City) did not admit women; see W.E. Leonard, 'Homeopathic Medical Education', *Hahnemannian Monthly* (May 1891) 26, 293, Table 1.
- 38 Rothstein, *American Physicians*, pp. 300–301, n. 5.
- 39 In 1869 the editor of the *Hahnemannian Monthly* argued that the private homeopathic colleges for women in Cleveland and in New York were 'worthy of

- the encouragement and support of the entire profession', 'Editorial Notes: Medical Colleges for Women', *Hahnemannian Monthly* (Oct. 1869) 4, 114.
- 40 Moldow, *Gilded-Age Washington*, pp. 78–79. Moldow estimates that 20% of homeopathic doctors between 1870 and 1900 in Washington were women; *ibid*, p. 12. See also *Transactions of the World's Homeopathic Convention, held at Philadelphia, under the auspices of the American Institute of Homeopathy, at its twenty-ninth session, June 26th, 27th, 28th, 29th, 30th, July 1st, 1876*, 2 vols., *History of Homeopathy*, vol. 2 (Philadelphia, 1880).
 - 41 Reuban Ludlam, 'The Relation of Woman to Homeopathy', [editor's extracts] from 'American Institute of Homeopathy: First Day [June 8 1869]', *Hahnemannian Monthly* (July 1869) 4, 492–493. For the argument that women practitioners were important as testers of homeopathic drugs, see Carroll Dunham who, in a discussion on *materia medica*, mentioned 'a proving by a woman' dealing with uterine symptoms and argued that 'if women were admitted to the Institute, they will become very useful members by giving us symptoms that only could be developed in their sex', 'American Institute of Homeopathy: Second Day [June 9 1869]', *Hahnemannian Monthly* (July 1869) 4, 495.
 - 42 Coulter argues that homeopathy may have first entered many American homes through the support of mothers 'who were favorably impressed by its treatment of children's diseases', Coulter, *Divided Legacy: Science and Ethics*, p. 114 & pp. 114–118.
 - 43 Holcombe, *A Homeopath*, pp. 7–8.
 - 44 Ludlam, 'The Relation of Woman to Homeopathy', 491. Ludlam argued that homeopathy had benefited from the tide of popular opinion against 'the pernicious habit of over-dosing and maltreating our female patients', *ibid*, 491.
 - 45 Ludlam, 'The Relation of Woman to Homeopathy', 492, 492–493.
 - 46 On deep divisions in one Cincinnati school in the 1870s, see Barlow and Powell, 'Homeopathy and Sexual Equality', 422–428. On divisions at the Western Homeopathic Medical College in Cleveland, where women were admitted in 1859, and then rejected from 1867 to 1870, see Bradford, 'Homeopathy in Ohio', in King, *History of Homeopathy*, pp. 22–26.
 - 47 'American Institute of Homeopathy: The Dinner to the Institute [June 10 1869]', *Hahnemannian Monthly* (July 1869) 4, 493. The author was William Tod Helmuth, later an eminent surgeon at the New York Homeopathic Medical College, Rothstein, *American Physicians*, p. 237.
 - 48 'American Institute of Homeopathy: Third Day [June 10, 1869]', 'American Institute of Homeopathy: Fourth Day [June 11, 1869]', *Hahnemannian Monthly* (July 1869) 4, 510, 505–506. See, for example, Mercy B. Jackson, 'A Plea: For the Admission of Women to the Medical Colleges and Institutes of America', *Hahnemannian Monthly* (August 1867) 3, 21–25; and Millie Chapman, 'Women in Medicine', *Hahnemannian Monthly* (March 1892) 27, 150–155. See also

- Kaufman, *Homeopathy in America*, p. 77. For a more positive interpretation of AIH policy, see Coulter, *Divided Legacy: Science and Ethics*, pp. 114–116.
- 49 [anon] 'Why Women Can Never Become Successful Practitioners of Medicine', *The Medical Institute* (Feb. 1886) 1, 36–37.
 - 50 Barlow and Powell argue that education at the University of Michigan, for example, was segregated in all subjects other than chemistry, and that there was little integrated homeopathic education at all during this period; 'Homeopathy and Sexual Equality', 423. At the co-educational Boston school students were organised into sex-segregated medical societies, the male 'Hahnemann Society' and the female 'Gregory Society'. Only the members of the former could send delegates to the annual state-wide student meeting, and, although Boston women students applied for admission, the Hahnemann Society was closed to them until 1896; see Mary Roth Walsh, *Doctors Wanted No Women Need Apply: Sexual Barriers in the Medical Profession, 1835–1975* (New Haven, 1977), pp. 195–197.
 - 51 Chapman, 'Women in Medicine', 155.
 - 52 On 'the mild and gentle measures of Homeopathy' compared to the 'painful and debilitating expedients of our present system', see *The Christian Examiner* (Boston) (1842) quoted in Kaufman, *Homeopathy in America*, p. 41. On similarly gendered implications of attitudes to pain and suffering in nineteenth-century America medicine, see Martin Pernick, *A Calculus of Suffering: Pain, Anesthesia, and Utilitarian Professionalism in Nineteenth-Century American Medicine* (New York, 1985).
 - 53 Clarke, *Revolution in Medicine*, p. 61. For a claim that the demonstration of homeopathy's superiority during the cholera epidemic of 1832 had attracted such popular and professional attention that it 'alarmed and disconcerted certain of its opponents and aroused their fiercest opposition and prejudice', see Pemberton Dudley, 'Medical Ethics and Codes', *The Medical Institute* (Feb. 1888) 3, 18. On homeopathy and epidemics, see Coulter, *Divided Legacy: Science and Ethics*, pp. 298–303.
 - 54 Special Staff Meeting, February 25 1910, '[Hahnemann] Hospital Staff Minute-book 1896–1906', Hahnemann Collection. Their colleague John E. James had just died.
 - 55 'Homeopathy has taught us a lesson of the healing faculty of Nature which was needed', Holmes wrote in 1861; quoted in Rothstein, *American Physicians*, p. 166. For the regular argument that homeopaths used placebos, see Oliver Wendell Holmes, *Homeopathy and Its Kindred Delusions* (1842), discussed in Kaufman, *Homeopathy in America*, pp. 39–40. The concept of homeopathic therapies as 'nihilist' has been uncritically accepted by a number of historians.
 - 56 Mohr, 'Introductory Lecture', 56.
 - 57 Dan King, *Quackery Unmasked* (1858) quoted in Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York, 1979), p. 58. See also the doggerel with the lines 'If it be good in all complaints to take a dose so

- small / It surely must be better still, to take no dose at all', *United States Magazine and Democratic Review* (1848) quoted in Kaufman, *Homeopathy in America*, p. 30. In private, however, homeopaths recognised the usefulness of placebos. In 1892 the medical staff of Hahnemann Hospital in Philadelphia urged resident physicians 'when no treatment is urgently required' to 'administer a placebo or apply temporary dressing[s] until the arrival of visiting physician or surgeon'; staff meeting, April 1 1892, '[Hahnemann] Hospital Staff Minute-book 1896-1906.'
- 58 William H. Holcombe, *What is Homeopathy: A New Exposition of a Great Truth* (New Orleans, 1864), p. 29.
 - 59 Ronald Numbers has pointed out that by this time many of these works offered less comprehensive instructions, and focused only on emergency care and minor illnesses; see Ronald L. Numbers, 'Do-It-Yourself the Sectarian Way', in Guenter Risse, Ronald L. Numbers and Judith Walzer Leavitt (eds.), *Medicine Without Doctors: Home Health Care in American History* (New York, 1977), 67. Compare, however, an advertisement in *The Medical Institute Advertiser* (Oct. 1886) 1, 18 for Dr. J. Bryant's *A Pocket Manual, or Repertory of Homeopathic Medicine. Alphabetically and Nosologically arranged, which may be used as the Physician's 'vademecum', the Traveler's Medical Companion, or the Family Physician. Compiled from the best Homeopathic authorities. Third edition. 352 pages. 18mo. Cloth.* On the important role of patients in promoting homeopathy in Germany, see Renate Wittern, 'The Origins of Homeopathy in Germany', *Clio Medica* (1991) 22, 58-59.
 - 60 We have little concrete analysis of homeopathic practice. For one descriptive example, see a reference to Constantine Hering's method of prescription. Hering gave patients powders in envelopes, five of them 'saccharum lactus' and one envelope with a star containing a powder that the patient was to dissolve in water in a teaspoon four times a day; Arthur Eastman, *Life and Reminiscences of Dr. Constantine Hering* (Philadelphia: By Family for Private Circulation, [originally published in the *Hahnemannian Monthly*] 1917), 21.
 - 61 Note that homeopathy has been described consistently as appealing primarily to the urban middle-class, but we lack detailed quantitative studies. On the role of middle and upper class patients and the affluence of homeopaths, see Coulter *Divided Legacy: Science and Ethics*, pp. 122-123 & 153-154.
 - 62 Eastman, *Life and Reminiscences*, p. 14.
 - 63 See Susan E. Lederer, *Subjected to Science: Human Experimentation in American before the Second World War* (Baltimore, 1995), especially chapter two.
 - 64 Clarke, *Revolution in Medicine*, p. 81; Mohr, 'Introductory Address', 57-58.
 - 65 Clarke, *Revolution in Medicine*, p. 48; and see his comment on students being introduced to animal torture in regular schools, *ibid*, p. 84.
 - 66 'Editorial Department' [discussing a recent article in *Scribners*] 'Does Vivisection Pay?' *Hahnemannian Monthly* (Sept. 1880) n.s. 2, 559-560. For a discussion of the

- wider social and medical concern around these issues, see Lederer, *Subjected to Science*.
- 67 'Societies and Current Events: Anti-Vivisection Society Exhibit', *North American Journal of Homeopathy* (April 1911) 3rd series 26, 46.
 - 68 On the use of the term 'science' by eclectics, osteopaths, chiropractors and Christian Scientists, see Gevitz, 'Perspectives', 18–19.
 - 69 As one Nebraska homeopath phrased it: 'nerve force, vital force, vibratory force, spiritual force, or whatever you may call it'; A.E. Collyer, 'Treatment of Puerperal Infection', *North American Journal of Homeopathy* (1912) 3rd s. 27, 290. On Hahnemann's view of symptoms as expression of the disruption of the body's vital force, see Wittern, 'The origins of homeopathy', 54. For examples of the regular attack on this concept, see Coulter, *Divided Legacy: Science and Ethics*, p. 161.
 - 70 E.M. Howard, 'Outline of the History of Medicine: Abstracts from A Lecture Given before the Students of the Hahnemann Medical College of Philadelphia, September 26, 1888', *The Medical Institute* (Oct. 1888) 3, 64. 'Hahnemann was not the first physician to enunciate the doctrine of the similars, nor the first to suggest the proving of drugs on the healthy', Charles Mohr told his class in materia medica and therapeutics, referring to the work of Hippocrates, William Alexander and Albrecht von Haller; Mohr, 'Introductory Address', 56–57. On the remaking of Hahnemann see also Rogers, 'Proper Place of Homeopathy', 193–194.
 - 71 Mohr, 'Introductory Address', 56. On Hahnemann as a 'great medical reformer', see Clarence Bartlett, 'Presidential Address', *Hahnemannian Monthly* (October 1922) 57, 579–580.
 - 72 Augustus Korndoerfer, 'A Short Sketch of the Life-Work of Samuel Hahnemann', *Hahnemannian Monthly* (Sept. 1892) 27, 604–605. Hahnemann and his followers, Charles Mohr told his students in 1888, were 'hounded and ostracized ... simply because Hahnemann was a thinker, was imbued with a scientific spirit, developed a therapeutic principle long known, [and] dared speak the truth; Mohr, 'Introductory Address', 55.
 - 73 See the flippant comment by a student: 'we have all read and re-read the homeopathic bible ('The Organon'); [Editorial], *The Medical Institute* (Oct. 1886) 2, 66. As early as 1852 William H. Holcombe claimed he 'was so dissatisfied with the loose statements, the hasty inferences, and the dogmatism' of Hahnemann's *Organon* that he never finished it; William H. Holcombe, *The Scientific Basis of Homeopathy* (1852) quoted in Kaufman, *Homeopathy in America*, p. 114.
 - 74 E.W. Berridge, 'How Can We Best Advance Homeopathy: American Institute Session', *Hahnemannian Monthly* (July 1880) n.s. 2, 394. 'So many say it is full of Hahnemann's theories. Leave out the theories then; Hahnemann merely gave them for what they were worth, as the best explanation he could give of certain facts'; *ibid*, 394. See the following discussion where delegates were not happy with this speech; 'American Institute Session: Third Day', *Hahnemannian Monthly* (July 1880) n.s. 3, 400–402. For the argument that 'Hahnemann at least knew what he

was striving to get away from, though he may have but dimly guessed whither his new path was leading'; see T.P. Wilson, 'The American Institute Session', *Hahnemannian Monthly* (July 1880) n.s. 2, 386.

- 75 Wilson, 'The American Institute Session', 387. 'What he did reject was the unscientific theories and the unmeaning jargon of those who assumed to teach pathology. What he especially rejected was the assumption that the tissue changes produced by disease was the disease itself, or was the thing to be treated by the intelligent physician;' *ibid*, 387. 'Were he with us to-day, he would heartily co-operate in all intelligent research tending toward the elucidation of facts pertaining to the tissue changes in disease;' Korndorfer, 'A Short Sketch', 603.
- 76 [E.A.] Farrington, 'New Publications [Review of Gonzalvo C. Smythe, *Medical Heresies Historically Considered* (1880)]', *Hahnemannian Monthly* (March 1881) n.s. 3, 181.
- 77 John Prentice Rand, '[Presidential Address:] Alumni Association: New York Homeopathic Medical College and Flower Hospital', *North American Journal of Homeopathy* (Oct. 1909) n.s. 24, 690
- 78 W.C. Goodno, 'The Practice of Medicine', *The Medical Institute* (Nov. 1887) 2, 82–83; Rogers, 'Proper Place of Homeopathy', 179. 'The flood of light which unfolding science has been pouring upon it with ever-increasing brightness, is only serving as a brilliant background for Hahnemannian law. The letters of that law are seen with increasing clearness, and the blur of uncertain doctrines surrounding it is gradually fading away' (his conclusion); *ibid*, 82–83. 'The Allopathic student who wraps himself in an imaginary cloak of science and assumes that Homeopaths are necessarily ignorant and unscientific, will sooner or later learn that there is nothing easier than to blunder, to commit a mistake' one student wrote in the 1880s; Editorial, 'To Beginners', *The Medical Institute* (Nov. 1888) 5, 93–94. 'The homeopathic student that believes in the theory of dynamization, diagnoses with discretion and prescribes carefully, although liable to err, will generally prove a successful practitioner ... irrespective of *creed*, the time has come when there should be a common coalescence for the protection of Medicine, as a science;' *ibid*, 93.
- 79 'Homeopathy is not sectarian medicine, even in the practice of those who are its acknowledged best exponents'; Goodno, 'Practice of Medicine', 77.
- 80 J.P. Dake, 'The Alumni – Past', *The Medical Institute* (Oct. 1886) 1, 87.
- 81 Howard, 'Outlines of the History of Medicine', 59. 'The old school claims great antiquity, and it certainly entitled to it as regards this spirit of dogmatic assumption. Medical liberty has had a much slower growth than either political or religious freedom'; *ibid*, 61.
- 82 See, for example, Samuel N. Watson, 'Practical Empiricism', *Hahnemannian Monthly* (July 1892) 27, 499. On changing practice see Philadelphia's Hahnemann Hospital, Hospital Staff Minute Book 1896–1916, Regular Meeting

- January 7 1909, 101, for a reference to 'all drugs other than the ordinary homeopathic remedies'.
- 83 See, for example, the comments by the eminent regular pediatrician Abraham Jacobi, quoted in Rothstein, *American Physicians*, p. 302.
 - 84 On the increasing importance of consultation as a way to guard against the raiding of patients by specialists, see Moldow, *Gilded-Age Washington*, pp. 96–97.
 - 85 The New York society was condemned by the AMA and the AMA then expelled all delegates throughout the country who refused to sign a pledge to its 1847 code; see Kaufman, *Homeopathy in America*, pp. 48–62, 76–92, & 125–140; and Rothstein, *American Physicians*, pp. 170–174, 301–305, & 314–326. See also Donald E. Konald, *A History of American Medical Ethics 1847–1912* (Madison, 1962). On the broader social meaning of debates about the code see Barbara Gutmann Rosenkrantz, 'The Search for Professional Order in 19th Century American Medicine', [1984] in Leavitt and Numbers (eds.), *Sickness and Health in America*, 219–232; and see Warner, 'Ideals of Science and Their Discontents in Late Nineteenth-Century American Medicine', *Isis* (1991) 82, 454–478.
 - 86 See Rothstein, *American Physicians*, p. 317; and Kaufman, *Homeopathy in America*, p. 146.
 - 87 Dudley, 'Medical Ethics', 19. He believed that the AMA code had 'brought down upon it and its authors the ridicule and derision of intelligent people everywhere. It is doubtful if in all medical literature there can be found its parallel for deceit and craftiness. It is crowded full of tacit lies for the profession, and of deviltry and murder for the people'; *ibid*, 18.
 - 88 *Hahnemannian Monthly* (1882) quoted in Kaufman, *Homeopathy in America*, p. 139; and see Rothstein, *American Physicians*, p. 303.
 - 89 'Notes and Comments: The Final Examination', *Hahnemannian Monthly* (Aug. 1881) 3, 505–506.
 - 90 Homeopaths' attitudes to smallpox vaccination remain largely unexplored, although they were clearly part of efforts to define themselves in relation to medical orthodoxy. Some homeopaths were openly antagonistic to smallpox vaccination. In the 1850s leading Southern homeopath William H. Holcombe organised a group of New Orleans lay citizens to defeat a compulsory vaccination ordinance; see Ellis, *Yellow Fever and Public Health*, p. 98; and see also the advertisement in *The Medical Institute Advertiser* (Oct. 1886) 1, 20 for Dr. George Winterburn's *The Value of Vaccination: A Non-Partisan Review of its History and Results*. But the arguments that irregulars were naturally against vaccination does not hold convincingly for homeopaths. Compare the claims by Martin Kaufman, 'The American antivaccinationists and their arguments', *Bulletin of the History of Medicine* (1967) 41, 463–478, to the view that anti-vaccination attracted a diverse group of physicians, including regulars, Judith Walzer Leavitt, 'Politics and Public Health: Smallpox in Milwaukee, 1894–1895', [1976] in Leavitt and Numbers (eds.), *Sickness and Health in America*, 372–382; and in particular the paper by

Eberhard Wolff in this volume. We lack a full study of the anti-vaccination movement in America.

- 91 Dr. McDonald, during discussion of the Bureau of Obstetrics at AIH annual meeting, *North American Journal of Homeopathy: Special Institute Issue* (June 1892), 6, 23. For examples of homeopaths' positive discussions of antisepsis and bacteriology, see Rothstein, *American Physicians*, pp. 259 & 278–279; and see S. Lilienthal, 'Hahnemann, Hering and Swan: Pasteur and Koch', *Hahnemannian Monthly* (Feb. 1891) 26, 91–93. For a discussion about the germs of cholera and yellow fever in which the only contention was over the methods of epidemic control, see 'The American Institute Session', *Hahnemannian Monthly* (July 1880) n.s. 2, 392. Note, however, that in 1891 only the Universities of Michigan and Minnesota required a course of bacteriology for graduation; Leonard, 'Homeopathic Medical Education', 293, Table 1.
- 92 D.P. Maddox [to the Organon Club of Chester, Pennsylvania], 'The Significance of Bacteriological Discoveries to the Homeopathic Method of Treatment', *Hahnemannian Monthly* (Feb. 1892) 27, 82. Maddox claimed that Pasteur had practiced the 'homeopathic treatment of anthrax', and praised his 'patient but brilliant, unconscious confirmation of the truth which Hahnemann promulgated', 89.
- 93 For other homeopathic analogies: 'To the homeopathic physicians it [vaccination] is another illustration clearly confirming the law enunciated by Hahnemann', M.O. Terry [Ithaca, New York], 'On the Relation of Inoculation to Homeopathy', *Hahnemannian Monthly* (March 1891) 26, 147; 'The great work now being done in ... vaccines, infection, immunity and serum therapy, is only proving the great truths of Homeopathy, and is gradually being acknowledged by the leading scientists and physicians today', Eastman, *Life and Reminiscences*, p. 24; and a reference to Pasteur's 'homeopathic treatment of anthrax', D.P. Maddox [Chester, Pennsylvania] 'The Significance of Bacteriological Discoveries to the Homeopathic Method of Treatment', *Hahnemannian Monthly* (Feb. 1892) 27, 89. On the resistance to bacteriology by homeopathic faculty at the University of Iowa, see Stow Persons, 'The Decline of Homeopathy – The University of Iowa, 1876–1919', *Bulletin of the History of Medicine* (1991) 65, 79–82; and for a debate over the use of asepsis in obstetrical practice, see George B. Peck, 'The Practical Relations to Homeopaths to the Germ-Theory', *Hahnemannian Monthly* (July 1892), 483–491.
- 94 B.F. Betts, 'Valedictory: Address to Graduating Class of the Hahnemann Medical College at the Thirty-Ninth Annual Commencement, April 7, 1887', *The Medical Institute* (March 1887) 2, 54–55. For a rejection of the argument that serum therapy was homeopathic, see Alfred Wanstall, 'Hahnemann's Law and Science', *North American Journal of Homeopathy* (Nov. 1909) 3rd series 24, 739–743.
- 95 Charles Heermann, 'The Value of Pathology', *Hahnemannian Monthly*, (Nov. 1868), 4, 171; and see J.H.P. Frost, 'The Study of Pathology', *Hahnemannian Monthly*, (Aug. 1886) 4, 39. Frost argued that works such as Virchow's 'being

- strictly scientific, have in reality more in affinity with Homeopathy than with Allopathy' for 'between physiology, pathology and Homeopathy, there exists an intimate, profound and all-pervading connection.'
- 96 Goodno, 'Practice of Medicine', 82. 'Time was when the name of a disease was associated in the mind primarily with its symptoms,' Wanstall, 'Hahnemann's Law and Science', 749.
 - 97 Goodno, 'Practice of Medicine', 80. Homeopathic practice was harmed by its traditional emphasis on symptomatology, he argued. 'Great errors have crept into our literature from this lack of knowledge of pathology and the general course of disease. Many of our older homeopaths especially, due to excessive zeal for a system, have devoted too much time to the study of drug symptomatology to the neglect of the study of the clinical history of disease'; *ibid*, 78.
 - 98 Charles J. Hempel, *The Science of Homeopathy: or, A Critical and Synthetic Exposition of the Doctrines of the Homeopathic School* (New York, 1874), p. 71.
 - 99 Joseph P. Cobb, 'The Province and Value of the Laboratory in the Medical Course', 'Homeopathy: Golden Anniversary of the Hahnemann College and Hospital', *Public Ledger* (May 12 1898) in 'Scrapbook', 10. Cobb [a professor at the Hahnemann Medical College of Chicago] was answered by C.E. Fisher, 'Homeopathy: Golden Anniversary' in 'Scrapbook', 10. On changing practice see the lecture notes distributed to Hahnemann Medical College's freshmen class in 1931 that make no mention of homeopathy; John. C Stolz 1935 [donor] 'Notes distributed to freshman class to be memorized. Most of the instruction gave notes – little collateral [sic] reading was expected or encouraged', Hahnemann Collection.
 - 100 Goodno, 'Practice of Medicine', 78. 'The physician who dwells alone upon symptoms in his selection of drugs, ignoring the disease, the structural basis of the symptoms, is doomed to much hard work and disappointment'; *ibid*, 79. 'Symptoms are only of value to enable us to differentiate between several remedies known to correspond to a given pathology'; *ibid*, 81.
 - 101 James, 'The Healing Art' in 'Scrapbook', 14.
 - 102 Richard Hughes, *The Knowledge of the Physician: A Course of Lectures delivered at the Boston University School of Medicine, May, 1884* (Boston, 1884), p. 75.
 - 103 Wanstall, 'Hahnemann's Law and Science', 754. 'Emotionalism and sentiment have no place in the art and science of medicine'; *ibid*, 753.
 - 104 See, however, the protests by Iowa homeopaths at the proposal to abolish homeopathic teaching of these specialties; see Persons, 'University of Iowa' 85–86. In 1886 Philadelphia homeopathic students claimed that 'we are taught everything that any other college teaches, *plus* Homeopathy'; quoted in [Editorial], *The Medical Institute* (Oct. 1886) 2, 66. The editor added that 'nobody, not even the Faculty themselves ... is in a better position to give information as to *what is taught in a college than its students.*'
 - 105 Mohr, 'Introductory Address', 54–55.

- 106 Edward Jackson, 'Against Sectarianism in Medicine', *Medical News* (1889) quoted in Kaufman, *Homeopathy in America*, p. 123. By the 1890s many homeopathic schools were using texts written by regulars; see Rothstein, *American Physicians*, p. 238 n 21; but compare Rogers, 'Proper Place of Homeopathy', on Hahnemann Medical College's continuing use of homeopathic works, 193.
- 107 Abraham Flexner, *Report on Medical Education in the United States and Canada* (New York, Bulletin 4, 1910), p. 157 & 161. In Flexner's familiar words, 'everything of proved value of homeopathy belongs of right to scientific medicine and is at this moment incorporated in it; nothing else has any footing at all, whether it be of allopathic or homeopathic lineage', pp. 161–162.
- 108 James in 'The Healing Art' in 'Scrapbook', 14. For a sceptical discussion of Behring's 1905 claim that his work drew on homeopathy, see Donald MacFarlan, 'Monthly Retrospect of Homeopathic Materia Medica and Therapeutics: Professor Von Behring's Acknowledgement of Homeopathy and Some of its Consequences', *Hahnemannian Monthly* (Sept. 1914) 49, 715–720.
- 109 'Minutes', *Transactions of the AIH* (1899) quoted by Rothstein, *American Physicians*, p. 245.
- 110 J.H. McClelland of Pittsburgh [abstract of address], 'Miscellaneous Contributions: Homeopathic Medical Society of Pennsylvania: Proceedings of the Seventeenth Annual Session', *Hahnemannian Monthly* (Oct. 1881) 3, 601.
- 111 Betts, 'Valedictory', 53.
- 112 E. Fornias [letter to editor], *Hahnemannian Monthly* (Oct 1891), 723. The 'anxious sufferer' is little helped by 'how apt we are as chemists or microscopists or physiologists or sanitarians if we cannot eradicate the malady that destroys his comfort and threatens his life', Peck, 'Homeopathsists to the Germ-Theory', 491.
- 113 Collyer, 'Treatment of Puerperal Infection', 290.
- 114 For another lamb analogy see: 'It is only a fool of a lamb that will lie down beside the lion without first securing proper guarantees that the lion is going to behave himself; and all past history shows that our allopathic lion is not a beast to be trusted'; 'Editorial Department: The Main Question', *Hahnemannian Monthly* (May 1880) 2, 310.
- 115 This change reflected in part the separation of professional identity from practice. In its new code the AMA attacked sectarianism which 'is inconsistent with the principle of medical science and it is incompatible with honorable standing in the profession as based on an exclusive dogma or a sectarian system'; 'Report on the Committee on Medical Ethics', *JAMA* (1903) quoted in Rothstein, *American Physicians*, p. 321; see also Kaufman, *Homeopathy in America*, pp. 153–155.
- 116 See Frederick M. Dearborn (ed.), *American Homeopathy in the World War* (Chicago, 1923). This under-studied work shows that there were a number of army units organised around homeopathic hospitals, including the Massachusetts Homeopathic Hospital, and New York's Flower Hospital and Metropolitan Hospital. 1,862 homeopaths were commissioned.

- 117 These calculations are based on statistics in Rothstein, *American Physicians*, Table XV.1, p. 287. In 1898 homeopathy had 20 medical schools, 9 national societies, 66 general hospitals and 74 specialty hospitals, 31 medical journals, for around 10,000 homeopaths; see Rothstein, *American Physicians*, p. 236.
- 118 See Rothstein, *American Physicians*, pp. 237–238. In 1909 the University of Minnesota homeopathic department was abolished, although homeopathic electives continued; in 1914 the Pulte Medical College closed; in 1915 Hahnemann College of the Pacific merged with the University of California Medical School of San Francisco; and in 1918 Boston University became a regular school; see Kaufman, *Homeopathy in America*, pp. 170–172. In 1936 New York Homeopathic Medical College dropped the term 'homeopathic'. In the late 1940s Hahnemann Medical College stopped awarding its Doctor of Homeopathic Medicine and in the 1950s abolished its course in homeopathic medicine; see Rothstein, *American Physicians*, p. 297. See also Parsons, 'The Decline of Homeopathy', 74–87.
- 119 See Moldow, *Gilded-Age Washington*, pp. 71–72. By 1910, the only private women's homeopathic school left was in New York; see Flexner, *Medical Education*, pp. 160 & 271.
- 120 Quoted in E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley, 1980 [1979]), pp. 109–110; see also Coulter *Divided Legacy: Science and Ethics*, pp. 463–464 & 449–480.
- 121 See, for example, 'Notes and Comments', *North American Journal of Homeopathy* (May 1912) 3rd series 27, 313: 'He does not best serve the cause who talks much about the accomplishments of homeopathy, nor he who loudly denounces the adherents of non-homeopathic systems, but he who shows the value of homeopathy by steady, consistently good results attained by the use of homeopathy.'
- 122 Bartlett, 'Presidential Address', 579–580.
- 123 Bartlett, 'Presidential Address', 585.
- 124 Bartlett, 'Presidential Address', 580.
- 125 Bartlett, 'Presidential Address', 586.
- 126 See, for example, 'Homeopathy: Much Ado About Nothing', *Consumer Reports* (March 1994) 201–206.

The Paradox of Professionalisation: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century

Robert Jütte



Defining the Medical Fringe

UNCONVENTIONAL THERAPIES are not a recent phenomenon or a temporary fashion. They have been an important factor in the medical marketplace long before the crisis of modern scientific medicine appeared on the horizon. The attitude of medical orthodoxy ranged always from total rejection to partial adoption of its techniques. In the long process of defending their practices and the scientific method against assaults by all kinds of medical sectarians, regular physicians acquired slowly an ideology of orthodox professional identity. The champions of scientific medicine both in Europe and in the United States tended to belong to the medical and social elite.¹ They were among the best-educated academic practitioners, and often had experience in clinical medicine. They occupied leading positions in regular medical institutions, teaching as professors at medical schools, doing medical research at hospitals, and serving as officers in medical societies. Since the end of the nineteenth century this group possessed all the outward signs of professional status that were available in a modern industrialised society.²

There was nothing peculiar German about the fact that medical sectarianism exerted a lasting impact on the regular medical profession. In the United States, for instance, interactions between sectarian and orthodox physicians were, as John Harley Warner has put it, also 'intrinsically polarizing, and encouraged those who saw themselves as orthodox to celebrate their own tradition all more fervently'.³ Clearly, not every unorthodox system of healing constituted a challenge for regular medicine. Although medical historians have divided and labelled irregular healers according to training, skill, type of practice and ideological background, many practitioners of unorthodox medicine cannot be regarded as a distinctive group.⁴ Their beliefs and practices vary considerably from one medical sect or movement to another and form no consistent body of medical knowledge. They have 'no real corporate identity',⁵ as Norman Gevitz pointed out, although within each of these movements some sort of consensus or even a tradition can be observed.

Historians, in studying the various forms of alienation from the dominant medical profession, from its beginning in the first half of the 19th century to its heyday in present day western society, have made use of different terms describing this phenomenon. The following dichotomies are among the frequently used: 'regular v. fringe medicine' (Bynum & Porter), 'orthodox v. unorthodox medicine' (Gevitz), 'regular v. irregular medicine', 'heterodox v. orthodox medicine' (Cooter), '*Schulmedizin* v. *Außenseitermedizin*' (Schadewaldt). Other terms used in the historiography of non-conventional forms of healing and health care are: 'alternative', 'natural' or even 'complementary medicine'. These terms are often related and in some cases synonymous, referring to the same social phenomenon, viz. the existence of diagnostic, therapeutic and preventive practices excluded from and often banned by mainstream medicine. Nevertheless, care has to be taken about the semantic values of such terms. In using the term 'alternative medicine' which is highly popular in everyday language, not only in Germany but also in English-speaking countries, there is the risk of approaching nineteenth-century medicine anachronistically. As Roger Cooter has shown, those theories and practices labelled 'heterodox' may not have been seen by contemporaries as 'alternative medicine', in the sense of being ideologically completely different, but may have been regarded simply as therapies which were different from scientific medicine, which despite its impressive record as far methodology, knowledge and technology are concerned, was for a long time far from producing convincing practical results.⁶ Only at the end of the nineteenth and the beginning of the twentieth century the progress of medical science began to affect public

attitudes.⁷ The discoveries by Robert Koch and Louis Pasteur did more to emphasise the importance of science in medicine than did any other single advance in medical research.⁸

There were numerous groups on the fringe of medicine in Germany by the mid-nineteenth century. Some represented medical sects arising within the regular ranks, e.g. homeopathy and mesmerism; while others originated outside the medical community, e.g. hydropathy and vegetarianism. In addition, there was also a proliferating form of unorthodoxy which was labelled patent medicine, *Geheimmittel-Medizin*,⁹ by contemporaries and often identified with quackery. However, this paper will be confined to those systems of unorthodox medicine, which exerted the most powerful impact on nineteenth-century German medical culture, viz. homeopathy and hydropathy.

Whether arising within or outside orthodox medicine, both movements had many things in common, although they looked at health and disease in significantly different ways. One common denominator is, for example, that homeopathy as well as hydropathy had their origins in Germany. Both represented a well-organised movement which met fierce medical opposition and worked hard to win for its exponents the legal right to practice their distinctive form of healing on patients. While other medical heterodoxies arose to attract the gaze of the medical world for a short period of time and then sunk into oblivion, both have passed the test of time despite being based on so-called 'unscientific' philosophies.

Firstly, the concepts and practices of both oppositional systems will be examined. Secondly, their historical, cultural and social contexts will be established, paying special attention to their founders and the movement which they launched as well as to those who made frequently use of such therapies. Finally, the reactions of regular medicine to such an open defiance will be delineated. An answer to the question of how the challenge by medical heresies accelerated a process for which medical sociologists¹⁰ and historians¹¹ have applied the term 'professionalisation' will be suggested.

Concepts and Practices

HOMEOPATHY appeared in the German medical marketplace during what has been called by historians the 'age of heroic medicine'. Heroism, in this case refers to the virtue required of the patient who had to endure the application, to extreme degrees, of potent laxatives, purgatives, and emetics to cleanse the system of superfluous and detrimental bodily fluids. The same is true for the undertaking of massive bloodlettings, intended to relieve the

body. Patients made heavy use of venesection and the treatment by enemas was much in vogue among physicians, patients and even healthy persons over long periods of time. There were, of course, some physicians who were dissatisfied with the state of medicine at the end of the eighteenth century. These critics developed their own theories, suggested various other remedies but none of them deviated radically from the ruling concepts and practices of the healing art of their time. The state of professional rivalry corresponded to the condition of medical knowledge. The situation had become even worse by the beginning of the nineteenth century, according to Professor Theodor Roose, who wrote in 1803:

A savage partisan spirit has taken possession of many minds and seems to be spreading universally. Physicians split into sects, every one of which embitters the other by violent and often unfounded contradiction, and so prevents all possibilities of doing good. Dogmatism and a persecuting spirit are becoming commoner and commoner among physicians, and they are only distinguished from the dogmatism and persecution of enraged religious sects of former times by being fortunately powerless to arm the secular authorities with fire and sword against their adversaries.¹²

Of all the founders of new medical systems at the turn of the eighteenth to the nineteenth century, none was more radical in attacking established therapeutic theories and practices than Samuel Hahnemann (1755–1843).¹³ As early as 1786 he had criticised his colleagues for their extensive use of bleeding in cases of nervous fever. In a footnote to his translation of William Cullen's *Materia Medica*, which appeared in 1790, he complained about the perniciousness of contemporary therapeutics: 'Blood letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters form the circle in which the ordinary German physician turns around unceasingly'.¹⁴ Hahnemann attacked also the poly-pharmacy or hotch-potch medicine which was rampant at that time. He advocated the prescription of a single remedy at a time and stated forcefully to his fellow-practitioners: 'The more complex our receipts, the more obscure will it be in medicine'.¹⁵ However, Hahnemann did not stop at this point as he soon demanded a fully-fledged reform of the therapeutic system based on a radical shift in the basic tenets of medical thinking.

Hahnemann, having drawn the attention of his colleagues to the deplorable state of medical treatment and knowledge for more than twenty years, finally came to the conclusion that a simple revision of the *materia medica* was not enough. In an article for the widely-read journal *Allgemeiner Anzeiger der Deutschen*, in 1808, he stated:

It must some time or other be loudly and openly declared; and so let it now be loudly and unreservedly proclaimed before the whole world, that the medical art stands in need of a thorough reform from head to foot. [...] Medical men followed at one time this fashion, at another a different one, now this school, now that, and when the more modern method appeared unserviceable they sought to revive some ancient one (that had formerly shown itself worthless). Their treatment was never founded upon convictions, but always upon opinions, each of which was ingenious and learned in proportion as it was valueless, so that we are now arrived at this point, that we have the unhappy liberty of hopelessly selecting any one of the many methods, all of which halt in an almost equally grievous manner, but we have actually no fixed standard for treatment, no fixed principles of practice that are acknowledged to be the best.¹⁶

Two years later Hahnemann published his highly controversial book in which he propounded an entirely new 'Rational Art of Healing'. In this seminal work he conceived homeopathy as rational therapeutics based not only on empiricism but also on theoretical and logical principles.

His starting point, in his writings, was not just empiricism but his profound interest in medical theories and his criticism of the existing principles of therapeutics.¹⁷ His search for a new rationale in medical treatment is characterised by a scientific approach, testing and describing the existing materia medica, looking at the material or chemical causes of diseases and the reasons for describing certain remedies for specific diseases. By interpreting the human body as an organism which reacts to stimuli and paying attention, at the same time, to complex unity of the organism and the self-healing powers of nature, he extended the scope of scientific research. It was this teleological-theoretical background which guided him in his discovery of the famous 'Principle of Similars'.¹⁸ From his experiments with cinchona he laid down the axiom that to cure a disease physicians needed to employ a medicine which is able to produce another very similar artificial disease. Hahnemann wrote in 1808: 'By pursuing this method of treatment [...] which is indeed almost their exact opposite in every respect the curative physician radically cures with amazing certainty, and in an incredibly short space of time, even chronic diseases of the most ancient date [...]'.¹⁹ The second major principle discovered by systematic experiments first on healthy persons and then on patients was the use of infinitesimal doses. Hahnemann, from 1797, made the observation that by diluting the dosages given, he increased the curative effect. Later on, influenced by the vitalistic ideas of Romantic natural philosophy, he tried to explain this phenomenon which he admitted 'he did not understand himself' by referring to the 'potentising' and

'dynamisation' of the 'spiritual' medicinal powers, if the homeopathic drug was properly diluted and succused. While the concept of '*similia similibus curantur*' drew the least criticism of all Hahnemann's ideas, the use of very small doses of drugs up to the 'decillionth development of power' and even further was much ridiculed by orthodox physicians who were still accustomed to the large quantities of drugs which were poured into the patient's body (in cases of 'indirect debility', for example, the adherents of the proliferating Brownian school of thought prescribed a single dose of 150 drops of laudanum, the equivalent of 0.70 grammes of pure opium).²⁰

In contrast with homeopathy the second important medical sect of the nineteenth century, the hydropathists, had not only one but many founding fathers. Water has long been known in the treatment of disease.²¹ Hippocratic physicians employed it, and the Roman medical writer Celsus praised its curative effect. Although the water-cure never passed into complete oblivion in Europe, the popularity of this rather conventional therapy declined during the early modern period.²² However, it was revived in the eighteenth century by medical men such as the Silesian physician Johann Siegmund Hahn (1664–1742), who developed an entire therapeutic system based on bathing and drinking cold water.²³ Thus, a number of years before a new medical sect known as hydropaths²⁴ became a radical alternative to 'heroic medicine', many regular physicians and patients were already familiar with water's therapeutic uses.

Modern hydropathy, however, which originated in the small town of Gräfenberg by the son of a Silesian farmer, Victor Priessnitz²⁵ (1799–1851), was different. Hydropathy aimed at more than just curing the sick. The ultimate goal was the reformation of the whole life-style. Priessnitz' assertion was: 'I do not cure diseases, I cure the man'. The sanatorium in Gräfenberg soon became the focus for a radically new concept in therapeutics. As a child, it is claimed, Priessnitz had learnt from a neighbour to treat diseased cattle with cold water. In 1816, when he was run over by a farm cart, he was taken care of by the local surgeon who bandaged his fractured ribs, confronting him with the devastating prognosis that he would remain an invalid for life. Dissatisfied with his doctor Priessnitz took charge of his own treatment. He forced his broken ribs back into place by leaning over a window sill and then bound his chest with cold water compresses, setting himself also a strict regimen of simple living that included ample rest and drinking cold water. Within two weeks he had recuperated sufficiently that he was able to leave the house and to go back to work.

Priessnitz soon found himself responding to many individual requests for his miracle water-cure. He improved his techniques and gradually

elaborated his own medical theories which were based on a popular understanding of humoral pathology. He argued, for example, that all diseases other than surgical, arose from vitiated (foul, disordered) bodily fluids produced by unhealthy food, the suppression of perspiration, the lack of exercise, unwholesome air, or mental distress, thereby causing either general diseases or local disorders.²⁶ Thus, his water-cure, based on traditional humoral pathology, aimed at removing these noxious fluids and restoring health. Priessnitz believed also that health is the natural condition of the body and that by applying drugs and bleeding, acute disease could become chronic. Hydropathy, in his opinion, could even cure patients who suffered from chronic illness by transforming the diseased matter into external eruptions in the form of boils, etc. (the so-called 'crisis'), which are themselves cured in the same way as the acute diseases, that is by his water-cure. He would use wet towels and baths to stimulate those parts of the body affected by the disease. The patient was advised also to drink as much as his stomach could support, usually between twelve to thirty glasses of water a day. However, the chief emphasis of the therapeutic system developed by Priessnitz was on the sudorific effects of his water-cure. Patients were covered with blankets for up to two hours with only the face exposed until they began to sweat. When the patient was soaked in sweat, he was unwrapped and placed in a cold bath for up to eight minutes. The diet during such a cure was coarse and simple. In Priessnitz' opinion only this strict regimen helped to prepare the convalescent patient for a healthy future in accordance with nature's laws, abstaining from pernicious medical drugs, intoxicating liquors, and adulterated food.

The critical shift of therapeutics in the 1820s and 1830s and the poor results of conventional medicine during the cholera years appear to have provided a considerable part of the rationale for the popular 'nature healing' movement during the second half of the nineteenth century.²⁷ The greater attention, by that time, to matters of dress, diet, and physical exercise began to diminish water's central place in the thinking of the medical fringe. Though new water-cures, such as that developed by Father Sebastian Kneipp (1821-1897) in Bavaria continued to attract ten of thousands of clients and to generate much publicity,²⁸ the employment of other modalities (light, air, mud, special diets etc.) led eventually to the renaming of this branch of unorthodox healing as the nature-cure.²⁹

An American medical historian has shown that the water-cure movement which started in the little Austrian town of Gräfenberg in the 1820s and soon made inroads into the whole of Europe and the United States was more than just a new therapeutic system.³⁰ It had an inborn

tendency to become a life-style ideology by offering non-invasive hygienic principles in place of drug-based therapeutics. It provided also a vision of human perfectibility and it propagated the advancement of individuals and society as a whole through health, putting the emphasis on self-determination and autonomy. As with homeopathy, it made use of the traditional but often ignored confidence in the *vis medicatrix naturae*, mobilising the patient's natural healing powers and placing 'primary importance on the medical encounter for symptomatic relief and communication, while instilling faith and trust in the system as a whole'.³¹

The Social Context of Medical Sectarianism

UNTIL 1812, when he started to teach at the Medical Faculty of the University of Leipzig, Hahnemann was the sole practitioner and advocate of homeopathy. After the exposition of his new axiom for curing, Hahnemann broke away completely from the therapeutics of the 'old school' and only acted according to the new doctrine. Within a short time he attracted a small group of followers who learned from him, assisted him in his drug provings, and subsequently started practising the method they had learnt from the Master on their own. As early as 1816 this group of early disciples had become 'like members of a persecuted religious sect',³² as Ernst von Brunnow, a layman who later translated Hahnemann's *Organon* into French, observed. By the middle of the nineteenth century the wealth and influence of their clientele enabled German homeopathic physicians to amass a quite impressive number of institutions. In 1860, there were at least 259 registered homeopaths in Germany³³ organised within two national societies, the *Zentralverein* and the *Deutscher Prüferverein*; six state societies, three local societies, thirteen homeopathic hospitals or poli-clinics, fourteen homeopathic apothecaries, four homeopathic medical journals and the same number of popular homeopathic journals.

If the transformation from a small sectarian movement to a professionally orientated alternative to orthodox medicine is to be understood,³⁴ it is necessary to look at the growing number of patients (especially from the upper echelons of society) who sanctioned the new therapeutic system by demanding equal rights for homeopathic physicians and subsequently putting pressure on government bodies and other credentialing agencies. These patients felt that they had sense enough to employ whatever sort of medical practitioner they wished. They not only petitioned that homeopathic physicians be allowed to practice but also demanded from the authorities that these doctors be granted the special

privilege of dispensing their own homeopathic medicines.³⁵ Reigning princes like Hahnemann's patron, Prince Ferdinand of Anhalt-Köthen, the Duke of Meiningen, the Grand Duke of Baden and others were ardent supporters of homeopathy. Many of them had their own homeopathic physician-in-ordinary who belonged to their household and retinue just as with the other higher officials. Examples of such appointments are Dr. Karl Julius Aegidi (1795–1874) at the court of Princess Friedrich of Prussia in Düsseldorf and Dr. Georg Adolf Weber as physician-in-ordinary to Prince von Solms-Lich and Hohen-Solms. In government circles it became almost a matter of good taste to be treated by a homeopathic doctor. Among the many influential state-officials who made a public and definite stand for homeopathy were, for example, State-Councillor Heinrich August von Gersdorff (1793–1870) in Eisenach, State-Councillor Clemens von Bönninghausen (1785–1864) in Münster who later became Hahnemann's favourite student, and Dr. Johann Wilhelm Volkmann, an alderman of the City of Leipzig.³⁶ The homeopathic treatment which two of the most popular war heroes in early nineteenth-century Austria and Germany, Count Karl von Schwarzenberg (1771–1820) and Field Marshall Johann Joseph von Radetzky (1766–1855), underwent, was highly publicised in the press and, thus, helped to increase the reputation of the new art of healing so violently attacked by the large majority of the medical world. The attitude of many influential German writers to homeopathy was also very favourable. Johann Wolfgang von Goethe and Jean Paul Friedrich Richter, for example, praised the new therapy and its founder in their literary works.³⁷ Yet, of even greater importance, according to the observation made by a contemporary allopathic doctor, homeopathy had its most 'zealous defenders in the general public who wished to be cured surely, painlessly and cheaply.'³⁸

The traditional view of medical historians has been that, in the nineteenth century, few licensed homeopathic physicians existed and that those few who did served the needs mainly of the urban and rural middle and upper classes.³⁹ This assumption has been challenged successfully by recent studies on the occupation and/or status of patients treated by Samuel Hahnemann.⁴⁰ The first casebooks, which cover his early medical practice (1800–1803), indicate that some 30 percent of his patients were upper class, 45 percent belonged to the middle class, and 15 percent presumably were lower class. These figures suggest that the founder of homeopathy treated members of all social classes. The sex ratio of his patients was 47 percent female and 40 percent male, the sex of the remaining 13 percent is unknown.

Unfortunately, there is no similar numerical breakdown of the clientele during the heyday of Hahnemann's medical practice in the 1830s.

However, even a cursory survey of the Paris casebooks (1835–1843) demonstrates that Hahnemann's extensive clientele came, as Rima Handley has shown, 'from all walks of life, from all social classes, and from all ages and nationalities'.⁴¹ Although, many of Hahnemann's patients were wealthy members of the nobility or bourgeois, a number of people with restricted financial means were treated by Hahnemann and his wife during the last years of his life. There appears from the casebooks to be no social bias or striking difference between Hahnemann's treatment of different classes of people. There is also ample evidence that his wife, Mélanie d'Hervilly, conducted a free clinic for the poor in the afternoons, for which, unfortunately, no records have survived.⁴²

However, who were the rank-and-file patients of the homeopathic physicians or lay practitioners in the nineteenth century? Did they have a similar mixed clientele or was their clientele more homogeneous? Information from a medical casebook (1895–1902) kept by Eugen Wenz⁴³ (1856–1945), a German lay practitioner specialising in homeopathy and other forms of 'natural healing', makes it possible to reconstruct a partial profile of those persons who went to a homeopathic healer.⁴⁴ Again, the numerical breakdown can only be approximate as a few casenotes are incomplete. From a total sample of 508 patients treated by Wenz 56.2 percent were women and 43.8 percent were men. Social class could hardly be determined unless an occupation was specified. Wenz treated a great variety of artisans and farmers (55 percent) in addition to innkeepers and cattle dealers, all of whom were listed as such in the casebook. It seems likely that most of the patients were people with moderate financial means. There were only a few members of the local social elite such as clergy, teachers, burgomasters and entrepreneurs) among his patients, altogether 7.5 percent. A gradual shift towards more patients being from the urban middle classes such as industrial workers, clerks and merchants was caused by his move from rural Mühringen to Stuttgart at the turn of the century.

It is known that home-visiting played a steadily increasing part in the practice of a private doctor in the nineteenth century, but little is known of the extent to which homeopathic or regular physicians saw patients in their own house or set aside a room specifically for that purpose. Hahnemann's casebooks, for instance, suggest that the majority of his patients came to his house for consultation. Those who came from distant places received further treatment principally by correspondence. Eugen Wenz's casebook is also valuable in this respect, as he recorded the details of daily routine practice. As he was not a very well-known or successful homeopathic healer, Wenz' income depended apparently to a much larger extent on visiting patients at

home accounting for 13.9 percent of all recorded treatments.

Finally, it should not be forgotten that homeopathy provided the opportunity for self treatment, which, had also been a major factor in the appeal of hydropathy. Homeopathic practitioners and pharmacists devised domestic kits for their patients consisting of homeopathic drugs and directions for their administration.⁴⁵ Thus, the new system of healing received another important impetus. Contemporary critics have speculated already that homeopathy's suitability for children won the support of large numbers of women who, as shown from the casebooks, constituted the majority of its patrons and were among its most active propagators.⁴⁶ Domestic medicine, therefore, played a major role in encouraging even more patients to abandon 'heroic medicine' in favour of the new practice. The spiritual rector of this lay movement was Constantin Hering (1800–1880) who later became one of the most important and active American homeopaths.⁴⁷ The German version of his guide-book *The Homoeopathist, or Domestic physician*⁴⁸ was a best-seller. Other homeopathic domestic guides contained the same type of advice and also encouraged self-treatment. As the nineteenth century advanced and the new art of healing waned, it seems that homeopaths moved to address their own profession rather than the general public.⁴⁹

Hydropathy's popularity and credibility as a new art of healing was also aided, to a large extent, by the disillusionment of patients and healers alike with the 'heroic medicine' which Hahnemann had labelled 'allopathy' because of its ordinary mode of treating based on the theoretical rationale *contraria contrariis curantur*. Homeopathy, however, was a far greater threat to orthodox medicine than was hydropathy for the very reason that the founder of homeopathy himself and most of his disciples were once regular physicians, whilst the pioneers of nineteenth-century hydropathy were either poorly educated e.g. Priessnitz,⁵⁰ Rausse⁵¹ and Schroth,⁵² or had different academic backgrounds e.g. Oertel⁵³ and Father Kneipp.⁵⁴

Hydropathy, in the beginning, was a true lay movement⁵⁵ and the enthusiasm for this form of the water cure was especially strong among the influential German and Austrian aristocracy and the bourgeois upper classes. One English traveller, Captain R.T. Claridge, a contractor in asphalt, reported that during his stay in Gräfenberg in 1841 Priessnitz had under his treatment an archduchess, ten princes and princesses, at least one hundred counts and barons, military men of all grades, several medical men, professors and advocates, in all totalling about five hundred.⁵⁶ Although Claridge and other German and foreign visitors seem to have been impressed by the high number of distinguished patients, they mention also the gaiety of spirits of

the whole company of Priessnitz' patients numbering several hundred people of all ages and ranks of society.⁵⁷ According to many contemporary reports on this well-known place of medical pilgrimage, the number of patients at Gräfenberg increased from 45 in 1829 to 1,600 in 1840.⁵⁸ The high social status of many of his clients helped Priessnitz and his followers to establish as many as forty to fifty similar establishments in Germany, Hungary, Poland, Russia and Italy. By the time of the death of Priessnitz in 1851 the craze for hydropathy had swept across the Continent to Great Britain⁵⁹ and the United States⁶⁰. Even in England, where patronage of the water-cure movement was somewhat less aristocratic in tone, the large and prestigious sanatoria based on the model of Gräfenberg, according to Kelvin Rees, were established in 'locations acceptable to the cultural tastes of respectable society'.⁶¹ Clearly, the situation was somewhat different in the United States where the water-cure philosophy, during the greatest popularity of the movement, attracted many middle-class people and especially women who were impressed by the empowering medical and social ideology behind hydropathy.

Almost no attention in medical history has been given to the first zenith of the water-cure movement in Germany in the first half of the nineteenth century. Yet, in addition to the mass publication of popular pamphlets and books on the natural art of healing, hydropaths established layman's leagues on the local, regional and national level, in the hope of increasing the demand for hydropathy.⁶² E.F.Chr. Oertel, for example, founded in 1832 the *Hydrotherapeutischen Gesundheitsverein für ganz Deutschland*.⁶³ One of the many local laymen's associations, the *Hydrodiätetische Verein* established in 1835 in Dresden, became the nucleus of the strong hydropathic movement, which merged later with other local and regional naturopaths' leagues into the parent organisation known as the *Deutscher Bund*.⁶⁴ The steady stream of associations with largely medico-political interests which emerged in the years after 1835 enjoyed a measure of success, albeit limited. The fame of the pioneers led to a premium being placed on the identification of hydropathy with the few charismatic leaders, first Oertel and then Priessnitz, by supporters and the general public. From the 1860s the desire for organisation with an 'organised' movement can be put forward as one reason for the sudden growth in the number of local hydropathic leagues. The second half of the nineteenth century saw not simply a great increase among the *Naturheilvereine*, but also a trend towards more formalised, visible associations of laymen. It is not surprising, therefore, that information on the organisational level of the hydropathic movement in the 1880s and 1890s is more available in the form of surviving records,

reports on their activities in the popular press than similar information on local associations of the 1830s, when only a few, viz. Berlin, Bromberg, Dresden, Kassel, Lübeck and Zittau, were established. Yet, despite the increasing number and visibility of such associations, a comparison of the structure and motives of the associations established in the two periods, the 1830s to the 1860s, and the 1880s, reveals that little changed.

The following comparative analysis is preliminary, tentative and empirical, and lacks any theoretical or conceptual sophistication. It simply documents the links between the homeopathic and hydropathic movement in the second half the nineteenth century, as themes which were present among Hahnemann's followers are also found among water-cure enthusiasts. The medical fringe, like the various groups of social reformers, aimed at securing the active involvement of ordinary people in its organisations and institutions. Although statistical evidence is scanty before the early twentieth century,⁶⁵ it seems likely that the social composition was quite similar, labouring people, civil servants, artisans and tradesmen; some of the lower middle classes; and a sprinkling of professionals, lawyers, teachers, physicians and merchants, although apparently the homeopathic movement, at least in Württemberg, had significantly more middle-class members such as teachers, clergymen, apothecaries and doctors.⁶⁶ The importance of working class elements in the German *Naturheilbewegung* has been explored recently.⁶⁷

The increasing publicity pertaining to natural healing in the 1880s and 1890s tells its own tale. In the early twentieth century, the situation becomes even more rampant, diverse, and impossible to contain within the parameters of this paper. In a real sense as a broad popular movement, the *Naturheilbewegung*⁶⁸ was linked to a very old set of beliefs: ascetic moral ideology connected with various ideas on the purification of the body and bodily processes. In the 1890s there were hydropathists, hygieio-therapeutists, even vegetarians, who regarded the term as their own. All were very different from the high-profile nation-wide *Kneipp*-movement and varied again on the local level, where every battle about health reform was fought over decades by shifting alliances of individuals and local interest groups. Just how intricate a task it is to define *Naturheilbewegung* has been demonstrated by Cornelia Regin's and Wolfgang Krabbe's studies on the organised movement called *Deutscher Bund der Vereine für naturgemäße Lebens- und Heilweise* (founded in 1900) alias *Deutscher Bund der Vereine für Gesundheitspflege und arzneilose Heilweise* (founded 1888), with precise lists of members and leaders who span the political spectrum, opt in and out of the movement at different times of their lives, and act as self-appointed health

reformers to convert the population. The same could probably be said of the cluster of the homeopathic lay movement studied by Eberhard Wolff and Dörte Staudt.⁶⁹

The Sectarian Challenge and the Construction of Regular Medicine

IF THE RISE IN THE NUMBER AND VISIBILITY of medical sects coincided with the official or tacit recognition of such therapeutic alternatives in the mid-nineteenth century, their subsequent history can be regarded also as a mirror for developments in the medical profession in general. Monopolisation of the specific market for health services is a characteristic goal attributed to professionals.⁷⁰ Some medical historians have argued that the drive to such a dominant or exclusive right to offer services lies at the heart of the professionalisation process in medicine. Although competition with non-professional or unlicensed practitioners has a long history, as medical historians have shown, the nineteenth century witnessed a new dimension in the traditional struggle between the medical fringe and the regular practitioners, i.e. organised medical sects seeking official recognition and also professional status for their healers, the most notable in Germany being homeopathy and hydropathy. The existence and success of both sects called into question medical orthodoxy's pre-emption of curative competence, professional legitimacy and scientific reputation. The fortunes of homeopaths and hydropaths may be regarded, therefore, as an index to the success of the medical profession in advancing its claim to exclusive therapeutic knowledge.

The history of the opposition to homeopathy goes back to the period when Hahnemann was still affiliated to the Medical Faculty of Leipzig.⁷¹ Shortly after the first edition of the *Organon* had been published, receiving rather mixed and not always unfavourable reviews in various journals, some of his colleagues argued that Hahnemann should not be allowed to teach students. The only one who spoke in public against such a move was Professor Karl Gustav Carus, who wrote an article in one of the leading medical journals of his time: 'I conclude these remarks with the wish that a proposal, which I advanced long since, may, notwithstanding its difficulties, be carried out, viz., to test Hahnemann's doctrines by a commission composed of scientifically trained doctors, and with the co-operation of Dr. Hahnemann himself, in a hospital.'⁷² This noble idea of a fair scientific contest was apparently not to the liking of Hahnemann's opponents and was soon abandoned. The bitter fight between the two schools of medicine, allopaths and homeopaths, moved into the political papers, into

the coffee-houses and beer-shops, into domestic circles, and reached its first climax when Prince Schwarzenberg, the famous Austrian war-hero and winner of the battle of Leipzig, consulted Hahnemann in 1820.⁷³ The year 1829 is of significance in the history of opposition to homeopathy, when legal action was brought against a homeopathic physician in Dresden, Dr. Karl Friedrich Trinks (1800–1868), for medical malpractice because he had not employed general and local venesections, cooling and purgative remedies.⁷⁴ Other trials in Dresden, Magdeburg and elsewhere followed. In most cases the law courts doubted or even disapproved of the overstatements and denunciations contained in the complaints by regular physicians against homeopathic doctors and reprimanded them in their judgements. Indeed, in one case, the Law Faculty at the University of Leipzig, to which appeal had to be made in case of unjust accusation, reminded the medical profession of the ideas of scientific progress:

To the physician (and even more so to the patient) must be left the free choice of the system of medicine, as by rejection this, all scientific progress would be declared inadmissible. The so-called homoeopathic system of treatment consists of opinions, which, equally, if correct or incorrect (which question does not come under the competence of the judge) is yet so far perfected from a formal scientific point of view, that the designation 'system' cannot be denied to it.⁷⁵

As law-suits proved to be a rather uncertain and ineffective means in fighting homeopathy, Hahnemann's opponents clamoured loudly for the state to intervene. In 1834 Professor Ludwig S. Sachs wrote:

If a military professor were to teach that fortresses should be attacked with sugar-plums or soap-bubbles; if a teacher of mathematics were to assert that two and two make five, and that a part is greater than the whole; what would the State do? It would, certainly send him about his business. Hahnemann makes similar assertions, no good can therefore, come from him; what should the State do? Doctors take an oath to the State to act, according to the laws of science, 'on a scientific basis'. The homoeopaths condemn science; they have broken their contact with the State, and, therefore, have no *rights* as regards the State.⁷⁶

The frequency of such attacks during the 1830s and early 1840s suggests that the wish for the support of the state in their battle with the homeopathic physicians was apparently most prominent during the cholera years when orthodox medicine had to admit its helplessness.

In attempting to belittle the leaders of these lay and professional oppositional medical sects, orthodox physicians saw little, if any, difference

between them and ordinary quacks who had always been a target for severe criticism by those offering 'official' medical care. It did not really matter, from the orthodox perspective whether somebody had a degree from a medical faculty, as was the case with Hahnemann, or whether he was an illiterate peasant like Priessnitz. In their eyes 'the skilful quack', as Norman Gevitz has pointed out, was considered to be 'just as harmful to a patient or the public health as one without any medical knowledge or desire to help the afflicted'.⁷⁷

Strange behaviour by a leading sector of the German medical profession which appears to be contrary to the drive toward monopoly over medical services has often confounded medical historians comparing the rise of the medical professions in various countries during the nineteenth century. As there was no national medical association before the unification of Germany in 1871, it was the *Berlin Medical Association* which sent a petition to the legislative assembly of the *Norddeutscher Bund*, calling for a major reform of the medical system, thereby eliminating various types of state regulation from the practice of medicine. The first demand was to end the sanctions against quackery, *Kurpfuscherei*. This request was soon granted and this liberal practice became part of the German national commercial law, *Reichsgewerbeordnung*. Many physicians, however, disagreed with this *laissez faire*-strategy propagated by Rudolf Virchow and other luminaries of German medicine. They demanded a re-introduction of the *Kurpfuscherei-Verbot*. Unlike some of the prominent figures of the opinion-leading *Berlin Medical Association* who trusted the public to choose qualified physicians over quacks and argued that the previous laws against quackery had proved to be ineffective these physicians feared the competition not only of homeopaths and hydropaths but also of all types of unlicensed healers.⁷⁸ The heated debate on proscribing quackery again or not reached its height during the 1880s.⁷⁹ Despite various moves by members of the *German Medical Association*, founded in 1872, to consolidate their position by coupling a monopoly in the medical market with their own autonomy from state interference, unlicensed medical practitioners continued to flourish legally. The German government, at this time, was, as McClelland has shown, 'more concerned with the millions of presumably revolutionary minded workers, than the complaints of the thousands of doctors.'⁸⁰ The bill introduced into the German *Reichstag* in 1910 was not enacted, as the law committee and a substantial number of members of the German parliament on the left as well as on the right doubted the unselfish intentions of the medical orthodoxy.⁸¹

Conclusion

IN THE LONG TERM, medical sectarianism had a decisive impact on German medicine. The most distinguishable groups of physicians who questioned the therapeutic power of allopathic medicine, namely homeopaths and naturopaths (*Naturärzte*), consisted of those who emphasised the healing power of nature, using different means, but always applying the principle and agency of 'nature' to the preservation of health and the cure of disease.

From the early 1820s, as sectarian power became more menacing, the concerns voiced by regular physicians increased. Some decades later, the shift to scientific methods applied in pathology and physiology was coupled with a change in the attitude towards medical sects. The first target of those who like Virchow and others firmly believed that medicine should be taught and practised in the spirit of natural sciences was homeopathy. Added to the objection that homeopathy was not based on science was the much more vehement charge that it could endanger the orthodox profession by promoting quackery.

Especially from the 1830s, some regular practitioners began to argue that their homeopathic colleagues were just quacks. The same label was later attached also to trained physicians who practised or sympathised with hydropathy. With the rise of scientific medicine in the second half of the nineteenth century, regular physicians became preoccupied with maintaining an appearance of therapeutic unity and professionalism. Mounting sectarian assaults, first by some one hundred homeopathic physicians backed by a small but efficient lay movement, not by the powerful *Naturheilbewegung*, aggravated the sense of professional instability, meant that there was comfort in a ritual affirmation of belief in the principles of science. This professional strategy points to the links binding medical orthodoxy in Germany to its counterparts in France, Britain and the United States. Clinging tightly to the new dogma of science was one means of preserving confidence and order in an era of severe professional strife. The semantic influence exerted by sectarianism pervaded regular thought. As the term *Schulmedizin*⁸² assumed such a powerful role as a type of battle cry used first by the homeopathic and later on also by the hydropathic movement, this influence can be seen with exceptional clarity in the discussion on therapeutic unorthodoxy in mainstream medical journals after 1890. The fact that there were some colleagues questioning openly the worth of the scientifically based therapies, invited attacks from leading members of a profession who saw nothing detrimental in the term *Schulmedizin*. These doctors tried to carry the war into the enemy's camp, by imitating the

sectarian rhetoric, denouncing their foe as so-called *Naturheilkunde*⁸³ and drawing together homeopaths and hydropaths by using the term 'quack' for both deviant physicians and irregular non-medical practitioners.

Professional self-interest appears, therefore, to lie behind not only the negative response of regular medicine to medical sects, but also the move towards greater harmony among homeopaths and hydropaths. This may explain why even the medical fringe, which was generally divided about the right direction, saw some merit in maintaining therapeutic unity and in achieving institutionalisation. Herein lies the paradox of the professionalisation of homeopathy and hydropathy in the nineteenth and early twentieth centuries. In defending their alternative practices and the popular tradition in which they were rooted against attacks by regular practitioners, homeopaths and hydropaths articulated an ideology of unorthodox professionalism. On the other hand, sectarianism also moulded orthodox professional identity by fostering not only unification, but also confidence and order at a time of severe professional dislocation.

Notes

- 1 Cf., for example, Joseph Ben-David, *Scientific Growth. Essays on the Social Organization and Ethos of Science* (Berkeley, 1991), pp. 71ff.
- 2 For the professionalisation of German medicine in the 19th century, cf. Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten. Das Beispiel Preussen* (Göttingen, 1985); Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988); Charles E. McClelland, *The German experience of professionalization. Modern learned professions and their organizations from the early nineteenth century to the Hitler era* (Cambridge, 1991).
- 3 John Harley Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine' in W.F. Bynum and R. Porter (eds.), *Medical fringe and medical orthodoxy, 1750–1850* (London, 1987), 234–260, quotation 253.
- 4 Cf. Bynum & Porter, *Medical Fringe*, Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (New York, 1988), Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore, 1988), Robert C. Fuller, *Alternative Medicine and American Religious Life* (New York, 1989); Norman Gevitz, 'Unorthodox Medical Theories' in W.F. Bynum and R. Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London, 1993), vol. 1, 603–633; Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992). German medical historians have not yet undertaken similar research on the history of alternative medicine in Germany. The books by Karl E. Rothschild, *Naturheilbewegung, Reformbewegung, Alternativbewegung* (Stuttgart, 1993) and by Klemens Dieckhöfer, *Kleine Geschichte der Naturheilkunde* (Stuttgart, 1985) are the only monographs on this subject and provide for the most part a history of ideas only. Cf. also the historical survey by Hans Schadewaldt, 'Unkonventionelle Heilmethoden in der Geschichte', *Medizinische Welt* 29 (1978) 943–949; Heinz Schott, 'War alles schon einmal da? Schulmedizin und Alternativmedizin im Spiegel der Geschichte' in *Schulmedizin und Alternativmedizin. Wie pluralistisch darf die Heilkunst sein?* (Karlsruhe, 1993), 21–30. For a recent and systematic approach, see Robert Jütte, *Geschichte der Alternativen Medizin* (Munich, 1996).
- 5 Gevitz, *Healers*, 2.
- 6 Cooter, *Studies*, 64.
- 7 Cf. Achim Wölfling, *Entstehung und Bedeutung des Begriffes Schulmedizin: Die Auseinandersetzung zwischen der naturwissenschaftlichen Medizin und Vertretern anderer Heilmethoden im 19. und 20. Jahrhundert* (Medical diss., University of Freiburg, 1974), pp. 122ff.
- 8 Cf. Andrew Cunningham & Perry Williams (eds.), *The laboratory revolution in medicine* (Cambridge, 1992). For France see, for example, Bruno Latour, *The Pasteurization of France* (Cambridge MA., 1988). For Germany, see Rolf Winau, 'Illness and Trends in Medical Research' (paper given at the conference on

- 'Medicine in 19th and 20th century Germany: Ethics, Politics and Law', Washington D.C., December 1-4, 1993).
- 9 For the later 19th century, cf. Wolfgang Wimmer, 'Die pharmazeutische Industrie als 'ernsthafte' Industrie: Die Auseinandersetzung um die Laienwerbung im Kaiserreich,' *Medizin, Gesellschaft und Geschichte* 11 (1992) 73-88.
 - 10 Cf. Eliot Freidson, *Profession of Medicine. A Study of the Sociology of Applied Knowledge* (Chicago, 1970, with a new afterword 1988); Noel Parry & José Parry, *The Rise of the Medical Profession. A Study of Collective Social Mobility* (London, 1976); Fred Hiss, *Professionalisierung und Bürokratisierung im Gesundheitssicherungssystem (GSS) und deren Auswirkung auf die Gesundheitsversorgung* (Social Science diss., University of Konstanz, 1976).
 - 11 Claudia Huerkamp, 'Ärzte und Professionalisierung in Deutschland. Überlegungen zum Wandel des Arztberufes im 19. Jahrhundert,' *Geschichte und Gesellschaft* 6 (1980) 349-382; Robert Jütte, 'Professionalization of Homeopathy in the Nineteenth Century,' in John Woodward & Robert Jütte (eds.), *Coping with Sickness. Historical Aspects of Health Care in European Perspective* (Sheffield, 1995) 45-66.
 - 12 Quoted in Wilhelm Ameke, *History of Homoeopathy: Its Origins, Its Conflicts With an Appendix on the Present State of University Medicine*, (trans. Alfred E. Drysdale) (London, 1885), p. 57.
 - 13 For an outline of his basis tenets, cf. Renate Wittern, 'The Origins of Homoeopathy in Germany,' *Clio Medica* 22 (1991) 51-64.
 - 14 Quoted in Richard Haehl, *Samuel Hahnemann. His Life and Work*, (trans. Marie L. Wheeler & W.H.R. Grundy) (London, n.d.), vol. I, p. 35.
 - 15 Samuel Hahnemann, *Lesser Writings*, (trans. R.E. Dudgeon) (reprint New Delhi, 1987), p. 320.
 - 16 Hahnemann, *Lesser Writings*, p. 487.
 - 17 Josef M. Schmidt, 'Hahnemann's Concept of Rational Therapeutics: Principles and Problems,' *Journal of the American Institute for Homeopathy* 85 (1992) 81-87.
 - 18 Cf. Volker Hess, 'Samuel Hahnemann und die Semiotik,' *Medizin, Gesellschaft und Geschichte* 12 (1993) 177-204.
 - 19 Hahnemann, *Lesser Writings*, p. 520.
 - 20 Cf. Ameke, *History*, 55. For the history of Brownianism, cf. Günter B. Risse, 'The Brownian System of Medicine: Its Theoretical and Practical Implications,' *Clio Medica* 5 (1970) 45-51; for the relationship between Homeopathy and Brownianism, see Hans Joachim Schwanitz, *Homöopathie und Brownianismus 1795-1844. Zwei wissenschaftstheoretische Fallstudien aus der praktischen Medizin* (Stuttgart, 1983).
 - 21 Cf., for example, Roy Porter (ed.), *The medical history of waters and spas* (London, 1990).

- 22 Cf. Alfred Martin, *Deutsches Badewesen in vergangenen Tagen nebst einem Beitrag zur Geschichte der deutschen Wasserheilkunde* (Jena, 1906), pp. 352ff.
- 23 Cf. Alfred Brauchle, *Naturheilkunde in Lebensbildern* (Leipzig, 1937), pp. 64ff.
- 24 For the debate on the semantics of this new term introduced by Wilhelm Winternitz in his book *Die Hydrotherapie auf physiologischer und klinischer Grundlage* (Vienna, 1878), see Cornelia Regin, *Die Naturheilbewegung in Deutschland 1889 bis 1914* (Ph.D. diss., University of Kassel, 1992), p. 374.
- 25 For his biography, see Brauchle, *Lebensbilder*, pp. 84ff. See also Friedrich Asbeck, *Naturmedizin in Lebensbilder. Ernährungsreformer, Biologen und Ärzte weisen den Weg* (Leer, 1977), 224–230. For an early English account of the life and work of the founder of hydropathy, see R.T. Claridge, *Hydropathy, or the Cold Water Cure, as Practised by Vincent Priessnitz* (London, 1842).
- 26 For Priessnitz' concept of health and disease, see Philo vom Walde, Vinzenz Priessnitz. *Sein Leben und Wirken* (Berlin, 1898), pp. 156–165.
- 27 For the history of this movement, cf. Claudia Huerkamp, 'Medizinische Lebensreformbewegung im 19. Jahrhundert,' *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte* 73 (1986) 158–182; Gunnar Stollberg, 'Die Naturheilvereine im Deutschen Kaiserreich,' *Archiv für Sozialgeschichte* 28 (1988) 287–305; Eberhard Wolff, 'Kultivierte Natürlichkeit. Zum Naturbegriff der Naturheilbewegung,' *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1989) 219–236; Wolfgang Krabbe, *Gesellschaftsveränderung durch Lebensreform. Strukturmerkmale einer sozialreformerischen Bewegung in Deutschland der Industrialisierungsperiode* (Göttingen, 1974); Regin, 'Naturheilbewegung'.
- 28 For his biography, cf. Brauchle, *Lebensbilder*, pp. 172ff. His pamphlets and books became bestsellers. More than two million copies had been sold by 1921. Kneipp treated on average 20 to 30 patients daily. The number was considerably higher during the high season, when he saw more than 300 patients per day, cf. Krabbe, *Lebensreform*, p. 91. For the increasing success and popularity of Kneipp's hydrotherapy in the early 20th century, cf. Florian Kramer, *Beiträge zur Ausbreitung des Kneippschen Heilverfahrens in Deutschland zwischen 1920 und 1933* (Medical diss., University of Munich, 1981).
- 29 Cf. Krabbe, *Gesellschaftsveränderung*, pp. 78ff.; Regin, 'Naturheilbewegung', 18ff.
- 30 Susan E. Cayleff, 'Gender, Ideology and the Water-Cure Movement' in Norman Gevitz (ed.), *Other healers* (Baltimore, 1988), 82–98. Cf. also Jane B. Donegan, *Hydropathic Highway to Health. Women and Water-Cure in Ante-Bellum America* (New York, 1986), especially chpt. 9.
- 31 Cayleff, 'Gender', 83–84.
- 32 Ernst von Brunnow, *Ein Blick auf Hahnemann und die Homöopathik* (Leipzig, 1844), p. 30 (my translation).
- 33 See Jütte, 'Professionalization'.

- 34 Unfortunately there is no monograph study for Germany similar to Harris L. Coulter, *Divided Legacy. The Conflict Between Homoeopathy and the American Medical Association* (Berkeley, 1973).
- 35 On this permanent strife between homeopaths and apothecaries, see Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen zur industriellen Fertigstellung* (Stuttgart, 1991), pp. 73ff.
- 36 In the second half of the 19th century there were many members of parliament among the supporters of the homeopathic movement who tried to push through more favourable laws on medical licensing. Cf. for example the reports on various bills in the Prussian house of parliament (1859 and 1891) in the *Allgemeine Homöopathische Zeitung* (AHZ) 58 (1859), 72, and AHZ 122 (1891), 206. See also the archival material on this subject in the files of the Homeopathic Archives of the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart (Bestand 'V').
- 37 For other writers see, for example, Karl-Otto Sauerbeck, 'Hahnemann und die Dichter,' *Allgemeine Homöopathische Zeitung* 234 (1989), 54–71.
- 38 Quoted in Haehl, *Hahnemann*, vol. i, p. 169.
- 39 Cf. Ameke, *History*, p. 176. Cf. also (with more specific reference to the geographical distribution) Eberhard Wolff, "... nichts weiter als eben einen unmittelbaren persönlichen Nutzen..." – Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung,' *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 4 (1985) 61–97.
- 40 Michael Vogl, "Nahe und entfernte Landpraxis". Untersuchungen zu Hahnemanns Eilenburger Patientenschaft 1801–1803', *Medizin, Gesellschaft und Geschichte* 9 (1990) 165–180, Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournals von Samuel Hahnemann* (Medical diss., Mainz, 1984), pp. 32–38; Thomas Genneper, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wiecks in den Jahren 1815/16* (Heidelberg, 1991), pp. 19–23.
- 41 Rima Handley, *A Homeopathic Love-Story, The Story of Samuel and Melanie Hahnemann* (Berkeley, 1990), p. 109.
- 42 In December 1836 Hahnemann wrote to his German colleague Dr. Hennicke: [Melanie] daily treats gratuitously a large number of poor patients under my supervision [...]; quoted in Haehl, *Hahnemann*, vol. ii, p. 350.
- 43 For his biography, see Stefan Rhein, 'Eugen Wenz – ein unbekannter Heilkünstler und Denker', *Deutsche Apotheker-Zeitung* (Beilage: Geschichte der Pharmazie) 42 (1990), 13–19.
- 44 I would like to thank Dr. Thomas Faltin for giving me access to his unpublished Ph.D. thesis on Wenz' medical practice.
- 45 As early as 1830 Hahnemann was approached about obtaining homeopathic medicine-chests for domestic use and pocket cases for travelling. Hahnemann, however, referred them to Dr. Haubold in Leipzig and the apothecary Theodor Lappe in Neudietendorf, see Haehl, *Hahnemann*, vol. i, p. 168.

- 46 Cf. Oliver Wendell Holmes' opinion on this matter, quoted in Lamar Riley Murphy, *Enter the Physician. The Transformation of Domestic Medicine 1760–1860* (Tuscaloosa & London, 1991), p. 287 ftn. 83.
- 47 See Calvin B. Knerr, *Life of Hering* (New Delhi, 1992). Cf. also the biographical entry in Harald Gaier (ed.), *Thorsons Encyclopaedic Dictionary of Homoeopathy* (London, 1991), 235–238.
- 48 For the many German editions, see Joachim Willfahrt, 'Homöopathische Hausarztliteratur des 19. Jahrhunderts als Anleitung zur Selbstmedikation', *Zeitschrift für Klassische Homöopathie* 35 (1991) 114–121, 153–159, 194–202.
- 49 For the United States, cf. Murphy, *Physician*, p. 224. For Germany see Willfahrt, 'Selbstmedikation' 157, showing that the few 'classical' guides, of which the first edition are dated before or around 1850, dominated the book market until the early 20th century. This also explains the lack of new successful titles.
- 50 Cf. E.M. Selinger, Vincenz Priessnitz. *Eine Lebensbeschreibung* (Vienna, 1852), pp. 3ff.
- 51 J.H. Rausse alias Franke (1805–1848) was a forester, cf. Brauchle, *Lebensbilder*, p. 142.
- 52 Johann Schroth (1798–1856) was a carter or waggoner, cf. Brauchle, *Lebensbilder*, p. 199.
- 53 Eucharius Ferdinand Christian Oertel (1765–1850), was a 'Gymnasialprofessor' (highschool teacher), cf. Brauchle, *Lebensbilder*, p. 71.
- 54 Father Sebastian Kneipp (1821–1897) studied theology before he became a Dominican friar, cf. Brauchle, *Lebensbilder*, pp. 174–75.
- 55 Cf. Regin, 'Naturheilbewegung', 20.
- 56 Cf. Robin Price, 'Hydropathy in England 1840–70', *Medical History* 25 (1981) 269–280, especially 272.
- 57 Cf. Philo vom Walde, Vinzenz Priessnitz. *Sein Leben, sein Wirken* (Berlin, 1898), pp. 22–23.
- 58 Harry B. Weiss & Howard R. Kemble, *The Great American Water-Cure Craze. A History of Hydropathy in the United States* (Trenton, 1967), pp. 5–6. See also the figures given by Rothschild, *Naturheilbewegung*, p. 68.
- 59 Cf. Kelvin Rees, 'Hydropathy in Matlock,' in Cooter, *Studies*, 27–44. Cf. also Price, 'Hydropathy', 269–280.
- 60 Cf. Donegan, *Highway*; Weiss and Kemble, *Water-Craze*; Susan E. Cayleff, 'Wash and Be Healed': *The Water-Cure Movement and Women's Health* (Philadelphia, 1987).
- 61 Rees, 'Hydropathy', 29.
- 62 Cf. Krabbe, *Lebensreform*, p. 142.
- 63 Cf. Brauchle, *Lebensbilder*, p. 75.
- 64 Cf. Regin, 'Naturheilkunde', 20.

- 65 Cf. Regin, 'Naturheilkunde', 75.
- 66 Cf. Eberhard Wolff, *Gesundheitsverein und Medikalisierungs prozeß. Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989), pp. 55–56.
- 67 Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband der Volksgesundheit (1880–1918)* (Frankfurt/Main, 1990), p. 117.
- 68 For the intellectual origins of this movement, cf. Wolff, 'Kultivierte Natürlichkeit'.
- 69 Cf. Wolff, 'Laienbewegung', 69; see also Dörte Staudt's paper in this volume.
- 70 Cf. McClelland, *Professionalization*, p. 18.
- 71 Cf. Irene Leschinsky-Merl, *Der Streit um die Homöopathie in der ersten Hälfte des 19. Jahrhunderts* (Medical Diss., University of Munich, 1988), p. 18.
- 72 Quoted in Ameke, *History*, p. 185.
- 73 Cf. Walter Nachtmann, "... Ach! wie verliere auch ich an Ihm!!!". Die Behandlung des Fürsten Karl von Schwarzenberg durch Samuel Hahnemann und ihre Folgen", *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1987) 93–110; Rainer Hickmann, *Das psorische Leiden der Antonie Volckmann. Edition und Kommentar der Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Medical Diss., Würzburg, 1994), p. 20.
- 74 Cf. Ameke, *History*, p. 224. Cf. also Leschinsky-Merl, 'Streit', 71–72.
- 75 Quoted in Haehl, *Hahnemann*, vol. ii, p. 229.
- 76 Quoted in Ameke, *History*, p. 279 (italics in text).
- 77 Gevitz, *Healers*, p. 2.
- 78 Cf. Reinhard Spree, 'Kurpfuscherei – Bekämpfung und ihre sozialen Funktionen während des 19. und zu Beginn des 20. Jahrhunderts' in Alfons Labisch & Reinhard Spree (eds.), *Medizinische Deutungsmacht im Wandel* (Bonn, 1989), pp. 103–121; Regin, 'Naturheilkunde', 346.
- 79 Cf. C.v. Littrow, 'Die Stellung des deutschen Ärztetages zur Kurpfuscherfrage in Deutschland von 1869–1908', *Wissenschaftliche Zeitschrift der Humboldt-Universität Berlin, Math.-nat. Reihe* 19 (1970) 433–446.
- 80 McClelland, *Professionalization*, p. 86.
- 81 Cf. Regin, 'Naturheilkunde', 512. For an excellent regional study on the attempts to regulate quackery, cf. Hans-Jörg Reupke, *Zur Geschichte der Ausübung der Heilkunde durch nichtapprobierte Personen in Hamburg von den Anfängen bis zum Erlaß des 'Heilpraktikergesetzes' im Jahre 1939* (Herzogenrath, 1987).
- 82 On the origins of this term in homeopathic circles during the 1880s see Wölfling, 'Schulmedizin', 83.
- 83 Cf., for example, Rudolf Virchow, 'Zum neuen Jahrhundert. Ein Gruß', *Archiv für pathologische Anatomie und Physiologie und für klinische Medizin* 159 (1900), 1–2.

Critics and Converts of Homeopathy: the Dutch Debate in the Nineteenth Century¹

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Introduction

ON SEPTEMBER 27, 1832 J.F.P. Schönfeld (1792–1861), a doctor of medicine who practised at Winschoten in the province of Groningen, in the north-east of the Netherlands, wrote a letter to Samuel Hahnemann and asked his advice. Schönfeld began his letter by explaining that he had become convinced of the validity of Hahnemann's theory after reading his books. Unfortunately, he claimed, none of his colleagues shared his conviction and he could not therefore turn to them for advice.² As far as is known this may have been Schönfeld's only letter to the founder of homeopathy. Nor does Hahnemann's archive contain letters of other Dutch doctors of medicine who, like Schönfeld, published on homeopathy at the time, whether as converts or as critics. Of course, correspondence may have been lost or Dutch doctors may have preferred to visit Hahnemann personally, rather than corresponding with him. Yet, Schönfeld's complaint about the lack of homeopathic colleagues in his part of the country could have been extended easily to other parts of the Netherlands, for elsewhere he would have been no better off. Schönfeld and, from 1836 onwards, also his younger colleague S.A. Bleekrode (1814–1862) may well have remained the only Dutch homeopathic doctors of medicine in the 1830s and 1840s.³

Although the first Dutch publications on Hahnemann's therapy date from 1827, it is clear from the publications up to 1836 that homeopathy's converts remained few, both among doctors and patients. Homeopathy did not become nearly as popular in the Netherlands as it did in many other European countries or, even more so, in parts of America. Dutch homeopaths only organised themselves nationally in the 1880s, at a time when homeopathy's popularity in other countries was already declining. Nevertheless, even then, homeopathy's share of the Dutch medical market remained modest. The main question, therefore, is why this happened: why did homeopathy not meet with a warmer welcome in the Netherlands?

The history of homeopathy in the Netherlands is still largely undisclosed.⁴ The source material used here consists mainly of pamphlets, books and other publications on homeopathy, most written by doctors of medicine for their colleagues or for the general public. This type of source material has an obvious bias. It provides more information on doctors than patients, and more on university educated physicians than on other healers, 'regular' or 'irregular'. However, the information it offers is of strategic importance. The introduction of homeopathy, to a large extent, depended on the co-operation and zeal of physicians. The reconstruction of the debate between converts and critics of homeopathy shows which arguments were used, how tolerant or intolerant the two parties were towards each other, the barriers homeopathic practitioners saw themselves confronted with, and the strategies they chose. The source material contains also some valuable clues to the responses of patients to homeopathy. One of these clues will be recounted, namely the Dutch clientele of the homeopathic practitioner Clemens von Bönninghausen of Münster in the 1840s and 1850s.⁵ The availability of well-known homeopathic practitioners just over the border, which considering the smallness of the Netherlands also implied their proximity, may help to explain why the number of Dutch homeopathic practitioners did not keep pace with the growing demand for homeopathic services from the 1850s onwards. Until the end of the nineteenth century many Dutch patients had to turn to foreign homeopaths, whether in Belgium, Germany or in the Netherlands, if they did not want to remain deprived of homeopathic treatment.

The First Phase of the Dutch Debate on Homeopathy 1827–1836

AS IN OTHER COUNTRIES Hahnemann's therapy found its way to the Netherlands in the 1820s. A few medical practitioners could be pinpointed in areas of the Netherlands bordering on Germany, by that time,

who used homeopathic therapy. The first two Dutch publications date from 1827. One was a translation of Hahnemann's *Organon*.⁶ The other was a discussion of homeopathy's merits and shortcomings by a young doctor of medicine at Leiden, the future professor G.C.B. Suringar (1802–1874).⁷ Apparently a critical interest in homeopathy formed no barrier to promotion! Suringar's discussion of Hahnemann's therapy concluded that homeopathic theory was not confirmed by facts and that most of its propositions were untenable. According to Suringar, homeopathy's basic principle, the *similia similibus curentur*, likes treated by likes, patients could be cured by drugs that would produce symptoms of the disease in a healthy person, conflicted with both the rules of the art and common sense. Only homeopathic diet and highly diluted medicines were to be considered beneficial as all too often medical practitioners prescribed too many medicines when the healing power of nature would be of greater advantage to the patient. For the time being, the only one who published on homeopathy in the Netherlands was the sober-minded young Suringar of Leiden. Unlike several other countries, the Netherlands had no active, influential and charismatic medical practitioner like Quin in England and Belgium, Des Guidi in France, or Hering in America who initiated the introduction and promotion of Hahnemann's therapy, and who mobilised upper-class support for homeopathy.

In 1831 another translation of Hahnemann's work, his brochure on the best treatment of cholera, was published.⁸ A second critical, though not strongly so, discussion on homeopathy by an anonymous author in The Hague appeared in 1833.⁹ He pleaded for a thorough, unbiased investigation into the validity or invalidity of homeopathy. However, as had been the case with Suringar, no reaction came from the homeopathic side. In the same year the *Hollandsche Maatschappij der Wetenschappen* (the Holland Society of Sciences) held an essay competition on the subject of homeopathy. The only Dutch contribution – there were also six contributions in German – was the winner in 1835, but was never published. The author was S.P. Scheltema (1801–1873), an Arnhem doctor. Striving for impartiality, calling for the tolerance of his colleagues, and weighing carefully the advantages and disadvantages of homeopathy, Scheltema acknowledged that homeopathy had its merits, but, at the same time, advised against the rejection of the older therapies in favour of Hahnemann's therapy.

The first Dutch convert to homeopathy who made a more determined effort to convince his colleagues and the general public of the correctness and wholesomeness of Hahnemann's principles was Schönfeld. In 1834 he translated Hahnemann's *Geist der Homöopathischen Heil-Lehre*¹⁰, and a year

later an eulogy on homeopathy by Caspari.¹¹ In 1836 Schönfeld and Bleekrode, who in 1835 had defended his doctoral thesis on homeopathy at the University of Groningen, began to compile a series of essays on homeopathy.¹² However, this series ended abruptly after the publication of the first number, possibly due to Bleekrode's move to another region. In the meantime, Schönfeld's pleas for homeopathy were noted. Three of his Groningen colleagues promptly published their objections to homeopathy in general and to Schönfeld's conversion in particular.¹³ One of them equated homeopathy with quackery, and even tried to persuade his friend Schönfeld to give up homeopathy and to come back to the 'old school'. For, as he wrote: 'Today you are still being worshipped because of some so-called miracle cures, but tomorrow you may well be misunderstood, cursed and placed on the same level as the quacks of former and later times.'¹⁴ Perhaps because of these attacks or because of a general lack of response, Schönfeld did not continue to publish on homeopathy and restricted himself to putting Hahnemann's ideas into practice after 1836. Until a second series of publications appeared in the 1850s, no further pamphlets or books on homeopathy were published in the Netherlands. The first phase of the Dutch debate on homeopathy produced six translations of German homeopathic publications, one translation of a German criticism of homeopathy, and eight original Dutch titles, three of them completely negative. Three others were, more or less, neutral though pointing to some positive aspects of the system, such as the homeopathic diet, the highly diluted medicines, and, as a consequence, the ample room for the healing power of nature. Only two publications, by Schönfeld and by Bleekrode and Schönfeld, were absolutely positive. These pamphlets and books were published before the conquest of scientific medicine, at a time when Dutch doctors of medicine were more inclined to eclecticism and a practical orientation than to romanticism and natural philosophy. They were no more prepared to give homeopathy a warm welcome than they had been when Mesmer's and Puysegur's animal magnetism had been introduced a decade previously.

The only two Dutch homeopathic authors of this period had been educated at the University of Groningen, where research had been undertaken on animal magnetism since 1813 and where vitalist ideas were viewed with favour by at least some of the medical staff. How exactly Schönfeld, Bleekrode and their colleagues came into contact with homeopathy is, as yet, unknown. Apart from the publications of Hahnemann and other homeopathic literature, personal contacts between German homeopaths and Dutch practitioners may have been instrumental in initially promoting homeopathy. Once a positive interest in homeopathy

had been raised, it was left to the individual practitioner to further explore the possibilities of this therapy and, perhaps, correspond with the master himself, as Schönfeld had done. Schönfeld and Bleekrode seem to have been the only homeopathic physicians in the Netherlands until the mid-1850s, when several German homeopathic practitioners were invited to come and practise in Utrecht and Rotterdam. By that time a younger generation of Schönfelds had also entered the medical market as homeopathic doctors, three of them practising in the same part of the Netherlands as Schönfeld senior.¹⁵ The number of converts to homeopathy among other categories of qualified practitioners and amongst unqualified, irregular healers, some of whom are known to have advertised themselves as homeopaths, remains to be investigated.

The lack of enthusiasm for homeopathy on the part of Dutch medical practitioners calls for explanation. The following interpretation can be offered. The medical act of 1818 did not create a barrier to the introduction of homeopathy as qualified practitioners were free to choose the therapy they deemed best, and to make and sell their own medicines. However, the intellectual climate at the universities was less favourable to homeopathy, and practitioners had to rely on their own initiatives if they wanted to learn about the new therapy, or to get in touch with German colleagues, which was not unusual at the time. Schönfeld did not develop into an inspiring leader and failed to convert substantial numbers of colleagues except for his kin. The impact of the presumed surplus of qualified practitioners from the 1830s onwards could have been twofold. It may have deterred practitioners from striking out along new paths, thereby risking the scorn of their colleagues. Alternatively, it could have provided a stimulus to do just that, especially if they anticipated a demand for homeopathic treatment.

Little is known about patients' familiarity with and their demand for homeopathy and the publications of the period offer little information, only giving some general material on the demand for homeopathic treatment.¹⁶ According to the anonymous author based in The Hague it was not the uneducated who usually felt attracted by the miraculous and the new, but the 'cultured' ('*beschaafden*'), who took an interest in homeopathy. Another, extremely negative, anonymous author believed that homeopathy's following consisted of the 'over-civilised, spoilt and effeminate class'.¹⁷ One of Schönfeld's opponents, Eekma, noted that homeopathy had for some time been the talk of the town, and that one quack after another was being sent for from Germany. Thus, it would be reasonable to suggest that, as in other countries, homeopathy's early support in the Netherlands was concentrated amongst the upper classes. However, this support is likely to have been much

less than elsewhere, if not in relative numbers then in weight. While royal or aristocratic circles figured prominently among homeopathy's clientele in Germany, Italy, England, France, Belgium and Russia, this was much less the case in the Netherlands. Here, homeopathy lacked the backing of a leading doctor and the example of upper-class support. Those of them who felt attracted to homeopathy will have consulted mostly foreign homeopathic doctors. As for the Dutch royal family, King William I is known to have engaged a homeopathic personal physician in Brussels, L.J. Varlez.¹⁸ Later, King William III apparently also had a homeopathic personal physician, a Professor Everhard.¹⁹ Only from the 1850s, did some members of the aristocracy become intent on promoting homeopathy. At this stage, a tentative conclusion may be offered that, during the 1820s and 1830s, the demand for homeopathic treatment was relatively modest, and the practitioners could hardly have been expected to switch to homeopathy for economic motives.

The Second Phase: Homeopathy for and by Lay People in the 1850s and early 1860s

AFTER 1836 THE PUBLICATION of pamphlets and books on homeopathy ceased for almost twenty years, nor were there other achievements to be shown by homeopathy during this period. While in other countries homeopathy gained further ground as its supporters organised themselves, the Netherlands lagged behind. Homeopathic societies were set up in Germany, France, Belgium, the United States and England in the 1830s and 1840s. It was not until the 1850s that the silence broken, and then it was mostly homeopaths, laymen included, who let their voices be heard as the centre of homeopathy moved from the province of Groningen to Rotterdam. In 1857 a Society of Champions of Homeopathy (*Vereeniging van Voorstanders der Homoeopathie*), initially a lay society, had been founded in Rotterdam.²⁰ The Society exerted itself for the homeopathic cause by attracting three homeopathic practitioners to this industrial harbour town – two Germans in 1857 and a Dutch doctor in 1859 – and by establishing dispensaries where the poor could receive free homeopathic treatment. There were also active supporters of homeopathy in Utrecht, witnessed by their opposition to the new bills on the practice of medicine and the preparation of medicines in the late 1850s. Additionally, in 1856 the German homeopathic practitioner, C.G. Kallenbach, had set up practice in Utrecht at the request of 'many highly placed' individuals.²¹

Dutch support for homeopathy had evidently started to grow.

However, except for Rotterdam, it is still unclear when, where, in which circles, to what extent and why this happened? There are indications that the early 1850s formed a turning point. An anonymous pamphlet, published in 1857 in Utrecht, states that in the previous decade homeopathy had become more popular in the Netherlands, and now enjoyed the 'liveliest interest' in most provinces.²² The Society of Champions of Homeopathy of Rotterdam, on the other hand, gave a less positive picture, reporting that homeopathy was still little practised.²³ It is unfortunate that other pamphlets and books of this period offer little further insight. However, the patient's journals of Hahnemann's favourite disciple Clemens von Bönninghausen (1785–1864), who had been raised in the Netherlands and who practised at Münster near the eastern border, offer much useful information. These journals reveal a remarkable increase in patients from Rotterdam and to a lesser extent from other Dutch towns from 1851 onwards. Prior to this, from 1835 onwards, there had been a steady trickle of new patients from the Netherlands, at most five a year. Their numbers rose to over twenty in 1851, more than thirty in 1852, to almost eighty in 1853, then dropped back to under thirty in 1854, rose again to forty in 1855, after which a definite fall set in, with seventeen new patients in 1856, eight in 1857 and, thereafter, until Bönninghausen's death in 1864, no more than six new patients a year consulted him from the Netherlands.²⁴ Evidently, Rotterdam was a special case as far as homeopathy and its relation to Bönninghausen is concerned. Nearly two-thirds of Bönninghausen's 288 patients living in the Netherlands were to be found in Rotterdam, namely 181. Amsterdam scored second, but with only eighteen patients. Bönninghausen's Rotterdam clientele were not primarily German immigrants or people with German relatives who were the first to turn to homeopathy. However, this does not preclude the possibility that trade contacts with Germany, especially via the Rhine shipping traffic, may also have been instrumental in propagating homeopathy.

Bönninghausen's first Rotterdam patient, a reasonably well-to-do baker, got to know about him quite accidentally. In early 1843 this baker had become related to a country doctor at Overschie, who, when hearing about the baker's lung disease, advised him to consult Bönninghausen. The baker, who would become secretary of the committee of the newly founded Rotterdam Society of Champions of Homeopathy in 1857, may have spread the news, in his turn, of his successful treatment. Interestingly, Bönninghausen's eleventh Rotterdam patient, in 1850, was a corn commission merchant who might have known the baker, and who certainly did so at a later stage, for in 1857 he became chairman of the committee! However, why it was Rotterdam in particular which came under the spell of

Bönninghausen and homeopathy is difficult to discover. Coincidence certainly played a part, with the baker becoming related to the Schiedam country doctor, and the other patients following, many of them influential in their own way. Family, neighbourly, and occupational ties all combined to make Bönninghausen and homeopathy quite popular in Rotterdam. Bönninghausen's Rotterdam patients belonged mostly to the middle and upper classes. Among them were craftsmen, office clerks, shopkeepers, bakers, businessmen, teachers, civil servants, ship's captains, doctors, lawyers, a publisher and director of a newspaper, the superintendent of police, commission merchants and ship owners. Religiously speaking they formed a cross section from the Rotterdam population as a whole, more than half of them being Dutch Reformed and about a quarter Roman Catholic. The majority of them were male (106 males versus 75 females) and older than twenty (four-fifths of the total). About two-thirds of the adult male patients and nearly all the adult female patients were married or widowed. Half of the Rotterdam patients were related to one or more of the group, not surprisingly, husbands and wives, parents and children were most prominent among them.

These patients consulted Bönninghausen either personally at Münster (or sometimes elsewhere) or by correspondence, especially after a first personal consultation. In 1851 Bönninghausen visited the Netherlands, including Rotterdam where he was consulted by several patients. However, this may have remained Bönninghausen's only consulting trip, for in 1852 and 1853 he advertised in the *Nieuwe Rotterdamsche Courant* that he would be staying at Emmerich on the Rhine near the Dutch border for a day or two and could be consulted there by his Dutch patients. Obviously, Bönninghausen had been told that he was not allowed to practise in the Netherlands, unless he had dispensation, which had been asked for without success, by some of his Rotterdam supporters in 1854.

Bönninghausen's Rotterdam clientele, therefore, had to make a further effort to secure a more permanent place for homeopathy. Here again the German connection proved to be useful with the example of the German lay societies for the advancement of homeopathy.²⁵ Moreover, Bönninghausen did much to help the Rotterdam Society of Champions of Homeopathy in their search for a homeopathic practitioner. An income of at least 2000 Dutch florins would be guaranteed during the first year. The committee of the Rotterdam Society was able to attract a young German doctor, F.W.O. Kallenbach (1829–1917), the son of the Utrecht homeopathic practitioner, after earlier attempts to persuade one of the young Schönfeld doctors had failed.²⁶ Before the year was over Kallenbach was

joined by another German homeopathic doctor A.J. Gruber (1820–1896). These two Berlin doctors of medicine became licensed to practice in the Netherlands after they had taken a second medical degree at the University of Utrecht. In 1859 the Dutch homeopathic practitioner S.J. van Roijen (1828–1909) also set up practice in Rotterdam, but he would leave for Groningen just two years later as he was unable to secure sufficient patients. Van Roijen had published a pamphlet, on arriving in Rotterdam, in which he explained to his non-homeopathic colleagues why he had become a homeopath.²⁷ In 1859 he and his German colleagues had begun also to publish a series on homeopathy intended for both laymen and practitioners.²⁸ They exhorted, in their foreword, every adherent of homeopathy to report on the history of his or her conversion to homeopathy. This call proved successful, though the series did not survive Van Roijen's departure from Rotterdam, coming to an end in 1861. Six original Dutch pamphlets and books were published by homeopaths in this period, most of them intended for a lay audience. The previously expressed homeopathic truth was praised as being grounded in common sense and nature and, in addition, a new genre appeared, namely the 'homeopathic family doctor' handbook, which contained advice on self-diagnosis and, to a certain extent, on self-healing. In 1853 a Dutch translation of Bönninghausen's *Homöopathische Hausarzt* was published, while an original 'homeopathic family doctor' handbook by Van Roijen appeared in 1861.²⁹ Pleas for a free distribution of homeopathic medicines by homeopathic practitioners were in vain, however, for the Medical Act of 1865 prevented them from doing so.

Compared to the first period of publicity, the second period was relatively quiet. Only one extremely negative pamphlet was published by an opponent of homeopathy, where homeopathy was denounced as a sect and its followers as charlatans.³⁰ Surprisingly, Van Roijen's rejection of orthodox medicine in favour of homeopathy does not appear to have raised protests. On the contrary, there was less interest on the part of allopathic practitioners than before. Homeopathy was no longer new, competition from homeopaths was still negligible, and scientific medicine was gaining ground. In 1849 Dutch practitioners had organised themselves in the Dutch Society for the Advancement of Medicine (*Nederlandsche Maatschappij ter bevordering der Geneeskunst*). Their own journal, first published in 1857, kept silent on the subject of homeopathy until the 1880s. The members ensured that their professional interests were safeguarded by the Medical Act, which, following many years of discussion, was passed finally in 1865. The 1850s and early 1860s marked an increase in support, in some ways, for homeopathy. The demand for homeopathic treatment was growing, the Champions of

Homeopathy had organised themselves in Rotterdam, and homeopathic self-medication was stimulated by the 'homeopathic family doctor'. The German connection was still prominent and vital. Bönninghausen developed into the leading inspiration behind Dutch homeopathy, and other German homeopathic practitioners were invited to establish themselves, a process which involved taking a Dutch medical degree. On the other hand, there was clearly a shortage of Dutch homeopathic practitioners as the young Schönfelds and Van Roijen may well have been the only ones. A physicist by origin, Van Roijen was converted to homeopathy in 1855 when his dangerously ill brother was cured by a German homeopathic practitioner. Van Roijen then took his medical degree at Leiden University, thereafter studying homeopathy at Leipzig. This was to become the standard route to homeopathic practice. First, by taking a medical degree at a Dutch university,³¹ followed by homeopathic training in Leipzig or Prague, or, from the 1870s, in Budapest with Professor Theodor von Bakody (1825–1911), the son of the founder of homeopathy in Hungary, Joseph von Bakody (1795–1845).³² There was no chair of homeopathy at a Dutch university until the early 1960s and the first Dutch homeopathic hospital was opened only in 1914. While no homeopathic training was available in the Netherlands, and scientific medicine was gaining ground within the universities, medical students could hardly be expected to make great efforts to become homeopathic practitioners and, thereby, by implication, medical outsiders.

The Third Phase: the Breakthrough of Homeopathy in the 1880s and 1890s

AFTER NEARLY TWO DECADES OF SILENCE, when only a few more homeopathic 'family doctors' were produced in translation, the debate on homeopathy was reopened in 1880 by a critic, the physician G.J. Teljer (1798–1880), shortly before his death.³³ However, no homeopath took the trouble to refute his criticism. In 1885 a twin attack on homeopathy was launched by the professor of pathology at Utrecht, C.A. Pekelharing (1848–1922), and the *Monthly Journal of the Anti-Quackery Society*, a society founded in 1880, its journal in 1881.³⁴ Both criticised homeopathy, although neither of them went so far as denouncing it as quackery.³⁵ The *Monthly Journal of the Anti-Quackery Society* labelled homeopathy a grave scientific error. Pekelharing shared this conclusion and offered also an explanation for homeopathy's support amongst laymen. This attraction, he believed, was due to the manner in which homeopathic practitioners initiated their patients

into homeopathic therapy, which gave them the role of assistant and, thereby, built up their confidence. The reason behind the lack of support for homeopathy amongst experts, according to Pekelharing, should be sought in the faulty principles of homeopathy and its worthlessness as a therapy.

This time the homeopaths did not remain silent. Reactions were forthcoming from both the schoolteacher and advocate of homeopathy H. Merckens and the doctor of medicine and homeopathic practitioner N.A.J. Voorhoeve (1855–1922) of The Hague, chairman of the Society for the Advancement of Homeopathy in the Netherlands (*Vereeniging tot Bevordering van de Homoeopathie in Nederland*), founded in 1886. Merckens reported that homeopathy's support in the Netherlands now consisted of thousands of people from all social classes, but that there were still many barriers to homeopathic practice.³⁶ Voorhoeve emphasised homeopathy's scientific basis, and pleaded for its recognition.³⁷ These defences of homeopathy elicited a very negative reaction from H.H. Prins Wielandt (1841–1898), a medical practitioner also based in The Hague. Homeopathy, he claimed, was a gross scientific error and a form of quackery.³⁸ The Amsterdam professor of medicine B.J. Stokvis (1834–1902) was more moderate in his criticism, although he too rejected homeopathy as a scientific error.³⁹ Indeed, he wrote, the homeopaths of our time also have seen the light of scientific medicine, and they separate themselves only from their 'allopathic' colleagues at the moment when they prescribe medicines at the sickbed. The *similia* principle, however, was untrustworthy and proof of the effectiveness of the endlessly diluted medicines still had to be provided. In fact, Stokvis claimed, the homeopath adopted a passive attitude, except in his prescription of a diet, and in his inspiration of the patient with confidence and belief in his recovery. This criticism was refuted by three homeopathic practitioners, F.W.O. Kallenbach, S.J. van Roijen and, three years later, D.K. Munting (1862–1932) of Amsterdam.⁴⁰ Kallenbach went so far as to claim that homeopathy was part of general medicine, and that the new generation of medical practitioners should be acquainted with all forms of therapy. He even admitted that scientific proof of the truth of the *similia* principle was still lacking. Both Van Roijen and Munting were less inclined to such conciliatory gestures. After 1888 the opponents of homeopathy were silent for some time, while the homeopaths published steadily. In 1890 the Society for the Advancement of Homeopathy launched its monthly journal, the *Homoeopathisch Maandblad*. One year later the editors could state with satisfaction that many people had taken out a subscription to the *Maandblad*, and that public opinion was changing in favour of homeopathy.

The number of homeopathic practitioners was now rising. There were

four in 1887, one year after the founding of the Society for the Advancement of Homeopathy. In 1890 there were five, in 1898 ten and in 1900 fourteen. In 1898 this group founded the Society of Homeopathic Practitioners in the Netherlands (*Vereeniging van Homoeopathische Geneesheren in Nederland*), and in 1900 they started to publish their proceedings (*Handelingen*). Since the Dutch universities did not offer homeopathic training the first society had started to finance, in the meantime, homeopathic training abroad for young Dutch practitioners, some seven in 1896. It was thought imperative that a homeopathic chair be instituted, so both the society and its members of parliament campaigned for this in the 1890s, but even the anti-revolutionary member of parliament and founder of the Calvinist Free University, Abraham Kuyper, saw his proposal for a homeopathic chair rejected in 1896. This was much to the satisfaction of the editors of the Dutch Journal of Medicine (*Nederlandsch Tijdschrift voor Geneeskunde*), the mouthpiece of the Dutch Society for the Advancement of Medicine, who described homeopathy as dogmatic and unscientific, which solicited letters of protest from both Van Roijen and Kallenbach.⁴¹

In late 1896 a fierce conflict broke out between opponents and advocates of homeopathy. This was centred in Rotterdam, where J.I.A.B. van Roijen (1870–1925), son of S.J. van Roijen, had just established himself as a homeopathic practitioner with financial help from the recently founded Rotterdam branch of the Society for the Advancement of Homeopathy. Young Van Roijen's membership of the Dutch Society for the Advancement of Medicine led the Rotterdam branch to propose a motion in which homeopathy was condemned as an irrational therapy. The motion was accepted by a large majority. Beforehand Van Roijen's expulsion had been discussed, but this proposal had been rejected. Van Roijen thereupon resigned with an open letter.⁴² The Rotterdam branch was not satisfied, for in 1897 it pressed the general meeting of the Dutch Society for the Advancement of Medicine to refuse membership to homeopaths. The general meeting, however, opposed such an exclusion. The editors of the *Homoeopathisch Maandblad* were satisfied with this decision by stating that Dutch physicians could hardly have provided a stronger proof of their intolerance had they accepted the Rotterdam proposal.⁴³

More, but milder criticism on homeopathy was published in 1899. P.H. van Eden (1862–1933), a Leeuwarden practitioner, reported that homeopathy and allopathy had undergone changes since the times of Hahnemann and that they now had many points in common.⁴⁴ He added that the public made liberal use of homeopathic therapy, and that there were many laymen with a homeopathic 'family doctor' and medicine chest,

especially among the religiously orthodox. In his reaction Kallenbach wrote that he was pleased with Van Eden's mild tone, but that Van Eden underestimated the opposition which homeopathy still had to endure.⁴⁵ Yet, after 1900 the flow of homeopathic publications did not cease. Many of them were published by La Rivière and Voorhoeve at Zwolle, since 1890 the homeopathic publishing house. Only in 1906 did critical books and pamphlets make an appearance, after which homeopathy's critics again kept silent for the time being.

As support for homeopathy grew and the homeopaths became organised and let their voices be heard, and above all, requested scientific and legal recognition, criticism from the 'allopaths', in turn, became more severe. A balanced judgement of the arguments of the opposition was seldom to be found on either side. The homeopathic practitioners believed that they had a monopoly of the truth, and said so frequently. This caused irritation on the part of their non-homeopathic colleagues, who were often no less convinced of their correctness, supported by scientific truth. Common sense and experience – and for the homeopaths also the term 'nature' – had become obsolete for both parties as legitimating terms, while the term 'scientific' came to reign supreme. Some attempts were made at conciliation by both groups, but more often homeopathic practitioners were treated as outsiders, the Rotterdam affair providing the most extreme example of intolerance.

Although the demand for homeopathic treatment had increased further during the 1880s and 1890s, relatively few practitioners had been converted to homeopathy. The modest increase in the number of homeopathic practitioners was partly self-generated for example, by the Van Roijens and the Voorhoeves, and was supported financially by the Society for the Advancement of Homeopathy. The fact that there were still few homeopathic practitioners by the 1880s and 1890s could have been influenced no longer by fierce competition in the Dutch medical market. On the contrary, by this time the supply of qualified practitioners had fallen substantially compared to the size of the population,⁴⁶ while, according to the *Homoeopathisch Maandblad*, the demand for homeopathic practitioners was growing. An explanation should be sought, therefore, in the predominantly scientific orientation of the Dutch medical faculties and in the absence of homeopathic training in the Netherlands. The Medical Act of 1865 became another barrier, not so much to becoming a homeopathic practitioner but to practising as one, since medicines could no longer be freely distributed. A solution to this problem was to interest pharmacists in selling homeopathic medicines which had been purchased in Germany. By

1890 this had been organised in a few Dutch cities, the medicines being provided by the Leipzig pharmacist Wilmar Schwabe. An additional reason why the number of homeopathic practitioners did not keep pace with the growing demand, may have been that at least the better-off patients had a relatively easy solution as they could consult also foreign homeopaths in Belgium, Germany and even in the Netherlands themselves.

The reasons for the growth in lay support for homeopathy during the last decades of the nineteenth century, as well as during the preceding decades, remain uncertain. Apart from the Bönninghausen clientele of the 1850s, which consisted mainly of members of the middle and upper classes, there are only rather vague indications concerning the later decades of the nineteenth century. According to some authors the main homeopathic support at the time was concentrated in 'cultured', if not higher circles. Van Eden pointed also to the interest in homeopathy on the part of religiously orthodox circles such as the example of Abraham Kuyper. He was opposed to vaccination, like Hahnemann, or rather in Kuyper's case compulsory vaccination, although their arguments were very different. Probably both homeopathic therapy and the way homeopathic practitioners dealt with their patients influenced those attracted to homeopathy. Even if the *similia* principle and the rest of Hahnemann's system was not always fully understood, homeopathy must still have been viewed as a welcome alternative to orthodox medicine, not least because of its limited use of medicines. Homeopathy by this time was not unique as, for example, naturopathy also gained ground during this period. The question of what made homeopathy attractive to its supporters could be extended, therefore, to pose the question as to what 'alternative' movements had in common and why they became popular at this time? For some, like the religiously orthodox, this popularity might have been connected with their aversion to 'intellectualism' and their idea of a God-given and as such respected nature. More generally, the popularity of these 'alternative' movements may be interpreted in terms of resistance towards the authority of orthodox medicine, of a romantic counter-movement.

What also made homeopathy attractive to many patients was the homeopathic practitioner's manner, he treated his patients as responsible people and encouraged them to practise self-medication. In addition, many supporters of homeopathy showed initiative, founding the local homeopathic society in Rotterdam in the 1850s, and some thirty years later the Society for the Advancement of Homeopathy, this involving close co-operation with leading homeopathic practitioners, N.A.J. Voorhoeve, S.J. van Roijen and F.W.O. Kallenbach, the fathers of Dutch homeopathy. It was

largely thanks to the efforts of laymen that these societies could function and that homeopathy could gain further ground.

The Puzzle of Homeopathy's Varying Popularity

EXPLANATIONS OF HOMEOPATHY'S POPULARITY in the nineteenth century have concentrated so far on the early successes and the later failures of homeopathy to win or to keep professional and/or lay support in a particular country. Comparative research between countries or regions has been largely lacking.⁴⁷ The early popularity of homeopathy has been ascribed to the poor state of orthodox medicine and to the dislike of 'heroic therapy' (bloodletting, purging, and strong doses of medicine) on the part of upper- and middle-class patients.⁴⁸ Especially if royalty were attracted to it, homeopathy could become respectable and fashionable. It has also been suggested that a tradition of self-help could result in a warm welcome for homeopathy.⁴⁹ The need for active, influential and charismatic homeopathic practitioners, indispensable for the successful introduction and promotion of Hahnemann's therapy should be added to the list of requirements. Hahnemann's therapy for cholera during the early 1830s, a dilution of camphor, might well have been instrumental, additionally, in building up support. After its first introduction, homeopathy's fate, to a large extent, depended on local, regional and national institutionalisation i.e. the establishment of homeopathic societies with medical and/or lay members, journals and other publications, publishers, training opportunities, pharmacies and hospitals. Moreover, it was highly important whether or not internal controversies were avoided.

However, early popularity of homeopathy cannot be explained purely in terms of what influenced its followers and how they responded. Circumstances for homeopathy's reception varied from country to country and over time. Legislation defined the margins of homeopathic practice, the distribution of homeopathic medicines and homeopathic training, while the homeopaths also had to cope with differing degrees of opposition on the part of orthodox practitioners. The saturation of the medical market with medical services could form another barrier to homeopathy's acceptance, at least as far as medical practitioners were concerned. Various explanations have been offered for the declining popularity of homeopathy in Germany after 1850, in England and France after 1870, and in the United States towards the end of the nineteenth century. They are based mainly on two elements. Firstly, the internal homeopathic conflicts between 'pure' and more liberal homeopaths, and secondly, developments which moved

orthodox medicine away from 'heroic' medicine, thereby lessening the differences between orthodox and homeopathic therapies. The combination of these elements, it has been argued, worked against homeopathy.⁵⁰

From a comparative point of view, the Netherlands presents an interesting, and, to a certain degree, atypical case. Although 'heroic' medicine might be considered as a constant at the time of the introduction of homeopathy in various countries, few Dutch patients and practitioners came to support Hahnemann's therapy. There is no evidence that the Dutch aversion towards 'heroic' medicine was significantly smaller than elsewhere which indicates that discontent with 'heroic' medicine did not lead automatically to a warm reception for homeopathy. The introduction of homeopathy, it could be argued, given this discontent and thus a potential reservoir of clients, stood or fell with the presence or absence of a Quin, a Des Guidi or a Hering. Schönfeld failed to become such an outstanding figure in the Netherlands. If this had been otherwise, and Schönfeld had been able to convert colleagues and to recruit a high-status clientele, then the course of homeopathy in the Netherlands could have been different. Traditions of self-medication are not sufficiently well known to assess whether they paved the way for homeopathy. Only from the 1850s are there indications that homeopathy's acceptance may have been connected with habits of self-medication, for example, amongst those working in shipping and members of orthodox religious circles. The relations between patients and practitioners need further investigation, especially the manner in which both homeopathic and allopathic practitioners dealt with their patients. Was there as much difference between the homeopathic and the non-homeopathic manner as has been suggested? And were homeopathic medicines cheaper, and how important was this to middle-class patients?

Despite variations in the imposition of medical legislation in most countries, including the Netherlands, qualified practitioners were free to choose the therapy they thought most appropriate. Homeopathic practice, as all medical practice, was only prohibited to unqualified healers. The United States was by far the most liberal nation with respect to control, which explains partly the large number and variety of homeopathic practitioners established there, at least in some States. Legislation could influence also the production and distribution of medicines, and medical training, though what this meant for homeopathy in different countries remains to be analysed. The Dutch situation was not unfavourable at first to homeopathy, but in 1865 the Medical Act prohibited the free distribution of medicines. Later Parliament rejected the proposal for the institution of a homeopathic chair, nor would other forms of homeopathic training become available. While

early medical opposition was mild, this increased in the 1880s and 1890s at a time when Dutch homeopaths organised themselves finally at a national level. Homeopathy's lack of support in the Netherlands before 1865 could then hardly have been due to legal barriers or to fierce medical opposition. It may have been the other way round for as homeopathy never acquired a distinctive character, it failed to become popular. The 1850s brought a rise in homeopathy's popularity, but mainly among patients who consulted German homeopathic practitioners, even inviting them to establish themselves in the Netherlands. Clemens von Bönninghausen at Münster was highly instrumental in furthering the homeopathic cause, especially in Rotterdam. The German homeopathic patient's societies may well have inspired the Rotterdam Champions to follow their example. However, it was only in 1886 that a national homeopathic society was founded and then the number of homeopathic practitioners started growing, albeit slowly. The Society for the Advancement of Homeopathy in the Netherlands was active on many fronts, raising funds for homeopathic training abroad, for a homeopathic hospital, and, at a local level, for a homeopathic practitioner's salary, persuading pharmacists to sell homeopathic medicines, and publicising homeopathy. They failed, however, to have a homeopathic chair instituted, a proposal opposed by both parliament and the medical faculties.

The very weakness of Dutch homeopathy might have been that it never stood apart as a clear alternative. It was permeated by a spirit of compromise, of fitting in, rather than of conflict with orthodox medicine. This might help to explain the weak response both on the part of those who practised it, and those it sought to reach as patients. It never became completely distinct from orthodox medicine and, indeed, even sought inroads into the universities and therapies of the 'allopaths'. Dutch homeopathy was neither 'radical', a real alternative, which incorporated self-help and a spirit of opposition to the old order of medicine; nor did homeopathy ever become fashionable and thus appeal to the wealthy. There were no uniting conflicts, no banner to stand behind. Dutch homeopathy was weakly opposed and weakly supported. Indeed, this seems to have been the fate of other medical newcomers as well, for sectarianism itself did not become an important factor in Dutch medicine.

Notes

- 1 This paper is based partly on my earlier articles: 'Homeopathie in de negentiende eeuw: het Nederlandse debat,' in Willem de Blécourt, Willem Frijhoff, Marijke Gijswijt-Hofstra (eds.), *Grenzen van genezing. Gezondheid, ziekte en genezen in Nederland, zestiende tot begin twintigste eeuw* (Hilversum, 1993), 273–310; 'Compromise, not Conflict. The Introduction of Homoeopathy into the Netherlands in the Nineteenth Century' in *Tractrix. Yearbook for the history of science, medicine, technology and mathematics* 5 (1993), 121–138.
- 2 Homöopathie-Archiv, A 367, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart.
- 3 At least, Schönfeld and Bleekrode were the only two homeopathic doctors of medicine who published on homeopathy in the 1830s.
- 4 H.E.M. de Lange is preparing a doctoral thesis on the history of homeopathy in the Netherlands, but his findings are not yet available.
- 5 Future research will be directed to the Dutch clientele of Belgian homeopathic practitioners who attracted also part of the Dutch demand for homeopathic treatment during the latter part of the nineteenth century. For example, the Belgian homeopathic practitioner Dr. Gustave van den Bergh (1837–1902) at Gent.
- 6 Samuel Hahnemann, *Organon der heilkunst* (Amsterdam, 1827). This was a translation of the third edition, from 1824, from Hahnemann's *Organon*. The first edition dates from 1810 and was called: *Organon der rationellen Heilkunde nach homöopathische Gesetze* (Dresden, 1810). The later editions, published after 1819, were called *Organon der Heilkunst*.
- 7 G.C.B. Suringar, *Bijdrage tot de kennis en de beoordeling van het homöopathische leerstelsel van Samuel Hahnemann* (Delft, 1827).
- 8 Samuel Hahnemann, *Zekerste geneeswijze en uitroeiing der Asiatische cholera* (Amsterdam, 1831).
- 9 Anon., *De homoeopathie, of Dr. Samuel Hahnemann's geneeswijze* (Dordrecht, 1833).
- 10 Samuel Hahnemann, *Geest der homöopathische genees-leer* (Winschoten, 1834).
- 11 C. Caspari, *De waarheid en voortreffelijkheid der homöopathische genees-leer* (Winschoten, 1835).
- 12 S. Bleekrode & J.F.P. Schönfeld, *Bijdragen tot de homoeopathie*, 1e stuk (Groningen, 1836).
- 13 A. Smith, *Bedenkingen tegen de homöopathie, beneevens eene beknopte schets dier leer* (Winschoten, 1834); B. Eekma, *De rationeel-empirische geneeswijze in de geneeskunst verdedigd tegen Dr.J.F.P. Schönfeld en De geest der homöopathische geneesleer van Dr.S. Hahnemann, getoetst naar rede en ervaring* (Groningen, 1836); and Friedrich Alexander Simon, *De geest der homoeopathie. Een woord van waarschuwing aan ieder, die op gezondheid en leven prijs stelt*; translation by J. Bosman Tresling (Groningen, 1836).

- 14 Eekma, *De rationeel-empirische geneeswijze*, 14.
- 15 *Homeopathisch maandblad* 37 (1926) bijblad 15–1, II–III; 15–2, VI. They were two sons of Schönfeld's, namely J.F.P. Schönfeld at Leek and K.D. Schönfeld at Bellingwolde, and his brother's sons, namely S. Schönfeld at Bentheim and J.C. Schönfeld at Finsterwolde.
- 16 This would be an area of fruitful research.
- 17 Anon., *Anti-homoeopathisch nieskruid bevattende: twee Aschdagpredikatiën van het gezond verstand en homoeopathisch allerlei* (Amsterdam, 1835).
- 18 K.H. Velle, 'De homeopathie in België in de 19de eeuw', *Geschiedenis der geneeskunde* (August 1994) 18–27, esp.19.
- 19 See H. Merckens, *Hahnemann en de homoeopathie* (The Hague, 1887), p. 34.
- 20 See their brochure *Vereeniging van Voorstanders der Homoeopathie, De homoeopathische geneeskunst. Populaire schets voor het niet geneeskundig publiek* (Rotterdam, 1858).
- 21 *De homoeopathie in de Nederlanden, en de nieuwe wetsontwerpen, regelende de uitoefening der geneeskunst en der artseneibereidkunst* (Utrecht, 1857).
- 22 See note 20.
- 23 See note 19.
- 24 See the *Krankenjournal* von Clemens von Bönninghausen, P1 – P116 (1835–1864), Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. See also Friedrich Kottwitz, *Bönninghausens Leben. Hahnemanns Lieblingsschüler* (Berg am Starnberger See, 1985). And further my 'Homoeopathy's early Dutch conquests: the Rotterdam clientele of Clemens von Bönninghausen in the 1840s and 1850s', *Journal of the History of Medicine and Allied Sciences*, 51 (1996), 155–83.
- 25 See Eberhard Wolff, 'Le rôle du mouvement des non-médecins dans le développement de l'homéopathie en Allemagne' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800–1940)* (Lyon, 1992), 197–230.
- 26 See note 15.
- 27 S.J. van Roijen, *Waarom ben ik homoiopaath geworden* (Rotterdam, 1858).
- 28 A.J. Gruber, F.W.O. Kallenbach and S.J. van Roijen, *De homoiopathische geneeswijze. Mededeelingen tot verspreiding van de kennis dezer methode* (Rotterdam, 1859–1861).
- 29 S.J. van Roijen, *Handboek voor den beschaafden stand en voor gezagvoerders van schepen tot behandeling der meest voorkomende ziekten volgens de homoiopathische geneeswijze* (Rotterdam, 1861).
- 30 D. Soeterik, *Iets over de homoöpathie en hare uitoefenaren, voor niet geneeskundigen* (Dordrecht, 1858).
- 31 Before the Medical Act of 1865 the doctorate of medicine, thereafter the general practitioner (arts) examination.

- 32 See Melitta Schmideberg, *Geschichte der homöopathischen Bewegung in Ungarn* (Leipzig, 1929).
- 33 G.J. Teljer, *Experientia docet of ondervinding is de beste leermeester* (Utrecht, 1880).
- 34 See Gerrit van Vegchel, *Medici contra kwakzalvers. De strijd tegen niet-orthodoxe geneeswijzen in Nederland in de 19e en 20e eeuw* (Amsterdam, 1991).
- 35 C.A. Pekelharing, 'Homoeopathie', *Vragen des Tijds* 1 (1885), 145–178; 'Homoeopathie', *Maandblad tegen de Kwakzalverij* 5/2 (1885) [1–2].
- 36 H. Merckens, *Hahnemann en de homoeopathie* (The Hague, 1887).
- 37 N.A.J. Voorhoeve, *Is de homoeopathie kwakzalverij?* (The Hague, 1887).
- 38 H.H. Prins Wielandt, *De homoeopathie is wetenschappelijke dwaling en kwakzalverij* (The Hague, 1888).
- 39 B.J. Stokvis, *Voordrachten over homoeopathie* (Haarlem, 1888).
- 40 F.W.O. Kallenbach, *De aanval afgeslagen. Antwoord op de door H.H. Prins Wielandt en Dr. B.J. Stokvis tegen de homoeopathie gerichte brochures* (The Hague, 1888); [S.J. van Roijen], *Prof. B.J. Stokvis' voordrachten over homoeopathie beoordeeld* (The Hague, 1888); D.K. Munting Jr., *De vertegenwoordiging der homoeopathie in de Medische Faculteit te Budapest, en de 'Voordrachten Homoeopathie' van Professor Stokvis* (Zwolle, 1891).
- 41 *Nederlandsch Tijdschrift voor Geneeskunde* 32/II (1896), 949–950; 33/I (1897), 191–193 and 512–519.
- 42 J.I.A.B. van Roijen, *Waarom ik bedankt heb voor het Lidmaatschap van de Nederlandsche Maatschappij tot Bevordering der Geneeskunst* (Rotterdam, 1897).
- 43 'Een verblijdende beslissing', *Homoeopathisch Maandblad* 8 (1897), 153–154.
- 44 P.H. van Eden, *Homoeopathie en praktijk* (Groningen, 1899).
- 45 F.W.O. Kallenbach, *De brochure van P.H. van Eden 'homoeopathie en praktijk' besproken* (Zwolle, 1899).
- 46 In 1849 the number of inhabitants per qualified practitioner was 1256, in 1892 this number had risen to 2429. See: J.K. van der Korst, *Om lijf en leven. Gezondheidszorg en geneeskunst in Nederland circa 1200–1960* (Utrecht, 1988), p. 281.
- 47 However, since this paper was completed important work has been undertaken. See Martin Dinges (ed.), *Weltgeschichte der Homöopathie: Länder, Schulen, Heilkundige* (Munich, 1996).
- 48 See, for example, Harris L. Coulter, *Divided Legacy. The Conflict between Homoeopathy and the American Medical Association*, second edition (Richmond, California, 1982), p. 101; Olivier Faure, *Le débat autour de l'homéopathie en France 1830–1870. Evidences et arrière-plans* (Lyon, 1990), pp. 23–26; Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, New York, Sydney, 1988), pp. 80–99; William G. Rothstein, *American Physicians in the Nineteenth Century. From Sects to Science* (Baltimore, London, 1972), pp. 158–159; Renate Wittern, 'Le

développement de l'homéopathie en Allemagne au XIXe siècle' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie*, 33–58, esp. 38.

- 49 For example Schmideberg (n.30), *Geschichte der homöopathischen Bewegung in Ungarn*, X; see also: Ursula Miley and John V. Pickstone, 'Medical Botany Around 1850: American Medicine in Industrial Britain' in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (Houndmills, London, 1988), 139–154, esp. 148.
- 50 See for example Nicholls, *Homoeopathy and the Medical Profession*, pp. 165–192; Maurice Garden, 'L'histoire de l'homéopathie en France – 1830–1940' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie*, 59–82, esp. 74–77.

Homoeopathy in Victorian Canada and its Twentieth-Century Resurgence: Professional, Cultural and Therapeutic Perspectives

J.T.H. Connor



THE HISTORY OF HOMOEOPATHY IN CANADA pales in comparison with that of Great Britain, the United States and Europe,¹ yet it adds to our knowledge of the international uptake of homoeopathy while providing insights into the professionalisation and *mentalité* of Canadian medicine. The study of Canadian homoeopathy, especially an analysis of affairs in the province of Ontario, shows that it remained a tenacious medical sect until the twentieth century. Furthermore, homoeopathy survived, especially during the Victorian period, because the partition between 'irregular' and 'regular' medicine was permeable in Canada.² Indeed, the line of demarcation was sufficiently ambiguous for homoeopaths for us to ask whether it was not actually an artificial or rhetorical one created by contemporary purists, which was then upheld and exaggerated by later historians. It seems that the relative assimilation of homoeopaths into 'mainstream' Canadian medicine, notwithstanding some degree of professional anti-sectarian posturing, can be explained by an Anglo-Canadian medical proclivity to value professional credentials and demeanour more than specific therapeutic practices. This state of affairs contrasts markedly with the situation in the United States where, as John Harley Warner has observed, professional identity in the nineteenth century was based more on what physicians *did* (i.e., therapeutic orientation and practice) than on their educational, professional, or social

lineage.³ This form of professional identity is not surprising in a country that abandoned licensing standards and requirements during the early nineteenth century only to re-institute them towards the end of the century. Unlike the United States, Canadian provinces never rescinded such legislation.⁴ Other topics to be considered in this discussion of homoeopathy in Victorian Canada, in addition to these issues, include the relationship between physician and lay support; the social class and backgrounds of homoeopathic patients and other supporters; the vital role played by American homoeopathic medical schools, which provided a steady stream of trained physicians; and the role of homoeopathic institutions such as hospitals and pharmacies. This discussion will conclude with a brief overview of the resurgence of homoeopathy in twentieth-century Canada.

Homoeopathy in Victorian Canada

ANY HISTORY OF HOMOEOPATHY IN CANADA must be placed within the context of Canadian history. Although Confederation was achieved in 1867, bringing the nation of Canada into effect, several provinces (and, indeed, the nation as a whole) continued to be greatly influenced by colonial ties with Britain; meanwhile, social or cultural forces originating in the neighbouring United States continued also to have their effect on the new nation. It is useful to view Canada as consisting of five large geo-political regions: the vast, sparsely populated Arctic north; the maritime provinces on the east coast; the francophone province of Quebec (with an anglophone bastion of Montreal); English-speaking Ontario – the south-western, most populous part of which juts into the northern American states of New York, Ohio, Pennsylvania, and Michigan; and the west, including the prairie region and the west coast province of British Columbia. Canada was, and remains, a ‘regional country’ affected by geographical, cultural and linguistic differences in addition to the usual political and economic forces. The following discussion, therefore, describes homoeopathy in Canada according to regional representation in settled areas.

Homoeopathy in the western region of Canada was, for most of the nineteenth century, all but non-existent owing to its generally unpopulated, undeveloped state. Even by the late 1880s only two homoeopathic physicians, described as ‘well advanced in years’, were practising in Vancouver, British Columbia.⁵ Yet, despite this small number, provincial medical legislation in 1889 recognised homoeopathic physicians as legitimate practitioners. The impetus for this law may be attributed to the peculiar geographic features of British Columbia: owing to the natural barrier

of the Rocky Mountains, the province's residents tend to be more influenced by western states of the United States than by the rest of Canada. The fact that similar legislation had been passed in California three years earlier no doubt encouraged British Columbians to do the same.⁶ On the other side of the Rockies, in the prairie region, another physician practised homoeopathy around the same time in Winnipeg, Manitoba;⁷ thirty years later, only this 'veteran' homoeopath appears to have stayed there.⁸ In the Canadian west, then, homoeopathy was a non-starter, probably as a result of economic and demographic circumstances rather than professional ones.

Two Atlantic provinces had even less experience of homoeopathy, also owing to sparse, isolated populations in general. Although itself not a province of Canada until 1949, the far eastern island of Newfoundland had physicians who often identified themselves with their Canadian colleagues. Nevertheless, Newfoundland does not appear to have had any homoeopathic practitioners. Similarly, no homoeopaths practised in the province of Prince Edward Island.⁹

In the more developed Atlantic provinces of New Brunswick and Nova Scotia, however, homoeopathy did gain a foothold. In the mid-1850s, pamphlets published in Saint John, New Brunswick provide evidence of its practice there in an exchange between Dr. R. Bayard and his homoeopathic rival, Dr. J.C. Peterson. The debaters adopted arguments familiar to the present day: Bayard portrayed homoeopathy as a species of humbug, whereas Peterson presented it as a safe and efficacious practice.¹⁰ Despite Bayard's published attack, Peterson appears to have enjoyed considerable success with a dispensary in Saint John. Furthermore, a steady movement of additional homoeopathic practitioners into New Brunswick in the following decades suggests that homoeopathy held its ground. In later years, in fact, relations between homoeopaths and regulars became cordial, or at least no worse than those between regular physicians themselves. Indeed, one maritime homoeopath reported in the 1880s that there had not been a more prosperous time:

In the cities of St. John [New Brunswick] and Halifax [Nova Scotia], and in other maritime towns where our men are located, there are thousands of our most influential people ready to stand by to prevent any curtailment of our privileges. Of the six judges of the Supreme Court of New Brunswick, four – including the Chief Justice – employ homoeopathy for themselves or for their families. Of the New Brunswick bar many of its most influential members are numbered among our patients and warm supporters, and the same statement is true of many of our clergy, who, perhaps, more than any other class of men, may be said to act in the capacity of missionaries for the homoeopathic practice.¹¹

On this note, the Saint John homoeopath, Dr. Allan M. King, remarked that an aspiring homoeopathic physician could easily become established if possessed of a good education, 'pleasing manners,' and 'withal force of character.'¹² The flaunting of distinct therapeutic principles or practices was less important, therefore, than professional conduct and good character: the good physician was a gentleman first, a homoeopath second. However, it should be noted, that at least two female homoeopaths have been identified in this region.

If not entrenched, homoeopathy was, at least, relatively stable in New Brunswick, as witnessed also by legislation in 1881 concerning the regulation and qualification of physicians and surgeons in the province. This new act licensed practitioners even if they espoused 'any system of Medicine', for the 'registered Practitioners of that system shall have the right to appoint an examiner or examiners on the subjects peculiar to that system, viz.: *Materia Medica*, *Pharmacy* and *Therapeutics*, and if they shall neglect so to do, the Council shall have the power to appoint such examiner or examiners.'¹³ Several homoeopathic physicians were able to take advantage of this clause, and another 'grand-fathering' clause, to become licensed practitioners. As the Register of the Medical Council of the College of Physicians and Surgeons of New Brunswick shows, at least five doctors registered around the time of this legislation. All of them were trained in American medical schools. Henry C. Preston, who had graduated from the University of New York and been in practice in Saint John for thirty-seven years, registered in 1881; and in 1882 Edward A. Preston, presumably his son, registered after having graduated M.D. from the Homeopathic Medical Society of King's County, New York in 1879. Other homoeopathic physicians registering around 1881 had also received American training: born in Nova Scotia, William S. Morrison had graduated from the homoeopathic medical school of Boston University; a New Brunswick native, Stephen S. Black, graduated from Cincinnati's Pulte Medical College (an acknowledged homoeopathic school) in 1875; and Rate S. Black (probably his spouse), although an American by birth, practised for seven years in Fredericton, New Brunswick after graduating from the Cleveland Homeopathic Medical College in Ohio in 1874. Later decades also saw a similar trend in the licensing of American-trained homoeopathic physicians.¹⁴

In the other major maritime province of Nova Scotia, homoeopaths similarly practised more or less unimpeded, although there were no formal homoeopathic institutions such as hospitals, societies, etc. Sectarian hostility did arise, attributed by homoeopaths to envy on the part of regular physicians, because homoeopaths had secured the most affluent residents as

their patients.¹⁵ Nova Scotian homoeopaths, typically, were American-trained Canadians. Joseph D. Davis, probably the first practising homoeopath in the province, graduated from Hahnemann Medical College of Philadelphia (1859); so, too, did W.L. Arrowsmith (1866), E. Arthur Dakin (1881), and Alexander R. MacKenzie (1895).¹⁶ However, an exception to this trend was Herbert H. Read, who qualified in medicine at the University of Edinburgh in 1861; twelve years later, Read published a pro-homoeopathic pamphlet entitled *A Review of the Present State of Therapeutics*.¹⁷ Indicative of the professional acceptance of these sectarian doctors was their membership in the Halifax Medical Society and its successors, the Nova Scotia Medical Society and the Provincial Medical Board of Nova Scotia (1872 to the present). The minutes and official registers of these groups record the qualifications and contributions of homoeopaths in the same manner as they do those of their 'regular' colleagues.¹⁸

With the creation of the Provincial Medical Board and new legislation governing the licensing and qualifications of physicians in Nova Scotia in 1872, homoeopathic and other sectarian practitioners received further recognition. Under this new act, which superseded an earlier 1856 law, any physician already in practice would be 'grand-fathered' and, more importantly for a future generation of homoeopaths:

No person, otherwise fully qualified under this Act, shall be refused Registration or license to practise on account of his adopting or refusing to adopt the practise of any particular theory of medicine or surgery. In case of such refusal by the Board, the party aggrieved shall have the right to appeal to the Governor in Council, who, upon due cause shown, shall issue an order to the Board to Register the name of such person and to grant him a license to practise.¹⁹

Although this enactment did not guarantee any homoeopath a license or, for that matter any physician presenting him- or herself for a license, at least a formal mechanism was in place for applicants to have some recourse should they feel that they were inappropriately treated.

This is not to say, of course, that homoeopathy was embraced fully by non-sectarian doctors: debate over its basic tenets still took place. In 1877, for example, a meeting of the Halifax Medical Society's Scientific Branch saw 'Therapeutics' discussed with homoeopathic defenders squaring off against those other physicians who thought homoeopathy unscientific and absurd. Nonetheless, this exchange took place *within* the confines of collegial professional debate much as would a discussion of, say, Listerism or some other contemporary clinical controversy.²⁰ In this forum, doctors were

arguing with doctors, rather than engaging in acrid, public debate over orthodox and unorthodox practices.

Although homoeopathy was practised in the Maritimes, then, it had no extensive roots or developed infrastructure. Enjoying limited success, homoeopathy probably remained vulnerable as long as it was patronised by the well-to-do and petty government officials. As a movement it depended upon the importation of homoeopathic practitioners from elsewhere; there were also no homoeopathic hospitals. Its stability relied on legislation that protected sectarian practices in general.

The two remaining regions in Canada, the provinces of Quebec and Ontario, saw the bulk of homoeopathic activity in the country. Its popularity, however, was essentially an anglophone phenomenon. With the notable exception of Dr. Pierre-Martial Bardy of Quebec City beginning in the 1830s, French-speaking physicians did not, generally speaking, embrace homoeopathy. Any French-speaking followers were treated, for the most part, by anglophone physicians or by bilingual doctors of anglophone heritage. Many more treated themselves using domestic texts and homoeopathic medical kits. By the 1880s, about thirteen homoeopathic physicians practised in Quebec, but over half of them were in Montreal. Although this issue needs to be studied more, it appears that homoeopathy in Quebec was supported predominantly by middle-class, Protestant, urban anglophones.²¹

Without doubt, it was Montreal, with its affluent, anglophone population, that provided the foundation for homoeopathy in Quebec. Although the number of homoeopathic physicians practising in the city was never great, they managed to secure a solid client base and to establish a sufficient institutional infrastructure that protected them legally while demonstrating their organisational abilities. In 1865, homoeopathic physicians received official recognition when the Montreal Homoeopathic Association was granted the right to form its own licensing body to regulate them.²² Before 1865, however, homoeopaths practised in the province more or less unimpeded, with only the usual publication skirmishes between 'old' and 'new' school practitioners.²³ Under earlier legislation, homoeopaths were already licensed to practise because most were graduates of Scottish or English universities who later 'converted' to homoeopathy. For example, the first homoeopathic physician in Montreal, Arthur Fisher, graduated from Edinburgh University in 1833 and was influenced by Dr. Drysdale, one of the great promoters of homoeopathy in Great Britain, as well as by Constantine Hering.²⁴ Later physicians actually trained at homoeopathic colleges in New York, Chicago, Philadelphia, and Cleveland; and, beginning in the twentieth

century, medical graduates from Canadian universities undertook postgraduate studies in Montreal before writing their homoeopathic licensing examination in addition to their regular provincial medical license.²⁵

Homoeopathy became more entrenched in Montreal with the opening of the Montreal Homoeopathic Hospital in October 1894. Its establishment was due, in part, to the rejection of a petition to the Royal Victoria Hospital to adopt homoeopathic treatment. The homoeopathic hospital was made possible through the generous endowment made by a patient of means. For the following sixty years, the hospital continued to operate on homoeopathic principles, although it also admitted non-homoeopathic patients; in 1951 it was renamed the Queen Elizabeth Hospital, dropping its sectarian designation.²⁶ The Montreal Homoeopathic Hospital quickly became the focal point of homoeopathy in this city. Not only did it provide a physical presence for, and reminder of, this sectarian medical practice, but it also was a place of congregation for the city's homoeopaths. More importantly, in the absence of any homoeopathic medical school in Canada, it offered a venue for the exchange of homoeopathic ideas and practices; and by incorporating a training school for nurses, it provided an ongoing supply of competent nursing staff both for hospital and private practice. In these ways, the Montreal Homoeopathic Hospital helped ensure the presence of homoeopathy in Montreal for several decades.

Of course, this hospital was first and foremost an institution for treatment of patients. In a recent study, Jean-Pierre Robitaille includes a useful statistical review of patients and other matters at the Montreal Homoeopathic Hospital from 1894 to 1904; an analysis of his data reveals the following trends. First, during this decade the hospital enjoyed a solid increase in patient admissions: from 162 in 1894–95 to 437 in 1903–04. Second, a significant shift from 'public cases' to 'paying cases' over this period translated into a marked increase in revenue for the hospital, meaning that it consistently operated in surplus. This trend, however, reveals a third shift in the hospital's development. From 1894 to 1904 the number of homoeopathic cases admitted remained steady at around 140 per year, while the number of non-homoeopathic admissions increased rapidly from none to over 200 by the end of the decade. Fourth, the overwhelming majority of all admissions were English-speaking Canadians along with some English and Americans; during the entire decade, only four French-Canadians were admitted. Accordingly, Protestants were constantly in the majority; Catholic admissions were a distant second (a ratio of roughly 5:1); and only eight Jews appear to have been admitted from 1894 to 1904. Finally, although gender

distribution fluctuated annually, it appears that there was an equal distribution between male and female patients.²⁷

In some respects, the success of the Montreal Homoeopathic Hospital helps explain the continuation of homoeopathy in Montreal. First, the hospital, like the practice of homoeopathy, received the material support of elite Montreal patrons. Second, it responded flexibly to patients' needs by offering choice in treatment rather than being dogmatic in its sectarianism.²⁸

While isolated homoeopathic activities took place in various parts of Canada, it was in Ontario that the homoeopaths gained full legal status, established several medical institutions, and gained the respect of the regular profession. Moreover, they displayed considerable tenacity as they remained a small but prominent medical group until well into the twentieth century.

Joseph J. Lancaster was probably the first homoeopathic practitioner to work in Ontario, and certainly the first to attempt to have homoeopathy legally recognised. Born in 1813 to a Quaker family which emigrated to Oxford County from New York State, Lancaster later returned to the United States for his education where he served his apprenticeship with Dr. H.H. Sherwood of New York; presumably it was then that he learned of homoeopathy. He later obtained a special degree from Hahnemann Medical College in 1857. In 1846, Lancaster began a medical practice in Norwich, and later moved to the London area; by at least 1850 he was practising in the city of London itself.²⁹

It was also in 1850 that some citizens, possibly patients of Lancaster, petitioned the provincial legislature for an act to allow the legal practice of homoeopathy; but as was the case with most other medical petitions of that era, no action was pursued.³⁰ During the later 1850s and early 1860s, homoeopathy gained tremendous ground, no doubt the result of a major information campaign. Homoeopaths wrote and produced many pamphlets, which advocated and explained their system of medicine; these originated from both Quebec and Ontario and presumably circulated through much of the province. For example, in 1852 R.J. Smith of Toronto, who identified himself as a 'Homeopathic and Hydropathic Physician and Surgeon', informed Ontarians about the 'vast difference' between homoeopathy and allopathic medicine, which were 'separated in principle by a great gulf':

Allopathy rushes over the organism like a volcano, or an avalanche, exhausting all her resources; or, perhaps we may illustrate it by the tornado that tosses the mariner's bark so furiously upon the lap of the ocean, as to try, and strain, and crack every timber in her works, while Homeopathy carries on its curative operations with a stillness and quietness that is in perfect accordance with the normal functions of life.³¹

Amplifying on the apparent gentleness of homoeopathy, Smith noted that powerful medicines were not necessary to restore health, for when:

she [nature/health] is menaced and jaded, and aggravated by disease, she calls not for, she needs not medicinal torturing, but a kind friend to come gently to her aid and act in perfect concert with herself. When she is agonizing and writhing in her conflicts with disease, she needs not to be goaded on like the baited brute in the amphitheatre; but it is then she needs the well-timed and soothing aid of a modest friend.³²

Such a 'modest friend', of course, was homoeopathy with its concept of infinitesimal doses that uses 'no unnatural violence, nor seriously disturbs the function of any organ.'³³ To a generation of Ontarians who were acquainted with the actions and associated discomfort of the emetics, purgatives, bloodlettings and mercuric compounds of the regulars, the potentially more gentle approach of homoeopathy likely appeared attractive.

The publication of informative and self-promotional pamphlets, the formation of a professional society (Homoeopathic Medical Society of Canada founded in 1854), and the presentation of public lectures all helped increase the profile of homoeopathy within Ontario during the 1850s. In addition, the short-lived *Canadian Journal of Homoeopathy* (1856), edited by two homoeopathic physicians W.A. Greenleaf and A.T. Bull, provided other practitioners and supporters with a *mélange* of American, British and Canadian information on homoeopathy.³⁴ Certainly, against the background of strife that characterised the regular medical profession during this period – with medical school and hospital closures due to religious and political wrangling – the growing professionalism of the homoeopaths, coupled with their less aggressive treatments, probably invited Ontarians to enquire about the tenets and practices of this medical sect. The Harris family diaries illustrate this point. Amelia Harris, the matriarch of a genteel, well-established family in London, Ontario actively sought homoeopathic therapy for herself and her son. She notes that, in the early 1860s, they undertook a fairly lengthy journey to consult the Toronto homoeopath Dr. Adams, who then prescribed 'diet & fresh air and infinitesimal globules.'³⁵

The greatest indication of popular support for homoeopathy, however, was the many petitions in favour of its legislation. In 1859 about twenty petitions from residents of many towns and villages of south-western Ontario were submitted to the province's Legislative Assembly.³⁶ As a result of this flurry of activity, a special governmental select committee was established to examine the legalisation of homoeopathy. The committee's report is revealing for, in addition to indicating that petitions represented

more than 1,800 Ontario residents, its breadth and depth illustrate how well informed were the supporters of homoeopathy. Final sections of the report not only underscored the international nature and widespread acceptance of homoeopathy, but also presented the names and qualifications of four physicians who had been proposed to comprise a provincial homoeopathic medical board. Some of these homoeopaths also formed the executive of the Homoeopathic Medical Society of Canada: Duncan Campbell, a regularly trained Edinburgh physician (L.R.C.S. 1831, M.D. 1833); Joseph J. Lancaster (M.D. 1857, Hahnemann Medical College, Philadelphia); Alexander T. Bull (M.D. 1848, New York University); William A. Greenleaf (M.D., Cincinnati Medical College); and John Hall (M.D., Homoeopathic College of Cleveland).³⁷

The legalisation of homoeopaths was achieved with no apparent opposition because of the organisational strengths of homoeopathy in Ontario, coupled with the relative weakness (or disarray) of the regular profession. On 30 March 1859, a private member's bill was read for the first time; by the end of the month, a slightly amended bill was passed by the Legislative Council, and received Royal Assent on 4 May 1859.³⁸ The homoeopathic act stated that candidates had to study for four years under the care of a duly qualified practitioner and to attend not less than two six-month university courses of anatomy, physiology, surgery, theory and practice of medicine, midwifery, chemistry, *materia medica*, and therapeutics. Additionally, at least one six-month course in each of clinical medicine and medical jurisprudence were required.

Despite the legalisation of homoeopathy, tensions existed between homoeopaths and regular practitioners. The most intriguing example involved discussion of Dr. Lizars of Toronto at the 1869 annual meeting of the Canadian Medical Association (CMA). At the mere proposal of his name for membership to the CMA, those assembled began to hiss; one physician demanded that Lizars not be considered because he consulted allegedly with homoeopaths. William Canniff, a well-known Ontario surgeon, then spoke out, noting that while Lizars was his 'personal friend', his 'duty to the Association compelled him to make a statement.' Canniff declared that the charges were accurate, and in effect, his statement was a public denunciation of Lizars. During these exchanges about him, Lizars tried to speak to defend himself, but was ordered to be silent. At a subsequent session, Lizars was allowed to make a statement which, at that time, amounted to a public confession. Observing that homoeopathic physicians were legal in Ontario, he felt obliged to obey the law by consulting with them as the occasion arose; he acknowledged nonetheless that perhaps he

had been wrong in doing so. With this declaration, it was moved that Lizars be voted a member of the CMA. However, not all members were convinced of the errant regular physician's complete faith in regular medicine. They pressed Lizars to state unequivocally that he would abide by all the laws of the CMA's constitution. Eventually Lizars acceded, whereupon he was admitted as a respectable member of the CMA.³⁹

This resentment should not be over-estimated, for the CMA represented only a small number of Ontario physicians. As well, by the regular profession's own estimate, there were only about fifty homoeopaths in the province (compared with over one thousand regular physicians) around 1870.⁴⁰ Hence, for the vast majority of regular physicians, consultation with homoeopaths was probably not an issue. Still, for all the homoeopaths' limited numerical strength, they possessed considerable organisational strength due to the creation in 1869 of the College of Physicians and Surgeons of Ontario (CPSO), which allowed five representatives each for both homoeopathic and Eclectic physicians. In brief, as both the homoeopaths and Eclectics already had their own examining boards, coupled with the regular physicians' inability to block any move towards amalgamation (indeed, the regulars needed the support of sectarian physicians to form the College), it became politically expedient to create such a medical coalition government.

It is clear, from the published accounts of the many CPSO Council meetings, that the homoeopaths, led by their bulldog-like leader, Duncan Campbell, often bullied, filibustered and intimidated their regular colleagues into recognising more fully homoeopathy in the province.⁴¹ Moreover, by voting with the Council, homoeopathic representatives demonstrated that they could and were willing to compromise on issues if it was for the betterment of the profession as a whole. For example, homoeopaths were just as frustrated over the existence of unlicensed medical quacks in Ontario, and they supported fully any measures that might remove them from the province. Moreover, in matters of education, homoeopaths strove to elevate provincial standards, not only because they deemed it a responsible action, but also because it was one way of striking back at poorly trained regular physicians. As one prominent homoeopathic Council member, Clarence T. Campbell of London, remarked in the 1890s:

We have ever been the consistent advocates of the highest possible standard of education for all medical men. And while we do not approve of the therapeutic methods of the old school, it is our duty to see that practitioners of that class shall at all events be men of good education. ... For this reason, while college and territorial representatives were divided among themselves at the [Council]

session of 1891 as to their support of the advanced [medical] curriculum, the Homoeopathic representatives were unanimous, and by their votes secured its adoption. Had they not given it their undivided support the proposition would have been defeated.⁴²

Furthermore, when responding to a regular physician's criticism of the ability of homoeopathic physicians, Campbell noted that this 'slur' had been 'amply *revenged* [my italics] by our course in the Council, which had resulted in raising the standard of medical education higher than many of our Allopathic colleagues were inclined to favor.' Finally, Campbell suggested that the regular medical profession should thank the homoeopaths for the high position which it held in the province. If it were not for the homoeopaths' surrender of their own Board of Examiners to form the new united College, and the continuing support of homoeopathic College representatives, 'there would have been a much lower standard of education in force than that of which we boast today.'

Further indications of the mixed relations between homoeopathic and regular practitioners and of the significant role played by homoeopaths in the province's medical affairs lie in the fact that several assumed executive positions in the Ontario Medical Council. In 1872 and 1877, Duncan Campbell of Toronto was Vice-President; he was elected President for 1878. The Ottawa homoeopath George Logan became Vice-President in 1879, and President in 1883; from 1887 to 1889, Gregg Henderson of Strathroy was Vice-President and President; in 1892, Clarence Campbell of London became Vice-President, and President in the following session; and Leonard Luton of St. Thomas became President for the session of 1898.⁴³ Thus, during the last quarter of the nineteenth century, homoeopathic physicians assumed a disproportionately large number of executive positions on the Council. Moreover, their repeated election to executive positions demonstrates that regular physicians were recognising increasingly their worth, rather than just electing one sectarian physician as a gesture of strained goodwill.

Additional evidence of this professional change of heart is afforded in the 1883 Ontario Medical Association (OMA) presidential address in which Dr. J.D. MacDonald of Hamilton declared that there was 'not that hostile feeling towards the disciples of Hahnemann in Canada that was felt in the United States, a result owing probably to the terms on which Homoeopaths were received by the Medical Council of the College of Physicians and Surgeons.' Nevertheless, the OMA president was quick to add also that while there was no hostility, allopaths did not necessarily agree

with the medical philosophy of Hahnemann. Despite this ambivalent attitude, however, homoeopathy did profit from MacDonald's speech, for he concluded by unequivocally stating that regular physicians should consider themselves free to consult with homoeopaths when necessary.⁴⁴ The significance of this announcement is underscored by the fact that the OMA was affiliated with the CMA and bound by the latter's laws, which forbade such consultations. Thus, again the gap between any national 'official' position and the realities of Ontario medical practice became apparent. Indeed, a decade later the CMA president (an Ontario physician) acknowledged openly the debt due to homoeopaths and Eclectics for their role in helping to consolidate and strengthen Ontario's medical profession as a whole during the latter half of the nineteenth century.⁴⁵ Later, in 1902, during discussion of a new provincial medical act that would, among other things, eliminate direct representation by homoeopaths in the Medical Council, Dr. N.A. Powell (President of the OMA) made it clear that he was against it. The eradication of homoeopathic representatives was wrong, to Powell's mind, because they had given up 'certain privileges' to allow the passage of the original 1869 act. Therefore, it behoved the regular profession to honour and to respect the tacit agreement between the different medical groups.⁴⁶

There can be little doubt that, by the close of the century, homoeopathy was a well-entrenched part of the Ontario medical scene. While there must have been individual regular physicians who cared little for homoeopathy, generally speaking homoeopaths seem to have been accepted as colleagues. Certainly one fact influencing this attitudinal change centres on the changing nature and composition of the homoeopaths themselves. Analysis of the *Ontario Medical Register*, the official nominal record of physicians, which gives the dates and the nature of their qualifications, and place of practice, shows several noteworthy trends from 1882 to 1903.⁴⁷ First, over this period the number of licensed practising homoeopaths remained fairly constant at approximately fifty; but owing to the increasing number of regular physicians, the relative proportion of homoeopaths to regulars declined from about 3 per cent to 2 per cent. Second, during the earlier part of the era, homoeopaths were scattered primarily around small towns located in the southwest of the province, with very few homoeopaths practising in Toronto. However, by the turn of the century, the larger urban centres of Toronto, Hamilton, London and Ottawa accounted for just under half (21 of 54) of all homoeopaths registered; by 1903, Toronto alone had about 10 homoeopaths. As a result of this relative dilution and the urban concentration of homoeopaths, the majority of

regular medical practitioners may well have begun to feel less threatened. The final, and probably most significant, trend concerns the medical education of homoeopaths. The first generation of Ontario's homoeopaths – present during the 1850s to 1870s – was trained, with few exceptions, at American homoeopathic medical colleges, then licensed in Ontario. Although this pattern continued during the remainder of the nineteenth century, the homoeopathic community was augmented increasingly by a new generation which received their M.D. degrees from regular Canadian medical schools and then pursued postgraduate homoeopathic studies in the United States before obtaining an Ontario license through the Council's homoeopathic examiners. The *Register* shows ten new graduates from Victoria, McGill, Toronto and Kingston medical schools during the period of the 1880s to early 1900s as licensed homoeopathic practitioners. In effect, then, while declaring themselves as homoeopaths, members of this new generation may be viewed as *bona fide* regular physicians with a specialty in homoeopathy. This blurring of medical philosophies probably did much to erode further the original feeling of hostility regular physicians expressed towards homoeopaths.

Some homoeopaths in the province enjoyed also the advantages of hospital admitting privileges. Homoeopathic physicians were represented on hospital medical staff in both London, Ontario and Berlin, Ontario, although only after internal debate. There existed also one hospital, the Grace Homoeopathic Hospital in Toronto, which began operation in the early 1890s. While the Grace dropped its homoeopathic designation in 1902, it continued until the 1920s, treating patients both homoeopathically and non-homoeopathically.⁴⁸ Homoeopathic physicians and patients could also obtain homoeopathically prepared remedies and medications from several pharmaceutical outlets. Mail-order suppliers from the United States such as Humphrey's Homoeopathic Specifics and Boericke & Tafel, operated through Toronto agents. Ontarians could purchase supplies also from Thompson's, founded in Toronto in 1868 (and still a going concern), or from Wait's homoeopathic manufactory in Arnprior, Ontario. John T. Wait, proprietor of the latter establishment, produced also a manual for home use. Although clearly meant to sell his wares, this pamphlet was also a compact guide to homoeopathic diagnoses and treatment – one indication that the absence of a homoeopathic physician may not have been an impediment to the pursuit of homoeopathy. But also Wait did not wish to jeopardise his position with homoeopathic physicians. 'We are not the originators of Domestic Treatment', he noted, 'but as a large and important part of medical practice is and must ever remain in the hands of the people, we have rather

sought to reform it.⁴⁹

Flexibility in their sectarianism enabled homoeopathic physicians to gain significant institutional footholds in Ontario. But were they then continuing to practise homoeopathy? Two papers presented by Clarence Campbell and George Logan at the 1891 meeting of the Canadian Institute of Homoeopathy held in Ottawa suggest that the homoeopathic community might have been undergoing some philosophic strain owing to the increasingly 'eclectic' nature of later nineteenth-century homoeopathy.⁵⁰ Both attempted to reconcile the original eighteenth-century tenets and methods of Samuel Hahnemann with a changing medical milieu. For Campbell, a true homoeopath or Hahnemannian was 'not necessarily a physician who attempts to follow all the little details of Hahnemann's medical practice.' He declared that 'The predominant characteristic of the Master in Medicine [Hahnemann] was his independence and originality.' Thus, the true Hahnemannian accepted the law of similars while not necessarily being shackled by dogma; in short, the Hahnemannian was an independent medical thinker.⁵¹ George Logan offered an in-depth analysis of Hahnemann's extensive writings to ascertain if there were grounds for divergence of opinion among homoeopathic physicians. In particular, the issue of the dilution of homoeopathic doses was debated, for 'purist' homoeopaths maintained that only the highest dilutions were to be used, while 'eclectic' homoeopaths often employed doses of allopathic proportions. As a result of his readings of Hahnemann, Logan concluded that the notion of a 'pure Hahnemannian' was a myth:

None can claim to be pure Hahnemannians. If the modern innovations are superior to the master's, (and I am not comparing the merits of these two methods – the old and the new –; I merely wish to show that whatever merits they may possess, they are not Hahnemann's methods,) in all fairness their inventors should be entitled to the credit, if any, which may justly belong to them.

...

*Personal idiosyncrasy must in the nature of things, prevent perfect uniformity in matters non-essential, and the range of Hahnemann's methods are sufficiently broad to include and permit a difference of opinion.*⁵²

Although Logan averred that 'pure' Hahnemannians did not exist, other Ontario homoeopaths would have disagreed. For example, Drs. McLaren (Ottawa), Quackenbush (Ottawa), Hardy (Toronto) and Wickens (Brantford) were members of the American-based International Hahnemannian Association (IHA), a purist homoeopathic organisation

founded in 1880 to offset the generalist tendencies of the older American Institute of Homeopathy. In 1901 the IHA held its annual meeting in Niagara Falls, at which Dr. D.C. McLaren acted as Vice President and presented several papers. Indicative of the orthodox nature of this organisation was its constitution and by-laws; noting that Hahnemann's *Organon of the Healing Art* was the 'true guide' in therapeutics, the constitution disavowed 'all connection with that practice which, under the guise of Homoeopathy, is at variance with the law of similars and its conditions as deduced by Samuel Hahnemann.'⁵³ Moreover, the often strident tone of papers presented at this meeting indicates also an extremist orientation.

Homoeopathic activities during the nineteenth and the early years of the twentieth centuries demonstrate that this form of sectarian medicine was far from moribund in Canada. In addition to legal recognition in several provinces, homoeopaths became, generally speaking, 'professionally' accepted by their more numerous regular colleagues. Moreover, as a result of the activities of several homoeopathic organisations (Canadian and American), homoeopaths developed further their own sense of collective identity and strengthened their professional abilities. However, these same societies, because of their differing conceptual orientation, could have contributed also to a certain divisiveness among Canadian homoeopaths. A final factor accounting for the continued well-being of homoeopathy in Victorian Canada was its ability to attract new, younger physicians.

A further review of homoeopathy in nineteenth-century Canada reveals that, although the nominal strength of homoeopaths was limited in Canada (perhaps no more than one per cent of the national complement of physicians), homoeopaths were both able to be heard and to secure a position in the Canadian medical hierarchy. Indeed, despite their small numbers, homoeopaths demonstrated to their more numerous regular colleagues that homoeopathy should be taken seriously. Certainly, some legislators and the public were convinced of this, as witnessed by legislation protecting homoeopaths in various provinces. Moreover, while many instances of homoeopathic and regular disputes took place between individuals, overall there seems to have been a remarkable degree of co-operation between the two kinds of physician. Whatever else may be cited to explain this *entente cordiale*, one factor was the generally 'professional' demeanour of homoeopathic physicians: they shared with regular physicians a similar outlook on etiquette and collegial conduct (licensing, education, administration, etc.). In fact, the bearing of the professional gentleman – as one homoeopath put it, his 'pleasing manners' – was of greater importance

to the Canadian medical profession at large than it was in the United States.⁵⁴ Indeed, one feature that distances homoeopaths from other sectarians in the nineteenth century, and perhaps even from their counterparts in Europe and the United Kingdom, was their relative lack of populist support and interference. Although Canadian homoeopaths did engage in pamphleteering, and did enlist the support of the public on occasion, they did not employ such populist and adversarial tactics as did, for example, Thomsonian followers.⁵⁵ Moreover, because the majority of Canadian homoeopaths were American-trained and did not establish a homoeopathic medical school in Canada, no strife arose as a result of student recruitment. As long as Canadians could travel to New York, Philadelphia, Cleveland, Cincinnati, Chicago, Detroit, Ann Arbor and Boston,⁵⁶ they had no need to establish an institution in Canada. A Canadian institution would probably also have been divisive, requiring large amounts of funds, given the climate of academic and clinical competition between proprietary medical schools.⁵⁷

Similarly, without their own enduring medical journals, societies, etc., Canadian homoeopaths took advantage of their geographic and cultural position by reading American and British periodicals and by joining international associations. However, the two major centres of homoeopathy in Canada, Toronto and Montreal, both had hospitals that were founded on homoeopathic principles; both also had homoeopathic remedies readily available in pharmacies and through mail-order suppliers. In short, Canadian homoeopathy owed much to the United States and, to some extent, to Britain.

The acceptance and use of homoeopathy in Victorian Canada may be viewed as a springboard for discussing particular aspects of homoeopathy *qua* medical practice. First, how unique was the Canadian experience? Did homoeopathic physicians in countries other than the United States manage to achieve a similar level of security because of prevailing medical conditions? Was homoeopathy elsewhere primarily an urban phenomenon? To what extent were homoeopathic physicians actually integrated into routine medical practice, notwithstanding the rhetorical posturing of both regular and sectarian factions? And, finally, what is meant by the terms homoeopathy and homoeopathic physician? As has been seen in Canada, homoeopathy was practised by British-, American-, and Canadian-trained homoeopaths, some of whom were converted regulars; others trained entirely along homoeopathic lines. Furthermore, there were many lay people who also treated themselves homoeopathically. In sum, was there such a thing as the homogeneous practice of homoeopathy? Analyses of homoeopathy have

been viewed typically against the backdrop of regular medical practices and the context of nineteenth-century professionalisation, where differences between homoeopaths and regulars have been emphasised. Yet, what would an historical analysis of homoeopathy – anywhere – in and of itself reveal? What were the actual prescribing practices of homoeopaths? What were some of the dynamics and tensions within the homoeopathic profession itself? How did the homoeopathic community communicate internationally? Posing these questions does not invalidate previous scholarship on homoeopathy; rather, they extend it.

Recent international interest in the history of homoeopathy allows tentative answers to some of these questions.⁵⁸ In general, Canadian homoeopathic physicians appear to have enjoyed a relatively secure legal and medical position compared with their counterparts elsewhere. In countries such as Germany, Belgium, The Netherlands, Spain and Italy, for example, homoeopathic physicians, for the most part, did not receive legal protection; at the very least, any formal recognition varied considerably from region to region within some countries. In the United States, legislation was reintroduced only in the closing decades of the nineteenth century to protect and to recognise all practitioners, including homoeopaths. The British experience most resembled that of Canada inasmuch as those physicians who held a British degree in medicine, or some other fellowship or qualification, were entitled to practise. Nevertheless, unlike Canada, no special provisions existed in Great Britain either to recognise or to protect homoeopathic practitioners.

Contrasts can be drawn also when considering lay support for homoeopathy in different countries. In Canada, homoeopathic physicians used petitions to appeal to the public for support. In addition, both a pamphlet campaign and the presence of domestic homoeopathic medicine attest to the role played by lay followers. The homoeopathic hospitals in Montreal and Toronto also could not have functioned without the support of lay auxiliary groups, which raised funds and helped in their administration. Yet it is clear that this lay 'support system' was never as developed or as vital to the practice of homoeopathy in Canada as it was in such countries as Germany or The Netherlands. Even though a strong lay homoeopathic movement in Great Britain greatly aided in organising and promoting the practice there, 'qualified' homoeopathic physicians displayed considerable ambivalence towards it. This tension seems to underscore one of the assertions of this chapter that, within the Anglo-medical world at least, physicians might well have considered professional qualifications more important than specific therapeutic practices. On the other side of the

Atlantic, although an extensive domestic homoeopathic scene existed, the 'open market place' combined with relatively unimpeded access to homoeopathic medical schools meant that in the United States, as in Canada, a strong populist homoeopathic movement did not develop.

In Canada, no formal educational institutional base was ever established. Yet in this respect the Canadian situation was not unusual, for no formal medical schools dedicated to the teaching of homoeopathic medicine were ever established during the nineteenth century in either Great Britain or much of Europe; similarly, actual lectureships appear to have been few and far between. It was the United States, with its numerous proprietary medical schools – many of them homoeopathic in orientation – that stands out as anomalous. Nonetheless, Canadians could take advantage of institutional developments in the United States to acquire an M.D. degree, thereby making them eligible for examination and licensure upon their return home.

Certainly one area in which Canada's experience with homoeopathy was unique involves its lack of a publishing tradition compared with those other countries where an ongoing lay and professional medical press developed. Canadian homoeopaths and followers were informed through a small pamphlet campaign in the 1850s and 1860s, a short-lived journal in 1856, and two hospital journal/newsletters in the 1890s, but there was no textbook or other publication trade. Ironically, this lack probably did not hinder the development of homoeopathy in Canada, for it meant that practitioners did not expend valuable energy and money in duplicating efforts from elsewhere. Canadian homoeopaths, like their regular colleagues, could avail themselves easily of British and American literature. This cultural dependency, of course, could have also a negative aspect. As its fate was linked to the waxing and waning of homoeopathy elsewhere, Canadian homoeopathy declined during the early twentieth century.

Homoeopathy in Later Twentieth-Century Canada

– An Overview

ALTHOUGH HOMOEOPATHY WAS CLEARLY IN DECLINE by the beginning of the twentieth century, the activities of the Montreal anaesthetist and homoeopath, Dr. Harold Griffiths, and those of the Montreal Homeopathic Hospital ensured that the embers of this nineteenth-century medical sect continued to glow. Scattered elsewhere in Canada, too, were other practitioners who carried on a mixed practice of 'regular' and homoeopathic medicine. Similarly, some physicians who were trained in the naturopathic

medical tradition also helped to maintain a homoeopathic presence in Canada.⁵⁹ Indeed, even until 1968 there was a homoeopathic representative on the Medical Council of Canada – the national licensing and regulatory body for all physicians and surgeons.⁶⁰ Increasingly, however, homoeopathy was fast becoming an anomaly, if not a curiosity, that appeared to look back to the misguided medical extremes of a long past era. Nevertheless, despite this trend, and no matter how irrelevant homoeopathy may have appeared to the majority of Canadians, it never became extinct. For example, in 1968 Thompson's homoeopathic pharmacy in Toronto would celebrate its one-hundredth year of operation.

It was, however, during the latter decades of the twentieth century that homoeopathy, along with a host of other alternative and complementary medical practices, exploded on the scene once again. The rediscovery of homoeopathy during the 1980s and 1990s may be attributed to many broad social trends including a disillusionment with, or questioning of, the scientific and technological medical model; consumerism in general may be seen also to have been a factor. Regardless, for some Canadians homoeopathy did 'work'; for many others this medical therapy appeared to make them, at least, feel better; and for many more, homoeopathy and its tenets was consistent with a broader philosophy of their alternative lifestyle and the taking of responsibility for their own health. Especially in large cities such as Toronto and Montreal, many homoeopathic and naturopathic practitioners established practices. In the Province of Quebec homoeopathy became subsumed under the general umbrella of *médecine douce* – a movement that embraced a mixture of alternative medical practices.⁶¹ Similarly, new pharmaceutical enterprises arose that either manufactured or distributed homoeopathic remedies to the public. In addition, today, at least one Canadian commercial chain of drugstores distributes the products of the European homoeopathic giant of *laboratoires Boiron*; other independent pharmacies also provide 'over-the-counter' homoeopathic preparations prepared by other companies.⁶² The Ontario Homoeopathic Association, founded in 1992 and based in Toronto, added to this rebirth by sponsoring public lectures on the principles of homoeopathy; its primary objective, however, is to act as the professional voice of homoeopathic practitioners in the province. Among its several goals is to 'ensure a united body of qualified practitioners to provide safe and professional homoeopathic care for the protection of the public.' The recently established International Academy of Homoeopathy and The School of Homoeopathic Medicine, both located in Toronto, offer a series of courses of three years' duration that lead to a diploma in homoeopathic medicine. Although these programmes are private

ventures and are reminiscent of the proprietary medical schools of the nineteenth century, they strive to emulate the university medical school curriculum inasmuch as they include courses in anatomy, physiology, and pathology, as well as training in homoeopathic methods. The teaching faculty of the International Academy include practising homoeopaths, massage therapists, pharmacists, and pathologists, many of these teachers having been trained in European medical schools and Indian homoeopathic medical colleges.⁶³

This resurgence of homoeopathy did not go unnoticed in established medical circles. For example, in 1994, the Medical Society of Nova Scotia based in Halifax on the eastern coast of the country, officially recognised complementary medicine and defined it as 'homeopathy or osteopathy or a system different from that taught in the usual schools of medicine'. While it is unlikely that this trend of professional recognition will sweep the country, it is noteworthy that at least one formally constituted professional association acted in this way, and is another indicator of the new homoeopathic scene of the 1990s in Canada.⁶⁴ Of course, these actions have rekindled many of the old sectarian battles of the nineteenth century. Exchanges between homoeopathic patients, sympathisers, and critics of homoeopathic medicine (including some physicians) in the popular media such as newspapers raise the recurring themes of the purported scientific and therapeutic claims of homoeopathy, and whether or not it is a sham.⁶⁵

In conclusion, although there are resonances between the homoeopathic medical scene of the nineteenth century and that of the closing decades of the following century, one important difference should be underscored. For the most part, homoeopathy in nineteenth-century Canada was the domain of licensed physicians; lay practice, when it existed, appears to have been limited to occasional domestic, self-care activities. The resurgence of homoeopathy in Canada over a century later, however, is very much grounded in a lay movement with patients and lay supporters of homoeopathy acting as advocates on its behalf. Moreover, today's homoeopathic practitioners, for the most part, are not themselves members of the formal medical establishment. Indeed, by establishing their own associations, schools and so on, modern-day homoeopaths in Canada are attempting to create their own parallel professional community. In many respects, therefore, the task that current homoeopaths have set for themselves is similar to that of their nineteenth-century colleagues, but while the former do enjoy popular support the professional and institutional obstacles they have to overcome remain substantial.

Notes

- 1 Major studies of homoeopathy include Glynis Rankin, 'Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy', in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (New York, 1988), pp. 46–62; John V. Pickstone, 'Establishment and Dissent in Nineteenth-Century Medicine: An Exploration of Some Correspondence and Connections Between Religious and Medical Belief-Systems in Early Industrial England' in W.J. Sheils (ed.), *The Church and Healing: Studies in Church History*, Vol. 19 (1982), pp. 165–89. See also John B. Blake, 'Homeopathy in American History: A Commentary', *Transactions and Studies of the College of Physicians of Philadelphia*, Series V, 3 (June 1981), 83–92; Ronald L. Numbers, 'Do-It-Yourself the Sectarian Way' in Guenter Risse et al. (eds.), *Medicine Without Doctors: Home Health Care in American History* (New York, 1977), pp. 49–72; Elizabeth Barnaby Keeney et al., 'Sectarians and Scientists: Alternatives to Orthodox Medicine' in Ronald L. Numbers and Judith Walzer Leavitt, (eds.), *Wisconsin Medicine: Historical Perspectives* (Madison, 1981), pp. 47–74; Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*, 3 vols. (Washington, 1973); Naomi Rogers, 'Women and Sectarian Medicine' in Rima D. Apple (ed.), *Women, Health, and Medicine in America: A Historical Handbook* (New York, 1990), pp. 281–310; Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, 1971); Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, 1988); Renate Wittern, 'The Origins of Homoeopathy in Germany', *Clio Medica* 22 (1991), 51–64; Robert Jütte, 'The Professionalisation of Homeopathy in the Nineteenth Century', in John Woodward & Robert Jutte (eds.), *Coping With Sickness. Historical Aspects of Health Care in a European Perspective* (Sheffield, 1996); Olivier Faure, *Le debat autour de l'homéopathie en France 1830–1870: Evidences et arrière-plans* (Lyon, 1990); Lucile Lasveaux, *Traitements homéopathiques du choléra dans la France du XIX^e siècle* (Lyon, 1988); and Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie (1800–1940)* (Lyon, 1992).
- 2 For additional discussions of Canadian medical pluralism, especially Ontario, see Jennifer J. Connor and J.T.H. Connor, 'Thomsonian Medical Literature and Reformist Discourse in Upper Canada', *Canadian Literature* 131 (1991), 140–55; J.T.H. Connor, '"A sort of *felo de se*": Eclecticism, Related Medical Sects and Their Decline in Victorian Ontario', *Bulletin of the History of Medicine* 65 (1991), 503–27; and J.T.H. Connor, *Minority Medicine in Ontario, 1795–1903: A Study of Medical Pluralism and Its Decline* (unpublished Ph.D. thesis, University of Waterloo, 1989).
- 3 John Harley Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine', in W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850* (London, 1987), pp. 234–60; and *idem*, 'Science, Healing and the Physician's Identity: A Problem of Professional Character in Nineteenth-Century America', *Clio Medica*, 22 (1991), 65–88.

- 4 See Connor, *Minority Medicine*, pp. 189–267; Joseph F. Kett, 'American and Canadian Institutions, 1800–1870' in S.E.D. Shortt (ed.), *Medicine in Canadian Society: Historical Perspectives* (Montreal, 1981), pp. 189–205; and Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver, 1984).
- 5 George Logan, 'Canada' in *Transactions of the International Homoeopathic Congress. London, August, 1896* (London, 1896), Section II, p. 75.
- 6 See Mark S. Wade, *Notes on Medical Legislation in British Columbia* [Victoria, BC: 1890], CIHM/ICMH No. 16417. For an overview of homoeopathic legislation in California, see Thomas L. Bradford (comp.), *Homoeopathic Bibliography of the United States, from the Year 1825 to the Year 1891, Inclusive* (Philadelphia, 1892), p. 564.
- 7 Logan, p. 76.
- 8 Alex R. Griffith, 'Homoeopathy in Canada' in E. Petrie Hoyle (ed.), *Transactions of the Eighth Quinquennial Homoeopathic International Congress* [London, 1911], 2 vols. (London, 1911), Vol. I, p. 76.
- 9 Allan M. King, 'Maritime Provinces' in *Transactions of the International Congress*, Section II, pp. 15–17.
- 10 See J.C. Peterson, *Reply to the Evidences of the Delusions of Homoeopathy* (Saint John, New Brunswick, 1857), CIHM/ICMH No. 67088. Peterson's document was in reply to Robert Bayard, *Evidences of the Delusions of Homoeopathy* (Saint John, New Brunswick, 1857); and A.D. Gibbon, 'Bayard, Robert', *Dictionary of Canadian Biography* IX, 1861–1870, p. 35.
- 11 King, p. 17.
- 12 King, p. 16.
- 13 *An Act Relating to the Registration and Qualifications of Physicians and Surgeons*, New Brunswick, 1881. See Section 12.
- 14 *Register of the Medical Council of the College of Physicians and Surgeons of New Brunswick, 1881–1923*. This material is housed in the New Brunswick Museum, Saint John, New Brunswick. I am grateful to Jane Lodge Smith for providing me with this information.
- 15 King, p. 15.
- 16 Information derived from *Some North Cumberlandians at Home and Abroad Past and Present* (North Cumberland Historical Society, Nova Scotia, 1965); and Provincial Archives of Nova Scotia, RG 83 Vol. 1, Provincial Medical Board of Nova Scotia, *Medical Registration Book, 1857–1868, Medical Registration Book, 1868–1873*. I am grateful also to Allan E. Marble for sharing some of his yet unpublished research with me regarding homoeopathic physicians in Nova Scotia.
- 17 Herbert H. Read, *A Review of the Present State of Therapeutics* (Halifax, Nova Scotia, 1873), CIHM/ICMH No. 13211.
- 18 Provincial Archives of Nova Scotia, MG 20 Vol. 181, *Halifax Medical Society Minutes 1853–1861, 1861–1868*. For background to the medical board, see M.R.

- Macdonald, 'The Provincial Medical Board of Nova Scotia', *Nova Scotia Medical Bulletin* 64 (1985), 42–43.
- 19 See Chapter 31, Section 18, 'An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery', 35 Vic., *The Statutes of Nova Scotia* (Halifax, 1872).
 - 20 See Colin D. Howell, 'Elite Doctors and the Development of Scientific Medicine: The Halifax Medical Establishment and Nineteenth-Century Medical Professionalism' in Charles G. Roland (ed.), *Health, Disease and Medicine: Essays in Canadian History* (Toronto, 1984), pp. 105–22; see p. 118. Unfortunately, the minutes of this meeting have since disappeared, and verification or amplification of this debate cannot be pursued. For discussion of Listerism, for comparative purposes, see J.T.H. Connor, 'Listerism Unmasked: Antisepsis and Asepsis in Victorian Anglo-Canada' *Journal of the History of Medicine and Allied Sciences* 49 (1994), 207–39.
 - 21 See Sylvio LeBlond, *Médecine et médecins d'autrefois: Pratiques traditionnelles et portraits québécois* (Québec, 1986), pp. 87–97; Thomas Nichol, 'Province of Quebec', *Transactions of the International Congress*, Section II, pp. 12–15; Logan, 'Canada', p. 75; and Griffith, 'Homoeopathy in Canada', pp. 75–77. See also Pierre Savard, 'Bardy, Pierre-Martial', *Dictionary of Canadian Biography*, IX, 1861–1870, pp. 32–33.
 - 22 Act to Incorporate Montreal Homoeopathic Association, 28 Vic., cap. 59 [1865], CIHM/ICMH No. 01620; and *Statutes, Rules and Regulations of the College of Homoeopathic Physicians and Surgeons of Montreal* [Montreal, 1865?], CIHM/ICMH No. 01739.
 - 23 J.G. Rosenstein, *Comparative Merits of Alloepathy, The Old Medical Practice and Homoeopathy, The Reformed Medical Practice, Practically Illustrated* (Montreal, 1846), CIHM/ICMH No. 01652; Thomas Nichol, *The Misrepresentations of Homoeopathy* (Montreal, 1888), CIHM/ICMH No. 39195; M.H. Utley, *Homeopathy for the British North American Provinces* (Montreal, 1863), CIHM/ICMH No. 55509; [John Wanless], *Letters on Homoeopathy. For and Against* (Montreal, [1865]), CIHM/ICMH No. 23161.
 - 24 Arthur Fisher, 'Reminiscent Homoeopathy', [Montreal] *Homoeopathic Messenger* 1 (April 1896), 2–3; 1 (May 1896), 2–3; 1 (June 1896), 2–3.
 - 25 *Register of College of Homoeopathic Physicians and Surgeons of Montreal*, Box 1 Acc. 542, Griffith Collection, Osler Library, McGill University, Montreal.
 - 26 *By-Laws of the Montreal Homoeopathic Hospital ... 1894* [Montreal, 1894], CIHM/ICMH No. 01753; Harold R. Griffith, 1894–1969, *Seventy-five Years of Service: The Story of the Queen Elizabeth Hospital of Montreal*, Reprint Collection, Osler Library, McGill University, Montreal. See also the *Montreal Homoeopathic Record*, the hospital's newsletter from 1895 to 1904.
 - 27 Jean-Pierre Robitaille, *La reconnaissance sociale d'une pratique médicale marginale: L'homéopathie à Montréal: 1844–1904*, (M.A. thesis, Université du Québec à Montréal, 1992). See especially pp. 177–82.

- 28 An interesting example of this in microcosm is the career of Dr. Harold Griffith, a homoeopathic physician who was the son of a homoeopathic physician, both of whom acted as Registrar for the Montreal College of Homoeopathic Physicians and Surgeons. However, Harold Griffith, a McGill medical graduate as well as a Hahnemann Medical College graduate, became an internationally renowned anaesthetist (it was he who employed curare as an anaesthetic) and chair of the Department of Anaesthesia in McGill University. For an introduction to Griffith's life, see Richard Bodman and Deirdre Gillies, *Harold Griffith: The Evolution of Modern Anaesthesia* (Toronto, 1992).
- 29 See Edwin Seaborn, *The March of Medicine in Western Ontario* (Toronto, 1944), pp. 194–201; Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto, 1980), pp. 31–32; and Colin Read, *The Rising in Western Upper Canada, 1837–38: The Duncombe Revolt and After* (Toronto, 1982), p. 226. One indication of Lancaster's devotion to homoeopathy was the fact that he christened his first-born son Hahnemann Lancaster. Lancaster was probably responsible also for introducing Emily Stowe to homoeopathic practices. Stowe would later study medicine in New York and return to Ontario to become the first woman physician to practise in the province. Indeed, while this issue has yet to be explored more fully, it appears that homoeopathic practice was perhaps the earliest avenue for women to pursue a medical career in Canada. For more information on Stowe, see Constance B. Backhouse, 'The Celebrated Abortion Trial of Dr. Emily Stowe, Toronto, 1879', *Canadian Bulletin of Medical History* 8 (1991), 159–187; Jacalyn Duffin, 'The Death of Sarah Lovell and the Constrained Feminism of Emily Stowe', *Canadian Medical Association Journal* 146 (1992), 881–88; and Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto, 1974).
- 30 Lancaster was supported by Abraham Welch of Westminster and John Thomas of London. See *Journals of the Legislature of the Province of Canada from the 14th Day of May to the 10th Day of August ... Session 1850, Vol. 9* (Toronto, 1850), p. 108.
- 31 R.J. Smith, *Lecture on the History of Medicine and the Science of Homeopathy* (Toronto, 1852), p. 14, Pamphlet 1852, No. 31, Archives of Ontario.
- 32 Smith, p. 25.
- 33 Smith, p. 17.
- 34 *The Canadian Journal of Homoeopathy* appeared monthly only for 1856. It originated in St. Catharines (Canada West, now Ontario) and later moved to Hamilton. Only one microfilm copy of three issues of this publication is known to exist in the National Library of Medicine, Bethesda, Maryland (microfilm S2541). I am grateful to Jennifer J. Connor for making the source available to me.
- 35 Robin S. Harris and Terry G. Harris (eds.), *The Eldon House Diaries: Five Women's Views of the 19th Century* (Toronto, 1994), pp. 196, 284–85.
- 36 See item 44, *General Index to the Journals of the Legislative Assembly of Canada in the 4th, 5th, 6th, 7th and 8th Parliaments. 1852–1860* (Ottawa, 1867), p. 537.

- 37 See *Appendix to the Seventeenth Volume of the Journals of the Legislative Assembly of the Province of Canada. From the 29th January to 4th May, 1859, ... Session 1859, Appendix (No. 42)*, n.p.
- 38 For details, see *Journals of the Legislative Assembly of the Province of Canada from 29th January to 4th May, 1859 ... Session 1859*, Vol. 17 (Toronto, 1859), pp. 290–91; 397; 439–40; 477–78; 532; 539–40; 591.
- 39 'Canadian Medical Association', *Canada Medical Journal* 6 (1869), 97–123; pp. 104–106, 120–22.
- 40 'Analysis of the Ontario Medical Register', *Canada Medical Journal* 7 (1870–71), 17–18.
- 41 See, for example, *Canada Lancet* 4 (1872), 536–37; 543–50; 578–80; and *Canadian Medical Times* 1 (1873), *passim*. Also indicative of the respect gained by Campbell was his official obituary in the *Canada Lancet* 11 (1879), 217. Moreover, Campbell was the only sectarian medical practitioner to be included in William Canniff's chauvinistic collective biography of the medical profession in Ontario; see *The Medical Profession in Upper Canada, 1783–1850* (1894; reprinted, Toronto, 1980), pp. 281–82.
- 42 Clarence T. Campbell, *Medical Legislation in Ontario* (Toronto, 1892), pp. 18–19, Box 14, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario.
- 43 Campbell; see also *The Ontario Medical Register* (Toronto, 1903).
- 44 'Ontario Medical Association. Third Annual Meeting', *Canada Medical and Surgical Journal* 11 (1883), 694–96.
- 45 'Canadian Medical Association—President's Address [John L. Bray]', *Ontario Medical Journal* 1 (1892), 89–95.
- 46 See John Ferguson, *History of the Ontario Medical Association 1880–1930* (Toronto), pp. 38–39.
- 47 This analysis is based on the *Registers* for the years 1882, 1892, 1898, and 1903.
- 48 See Logan, 'Canada', pp. 73–74; John N.E. Brown, 'The Hospitals of Toronto' in J.E. Middleton, *The Municipality of Toronto: A History* (Toronto, 1923), Vol. 2, pp. 639–40; 'Opening of Grace Hospital (Homoeopathic)', *Ontario Medical Journal* 1 (1893), 257; and [Adam Wilson], *Statement of the Work Performed at the Homoeopathic Hospital in Toronto Since Its Opening Within the Last Three Years* (Toronto, 1891), Box 9, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario. See also Brent Hergott and Jonathan Marshall, *Vital Signs: The First 100 Years Kitchener-Waterloo Hospital* (Kitchener, Ont., 1994), p. 12; and John R. Sullivan and Norman R. Ball, *Growing to Serve ... A History of Victoria Hospital, London, Ontario* (London, Ont., 1985), pp. 21–22.
- 49 See John T. Wait, *Wait's Homeopathic Manual* (Arnprior, Ont., 1881). See also various advertisements for homoeopathic pharmaceutical suppliers in the *Canadian*

- Journal of Homoeopathy*; and also the catalogue of *Humphrey's Specific Homeopathic Medicines* (ca. 1874), CIHM/ICMH No. 39747.
- 50 George Logan and Clarence T. Campbell, *Hahnemannian Homoeopathy!* (Ottawa, 1891), Box 14, J.W. Crane Collection, Department of History of Medicine, University of Western Ontario, London, Ontario.
 - 51 Logan and Campbell, p. 4.
 - 52 Logan and Campbell, p. 20.
 - 53 See *Proceedings of the Twenty-second Annual Session of the International Hahnemannian Association ... 1901* (Chicago, 1901), pp. 53–54.
 - 54 R.D. Gidney and W.P.J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto, 1994).
 - 55 For fuller discussion, see Jennifer J. Connor, 'The Medical Pamphlet and Pamphleteering in Canada', *Papers of the Bibliographical Society of Canada* 32 (1994), 87–119.
 - 56 See list of graduates from 1848 to 1898 in Thomas L. Bradford, *History of the Homoeopathic Medical College of Pennsylvania; The Hahnemann Medical College and Hospital of Philadelphia* (Philadelphia, 1898), pp. 774–836; and an analysis of the lists of alumni identified as Canadian in William H. King, *History of Homoeopathy and Its Institutions in America* (New York, 1905) reveals at least 70 names.
 - 57 It is important to differentiate the concept of the proprietary medical school in Canada from that in the United States. For an introduction to this distinction, see R.D. Gidney and W.P.J. Millar, 'The Reorientation of Medical Education in Late Nineteenth-Century Ontario: The Proprietary Medical Schools and the Founding of the Faculty of Medicine at the University of Toronto', *Journal of the History of Medicine and Allied Sciences* 49 (1994), 52–78.
 - 58 See other chapters in this volume.
 - 59 See, for example, the biography of Arno R. Koegler (1898–1991) in Friedhelm Kirshfeld and Wade Boyle (eds.), *Nature Doctors: Pioneers in Naturopathic Medicine* (Portland, Oregon, 1994) pp. 287–95.
 - 60 Robert B. Kerr, *History of the Medical Council of Canada* (Ottawa, 1979) pp. 78–80.
 - 61 For example, the *Pages Jaunes* of the Montreal telephone directory has numerous listings under three separate headings where one can locate homoeopathic practitioners: 'médecines douces', 'naturopathes', and 'homéopathie'. Similarly, in Toronto, one can consult *The Alternative Health Services Directory* – an annually produced guide to therapists and services from acupuncturists to yoga.
 - 62 Many of these companies and stores distribute promotional and informative material about their products and homoeopathy in general. While much of this information is commercial advertising it is, nonetheless, an additional vehicle for the dissemination of knowledge about homoeopathy.
 - 63 Information based on brochures and leaflets supplied by the Ontario Homeopathic Association and The International Academy of Homeopathy.

- 64 Nancy Robb, 'Some MDs displeased as MSNS board gives nod to complementary medical section', *Canadian Medical Association Journal* 150 (May 1994), 1462-65; 'Nova Scotia Medical Society establishes complementary medicine section' *Ontario Medical Review* (July 1994), 66, 68.
- 65 See, for example, Robin Harvey, 'Homeopathy – some call it wishes in a bottle', *Toronto Star*, 19 March, 1995 p. WS1, WS7; Lynn Van Der Water, 'In defence of homeopathy', *Toronto Globe and Mail*, 1 May, 1995, p. A16; Letters, *Toronto Globe and Mail* 17 May, 1995, p. A13; Joan Breckenridge and Doug Saunders, 'Bitter Medicine', *Toronto Globe and Mail*, 3 June, 1995, p. D1, D5.

Homeopathy in the American West: its German Connections

Josef M. Schmidt



HOMEOPATHY, A BRANCH OF DRUG THERAPY based on the principle of Similaris, or treatment of likes by likes, was founded in Germany two centuries ago. After its introduction into the United States in the 1820s and an impressive expansion during the second half of the nineteenth century, there was a rapid decline of this medical system at the beginning of the twentieth century. However, for the past two decades, it seems once again to have experienced a form of renaissance, especially in the American West. This recent development toward an increasing social and political relevance of homeopathy is mirrored also in medical historiography. Prior to the investigations of Joseph F. Kett, Martin L. Kaufman, William G. Rothstein, and Harris L. Coulter little scholarly research had been done on the history of homeopathy.¹ Meanwhile, medical historians have expanded significantly the scope of their field by including also historical and social perspectives of 'medical sects' of the nineteenth century. Among these, however, homeopathy seems to have been the most important. This paper traces the Germanic connections to and influences on the history of homeopathy in the United States during the nineteenth century, especially in the American West. Since homeopathy was founded and developed in Germany, it would be expected that Germans played a major role in transferring and establishing homeopathy in North America. On the other hand, however, some of the most important factors for homeopathy's eventual decline came from Germany, primarily in the form of modern laboratory science and the German medical school system.

Early German Homeopaths in the American East

HOMOEOPATHY WAS FIRST INTRODUCED into the United States on its East Coast and progressed to the West Coast two decades later. Samuel Hahnemann (1755–1843), a German physician and the founder of homeopathy, was living at Köthen (Saxony) and working on his theory of chronic diseases when the essentials of his new method of therapeutics² came to America via two different paths.

The first path was the result of the efforts of Hans Burch Gram (1786–1840), who was born in Boston as the son of a Danish immigrant and educated in Copenhagen, where he received his medical degree and endorsed the principles of homeopathy. After his return to America in 1825, he opened an office in New York and began to practise homeopathy. At that time he published a small pamphlet entitled *The Characteristics of Homoeopathia* being the first publication in the United States on homeopathy. This was a translation of Hahnemann's essay *Geist der homöopathischen Heillehre*.³ However, according to Bradford, Gram's twenty years in Denmark 'gave this little missionary tract such a Danish–German–English grotesqueness and such complicated grammatical construction that it was difficult to read understandingly.' Since it was doubtful whether anybody read it, nothing further was written by him.⁴

The second path by which homeopathy made its appearance in the United States was mainly through German-speaking physicians in Pennsylvania. One of these was Henry Detwiller (1795–1887), born in Basel, who had completed five semesters of medicine at the University of Freiburg. He took the medical board examination in Amsterdam and left Europe in 1817 as an appointed physician on a ship to Philadelphia. He settled first in Allentown, Pennsylvania, where the language spoken was chiefly German and, subsequently, he opened an office in Hellertown, Pennsylvania. In the largely German populated town of Bath, twelve miles north, he met socially, as well as professionally in consultation, his colleague William Wesselhoeft (1794–1858). Wesselhoeft was born in Jena and studied medicine there, in Berlin and in Würzburg where he graduated. He became involved in political activities in the *Burschenschaften*, was imprisoned, and escaped to America in the early 1820s. Wesselhoeft received from his father and from his old fellow student, Ernst Stapf (1788–1860), German books on homeopathy and a box of homeopathic remedies. The two doctors investigated the new system and, eventually, Detwiller administered the first homeopathic dose to a Pennsylvania patient on July 23, 1828. Wesselhoeft soon began to give his patients homeopathic medicines, as did Eberhard Freytag, Christian J. Becker, and other German

physicians. A lay practitioner among the early German promoters of homeopathy was Johannes Helfrich (1795–1852), a Moravian minister in Weisenberg, Pennsylvania, who together with his pastoral work prescribed homeopathic remedies for the ailments of his parishioners. Consequently, after 1830 his house became more of a hospital than a school. Another layman was George Henry Bute (1792–1876), who was born in the duchy of Schaumburg Lippe Bückeburg. After a roving life in Europe, he migrated to Philadelphia in 1819. He became acquainted with the Moravians and in 1828 received a special commission to go to Surinam as a Moravian missionary where he became a student of Constantine Hering. After his return to the United States in 1831 he became Hering's partner and practised in Philadelphia for six years.

Constantine Hering (1800–1880) was the most important German homeopath of that period. He was born in Oschatz (Saxony) and studied medicine in Leipzig and Würzburg, where he graduated in 1826. He was sent on a botanical and zoological expedition to Surinam and after six years, instead of returning to Germany, went to Philadelphia in 1833. Hering was the principal initiator in establishing both the pioneer organisation of homeopathy in the country, the Hahnemann Society, in 1833 as well as the first college of homeopathy in the world, the *Nordamerikanische Akademie der homöopathischen Heilkunst*, founded in Allentown in 1835. As most of its professors were graduates of German universities, instruction was given entirely in the German language.⁵ Hering's address, *A Concise View of the Rise and Progress of Homoeopathic Medicine*, delivered before the Hahnemann Society in Philadelphia in 1833 (the second homeopathic publication printed in the United States) was published first in German.⁶ The teachers and graduates of the Allentown Academy, however, spread the new doctrine throughout the country. While in 1835 there were no practitioners of homeopathy in any of the States except New York and Pennsylvania, by 1840 homeopathy was established in sixteen different States.⁷

Early German Homeopaths in the American West

HOMEOPATHY ARRIVED IN THE AMERICAN WEST almost twenty years after its introduction into the country by Gram and Detwiller. In California it was referred to as a 'Forty-Niner', i.e. it came with the great wave of immigrants and adventurers at the beginning of the Gold Rush in 1849.⁸ Since between 1300 and 1500 doctors moved to California in those early years, physicians soon outnumbered virtually every other profession. The Californian El Dorado probably possessed the highest ratio of physicians to patients in the world. The doctors came from many different schools of

medicine and with different political convictions. Henry Gibbons, in his address as retiring president of the State Medical Society, in 1858 commented: 'No country in the world is supplied with physicians so diverse in character. We have all the peculiarities of all of the schools in the world. The physicians of California know less of each other than the physicians of any other land; and they care less for each other. We live in continual war with each other – internecine war, murderous and suicidal. It is so elsewhere, but more so in California.'⁹

Contrary to the large number of physicians, early Californian exponents of homeopathy were not numerous. Benjamin Ober drifted to the mines in 1849. In 1850 Moritz Richter became San Francisco's first homeopath and by 1853 five others were practising in the city: John N. Eckel, John J. Cushing, Charles G. Bryant, David Springsteed, as well as F. Kafka (1813–1893),¹⁰ a graduate of Vienna and Freiburg who claimed to have been a member of Napoleon's Russian army. In the middle of the nineteenth century, homeopathic references listed a disproportionate number of Germanic practitioners.¹¹ Benjamin Ober (1800–1867)¹² was the State's first homeopathic physician. He crossed the Rocky Mountains, arriving in San Francisco in 1849 having some twenty year's experience as a physician in Maine and Pennsylvania, where he had joined the American Institute of Homeopathy. Since San Francisco was nothing but a large mining town, he established himself in a cabin at a little settlement at the heart of the mother lode among the miners. California's second homeopath was Morgan John Rhees who came at the end of 1849 by the way of Cape Horn. He settled in Stockton where he practised for five years, but in 1855 he returned to his home in New Jersey. He also was a member of the American Institute of Homeopathy and translated numerous German articles into English. The third homeopathic physician to arrive in California was Moritz Richter, who came to San Francisco in 1850. He was born in Saxony and graduated from Heidelberg University. He was imprisoned as a political offender as some of his published articles offended the authorities and on release was deprived of his citizenship. He emigrated to America and studied homeopathy with his German friend C.F. von Hoffendahl in Boston. He then moved to Nantucket, Massachusetts, where his daughter married John N. Eckel – a homeopath – in 1852. In 1849 Richter left his practice with Eckel and established himself in San Francisco. But as his wife did not join him, he returned to Nantucket and finally settled down in Brooklyn, New York, where he remained for the rest of his life.

In 1853 John Nicholas Eckel arrived in California where he became the nestor of homeopathy on the West Coast. He was born in Bavaria in

1823, emigrated to Massachusetts in 1840, where he became associated with the early German homeopaths C.F. von Hoffendahl and the elder Wesselhoeft. In 1852 he married Elise, daughter of Moritz Richter in Nantucket, and settled for a short time in Syracuse, New York. He moved to San Francisco in 1853, where he practised homeopathy until his death in 1901. He was one of the chief promoters and founders of the Hahnemann Medical College of San Francisco and served on its faculty until he died. He was awarded an honorary degree from the Homeopathic Medical College of Missouri in 1871. Both Richter and Eckel received their early homeopathic training at the office of C.F. von Hoffendahl in Boston, one of the old Philadelphia homeopaths who had previously practised homeopathy in Germany for fifteen years during the time of Hahnemann.¹³ Maximilian J. Werder, a native of Württemberg, came to America in 1854. After having been cured by a homeopath, he studied medicine, graduated from the Homeopathic Medical College of Pennsylvania in 1866, and in 1868 left for California in search of a milder climate, making San Francisco his permanent residence. John H. Floto was born and educated in Prussia and came to America in 1830 as a Lutheran minister. He first attended Jefferson Medical College of Philadelphia, but in 1837 enrolled at the Allentown Academy where he graduated. He was a member of the Philadelphia Prover's Union, organised by Constantin Hering, and in 1843 he became the pioneer homeopath in Salem, Massachusetts. Floto spent the years 1847 to 1849 in Europe, where he met many of the pupils formerly studying under Hahnemann. He travelled to California via New Orleans in 1860, eventually becoming one of the best known physicians in California. He lived to enjoy the distinction of being the oldest homeopathic physician in the world, dying in Oakland in 1904 at the age of ninety-nine years.

After the country's first homeopathic medical college had been established in Philadelphia in 1848, the West was supplied also with American born students graduating from the eastern homeopathic colleges. Some of the first doctors came from England, e.g. Frederick Hiller, one of the pioneers in San Francisco. He had graduated from the Royal Academy of Surgeons in 1840 and practised in Europe until 1848 when he emigrated to America. The following winter he became a homeopath and established the first homeopathic hospital on the Pacific Coast, in Nevada City in 1854. There were fourteen homeopathic physicians in San Francisco in 1870, forty-eight in 1885, eighty-eight in 1890, and ninety in 1904. In addition to the physicians in San Francisco, James Mars Selfridge, a former regular medical graduate of Jefferson, began to practise homeopathy in Alameda County in 1863. He moved to Oakland in 1866 where the pioneer

homeopath was T.C. Coxhead in 1864, as was Charles W. Breyfogle in San Jose in 1872. A.O. Hardenstein introduced homeopathy to Sacramento residents in 1851. The pioneer homeopath in Santa Barbara was Edward T. Balch, and in San Diego George W. Barnes. The latter had graduated from the Western College of Homeopathic Medicine in 1851 and, because of ill health, moved to California in 1869. In Los Angeles, the first name recorded was A.S. Shorb, who opened his office in 1871.¹⁴ The sources do not allow exact determination of these early homeopaths' ancestors but names like Hardenstein, Balch, or Weisecker, however, suggest German origin. A German homeopath of a subsequent generation coming to California was P.G. Denninger who was born in Berlin in 1848. He came to America with his parents who settled in Wisconsin in 1862. He attended the Northwestern University at Watertown, entered the Hahnemann Medical College at Cleveland, Ohio in 1869, and later graduated from the Hahnemann Medical College of Chicago. He practised in Faribault in Minnesota for ten years, where for some time he was the physician to the state institutions for the deaf, dumb and blind. In 1889 he returned to Berlin and pursued his special studies under the guidance of Hirschberg and other eminent specialists. He came to San Jose in 1890 and established a successful practice for diseases of the eye, ear and throat.¹⁵

Common Features of Early Californian German Homeopaths

IT IS DIFFICULT TO FIND specific career patterns typical of all early German homeopaths in California. The only common denominator of the Forty-Niners, however, was the Gold Rush. In the early years almost every physician – whether regular or homeopathic – went first to the mines to dig for gold, practising medicine on the side. It is known that some of San Francisco's German doctors, such as the early regular physician von Lehr, left their country for political reasons, especially those involved in the *Burschenschaften* of Jena or Giessen. After 1848, however, emigration to America was often due to the failure of the German revolution, with no prospect of future reforms. Probably, for many Germans their emigration to America meant leaving a certain identity. In contrast to the German-speaking colonies in Pennsylvania only six per cent of San Francisco's doctors were Germans yet in 1853 there were 5,500 German-speaking people in the city.¹⁶

In the east of the country homeopaths established themselves mainly in the affluent areas of urban centres. Most California homeopaths, having returned from the hills of gold to resettle, concentrated in San Francisco and

the surrounding cities. However, in California, its unique history can also explain this fact.¹⁷ After the Spanish and Mexican period (at the beginning of the American period) the Gold Rush created two distinctly different parts of California. On the one hand, a thinly populated cattle frontier, dominated by large ranches, extended south from Monterey to the Mexican border. On the other hand, drowsy adobe pueblo villages north of Monterey were being transformed into sprawling cosmopolitan cities due to the influx of immigration into Northern California. In 1852 the population of the state was estimated to be 260,000, while the total population of the six southern counties was less than 8,000. In the same year San Francisco had nearly 40,000 inhabitants, while Los Angeles, the largest pueblo town in Southern California, had only 1,600.¹⁸

Some early homeopaths came to California because of its mild climate, hoping for an improvement either in their own health or that of a member of their family. California's peculiarities, as distinguished from the eastern states, are the warmer winters, the cooler summers, especially at night, the less frequent (as well as less extreme) temperature changes, the more limited rainfall confined almost entirely to the winter and spring months, the dryer atmosphere, the fewer overcast days, and its less stormy winds.¹⁹

Only a few California-German homeopaths, however, were homeopaths before they left their native country. Most of them came either as students, and graduated from an American homeopathic college on the East Coast, or as regular physicians who, after some years of practice, became attracted to and converted to homeopathy. One common feature for conversion was the experience of a striking individual cure by a homeopath of a relative, a patient, or of the doctor himself. Furthermore, homeopathic treatment led to better results in treating epidemics than the heroic bleedings, purgings and leechings applied by regular physicians. In addition, homeopathy seemed to rest on both sound principles and rational theory. Contrary to the modern use of the term 'scientific', in the middle of the nineteenth century homeopathy claimed to have a scientific basis for therapeutics which regular medicine was supposedly lacking.²⁰ The medical market of America's Jacksonian democracy was much more open than that in Germany. It was much easier to found new medical schools, societies, hospitals, etc. This may have attracted liberal and unconventional Germans and facilitated their becoming a homeopath.

Living Conditions of Early Californian Homeopaths

WHEN BENJAMIN OBER ARRIVED in the State of Gold, there was only limited need for homeopathic treatment. Most of his work consisted of surgery – mining accidents, stabbings, hangings, shooting, etc. The life of a miner was much the same as that of a soldier on active duty: hard work, bad food, high mortality, and little pay. In addition, in the womanless camps, recreation and amusement meant three things: cards, drinking, and quarrelling. Whiskey was always available, although expensive, but food of any nutritional value was difficult to obtain. The diet of miners consisted of beans, flour, molasses, and coffee, often obtained at astronomical prices, as well as of meat from the animals they occasionally hunted. During the summer many people suffered from sunstroke and ‘fever’n ague’, i.e. malaria, which was common throughout central California. Rains flooded the lowlands, bursting the rivers, causing much misery to the men in the camps during the dreadful winters of 1849 and 1850. Nutritional deficiencies led to pneumonia, dysentery, scurvy, consumption, etc., followed by cholera and yellow fever. Ober, however, using his homeopathic remedies and diet lists, was able to help many of his patients.

In the 1850s, gold dust and gold nuggets were the recognised legal tender. When John N. Eckel received a patient in his office to have an abscess opened, to sew a cut, or to probe for a superficial bullet, he charged in 1853 one ounce of gold dust, or \$16. Depending upon the length and complexity of additional advice, he added between \$50 and \$100. For regular visits he received two ounces of gold dust, or \$32 and for any night visit as a consultant \$100. In comparison as an example, eggs were \$18 a dozen and coffee \$40 a pound. The doctor’s expenses were heavy as drugs and instruments in San Francisco were said to be worth their weight in gold as everything came around the Horn or over the Isthmus, and there were many more saleable things than drugs for enterprising firms to transport. The holding of a complete stock of drugs for western pharmacies in the middle of the last century was a major task and, anyway, homeopaths did their own dispensing. The early sixties saw no advances in homeopathy mainly because the Civil War (1861–64) consumed most physical and intellectual attention and doctors went to war and not to California. However, after the Union Pacific Railroad was completed in 1869, homeopathy began to flourish on the West Coast. With the increase of homeopathic physicians, however, troubles began to multiply. Homeopaths began to have serious intra-mural squabbles, a perfect parallel to the difficulties just then agitating the local regular groups (quarrels between Lane, Toland, Cole, and Gibbons, etc.).

The major issue was the homeopaths' fight among themselves over the formation of their state society.²¹

Early Homeopathic Organisations in the American West

THE ORGANISATION OF CALIFORNIA'S REGULAR PHYSICIANS took place two decades prior to that of the homeopaths. Medical leaders of the 1850s, attempting to duplicate in California the professional patterns of the eastern and southern states, succeeded in forming local societies of doctors in five of the pioneer communities. In 1858 California had eight medical societies, local and state-wide. All of these, however, disappeared within a period of twelve erratic years. Writing an editorial in January, 1865 Henry Gibbons complained that there was not a single medical society in California, nor, as far as he knew, in the other two West Coast states, Oregon and Nevada.²² One of the main forces disrupting these early medical groups was the initial admittance of 'quacks', resulting in 'quack hunting' by the society in later years which created animosities and a decline in membership. A second force was the uncertain economic conditions of the country which caused people to migrate in search of work. Furthermore, during this peak of decline, the Civil War was being fought and polemics were playing a distressing role. The new rail connection at the end of the 1860s not only brought increased economic security to the profession but also a sense of physical and mental nearness to the older educational centres. Reorganisation began in 1868 with the creation of the San Francisco County Society whose most important object was – besides the advancement of science and the promotion of the regular profession – the separation of regular from irregular practitioners in accordance with the Code of Ethics adopted by the American Medical Association in 1847.²³

In 1869 the San Francisco Society of German Physicians was formed and became a constituent unit of the State Society in 1870. Its small membership was German, largely German-Jewish, although other nationalities were admitted. This latter feature distinguished it from the German Pathological Society, whose claims for recognition by the State Society were rejected as it admitted no non-Germans. The original desire of this society of German Physicians was to create a group of well educated and honourable graduates who, in the estimation of their German fellow citizens, would rank above the level of German 'quacks'. The society finally succumbed after thirty-seven years of usefulness and good banqueting, as it was unable to overcome the dislocation of its members following the earthquake and fire of 1906 and the inevitable loss of assimilation. Many

new county societies came into existence in the 1870s and the State Society was reorganised that year. However, much impetus was provided by the general growth of the state and by the convening of the American Medical Association at San Francisco in 1871.²⁴

Initially, the homeopaths' communal and social affiliations were fully equal to those of their regular competitors but because of renewed rumours of a medical practice law in the early 1870s it became urgent for them to organise a state society from which a board of examiners could be elected. Hence, in 1871 the California State Medical Society of Homeopathic Practitioners was formed in San Francisco. As with other early California medical organisations it included members who used many different methods in an eclectic way. The society seemed to drift apart in 1874, so a second state organisation, the Pacific Homeopathic Medical Society of the State of California, was formed. Those who had led the first society formed its board with James M. Selfridge as its elected president.²⁵ A third group, the California State Homeopathic Medical Society, was organised in 1877, to reconcile disagreements between the elder eclectic and the younger stricter society. Eventually, the state formally recognised this third organisation within its amended Medical Practice Act of 1878 permitting it to have its own board of examiners. It continued to grow and by 1885 had enrolled fifty-six members from approximately 200 homeopathic practitioners in California.²⁶

In the Mexican Period a medical practice law was promulgated by Governor Micheltorena in 1844, but at that time no one paid much attention to doctors. The first attempt towards state-wide legislation was made during the formative period of the medical societies in 1856 with the introduction of 'An Act to Regulate the Practice of Medicine, Surgery and Midwifery', but it was postponed indefinitely. In 1876 the Medical Practice Act was passed and approved as an anti-quackery measure designed 'to dash the hydra-headed quackery to earth', whilst in 1878 the law was amended to include the newly created Homeopathic Board after the previous squabbles among homeopathic societies.²⁷ Contrary to the State Medical Practice Act of 1876, where 'each state medical society incorporated, and in active existence' was allowed to 'appoint annually a board of examiners', the amendment of 1878 restricted this privilege to three organisations: the Medical Society of the State of California, the Eclectic Medical Society of the State of California, and the California State Homeopathic Medical Society.²⁸

In the late 1880s in San Francisco the proportion of population to each regular practitioner was about 750, to each legal practitioner about 600,

and to each person reported practising about 550.²⁹ San Francisco encompassed a quarter of the state's population and about a third of its registered physicians whilst of the total Californian physicians in 1876 only one-sixteenth were homeopaths and one-twentieth were eclectics.³⁰

Early Homeopathic Hospitals in the American West

THE FIRST PLACES OF REFUGE for the sick from 1849 to 1851 were tent hospitals followed later by the private hospitals at a daily contract rent, the State Marine Hospital, and the hospitals of the French and German benevolent societies. By 1874 there were twenty-four county hospitals. San Francisco, the metropolis of the West Coast, was to experience the most extensive development of permanent hospitals.

The Hospital of the German Benevolent Society was established in 1855. The society resulted from a desire to alleviate the sufferings of the German-speaking people, which numbered 5,500 in 1853, and also to supply certain cultural and nationalistic needs. The society prospered from monthly dues, various donations, entertainment and hospital profits. At first, hospitalisation was arranged in the private establishment of the society's most prominent doctor, Jacob Regensburger. In 1858, the first German hospital opened its doors. Leading non-German physicians were added to the staff during the 1870s and some of the best medical work and best hospital construction in the city had been witnessed at this hospital. Gradually, its original strong German nationalism was lost and at the time of World War I its name changed to the Franklin Hospital.³¹

The first homeopathic hospital in the state was founded in 1854 by Frederick Hiller, and was called the Nevada City Hospital but the building was damaged by fire in 1862 and the hospital was not reopened. The San Francisco Surgical and Gynaecological Institute was then founded and run by the members of the San Francisco County Society of Homeopathic Practitioners, but existed only for a short span of time. The Southern California State Asylum for Insane and Inebriates in Patton near Redlands was opened under homeopathic supervision in 1893. The Fabiola Hospital in Oakland had its origin in the Oakland Homeopathic Hospital and Dispensary Association, founded in 1877 through the philanthropic efforts of Mrs. R.W. Kirkham, who had been frequently mentioned as the 'Fabiola of Oakland'. The hospital and dispensary were maintained at various sites until the erection of a permanent building in 1888, the name having been changed to Fabiola Hospital in 1886.³² The Oakland Homeopathic Hospital and Dispensary was the first hospital – regular or homeopathic – in the East

Bay of San Francisco and was founded by eighteen women. When it became the Fabiola Hospital, the new by-laws stipulated that the management of the hospital must only reside in a woman's hand. The by-laws stated also that there must always be women physicians as staff doctors. This hospital provided free as well as reduced-rate care for fifty-six years but during the Great Depression it was forced to close and the land was sold to Merritt Hospital. On the day the Fabiola Hospital closed, the Oakland Tribune headline eulogised, 'Fabiola Ends Experiment in "Feminism."' ³³ In 1896 James and Florence Ward opened the Homeopathic Sanatorium, where physicians of the homeopathic school were welcome to send patients for personal supervision and treatment. It was equipped with 'the latest surgical apparatus from Europe', and its obstetrical room included 'a Parisian incubator'. ³⁴

Early Homeopathic Journals in the American West

NEWSPAPERS WERE THE SOLE CARRIERS of medical news in the pioneering days. Regular physicians started their journals two decades earlier than the homeopaths. The *San Francisco Medical Journal*, the first in California, appeared in 1856 but ended with the first issue. However, the long line of attacks in local medical periodicals against 'quackery' had its beginnings in this editorial. The *Pacific Medical & Surgical Journal*, first published in 1858, absorbed the *San Francisco Medical Press* in 1865, merged with its rival, the *Western Lancet* in 1884 and continued until 1917. The first issue of the *San Francisco Medical Press* was in 1860 as the official organ of Cooper's new school and was edited from 1862 by Lane. The *Western Lancet* appeared in 1872 and became the outlet for the Toland School. The neutral *California Medical Gazette*, started in 1868, lasted only two years, although it might be considered as the foremost journal of its day. It gave attention to the much-discussed germ theory as well as to Lister's paper on antiseptics. However, it was obviously not the time for medical or political neutrality. The ideas on infection were speculative and inadequate and the essentially medical papers seem very confused though surgery was well covered. An international outlook was attained by reprinting translations, whenever necessary, of the writings of the great teachers. First the English and French influences prevailed, then later the German. Editorials covered medical politics, epidemics, and 'quackery' which had a considerable influence on public opinion and were frequently quoted by the public press. ³⁵

The first periodical issued in California devoted exclusively to homeopathy was the *California Homoeopathic Times*. It was an attempt to

unite the profession, but since it did not gain the needed support, it was discontinued after three issues (1877–78). Nevertheless, it contained interesting accounts of early society meetings and the actions of the pioneers of the period.³⁶ The main homeopathic journal on the West Coast, however, was *The California Homeopath*. It started in 1882 in connection with the founding of the homeopathic college and was edited bi-monthly by William Boericke, who was followed by Willis A. Dewey in 1888 and by C.L. Tisdale in 1891. In 1893 its title was changed to *Pacific Coast Journal of Homeopathy*, under the new editor Hugo R. Arndt who again was succeeded by William Boericke in 1910.³⁷ It was the 'official organ of the state medical societies (homoeopathic) of California, Oregon, Washington, and of the Southern California Homoeopathic Medical Society'. From 1941 to 1973 it was edited by A. Dwight Smith under the name of *The Pacific Coast Homeopathic Bulletin*, and in 1974 it was renamed *Homeotherapy* and edited by Alan Naudé. In 1980 it was taken over by the editor Robert Schore, but ended publication in 1984, after an existence of over a century. Under the editorship of William Boericke this journal always enjoyed good links to German contemporary medicine and homeopathy. This tradition continued until the 1930s when, under the heading 'Abstracts from Current German Literature', German medical books and articles – regular and homeopathic – were reviewed and discussed. In 1940, however, the editor Charles C. Boericke (son of William Boericke) found that readers no longer retained interest in a journal of that size and quality.³⁸

The fact that homeopaths were always limited to their own journals and could hardly ever succeed in publishing articles in the regular medical press, sheds light on their political weakness. Lacking, or avoiding, direct and serious discussion of their therapeutic concepts, the regular physicians held distorted ideas about homeopathy. The reverse reproach obviously seems to be less justified because any licensed homeopath had to be a graduate of a medical school, thus having had to study the same scientific majors as his or her regular colleague.

Jewish Origins of Californian German Homeopaths

NAMES LIKE KAFKA, LILIENTHAL, ETC. suggest that there might have been a considerable number of Jews among the early German homeopaths in California – in particular because Jews are found frequently in social niches. In addition, although Jews never constituted more than eight per cent of San Francisco's population, San Francisco was not only the western Jewish metropolis *par excellence* in the third quarter of the nineteenth century, but

it stood second only – even if a distant second – to New York City in the size of its Jewish population.³⁹ In fact, among the first Jews that came to San Francisco in 1848 with the Gold Rush, there were Germans from Prussia, Hannover, and Bavaria, such as August Helbing from Munich, who, together with thirteen other German Jews, founded the Eureka Benevolent Association in 1850.⁴⁰ Unfortunately, there are no sources demonstrating Jewish descendency of early German homeopaths in the American West⁴¹ – with the exception of the prominent Lilienthal family.

Samuel Lilienthal (1815–1891) and his son James E. Lilienthal (1844–1895) were homeopathic physicians in San Francisco.⁴² When Samuel died, detailed obituaries appeared in more than thirty journals, both in the daily press and in most homeopathic journals, including the German *Allgemeine Homöopathische Zeitung*.⁴³ The genealogy of the family has been traced as far back as 1529 to the court banker (Münzlieferant) Loew Seligmann, who lived in the Schnaittach–Hüttenbach Valley near Nuremberg (Germany). When Jews were permitted to have second names, a descendent of the same name registered his surname as Lilienthal in 1814.⁴⁴ The following year his son, Samuel Lilienthal, was born in Munich. In 1838 Samuel graduated from the University of Munich where he had studied under Döllinger, Ringseis, Breslau, and others, and served a year of internship in the Municipal Hospital of Munich. His father and prospective father-in-law encouraged him to begin the practice of medicine in the new Republic of the United States, where his sound training would be exceptional. After receiving the promise of Caroline Nettle to follow him as soon as he was established, Samuel Lilienthal emigrated to America in 1840. Since he knew no English, he probably entered the country at Philadelphia in a German-speaking community in ‘Pennsylvania Dutch’ territory. Although he had contact with Wesselhoeft and with the new practice of homeopathy, he continued to practise according to the regular school’s doctrines after moving to Lancaster, Pennsylvania.⁴⁵ When ill health forced Lilienthal to move south, he chose Savannah River, another German community in South Carolina, where he married Caroline in 1843 but, because of his wife’s ill health, they settled in Lockport, New York in 1847.

There he became converted to homeopathy when he was impressed by the unexpected success of a homeopathic physician in a desperate case of scarlet fever. In 1850 the family moved to Haverstraw, New York, and in 1857 to New York City. Mainly through the influence of the late Constantin Hering, he became the associate editor of the *North American Journal of Homoeopathy*, becoming sole editor from 1871 until 1885. He was also a contributor to the *Chicago Investigator*, *Detroit Observer* and of almost every

other homeopathic journal in the country. He translated German, French, Spanish, and Italian articles as well as the fifth edition of Hahnemann's *Organon*. A few years after the opening of the New York Homeopathic Medical College, he was appointed to the Chair of Clinical Medicine and Diseases of the Nervous System, which he held until his departure to San Francisco in 1886. He was a visiting physician to Ward's Island Homeopathic Hospital, and Professor of Clinical Medicine in the New York College for Women. Samuel Lilienthal was one of the first to favour the admission of women into medical colleges and into the profession and he considered his work in the women's college as one of the most pleasant duties of his life.⁴⁶ After his arrival in San Francisco Samuel Lilienthal retired from practice but continued his literary work.⁴⁷ In 1888 the University of Munich honoured him by sending him a fifty-year diploma, which is considered to be a great distinction and given only in instances of most honourable practice. From 1887 until 1889 he was 'Professor of Nervous Diseases, and Lecturer upon the *Organon*' at the Hahnemann Medical College. His son, James E. Lilienthal, had a large private practice and was a consulting physician for the San Francisco Nursery for Homeless Children. He had organised also a free dispensary for the poor on Mission Street.⁴⁸ He was Professor of *Materia Medica* and Therapeutics at the Hahnemann Hospital College in 1888 and 1889, and Professor of Paedology from 1894 until 1895 when he died at the age of fifty.⁴⁹

Women Homeopaths in the American West

AMERICAN WOMEN CONSTITUTED approximately two-thirds of homeopathy's patients and patrons and were among its most active propagators.⁵⁰ During the first years of the Gold Rush, however, it was too early to expect many female doctors. In 1849 Lydia Folger Fowler (1822–1879) and Elizabeth Blackwell (1821–1910) had just graduated as the first women in the country from a medical college at Geneva, New York, and in 1850 the world's first medical school for women was established, the Woman's Medical College of Pennsylvania.⁵¹ Yet, Western pioneer women exhibited considerable courage and independence.⁵²

In California in the 1850s advertisements by women doctors in the daily press were rarities. Nevertheless, a few, probably non-graduates, could be found in San Francisco and Sacramento. The first woman graduate in medicine came to California in 1857. She was the German-born Elizer Pfeifer Stone (1819–1880), who came from New York to Nevada City moving to San Francisco in 1863 becoming the city's first graduated woman

doctor. Professional prejudice against women in medicine was strong in California and the San Francisco County Society and the two existing colleges denied them admission. After a long struggle this situation ended with the Medical Practice Act of 1876, which contained no female disability clause. In the same year the American Medical Association admitted its first woman delegate, which was five years after the American Institute of Homeopathy had started to admit women (1871).⁵³ The entry of women into local medical colleges followed when the University of California took over Toland School in 1873, and the latter became automatically co-educational. In 1876 Lucy Maria Field Wanzer received her diploma, which made her the first woman graduate of the western medical schools. Local homeopathic schools were always originally co-educational since they were formed at a later period.⁵⁴

The percentage of women in the medical profession has been assessed differently in the literature. According to Mary Roth Walsh the proportion of regular women physicians in the United States rose from 0.4 per cent in 1860 to 5.6 per cent in 1900 (national average), but in San Francisco it rose from 3.4 per cent in 1880 to 14.0 per cent in 1890 and 13.8 per cent in 1900.⁵⁵ Henry Harris found 155 regular women physicians registered in California in 1901, 'representing 4½ percent of that system' and 90 homeopathic women doctors, 'representing 15 per cent of that system'.⁵⁶ Gloria Moldow describes a decline of Washington's female medical school enrolment from a high of 20 per cent of medical school students in the early 1890s to only 3 per cent by 1900.⁵⁷ William Rothstein has estimated that in 1900 women made up 12 per cent of the total number of homeopaths in the United States.⁵⁸

The *City Directories of San Francisco*⁵⁹ and the *Official Register of Physicians and Surgeons*, edited by the Board of Examiners of the Medical Society of the State of California⁶⁰ offer an opportunity to count names and numbers. In the *City Directories* the number of physicians was steadily rising from 392 in 1873 to 689 in 1900. From 1880 female physicians were listed separately, their number stood at first at about forty until 1890, when it started to climb up to 110 in 1900. The number of homeopathic physicians, however, gradually decreased from twenty-six in 1875 to nine in 1900 (with a single peak in 1896). Thus, the percentage of female regular physicians rose from about 7 per cent in the 1880s to about 16 in 1900, while the percentage of homeopathic physicians declined from about 6 per cent in the 1870s and about 4 per cent in the 1880s to 1.3 per cent in 1900 (with a single peak in 1896). The women's proportion of homeopaths fluctuated between approximately 5 and 15 per cent during the whole period. The small

numbers available, as each entry in the directory was the responsibility of the physician concerned and, thus, far from being complete may give a trend but its reliability cannot be guaranteed. In the Board of Examiners' *Catalog of Physicians and Surgeons*, however, all licensed practitioners of California were recorded and from 1880 homeopathic physicians were listed separately. Unfortunately, male and female doctors are listed together and the vast majority of entries use only the initials of the homeopaths' first names. However, if it is assumed that most, though not all, of the women's first names were given, some rough estimates may be made. The total number of homeopaths in California rose steadily from 144 in 1881 to 670 in 1899; the number of female Californian homeopaths from 21 in 1881 to 124 in 1899. The percentage of women per homeopath in California thus remained more or less stable, rising from 15 to 18 per cent. In the city and county of San Francisco, however, the number of homeopaths rose from forty-eight in 1887 to 104 in 1899 and the number of female homeopaths from four in 1887 to twenty-five in 1899. Thus, the proportion of women homeopaths in San Francisco tripled from 8 to 24 percent. It appears, therefore, that women homeopaths were attracted to urban centres more than their male colleagues as suggested by Kristin M. Mitchell that a major part of nineteenth-century women who chose homeopathy were actively involved in social reform, supporting suffrage, temperance, abolition, etc.⁶¹ Certainly, the metropolis of the American West offered more intellectual, political, and cultural opportunities than the ranches of Southern California.

San Francisco's most prominent woman homeopath was Florence Ward. She was born in the city as Florence Nightingale Ferguson in 1860 and in 1882 married 'a shadowy individual with an excellent name, Gurdon Winthrop Saltonstall'.⁶² They moved to Toledo, Ohio, where her first daughter was born in 1883. Dissatisfied with her husband, she returned to San Francisco by 1884 where she matriculated at the newly-opened Hahnemann Medical College. She graduated in 1887, went to the New York Polyclinic for postgraduate work, and acted as Clinical Assistant to Diseases of Women at her *alma mater* in 1889. In 1892 she studied surgery in Germany, Austria and France and in 1893 and 1894 she was Associate Professor of Medical and Surgical Diseases of Women at Hahnemann Medical College where James W. Ward (1861–1939) was Professor in the same subject. They married in 1895, went to Europe for further studies, and returned in 1897 as Professor of Obstetrics and Professor of Medical and Surgical Diseases of Women respectively.⁶³ Both resumed practice, although Florence took time off to have three children. Shortly before the earthquake in 1906 they separated and Florence once again went to Europe. In 1911 she

established and operated her own fifty-bed sanatorium in San Francisco – the Florence Ward Sanatorium – and in 1915 she was the first woman elected to become a Fellow of the American College of Surgeons. She died at the age of fifty-nine in 1919.

Undoubtedly, Florence Ward was an extraordinary woman.⁶⁴ However, there is little, if any, evidence that her medical practice was decidedly homeopathic for most of her publications dealt exclusively with surgical treatment of gynaecological problems. Although the articles appeared in homeopathic journals, they could have originated from any regular physician for no drugs or homeopathic remedies are mentioned, and no favourable support for homeopathy is given.⁶⁵ Possibly, she was interested primarily in a career as a surgeon rather than in becoming an adherent of any specific school. Her human qualities and postgraduate training with German and other European specialists probably were objectively convincing. Thus, in 1906 the homeopaths might even have been proud to make her Vice-President of the State Homeopathic Medical Society and of the American Institute of Homeopathy – although no woman had yet been elevated to the presidency of the state societies.

German Homeopaths and the Pharmaceutical Industry

THE EMERGENCE OF AN ECONOMICALLY and politically powerful drug industry during the nineteenth century played a crucial role in the spread of regular medicine.⁶⁶ In homeopathy this factor might have been somewhat less important, since the amount of medicines needed by a 'true follower of Hahnemann' is relatively small. Once a Hahnemannian practitioner has bought a set of some hundred remedies, in the form of vials filled with tiny pellets of high potencies, and administers just one pellet at a time to a patient, the major part of this original set may suffice for the doctor's entire life. For low-potency prescribers and for laymen, however, a ready availability of specific preparations of medicines was a basic requirement for an increase of homeopathy's acceptance by doctors as well as by the public.

It was San Francisco's most famous German homeopath who had the closest links to the most important homeopathic pharmaceutical company in the country. William Boericke (1849–1929) was born in Bohemia and was the nephew of Franz Edmund Boericke (1826–1901), a native of Saxony who emigrated to Philadelphia after the German revolution of 1848. In co-operation with Rudolph L. and Adolph J. Tafel he founded the pharmaceutical company Boericke & Tafel in 1853 and 1869 respectively.

William Boericke came to America shortly after his birth, about the same time as his uncles Franz Edmund and Anton as well as his father Franz Oskar Boericke. In 1870 he went to San Francisco to manage the western branch of Boericke & Tafel.⁶⁷ Later he returned to Philadelphia to study medicine at Hahnemann Medical College and graduated in 1880.⁶⁸ Then he moved to San Francisco, where he practised homeopathy for almost fifty years. He was the founder and director of various homeopathic organisations and societies and the founder and editor of *The California Homoeopath* (1882–1892) and the *Pacific Coast Homoeopathic Journal* (1893–1940). He also was one of the founders of the Hahnemann Medical College of San Francisco and served as Professor of Materia Medica and Therapeutics and ‘Professor of Institutes of Homoeopathy and the Organon’.⁶⁹ When Hahnemann Medical College merged with the University of California, Medical School in 1916, he was appointed Professor of Materia Medica.⁷⁰ In addition, he was a prolific author of books and articles on homeopathy, always keeping himself informed about developments in Europe because of good relations with German homeopaths.⁷¹ His major work is the *Pocket Manual of Homoeopathic Materia Medica*, first published in 1901, which remains a standard text book in homeopathy.⁷²

German Homeopaths and the Swedenborgian Church

THE FACT THAT WILLIAM BOERICKE had named one of his sons after Garth Wilkinson sheds light on another issue in the history of homeopathy. Garth Wilkinson (1812–1899), an English physician, had translated spiritual scientific works of Emanuel Swedenborg (1688–1772) in the 1840s before he became a homeopath. His translations were distributed with the help of Henry James, Sr. to the homeopathic and Swedenborgian community of the United States. Thus, a considerable number of American homeopaths – such as Hans Gram, William Wesselhoeft, Constantin Hering, Charles Hempel, Henry Holcombe, Ernst Albert Farrington, and James Tyler Kent – became Swedenborgians. Conversion happened in both directions: some first adopted Swedenborgianism and then embraced homeopathy, some had already been homeopaths when they became Swedenborgians. There is a striking parallelism between the writings of Swedenborg, a unique combination of an eighteenth-century mystic and scientist, and the opinions of Hahnemann at an advanced age. Principles of universal correspondence, potentisation, vitalism, spiritualism, the theory of chronic diseases, the divine inspiration of the homeopathic law, etc. had a similar counterpart in the respective doctrines. Especially Kent (1849–1916) had combined both

systems and thereby created a distinct school of American homeopathy.⁷³

The major book-seller of Swedenborgian literature in the United States, however, was also Boericke & Tafel. The history of the company began with a small business in Philadelphia that specialised in the sale of literature of the Church of the New Jerusalem in 1853 and it was only on the suggestion of Constantin Hering that it began to manufacture and to sell homeopathic remedies.⁷⁴ Ultimately, the company became also America's most important publisher of homeopathic books. When the Swedenborgian Convention took up the publication and sale of English New Church works, Boericke gave up his New Church bookstore, but still maintained the importation of German New Church books.⁷⁵ As suggested by the names of Swedenborgian homeopaths, most of them were probably of German origin. Presumably, a notorious German inclination to metaphysics may have played a role. Furthermore, the entire Boericke family were proponents of the doctrines of Swedenborg.⁷⁶ Both homeopathy and Swedenborgianism began losing influence in the early-twentieth century, a trend that has continued until just recently when the interest in both fields has simultaneously reawakened all over the country.⁷⁷

San Francisco's Homeopaths and Public Health

CALIFORNIA HOMEOPATHS and public health institutions were at times in conflict with each other, while at other times they co-operated. Early health measures were considered in San Francisco in 1849, when a 'legislative assembly' was selected and the first health officials elected. From 1850 to 1855 the city ran the State Marine Hospital, the first of California's authorised and funded public buildings. Of greatest importance was the creation of the State Board of Health in 1870. During the early years physicians appointed by the Governor were all regular medical doctors. However, in 1880, the appointment of a homeopath, Charles W. Breyfogle, caused friction. The feeling prevailed that there were too many Democrats on the Board and that although Breyfogle was a Republican doctor two Republican state senators had opposed his admission but had been outvoted. Their argument was that homeopaths were always squabbling among themselves and that they did nothing for public health.⁷⁸

In 1888, when the Hahnemann Hospital College of San Francisco moved its first small hospital to Page Street, antagonism arose in the vicinity and the hospital was declared to be a nuisance. This led to the arrest and imprisonment of its superintendent, James W. Ward. The arrest was based on an ordinance, which the supervisors of the city and county of San Francisco

had enacted to prohibit the establishment or maintenance of hospitals within a certain distance of the City Hall. Insisting upon *habeas corpus* proceedings, Ward took the suit to the Supreme Court. Through the counsel of a prominent attorney the ordinance was found invalid and the proceedings were dismissed.⁷⁹ The hospital, however, was closed. In 1892 the Hahnemann Hospital College presented a petition to the Board of Health for a ward in the City and County Hospital, but to no avail. In 1895 a new Governor showed leanings toward homeopathy and he was asked to nominate a homeopathic representative of the Board of Health, but it was declined out of fear of 'disagreements in the board'. A new charter for the city of San Francisco was being drawn up for the forthcoming election. Among the freeholders elected to create the charter were three outspoken friends of homeopathy – all patients of James W. Ward, who determined that changes in the charter should not depart from the principles of 'liberal' medicine. This laid the foundation for the subsequent prosperity of homeopathy in municipal recognition. The elected mayor of San Francisco, a friend of homeopathy, appointed James W. Ward as a health commissioner in 1901 to represent the homeopathic school for a term of four (or six) years.⁸⁰

In 1903, through absolute control of the Department of Health of the City and County of San Francisco and by the election of Ward, president of the commission, the homeopaths succeeded in assigning just representation of their school in the various departments. Accordingly, in 1904 the Hahnemann Medical College of the Pacific was assigned two wards in the City and County Hospital. This included various branches of public service under the control of the Board of Health, including the emergency service, the alms house, and care of the public schools. Ward acted with merit during the plague epidemics in the city.⁸¹ San Francisco had experienced two plague epidemics, 1900–1904 and 1907–1908.⁸² As president of the Board of Health, in 1904 Ward dealt with the cleaning up of Chinatown by means of using a portable steriliser and compelling property owners to make their basements and cellars rat-proof. He had equipped also the homeopathic ward of the City and County Hospital with bacteriological instruments, thus showing his acceptance of bacteriology.⁸³

According to the annual *Municipal Reports* the number of San Francisco's hospitalised patients rose from 861 in 1860 to 3918 in 1875 and then remained between 3000 and 3500 until the end of the century. Moderate peaks in the 1870s and 1890s may be consistent with epidemics of cholera, typhoid, malaria, etc. The increase in the early 1870s may correspond to increases of both the population and the availability of

hospitals. The statistics for foreign patients show that the percentage slightly decreased from 68 per cent in 1860 to 61 per cent in 1897. The percentage of German patients, however, was around 6 per cent in the 1860s, rose to 10 per cent in 1870, and then only gradually declined to 9 per cent by the end of the century.⁸⁴ Possibly, the unification of the German Empire in 1870 affected the statistics.

The Homeopathic College of San Francisco

MORE THAN TWO DECADES BEFORE Californian homeopaths considered founding a medical college, regular professional leaders had begun to establish their schools on the West Coast, on the pattern of their homeland institutions. In 1858 Elias Samuel Cooper organised the first medical school in San Francisco, the Medical Department of the University of the Pacific. After his death in 1862 its faculty 'suspended' its function and became associated with Hubert H. Toland, who established the private Toland Medical College in 1864. In 1873, it affiliated with the university to become the Medical Department of the University of California. In 1870 Levi Cooper Lane opened a competing school, the Medical Department of the University (City) College. Since Lane was inclined to German thoroughness and research, especially after his second trip to Berlin in 1875, his faculty consisted of more German-trained teachers than that of the University of California.⁸⁵ Meanwhile, the profession at large was facing a steady increase of medical schools in the country, combined with a decrease in quality. In 1870 the American Medical Association appointed a committee for medical education and in 1871, at the San Francisco meeting, decided and agreed upon a four-year course and presented a model curriculum. Harvard and the University of Pennsylvania had led the way, but the West did not lag behind. Towards the end of the 1870s, the Toland school and the reorganised school of the Pacific both followed the proposals of the AMA. A four-year course at the University of California began with matriculation in 1894.

In 1881 San Francisco's homeopaths decided to establish a college of their own. Considering the mounting costs of medical education and the small number of anticipated students, it was rather a bold, brave enterprise.⁸⁶ In 1883 John N. Eckel and William Boericke were elected to the board of directors, who then appointed a committee to appeal to every homeopathic physician on the coast, and also to enlist the support of influential laymen.⁸⁷ In the same year it was decided to have a faculty consisting of professors of anatomy, chemistry, theory and practice, clinical

medicine, materia medica, gynaecology, obstetrics, children's diseases, ophthalmology, and otology but still no chair of pathology. Later physiology, anatomy and histology of the eye and ear, and venereal and skin diseases were included. The faculty was to serve without remuneration. In 1884 the first course of lectures was held at the Hahnemann Medical College of San Francisco from June to October. In October the first students, who had previously studied at other colleges, graduated. The Pacific Homeopathic Dispensary became affiliated with the college to provide clinical opportunities to the students. The number of enrolled students varied between ten and twenty-five with a mean of eighteen students per year. Approximately seven to eight graduated every year and by 1902 the number of alumni had reached 150.⁸⁸

When, in 1894, the American Institute of Homeopathy decided to recommend a four year programme for all homeopathic colleges, the Hahnemann Hospital College of San Francisco (the name was changed in 1887) at once inaugurated such a programme to be conducted for seven months each year. This placed them far ahead of most eastern colleges as it was the first college west of Chicago to fall into line although it had more serious consequences than for colleges in the East. The school had enjoyed always a reputation of respectability, and was aided financially by friends. However, medical education grew more costly and when the financing of the school became troublesome, the trustees were considering its closure in 1896. In the next year a petition was presented to the regents of the University of California to merge the Hahnemann College with their medical department. The regular physicians, through their county societies, individual members, resolutions, influence and other means, worked to defeat the proposition. Although the petition was considered for some months by the regents, of whom several together with the Governor were favourable toward homeopathy the proposition was defeated 'for economic reasons'.⁸⁹ Such defeat, however, stimulated rather than discouraged the homeopaths' efforts towards a home of their own. In 1898 a considerable amount of money was collected, in 1899 the cornerstone of the college building was laid and in 1902 a new corporation was formed as the Hahnemann Medical College of the Pacific.

Meanwhile, the nation-wide movement for reform of medical education was at its height. Johns Hopkins University Medical School was established in 1893 and endowed with a full-time teaching staff and laboratory facilities, and therefore, became the outstanding model for American medical education in competition with the Germans in their pioneer research work. Indeed, one of the requirements for admission was

a knowledge of German. The joint efforts of the AMA Council on Medical Education, founded in 1905, and the Carnegie Foundation for the Advancement of Teaching, founded in 1906, towards the assessment of all medical colleges in the country on the basis of the new standards were finally published in a report by Abraham Flexner in 1910.⁹⁰ In that report, which had a detrimental impact especially on small medical colleges as well as those which catered to minorities, Hahnemann Medical College of the Pacific achieved a fairly satisfactory rating.⁹¹ Nevertheless, the college merged with the University of California Medical School in 1916 and the property of the college was transferred to the university which in return established two professorships of homeopathy.⁹² William Boericke was appointed as the first homeopath to lecture at the University of California.⁹³

The need to merge with the university, however, was a sign of decline. Previously, the college had a teaching staff of some thirty instructors, half of them being professors. Most of the latter had either German ancestors or close relations to Germany. John N. Eckel, Samuel Lilienthal, James E. Lilienthal, William Boericke, and Hugo Emil Rudolph Arndt were German. Willis Alonzo Dewey, James W. Ward, and Florence Ward had undertaken postgraduate medical training in Germany. John N. Eckel (1823–1901), the nestor of homeopathy on the West Coast, was on the teaching staff of Hahnemann Medical College as Professor of Paedology since its beginning. Thus, in 1884 he had established the first Chair of Pediatrics – whether in a regular or a homeopathic school – in the American West.⁹⁴ Hugo Emil Rudolph Arndt (1849–1913), one of the leaders of homeopathy in California, was a graduate of the University of Berlin and of the Cleveland Homeopathic School in 1869. He was president of the regional Southern California State Society from 1890 to 1893. At first he practised in Ann Arbor, then he moved to San Diego, later to San Francisco, where he joined the college's teaching staff in 1895. He gained fame as the author of the three-volume *A System of Medicine based upon the Law of Homoeopathy* (1885–1886) and *A Practice of Medicine* (1899) and he edited the *Pacific Coast Journal of Homeopathy*. He left California in 1910 to become the field secretary of the American Institute of Homeopathy but died three years later in Cleveland.⁹⁵ Willis Alonzo Dewey (1858–1938) graduated from the New York Homeopathic Medical College in 1880, then went to Berlin, Leipzig, and Paris for postgraduate medical education. He was Professor of Anatomy and Materia Medica at the Hahnemann Medical College of San Francisco from 1884 to 1894, Professor of Materia Medica and Therapeutics in New York (1893–1896), and on the homeopathic faculty of the University of

Michigan (1896–1920).⁹⁶ His major works were *Essentials of Homoeopathic Materia Medica* (1894) and *Essentials of Homoeopathic Therapeutics* (1895). James W. Ward (1861–1939) had graduated from the New York Homeopathic Medical College and Flower Hospital in 1883. He was on the faculty of Hahnemann Medical College of San Francisco, as Professor of Physiology from 1885 and later as Professor of Gynecology and Obstetrics. Together with his wife Florence Ward he went to Europe for postgraduate training in 1896. From 1899 to 1916 he was the dean of the college, and it was through his efforts that the union with the university was consummated. In 1900 he was elected president of the California State Homeopathic Medical Society and in 1910 president of the American Institute of Homeopathy.⁹⁷

Even in the twentieth century homeopathic instruction at the University of California Medical School remained dominated by Germans. Otto E. Guttentag, a German Jewish physician, was appointed Assistant in 1936 and Associate Professor and Chair of Homeopathy in 1940, becoming full professor in 1962 when the title was changed to the 'Samuel Hahnemann Professor of Medical Philosophy'. He retired in 1967 but remained affiliated to his department, keeping his salary and office at UCSF until 1990, two years before he died at the age of ninety-two. The last German physician to teach homeopathy at UCSF was Frederic W. Schmid who, having acquired presidency of the Hahnemann Medical College of the Pacific in 1982, was allowed to lecture at the university in 1983 and in 1984 when he died unexpectedly.⁹⁸

Conclusion

THE MAIN EMPHASIS OF THIS PAPER was placed on the history of homeopathy in the metropolis of the American West – though German connections may be found also in other counties of California and other Western states. Focusing on San Francisco during the second half of the nineteenth century, a comprehensive account of the situation in which homeopaths of those days found themselves was given. The involvement of German doctors in California's history of homeopathy was considered through social, professional, educational, institutional, economic, and other perspectives as well as through critical issues, such as gender, religion, and politics. As a result, during this whole period Germans appeared to be highly influential, whether in establishing societies, colleges, companies, hospitals, etc. or in propagating their conviction through teaching, writing, and practising. However, German influence was not limited to homeopathy as

the American regular school of medicine had begun to adopt much of the model of German science and institutions which was evolving by the turn of the century.

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Notes

- 1 Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven, 1968), pp. 132–64. Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, 1971). William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore, 1972), pp. 152–74 & pp. 230–46. Harris L. Coulter, *Divided Legacy: Science and Ethics in American Medicine, 1800–1910* (Berkeley, 1973).
- 2 On the genesis and fundamentals of the homeopathic doctrine see Josef M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie: bis zum Organon der rationellen Heilkunde, 1810* (Munich, 1990). See also Josef M. Schmidt, 'Hahnemann's Concept of Rational Therapeutics: Principles and Problems', *Journal of the American Institute of Homeopathy* 85 (1992), 81–7.
- 3 Francesco Cordasco, *Homoeopathy in the United States: A Bibliography of Homoeopathic Medical Imprints, 1825–1925* (Fairview, N.J., 1991), p. 11.
- 4 Thomas Lindsley Bradford, 'Homoeopathy in New York' in William Harvey King (ed.), *History of Homoeopathy and its Institutions in America*, 4 vols. (New York, 1905), vol. 1, pp. 60–1.
- 5 Ned D. Heindel & Natalie I. Foster, 'The Allentown Academy: America's First German Medical School', *Pennsylvania Folklife* 30 (Autumn, 1980), 2–8.
- 6 'Kurze Uebersicht der homöopathischen Heilkunst, ihrer allmählichen Entstehung und jezigen Ausbildung, von Dr. Constantin Hering, praktischen Arzte in Philadelphia. Vorgetragen in der Hahnemannischen Gesellschaft zu Philadelphia den 18. April, 1833. Philadelphia 1833'. See Cordasco, *Bibliography*, pp. 14–5.
- 7 Thomas Lindsley Bradford, 'Homoeopathy in Pennsylvania' in King, *History of Homoeopathy*, vol. 1, pp. 128–44.
- 8 Three years before, San Francisco had a population of 459 and only three real doctors, namely, Jones Townsend, Victor J. Fourgeaud, and Elbert P. Jones. John W. Shuman, *Southern California Medicine (A Review)* (Elliott, 1930), pp. 57–8.
- 9 James Hazelwood, 'Early M.D.s Served Their Patients Well', *Oakland Tribune*, June 16, 1974, 4. Henry Harris, *California's Medical Story* (San Francisco, 1932), p. 74.
- 10 See *Biographical Cyclopaedia of Homoeopathic Physicians and Surgeons* (Chicago, 1893), p. 171.
- 11 Harris, *California's Medical Story*, pp. 197–9. James M. Selfridge, 'An Epitome of the Early History of Homoeopathy in California', *Pacific Coast Journal of Homeopathy* 9 (1901), 181–95, reprinted in 46 (1935), 295–302.
- 12 See *Biographical Cyclopaedia of Homoeopathic Physicians*, p. 152 and *Transactions of the Fourth Quinquennial Session of the International Homoeopathic Congress and of the Forty-fourth Session of the American Institute of Homoeopathy, Held at Atlantic City, N.J., June 16 to 22, 1891* (Philadelphia, 1891), 125.

- 13 Willis Alonzo Dewey, 'History of Homoeopathy in California', *Pacific Coast Journal of Homoeopathy* 50 (1939), 219–24. Frances Tomlinson Gardner, 'Flashes of Homoeopathy in Early California', *Pacific Coast Journal of Homeopathy* 51 (1940), 87–95.
- 14 Thomas Lindsley Bradford, 'Homoeopathy in California' in King, *History of Homoeopathy*, vol. 1, pp. 377–84. Dewey, 'History of Homoeopathy in California', 222–9.
- 15 *Santa Clara County and its Resources: A Souvenir of the San Jose 'Mercury'* (San Jose, 1895), p. 306.
- 16 Harris, *California's Medical Story*, p. 92 & 115.
- 17 For the history of California see Doyce B. Nunis and Gloria Ricci Lothrop (eds.), *A Guide to the History of California* (New York, 1989); Kevin Starr, *Americans and the California Dream, 1850–1915* (New York, 1973); Henry K. Norton, *The Story of California: From the Earliest Days to the Present* (Chicago, 1913); Robert Glass Cleland, *A History of California: The American Period* (New York, 1922); Robert Glass Cleland, *From Wilderness to Empire: A History of California, 1542–1900* (New York, 1944); Frank Soule, John H. Gihon & James Nisbet, *The Annals of San Francisco* (Palo Alto, 1966); and Zoeth Skinner Eldredge, *The Beginning of San Francisco* (San Francisco, 1912).
- 18 Cleland, *From Wilderness to Empire*, pp. 255–6.
- 19 F.C.S. Sanders, *California as a Health Resort* (San Francisco, 1916).
- 20 On the changes of therapeutics and of the physicians' constitution of scientific medicine see John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Mass., 1986). See also Naomi Rogers, 'The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in an Age of Scientific Medicine', *The Pennsylvania Magazine of History and Biography* 58 (1984), 179–201.
- 21 Gardner, 'Flashes of Homoeopathy in Early California', 87–95. See also George W. Groh, *Gold Fever: Being a True Account, Both Horrifying and Hilarious, of the Art of Healing (so-called) During the California Gold Rush* (New York, 1966); and Zoeth Skinner Eldredge, *The Beginnings of San Francisco: from the Expedition of Anza, 1774, to the City Charter of April 15, 1850* (San Francisco, 1912).
- 22 *San Francisco Medical Press* (1865), 188.
- 23 For the Code of Ethics see Lester S. King (ed.), *American Medicine Comes of Age, 1840–1920* (AMA, 1984), pp. 9–21; Stanley Joel Reiser, Arthur J. Dyck & William J. Curran (eds.), *Ethics in Medicine: Historical Perspectives and Contemporary Concerns* (Cambridge, Mass., 1977), pp. 26–34.
- 24 Harris, *California's Medical Story*, pp. 120–30.
- 25 *Transactions of the Pacific Homoeopathic Medical Society of the State of California from 1874 to 1876: With Constitution and By-Laws* (San Francisco, 1876).

- 26 Harris, *California's Medical Story*, pp. 197–9. See also James W. Ward, *Fifty Years of the State Society: Address, Delivered at the Semi-Centennial Gathering of the California State Homoeopathic Medical Society, Held at Long Beach, May 12, 13, and 14, 1926* (San Francisco, 1926), 3–36. Dewey, 'History of Homoeopathy in California', 222 & 231–5. The California State Homeopathic Society is still in existence today.
- 27 Harris, *California's Medical Story*, pp. 181–4.
- 28 *An Act Supplemental to, and Amendatory of, an Act Entitled 'An Act to Regulate the Practice of Medicine in the State of California.'* Approved April 3, 1876; Amended April 1, 1878. UCSF, Special Collections. In 1901 a Board of Osteopathic Examiners was added, and in 1907 all boards were combined with representation on said board in the proportion of five regulars, two homeopaths, one eclectic and two osteopaths. Charles B. Pinkham, 'Our Medical Practice Act', *Pacific Coast Journal of Homeopathy* 48 (1937), 155–62.
- 29 *Official Register of Physicians and Surgeons in the State of California, who Hold Certificates from the Board of Examiners of the Medical Society of the State of California*, Jan. 31, 1887, and March 31, 1889. Revised and Published by the Board (San Francisco, 1887, 1889), pp. 14 & 7. UCSF, Special Collections.
- 30 Harris, *California's Medical Story*, p. 193 & 204.
- 31 *Ibid.*, pp. 108–15.
- 32 Bradford, 'Homoeopathy in California', p. 380.
- 33 *Oakland Tribune*, Oct. 16, 1932.
- 34 *Fifteenth Annual Announcement of the Hahnemann Hospital College of San Francisco, Session 1897–8* (San Francisco, 1897), p. 27.
- 35 Harris, *California's Medical Story*, pp. 144–52.
- 36 Dewey, 'History of Homoeopathy in California', 235–7.
- 37 Other editors were in 1915–17 and in 1922 Edgar H. Howell, in 1918–22 again William Boericke, in 1923–24 Guy E. Manning, in 1925–26 LeRoy H. Bailey, in 1927–29 Samuel H. Pettler, and in 1930–40 Charles C. Boericke.
- 38 *Pacific Coast Journal of Homoeopathy* 51 (1940), 319 & 415.
- 39 Ruth Kelson Rafael, *Western Jewish History Center: Guide to Archival and Oral History Collections* (Berkeley, 1987), p. iii.
- 40 Jacob Voorsanger, 'A Few Chapters from the History of the Jews on the Pacific Coast', *The Pacific Jewish Annual* 1 (1897), 7–37.
- 41 Even in the archives of the Western Jewish History Center of the Judah L. Magnes Museum in Berkeley no sources were found.
- 42 E. Cleave, *Biographical Cyclopaedia of Homoeopathic Physicians and Surgeons* (Philadelphia, 1873), p. 256.
- 43 Obituaries of Samuel Lilienthal (1815–91) can be found in the *San Francisco Chronicle*, *Daily Evening Bulletin*, *The Evening Post*, *The Daily Report*, *The Examiner*, *New York Herald*, *Jewish Times Observer*, *The Hebrew*, *The Chironian*, *The Medical*

Argus, *The Homoeopathic Physician*, *The California Homoeopath*, *The Northwest Journal of Homeopathy*, *The Homoeopathic Recorder*, *North American Journal of Homeopathy*, *The Hahnemannian Monthly*, *The Medical Current*, *The Homeopathic World*, *Monthly Homoeopathic Review*, *The Medical Advance*, *Southern Journal of Homeopathy*, *The Homeopathic Journal of Obstetrics, Gynecology and Pedology*, *The Medical Era*, *The Argus*, and *Allgemeine Homöopathische Zeitung*. The home of his grandson Samuel and his wife Alice Haas became a museum and a historical landmark in 1974, known as the Haas-Lilienthal House of San Francisco. Visitors today can still view a large portrait of the homeopath Samuel Lilienthal in the front hallway. Samuel's brother, Max Lilienthal (1814–82), was a famous American rabbi.

- 44 Irena Narell, *Our City: The Jews of San Francisco* (San Diego, 1981), pp. 128–30 & 137–8.
- 45 F. Gordon O'Neill, *Ernest Reuben Lilienthal and his Family: Prepared from Family histories, Documents, and Interviews* (Palo Alto, 1949), pp. 13–18.
- 46 Georg H. Martin, 'Remarks upon the Death of Doctor Samuel Lilienthal', *The California Homoeopath* 9 (1891), 321–5. Martin Deschere, 'In Memoriam: Prof. Samuel Lilienthal', *The Hahnemannian Monthly* 26 (1891), 51–3.
- 47 His major literary work is *Homoeopathic Therapeutics*, published 1878, which generated many editions and is now being translated into German and edited in five volumes. Samuel Lilienthal, *Handbuch der klinischen Indikationen*, 5 vols (Ruppichterth, 1993–).
- 48 Narell, *Our City*, p. 187.
- 49 *Annual Announcements of the Hahnemann Medical College of San Francisco, 1887–1903*. UCB, Bankroft Library.
- 50 Guenter B. Risse, Ronald L. Numbers, & Judith Walzer Leavitt (eds.), *Medicine Without Doctors: Home Health Care in American History* (New York, 1877), p. 58. Ronald L. Numbers, 'Do-It Yourself: The Sectarian Way' in *ibid.* and in Ruth J. Abram (ed.), 'Send Us a Lady Physician': *Women Doctors in America, 1835–1920* (New York, 1985), p. 46. Harris L. Coulter, *Divided Legacy*, p. 114.
- 51 Geoffrey Marks & William K. Beatty, *Women in White* (New York, 1972), pp. 79–94. Esther Pohl Lovejoy, *Women Doctors of the World* (New York, 1957), pp. 8–21. Regina Morantz-Sanchez, 'The Female Student Has Arrived: The Rise of the Women's Medical Movement', in Abram (ed.), *Send Us a Lady Physician*, pp. 59–69. Ruth J. Abram, 'Will There Be a Monument? Six Pioneer Women Doctors Tell Their Own Stories', in Abram (ed.), *Send Us a Lady Physician*, pp. 71–106.
- 52 The first generation of California's women was forced to be strong, most of them had endured an exhausting overland trail and some had worked alongside their men in the mines, dressed in work pants and flannel shirts. The scarcity of females tended to equalise the role of the sexes for in a society where, even as late as the 1870s, only one out of two men could hope to marry, women had more of a choice of partners than otherwise would have been possible. In 1860 San Francisco had

- eighty-five divorce suits, over sixty of them initiated by women. Narell, *Our City*, p. 124.
- 53 Martin Kaufman, 'The Admission of Women to Nineteenth-Century American Medical Societies', *Bulletin of the History of Medicine* 50 (1976), 251-60.
 - 54 Harris, *California's Medical Story*, pp. 207-16.
 - 55 Mary Roth Walsh, 'Doctors Wanted: No Women Need Apply': *Sexual Barriers in the Medical Profession, 1835-1975* (New Haven, 1977), pp. 185-6. In comparison, in Boston the proportion was 18.2 per cent.
 - 56 Harris, *California's Medical Story*, p. 212.
 - 57 Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana, 1987), p. 3 & 12.
 - 58 Rothstein, *American Physicians in the Nineteenth Century*. William G. Rothstein, *American Medical Schools and the Practice of Medicine: A History* (New York, 1987).
 - 59 *The San Francisco Directory: General Directory of Residents and a Business Directory*, 78 vols., 1873-1964. Public Library of San Francisco.
 - 60 *Catalogue of Physicians and Surgeons who Have Presented their Diplomas and other Credentials to the Board of Examiners of the Medical Society of the State of California*, 3 vols. (San Francisco, 1877-1881). *Official Register of Physicians and Surgeons in the State of California*, 11 vols. (San Francisco, 1885-1899).
 - 61 Kristin M. Mitchell, 'Her Preference was to Heal': *Women's Choice of Homeopathic Medicine in the Nineteenth-Century United States* (Ph.D. dissertation., Yale University, 1989), p. 18, 25, & 53-5.
 - 62 This account is based on a conversation with Florence Eykstine-Senton (b. 1918), the granddaughter of Florence Ward, on April 20, 1994, in San Francisco, and on manuscripts, in the possession of the family. See also Franklin H. Cookinham, 'In Memoriam', and Sarah Hatton McAulay, 'Dr. Florence N. Ward', *Pacific Coast Journal of Homeopathy* 31 (1920), 39-41.
 - 63 *Annual Announcements of the Hahnemann Medical College*, UCB, Bancroft Library.
 - 64 As I learned from her granddaughter, she was adored and worshipped by her family. Unfortunately, one of Florence's daughters burned all her letters, but she wrote and edited a striking poetic pamphlet that gives a vivid impression of her mother's personality: her tremendous will, her sympathy, her charm, faith, dignity, as well as her greatness of soul. Although, according to the eulogy, her sister had run the household and looked after the children, Florence knew more about her children's minds than many a woman who devotes herself to her family. *For The Children: That They May Have Knowledge of Their Grandmother Florence Nightingale Ward*, M.D. (San Francisco, 1926).
 - 65 Florence N. Ward, 'Personal Experience in the Treatment of Uterine Fibroids', repr. from *The Journal of Surgery, Gynecology, and Obstetrics*; 'Plastic Surgery of the Pelvis', repr. from the *Pacific Coast Journal of Homoeopathy*, Sept., 1897; 'Observations on the Year's Work in Pelvic Surgery', repr. from the *Pacific Coast*

Journal of Homoeopathy, June, 1903; 'A Report of Pelvic and Abdominal Surgery for 1904', repr. from the *Pacific Coast Journal of Homoeopathy*, Nov., 1905; etc.

- 66 See Coulter, *Divided Legacy*, pp. 402–19.
- 67 The pharmaceutical company of Philadelphia, Boericke & Tafel, had branch offices in many cities including San Francisco. The latter was opened in Sutter Street in 1870 and was sold to William Boericke and E.A. Schreck in 1882. After Schreck died in 1886, a one-half interest in the business was bought by E.W. Runyon in 1890, and the pharmacy did business as Boericke & Runyon into the 1950s (Julian Winston, *A Brief History of Boericke and Tafel* [manuscript], p. 4). Finally, Arthur T. Boericke (d. 1972), William Boericke's youngest son, ran a homeopathic pharmacy at Folsom Street. Another son of William Boericke, Charles C. Boericke (d. 1965), was a homeopathic practitioner at Berkeley (conversation with Jean Barnard [b. 1919], the granddaughter of William Boericke, i.e. Arthur Boericke's niece, in Mill Valley on Febr. 23, 1992). Still another son, Garth Wilkinson Boericke, was the last teacher of homeopathy at Hahnemann Medical College in Philadelphia (Winston, *Brief History of B&T*, p. 4).
- 68 Thomas Lindsley Bradford, *Biographical Index of the Graduates of the Homoeopathic Medical College of Pennsylvania and the Hahnemann Medical College and Hospital of Philadelphia* (Philadelphia, 1918), p. 398. The archives of Hahnemann University in Philadelphia keep William Boericke's handwritten inaugural dissertation on 'The Development of Homoeopathy' (Jan. 20, 1880), which was published later in the first issues of the *California Homoeopath* 1 (1882), 1–2 and 1 (1883), 19–21.
- 69 *Annual Announcements of the Hahnemann Medical College*, UCB, Bancroft Library.
- 70 William Boericke, 'Inaugural Lecture, Department of Homeopathy, University of California Medical School', *Pacific Coast Journal of Homeopathy* 27 (1916), 172–85.
- 71 See Josef M. Schmidt, 'Drei Briefe von Richard Haehl an William Boericke aus der Zeit der frühen Weimarer Republik', *Medizin, Gesellschaft und Geschichte* 11 (1994), 203–18.
- 72 Three German translations are being offered by different publishers. *Homöopathische Mittel und ihre Wirkungen*, übersetzt von Margarethe Harms (Leer, 1992); *Homöopathisches Taschenbuch*, übersetzt von Michael Barthel (Berg, 1991); *Handbuch der homöopathischen Materia medica*, übersetzt von Karl-Friedrich Scheible, Daniel Johannes Beha und Reinhard Hickmann (Heidelberg, 1992).
- 73 Francis Trueherz, 'The Origins of Kent's Homoeopathy', *Journal of the American Institute of Homeopathy* 77 (1984), 130–49. Anthony Campbell, *The Two Faces of Homoeopathy* (London, 1984), pp. 90–104.
- 74 Winston, *Brief History of B&T*, p. 2.
- 75 'Obituary. Francis E. Boericke', *New Church Messenger* 82 (1902), 70.
- 76 William Boericke, San Francisco, and Felix A. Boericke, Philadelphia, are recorded on the list of members of the Swedenborg Scientific Association in *The New Philosophy* 3 (1901), 149 and 9 (1906), 82. Francis E. Boericke is listed in *The New*

- Church Messenger* 82 (1902), 70. The archives of the San Francisco Swedenborgian Church hold the old register of the San Francisco Society of the New Jerusalem (incorporated in 1863). It shows the signatures of William Boericke (July 7, 1872) and his wife Kate Fay Boericke (April 7, 1914) among other Californian homeopaths, such as Florence Ward (Oct. 1, 1876). The *Constitution and Register of the San Francisco Society of the New Jerusalem*, 13, 23, notes that on Dec. 2, 1933, there was a resurrection service for Mrs William Fay Boericke, indicating that in those years the family was still adherent to that church. The first church of the New Jerusalem in San Francisco had been erected in 1865, while the actual building was designed in 1895 under the supervision of Arthur Page Brown, one of San Francisco's most prominent architects. Kevin Starr, *Inventing the Dream: California through the Progressive Era* (New York, 1985), pp. 187–8; 'Consider it Poetry or Architecture', *San Francisco Examiner*, July 25, 1981, A8; Millie Robbins, 'Saga of the Swedenborgian', *San Francisco Chronicle*, Nov. 10, 1972, 28.
- 77 Elinore Peebles, 'Homeopathy and the New Church' in Robin Larsen (ed.), *Emanuel Swedenborg: A Continuing Vision* (New York, 1988), pp. 468–72.
 - 78 *Pacific Medical and Surgical Journal* (1880), 414. Harris, *California's Medical Story*, pp. 101–7 & 164–5. In 1886, Breyfogle became mayor of San Jose. In 1893, he went to Washington, D.C., as the physician to Senator Stanford. *Pacific Coast Journal of Homeopathy* 1 (1893), 84.
 - 79 Ward, 'Hahnemann Medical College', p. 221.
 - 80 *Pacific Coast Journal of Homeopathy* 48 (1937), 270.
 - 81 Langley Porter, dean of the University of California Medical School in 1927–37 and 1939–40, cooperated with James Ward during that period. In 1960 he gave an interview recalling Ward's merit during the plague epidemic in which Ward had assigned him 'Communicable Diseases'. *Langley Porter Oral History* (1960), pp. 36–9, 47, & 50, UCSF Library, Special Collections. W.E. Carter, 'Langley Porter', *The Journal of Pediatrics* 37 (1950), 437–47.
 - 82 Guenter B. Risse, 'Politics, Commerce, and Public Health: The Plague Outbreak in San Francisco, 1900', in *The History of Public Health and Prevention*, (proceedings of a conference held at Stockholm, 6–8 September 1991). Guenter B. Risse, "A Long Pull, a Strong Pull, and all Together": San Francisco and Bubonic Plague, 1907–1908', *Bulletin of the History of Medicine* 66 (1992), 260–86.
 - 83 James W. Ward, 'Report of the President Department of Public Health for the Fiscal Year Ending June 30, 1904', in *San Francisco Municipal Reports for the Fiscal Year 1903–1904, Ending June 30, 1904* (San Francisco, 1905), 311–16. See also his report in *Municipal Report, 1904–1905* (1907), 323–8. In 1902, he was still listed as a member of the Board of Health. *Municipal Report, 1901–1902* (1903), 958.
 - 84 *San Francisco Municipal Reports*, 56 vols., 1860–1917, Public Library of San Francisco.
 - 85 Harris, *California's Medical Story*, pp. 131–41. Albert G. Pickerell & May Dormin, *The University of California: A Pictorial History* (Berkeley, 1968), pp. 99–101.

- William Carey Jones, *Illustrated History of the University of California* (San Francisco, 1895), pp. 251–60. Verne A. Stadtman (ed.), *The Centennial Record of the University of California* (Berkeley, 1968).
- 86 For the following account see James William Ward, 'Hahnemann Medical College of the Pacific' in King, *History of Homoeopathy*, vol. 3, pp. 214–39, reprinted in *Pacific Coast Journal of Homeopathy* 26 (1915), 305–11, 390–400, & 455–60. Ward's article is based on Guy E. Manning, 'A History of the Hahnemann Hospital College of San Francisco', *Pacific Coast Journal of Homeopathy* 7 (1899), 341–70. See also Harris, *California's Medical Story*, pp. 243–6.
 - 87 This appeal was published in *California Homoeopath* 1 (1883), 39.
 - 88 *Annual Announcements of the Hahnemann Medical College*, UCB, Bancroft Library.
 - 89 See also Verne A. Stadtman, *The University of California: 1868–1968*, A Centennial Publication of the University of California (New York, 1970), p. 140.
 - 90 See Josef M. Schmidt, 'Die Entwicklung der Homöopathie in den Vereinigten Staaten', *Gesnerus* 51 (1994), 84–100.
 - 91 Abraham Flexner, *Medical Education in the United States and Canada: a Report to the Carnegie Foundation for the Advancement of Teaching*. Carnegie Foundation Bulletin No. 4 (New York, 1910), pp. 194–5.
 - 92 H. College of the Pacific, H. Hospital [manuscript], pp. 1–2. UCSF, Spec. Coll. Minutes of a Meeting of the Board of Directors of Hahnemann Medical College of the Pacific, Sept. 28, 1916, pp. 52–4. UCSF, Special Collections.
 - 93 Letter by Herbert C. Moffit [1913–19 Dean, Univ. of Calif., Medical School] to Benjamin Ide Wheeler [1899–1919 President, Univ. of Calif.], Sept. 6, 1915. UCB, Archives, President's Files.
 - 94 Gardner, 'Flashes of Homoeopathy in Early California', 95.
 - 95 Harris, *California's Medical Story*, p. 200.
 - 96 Fritz Donner, 'Homoeopathica Americana, II. Beiträge zur Geschichte und Bewertung der Homöopathischen Medizinschulen in Amerika', *Allgemeine homöopathische Zeitung* 176 (1928), 35–6.
 - 97 Charles C. Boericke, 'Born to the Purple' *The Laboratory of the Homoeopathic Foundation of California* 3 (1936), 3, 7–8.
 - 98 Schmidt, 'Die Entwicklung der Homöopathie in den Vereinigten Staaten', 94–5.

The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA

Martin Dinges



Introduction

PROFESSIONALISATION HAS BEEN DESCRIBED as an historical process in industrialising countries whereby one professional group organises itself as an autonomous body, especially with a standardised training which it controls itself and often with a certain group consciousness including professional interests. Its aim is to distinguish itself clearly from other groups and to keep non-professionals socially at a distance.¹ This is achieved by referring to a systematically drawn up theory which, in the case of homeopaths, serves also to highlight the particular qualities of their own products in the market of medical therapeutics.² Thus, any highly-esteemed work or work whose 'professionalism' is approved of is rewarded with power and privileges outside the control of the lay community.³ Professionalisation leads to the establishment of a monopoly for that profession where associations play an important role in collecting and co-ordinating interests. These points have already been analysed with reference to the medical profession in Prussia and in Württemberg.⁴ Here, the intention is to examine the contribution made by the nation-wide homeopathic medical societies to the professionalisation of this particular group of physicians and to compare the German Empire (subsequently simply Germany) with the USA.⁵

In this context it is important to note the decisive structural differences between the medical markets in Germany and the USA. Since the state played a much lesser role in the training and licensing of medical staff, medical societies in the United States enjoyed, on the whole, more autonomy than in Germany where licensure and, therefore the market, was more strictly controlled by the state.⁶ Homeopathy and orthodox medicine are treated here as 'sects' since they both use treatments whose effectiveness cannot be proven scientifically. At the same time, however, they share in the 'scientific character' of their respective contemporary medicine, especially in the systematic observation of scientific experiments or the effect of treatment which could be understood and controlled by a third party; the importance of which increased steadily after about 1850.⁷ This leads to the problem of demarcation which was solved usually by referring to questions of therapeutics. Prior to about 1900, when the value of scientific evidence became generally accepted, the reputation of both types of therapy with regard to scientific results was equally poor. After this time, bacteriologically based paradigms appeared more convincing, which increasingly put homeopathy on the defensive.⁸ The questions can now be formulated precisely, given these reservations. To what extent the societies institutionalised themselves, how the societies used their definitions of membership to separate their own profession from other healers and doctors, with what internal and external effect they could commit their members to keep to a certain deontology and whether they organised the training and licensing of their professional group independently, how the societies contributed to the development of a systematic theory and, finally, how successful they were in gaining power and privileges? The records of the German Central Society of Homeopathic Physicians have been destroyed so that there is a total dependence on published sources. The lack of sources only permits a re-examination of the normative statements of the by-laws and the evaluations of the historian of the Central Society, Erich Haehl, by studying the printed sources, in particular the *AHZ* (*Allgemeine Homöopathische Zeitung*).⁹ References to the American Institute of Homeopathy (AIH) are based mainly on King's survey of American homeopathy and Rothstein's critical comparative study of the various medical movements.¹⁰

The Foundation for Professionalisation in Hahnemann's work

FIRST, THE REFERENCES IN HAHNEMANN'S WORK to what is now known of the professionalisation of homeopathic practitioners will be outlined. These ideas were published and were studied seriously by later homeopathic

practitioners.¹¹ In addition to his pharmacology and several fundamental essays clarifying important controversial points, Hahnemann's *Organon* has to be regarded as a 'systematic theory' in the sense of a theory of professionalisation to which later homeopathic practitioners repeatedly referred.¹² Here Hahnemann outlined a clear concept of a professional code of ethics; similarly he defined clearly the wide margin between the competence of the doctor and that of the lay person, and the difference in the fees justified by this.¹³ His attitude towards healers who were not doctors was generally negative, apart from a few exceptions, notably Clemens von Boenninghausen.¹⁴ The professional code of ethics, by disassociating itself from 'semi-homeopaths', accentuated the image of a homeopathic doctor as able to dispense, as far as possible, with 'allopathic' remedies. Hahnemann's conception of training emphasised practical training supervised by a professional, did not object to homeopathic doctors being approved by the Central Society and was unenthusiastic about the importance of clinical training; even though Hahnemann did agree, in principle, to the establishment of a hospital offering homeopathic treatment. Hahnemann recognised the importance of having an organised body to represent the interests of homeopathic physicians. The Central Society was founded on the occasion of the 50th anniversary of the award of Hahnemann's medical degree. He remained favourably disposed towards this society as long as it did not affect his own privileged position among homeopaths. Thus, Hahnemann's writings offer a firm basis for the professionalisation of homeopathic doctors and certainly present no obstacles.

The Institutionalisation of the Central Society for Homeopathic Doctors and the American Homeopathic Institute

THE CENTRAL SOCIETY WAS FOUNDED in 1829 and is the oldest German medical society on a national level.¹⁵ The first by-laws were drawn up as early as 1832 and subsequently repeatedly revised. In them Hahnemann envisaged a relatively finely differentiated internal organisation. The fact that a headquarters with permanent paid staff was set up is an indication that the society had established itself as an institution.¹⁶ In 1832 the by-laws specified the salary for a secretary but left open the possibility of employing two people should an increase in responsibilities require it.¹⁷ However, in the by-laws of 1872 there is no further mention of a secretary; it would appear that the society was managed by a member of the board from Leipzig.¹⁸ By 1921 there must have been a considerable increase of paid staff since at least six paid society employees are provided for in that year.¹⁹ These consisted of

a medical manager, the hospital doctors, the editor of the society's journal, the treasurer, the librarian and the assistants in the Leipzig homeopathic hospital. However, this list shows also that the society's by-laws were only partially realised, since at the time of their publication there was no longer a homeopathic hospital in Leipzig.²⁰ Nevertheless, the figures indicate that the Central Society was an established institution, particularly between 1872 and the 1920s. The membership developed as follows: 1829: 22 members, 1834: 88, 1844: 147, 1860: 264;²¹ the AHZ, gives no figures in its annual reports for 1880 and 1890 and then quotes 162 members for 1904 and 266 for 1932.²² For 1904 this represents approximately 0.6 percent of the 28,400 civilian doctors in Germany and about 1 percent of the doctors organised in the *Leipziger Verband*.²³

In a climate of increased tension between representatives of regular medicine and homeopaths, the American Institute of Homeopathy (AIH) was founded in 1844. It was a nation-wide amalgamation, which was initiated by the New York Society and developed out of local foundations from the 1830s and general medical societies where homeopaths sometimes had a considerable influence.²⁴ Its aims were firstly the 'reformation and augmentation of the materia medica', and secondly the 'restraining of physicians from pretending to be competent to practice Homeopathy who have not studied it in a careful and skilful manner'.²⁵ Only one paid general secretary was provided for in the by-laws.²⁶ The annual treasurer's report shows, however, that in 1880 nobody drew a salary but that in 1900 a second person was paid also as a salary and expenses secretary.²⁷ The membership figures show a continual increase from the middle of the century; from 144 members in 1846 to approximately 540 in 1867 to 830 in 1880. Then there is a sharper increase to about 1800 members in 1900 rising to about 2100 in 1903.²⁸ At the end of this period this was equivalent to about 8 to 9 percent of all American doctors.²⁹ This is a much higher proportion than in Germany.

Particularly at a time of less developed mass communications, and given that the homeopathic doctors were geographically even more widely scattered, the publication of journals was an important contribution towards the creation of a group identity and an organ for the exchange of practical experience and scientific results as well as for the propagation of professional interests.³⁰ The Central Society used the *Allgemeine Homöopathische Zeitschrift* to this end. Compulsory subscription and considerable donations from the company of Willmar Schwabe made it possible for the Central Society to survive financially from its foundation in 1832 until 1922 when the *Berliner Homöopathische Zeitung* became the official organ of the Central Society. In 1912 they felt secure enough to permit the AHZ to publish highly

controversial discussions on high potencies and in 1922 even to find the publication of two scientific journals appropriate. After 1846 the AIH published the proceedings of its annual conference, whose purpose was mainly scientific, in book form and later as a journal entitled *Transactions of the AIH*. Apart from the minutes of the proceedings these contained detailed reports on the specific medical topics discussed by workshop groups. There is no record of any financial problems. Besides the *Transactions of the AIH* there were thirty other medical journals in the USA in 1900.³¹

A further service offered by the Central Society was a library which was open to all members. Although Hahnemann donated 500 volumes in 1832 they went missing and this number was not reached again until 1865. By 1903 the number of volumes had risen to 4375, and they were kept in the building of the unsuccessful Leipzig hospital. The library was managed mostly by one person over long periods and only succeeded partially in providing a fully comprehensive collection of homeopathic literature. The collected works of Hahnemann were not acquired until 1884.³² The Central Society was not able to secure dependable financial support, at least not for new acquisitions, in spite of a special fund earmarked for this purpose between 1905 and the 1970s.³³ There is unfortunately no information on borrowing frequency prior to this. It is not known if there was a central library of the AIH. However its function was covered presumably by the libraries of the 155 homeopathic training establishments existing in 1910 in the USA.³⁴ An example is the Hahnemann Medical College in San Francisco which had a library of 4,000 volumes in 1910. This demonstrates the strength of the local organisations of American homeopaths.³⁵ In 1900 three of the four largest medical libraries in colleges were in the hands of homeopaths.³⁶ Both the AIH and the Central Society provided their members with surveys of literature and book reviews via the *AHZ*. In these articles the Americans display notably less interest than their German colleagues in the developments in other countries, whose reports frequently concern neighbouring countries or the USA.³⁷

Apart from these academic services there were others such as the fund for widows in need or grants for students. These are worthy of mention as a further indication that the profession was better organised in the Central Society, particularly after the 1870s, and that this may have increased its autonomy as a professional group.³⁸ These facilities may have provided occasionally definite help. However, since they suffered constantly from insufficient funding their contribution was probably of a more symbolic nature. The equivalent institutions in the USA do not appear to have been organised on a national level.

Autonomous Organisation of Homeopathic Physicians

THE CHIEF AIM OF THE MEDICAL SOCIETIES, which were organised independently of the state, was to make a clear differentiation between the medical profession and other healers.³⁹ Both societies saw themselves, from the beginning, as societies for doctors. However, the Central Society was never so exclusively orientated to having only doctors as its members unlike its American counterpart. In 1832 its by-laws still state that first class members are 'doctors and other healers ... whose interest in homeopathy is practical, literary or expressed by pecuniary contributions'.⁴⁰ In 1844 and 1872 there had been no fundamental change, even though two references and later two references from doctors were required. It was not until 1921 that the Central Society defined itself as a 'professional association of doctors in German-speaking countries.' Although the participation in discussions by people with no medical training was restricted in 1858, an exclusion of non-medical members was not able to be passed in the meetings of 1877 to 1879. Nevertheless, these conflicts demonstrate a heightened professional consciousness. The AIH, on the other hand, restricted the admission of honorary associated members to three a year.⁴¹ Their status was distinct from that of the doctors.

In Germany the question of who was a doctor was clearly defined by licence.⁴² Consequently, it could not be determined by the medical societies themselves. It led also to a natural assumption of a position of superiority over other healing professions. The situation in the United States was made more complicated by the fact that the medical licensure which had been practised by the medical societies since 1772 was abandoned by the end of the 1840s.⁴³ This meant that the conditions of membership used by the society of New York Homeopathic Physicians in 1846 that the applicant must be a 'licensed physician' were no longer sufficient.⁴⁴ If the exclusion of 'quacks, charlatans and medical pirates', as one of the purposes of founding the AIH, was to succeed then the societies would have to fall back on the second component of the New York admission regulations.⁴⁵ The applicant was required 'to possess a thorough knowledge of every branch of medical science as the most respectable portion of his Allopathic brethren.' Accordingly, the AIH prescribed in its by-laws that a new member must provide proof of a 'regular course of medical studies, according to the requirements of the existing institutions of this country.' Further requirements were 'a good moral character and professional standing' and proof of the origin of the diploma.⁴⁶ Thus, formal qualifications proven by certificates and evaluated independently by a committee of the AIH became the crucial criterion for a homeopathic physician.⁴⁷

In the definition of the society of New York Homeopathic Physicians the relationship between regular doctors and homeopaths was formulated to the effect that the homeopathic physician should know at least as much as the other 'brethren'. This appears to have been imperative since, after 1847 and binding from 1855, the code of ethics of the American Medical Association advised that 'irregular medical practitioners' should be excluded from consultations.⁴⁸ The term 'irregular' was applied to treatment according to a dogma or the rejection of modern science. It was hoped that the younger generation would be enticed away from the rival group by threatening to punish any 'student' in contact with a non-academic doctor of this kind.⁴⁹ The AMA, with the help of the judicial council, defined stricter limits in 1874; and in 1881 they prohibited a certificate of training to be conferred on 'persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine'.⁵⁰ This always included homeopaths as the most competent rival group which, at the beginning of the 1880s, led to a schism in the New York Medical Society which lasted for over 20 years. The American homeopaths drew up a similar code of ethics for themselves in 1884. No later than 1893 the senior members, after 25 years of membership, acted as a 'court of appeal in all doubtful questions of ethics'.⁵¹ How this court of appeal affected the internal regulation of homeopathic practitioners is not known. The homeopaths' 'professional medical code' was more integrative particularly as regards consultations for 'no tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next.'⁵²

Any demarcation does appear to have been difficult to define. In 1890 American homeopathic practitioners used homeopathic and allopathic remedies as required side by side, and were increasingly less convinced of the effectiveness of high potencies and no longer regarded the law of *similia* to be universal. Thus, it is not surprising to find the AIH, in 1899, defining a homeopath as 'one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics'.⁵³ The homeopathic doctors possessed also a specialisation which did not differ from that of the general body of doctors.⁵⁴ Attempts to define clear boundaries within the profession were outweighed by the common advancement of professionalisation by means of qualifications independently controlled by the AIH.

According to the 1832 by-laws of the Central Society, 'theoretical and practical points of dispute between doctors or friends of homeopathy' were to be settled by its committee.⁵⁵ It was supposed also to 'defend

homeopathy against literary attacks and homeopathic practitioners from unjustified complaints'. Yet, it was not until the mid 1870s that the internal quarrels over the role of lay people as members, but especially over the methods used by the Berlin Society to gain greater influence in the Central Society, had reached such dimensions that the possibility of institutionalising a disciplinary committee was considered. Its purpose was to guarantee 'decency and good behaviour as can be expected amongst respectable people or colleagues'.⁵⁶ However, the reference to colleagues is placed in such a weak position after 'respectable people' that it can hardly be taken as proof of an increase in professional consciousness. The disciplinary committee was established in 1886 at a time when increasing external pressure had enforced more internal harmony. This is presumably also the reason why nothing further is known about the workings of this committee. Nevertheless, it is true to say that after its foundation the Central Society never lost sight of its aim of providing the profession with legal protection against outsiders.

A definite differentiation from other medical colleagues was emphasised quite defiantly by declaring in 1902 that they themselves '...as a result of their training and examinations homeopathic practitioners quite rightly consider themselves equal colleagues to other German doctors and that the more so as in addition to their general training they have undertaken a further course of study in the effects of specific remedies which is in present circumstances regrettably not the case with most doctors and teachers in medical faculties'.⁵⁷ This means that 'therapeutic independence' was to be preserved and the allegation that homeopathic doctors are unscientific is countered with the threat of application to the general medical disciplinary council.

Certain formal qualifications determined the definition of a professional doctor in the nineteenth century. In 1847 American homeopaths did discuss not only the fact that students who wanted to practise homeopathic medicine were hindered, but were able also to react by founding their own colleges: 1848 in Philadelphia and in Boston with one of the first medical schools for women, 1850 in Cleveland, 1860 in Chicago and New York, to mention only those that were of later importance.⁵⁸ In the 1870s a curriculum for homeopathic doctors was developed. Since the Civil War the homeopathic institutions had been always advocates of an extension of the training period. Thus, in 1877 the AIH required three years training for its members, by 1890 it was four years and this was put into practice in all nineteen colleges by 1894.⁵⁹ In individual cases, such as New York, by 1900, clinical training could be obtained by a combination of

attaining medical school training and bedside-teaching. Some state medical schools established professorships for homeopathic medicine which were on an equal footing with those for allopathic medicine. After 1900 rising costs for laboratory equipment put the small colleges under increasing pressure so that between 1900 and 1912 the number of homeopathic colleges almost halved (from 22 to 12).⁶⁰ Between 1917 and 1936 the three top colleges were transformed into normal medical schools with a small proportion of courses in homeopathy. Altogether the American homeopaths advanced purposefully along the road to professionalisation by means of their own foundations and above-average expenditure on training. They succeeded also in being represented with equal rights in state medical colleges.

German colleagues, for their part, had recognised the value of training since the 1820s but regarded the term 'study' in a less technical sense as the 'publication of articles, compendia and tables, lectures, the foundation of a homeopathic clinic and competitions'.⁶¹ In 1872 a renewed demand was made to the Central Society to accept as its responsibility 'the upkeep of an advisory institution'⁶² and the 'definite settlement of the chair for homeopathy in Leipzig previously proposed'. Neither of these were realised.⁶³ In absolute contrast to the USA, which was still at the beginning of its institutional development, it was not possible to found new training institutions in Germany where further education was monopolised by the existing universities. Thus, it was hoped to install representatives of homeopathic medicine at these universities. However, only in isolated cases were homeopathic doctors permitted to lecture (Joseph Buchner in Munich, Joseph Bakody and Franz Hausmann in Budapest, Elias Altschul and Jakob Kafka in Prague) and only until the 1850s and in Bavaria until the 1860s.⁶⁴ Homeopathy never achieved any greater recognition from German universities than this and was excluded from them until 1928. It is possible that the Central Society was not totally blameless. A professorship at the University of Leipzig, which had been passed by the government of Saxony though not yet approved by the minister, was sabotaged indirectly by the Central Society when it provided the candidate with a 'personal chair' in its own clinic.⁶⁵ In the 1920s the problem lay more with the negative attitude of the medical faculties than with a lack of support from the regional parliaments. The Prussian parliament, for example, was unable to approve a professorship for naturopathy at the Friedrich-Wilhelms-Universität Berlin after 1919. It was not until 1928 that a lectureship for homeopathy was reinstated at the University of Berlin (held by Ernst Bastanier) as a result of pressure from the Central Society.⁶⁶ Although the Prussian parliament had approved the inclusion of all Prussian universities in this development it

could not be realised in the face of strong opposition from the medical faculties. Only in one isolated case during the Nazi period in 1934 did the homeopath Karl Kötschau succeed in obtaining the professorship for biological medicine in Jena in 1934.⁶⁷

This meant that, after Hahnemann's quarrel with Leipzig university, German homeopaths had to be satisfied with the organisation of a private training programme, independent of the universities. This was a problem which was lamented repeatedly since the doctors, who had been 'spoilt' by their university training, had to be brought back out of the 'aberrations of scientific medicine'.⁶⁸ As early as 1832 the Central Society supported the alternative idea of offering clinical training in 'a homeopathic healing and teaching institution', the hospital in Leipzig, where it had a share in the management.⁶⁹ However, a post only existed for a short period (1870–71) when Hennigke held five-week long courses before Willmar Schwabe enticed him away to his own clinic.⁷⁰ So, all that remained were the summer courses organised mostly by the Berlin Homeopathic Society. It has only been possible, to the present day, to become a homeopathic practitioner by attending such private courses. This situation was unaltered by the introduction of homeopathy as a subject in medical degree courses in 1992. Nevertheless, it can be seen as a partial step towards an institutionalised existence for homeopathy at German universities. Thus, it has not been possible to forge a professional image with standardised training and examination requirements for homeopathic practitioners in German-speaking countries.

Since the problem of the balance of power between the medical sects in the USA had not been finally resolved, there were renewed efforts after the 1860s to regulate the legal licensing of doctors.⁷¹ The homeopaths were willing only to agree to a law which prescribed three independent commissions for the three different medical sects, whereas the regular physicians insisted on a homogeneous board with no homeopaths and opposed firmly any co-operation with the other sects.⁷² They were able only to carry their point in those States without any medical minority groups. In most States it was agreed finally around 1900 to accept mixed boards with representatives from the sects.⁷³ Attempts made in the meantime, in 1884, by the AMA to deny recognition of qualifications from homeopathic medical schools also proved unsuccessful.⁷⁴ Integrative reforms were finally possible when the practitioners were united by the new 'scientific' medicine.

It was the aim of the German Central Society to obtain recognition for homeopathic doctors equivalent to that of their colleagues. In addition, in Germany after 1908, particularly radical opponents of homeopathy, such as the Stettin allopathic doctors, demanded that homeopaths should be

excluded from the medical council.⁷⁵ 'Total scientific and legal equality' remains quoted as an objective in the by-laws of the Central Society in 1921, having declared themselves the better physicians in 1902.⁷⁶ In the dispute over specialists, parity was achieved partially in 1928 by agreeing to the additional title 'general homeopathic practitioner'. Yet, the Central Society was permitted no longer to decide independently who was entitled to be called a homeopath as it was in the second third of the nineteenth century. This was done now by the state medical councils of which all doctors were compulsory members. However, since the local homeopathic societies played a decisive role in allocating the additional title for homeopaths, it was also an officially guaranteed title which classified homeopaths on an equal status with other doctors.⁷⁷ On the other hand, the German homeopaths did not succeed in forming a separate grouping with a proportional vote in the medical councils. Yet, there was no particular obstacle to homeopaths obtaining permission to treat patients in the national health insurance scheme, so that, at least in this area, it can be assumed that there was parity.⁷⁸ Finally, both countries were able to achieve some form of licensing whereby members of the profession in differently composed public councils or boards themselves determined who was a professional. The American homeopaths were able to negotiate a larger proportion of the market for themselves which put the special quality of homeopathy into a higher class.

The Societies' Contribution to the Development of a Systematic Theory

THE CONSTITUTION OF THE CENTRAL SOCIETY of 1832 defines the comprehensive theoretical aspirations of homeopaths as 'the application of homeopathic principles to the treatment and enrichment of all branches of medical science'.⁷⁹ The duties of the board of directors were stated as 'to facilitate the study of homeopathy by the publication of articles, compendia and tables, by lectures and by the foundation of a homeopathic healing and teaching institution ... experiences and observations made in this institution are to be evaluated scientifically'. It was stated also that the study of homeopathy was to be encouraged by competitions, theoretical and practical points of dispute between doctors and friends of homeopathy were to be settled by the committee. Lay people should be taught among other things by means of 'catechisms'. 'Guidelines' were even to have been drawn up 'for patients reporting to doctors not living in the close vicinity'. These duties were not all listed in such detail in later statutes but were retained with only slight changes.⁸⁰

The Central Society was wrestling repeatedly with homeopathic theory. For long periods it was agreed to comprise 'the use of internal remedies in doses suited to the reaction of the individual but following a generally valid principle (the principle of similars), which in order to investigate the healing function requires as an essential condition, the relationship observed in the healthy human body between the remedies given and the tissues or organs that are sick'.⁸¹ However, the Central Society was of the opinion that the basic elements of homeopathic theory consisting of the law of similars, the testing of remedies on healthy persons and individual dosages (which included the high potencies) were in need of further development on the basis of scientific research. Disagreements arose over the value of the results of research such as remedy or drug proving or the dosage theory. The question of whether results deviating from those of the *Organon* should be seen as further progress in Hahnemann's work or whether the new results could only be regarded as interpretations of the *Organon* were still considered seriously in the so-called 'dogma dispute' in 1879.⁸² This debate is proof of the continual difficulties faced by adherents of homeopathic theory in adapting to constant innovation, at least in the area of the law of similars, as was happening in the contemporary scientific medicine. The emphasis on individual dosage later proved to be an obstacle hindering the scientific development of the so-called drug provings in the sense of randomised clinical studies using 'double blinds'.⁸³

The AIH did not formulate such comprehensive theoretical standards but emphasised the need to extend the knowledge set down in the *Materia Medica*. Neither are there any attempts at authoritative definitions of the core of homeopathy to be found in the *Transactions*. Statements made by leading American homeopaths, such as Constantine Hering in the introduction to the third edition of the *Organon* in 1849, rather infer that they considered the principle of similars, the proving of drugs on healthy persons and the administration of only one remedy at a time to be the central element of their doctrine. In contrast, the relevance of high potencies was controversial at an early stage.⁸⁴ Conflicts over this topic were endemic and led in 1867 to the foundation of a non high-dilutionist medical school which proved more successful than its dogmatic predecessor.⁸⁵ In 1879 Paine called the doctrine of the minimum dose and of dynamisation erroneous. This open questioning of Hahnemann's basic principles led to a splinter group separating from the International Hahnemannian Society which remained, however, comparatively small for America with two to three thousand members. In 1883 the president of the AIH declared that high potencies were not naturally universal law but comparable with other scientific laws

and their transitory nature and in 1899 the principle of similars was diluted also by changing the indicative to a subjunctive in the motto. *Similia similibus curantur* became *curentur*.⁸⁶ The weakening of the principle, in the English translation, is even clearer: 'like is cured by like' becomes 'let like be cured by like' whereby it is diminished from a supposed 'law of nature to 'a method of treating disease'.⁸⁷ In a climate of relatively reserved acceptance of the new bacteriology, where Hahnemann was stylised as one of its forerunners, interest was dwindling largely through a spirit of indifference towards a scientifically based identity as a homeopathic physician.⁸⁸ Doctors also no longer specifically recommended homeopathic medical colleges.

In the meantime, the AIH had gained a world-wide reputation particularly for its drug provings. Its work had concentrated on these from the beginning. After 1865 it established 'bureaux of materia medica, pharmacy, clinical medicine, zymoses, surgery and of homeopathic organisation, registration and statistics'. Later, further specialist groups were set up so that the general impression was one of a relatively well organised collective research institute.⁸⁹ Thus, the AIH tested also the common homeopathic remedies for the active ingredients contained in their high dilutions which, in 1881, served only to increase scepticism within the medical field.⁹⁰ This may have been one of the reasons for hastening the publication of the 'authorised and approved pharmacopoeia of established medical strength and uniformity in homeopathic medicines', which had been planned by the AIH since 1868. A responsible committee was not set up until 1888 but the AIH did succeed in publishing the *Homeopathic Pharmacopoeia of the AIH* by 1897.⁹¹

In Germany prize-questions were supposed to encourage doctors to undertake scientific work. Although they had been called for since 1832 and funds had been made available, they did not occur regularly until 1854 onwards. The reaction was disappointing and contributions not always up to standard so that in 1877 it was decided to use a five year preparation period to create 'something really useful'. In 1885 the Central Society found it more important to increase its funds by appropriating the endowment for the competitions and not reinstating them.⁹² Other attempts to encourage drug proving systematically were equally disappointing.⁹³ Only after 1899 were occasional results able to be published. The new approach suggested by Alfons Stiegele to test certain active substances annually in the regional societies was partially adopted after 1924 and in 1928, forty years after its American counterpart, led to the foundation of the commission for homeopathic drug testing.⁹⁴ These impulses were taken up and pursued in the Robert Bosch Hospital in Stuttgart until the 1960s. Overall, German

homeopaths, being more scattered than their American colleagues, did not succeed in efficiently organising their research. The publication of a pharmacopoeia, for example, had been repeatedly called for since 1836 and would have been not only of practical importance but fundamental to scientific development. It only has to be remembered that around 1900 homeopathic drugs were still prepared in different German States according to widely differing regulations. The value of publishing the effects of drugs when the tests were based on such differing 'basic ingredients' was extremely limited. So the fact that the Central Society failed in this respect was particularly remarkable. Another reason for the failure to carry out this basic research was the fear of having to compete with pharmacists for professional rank. Representatives from some States objected successfully to the introduction of a binding pharmacopoeia because they were afraid of losing their right to dispense their own medicines.⁹⁵ After several unsatisfactory attempts this gap was filled finally in 1872, but temporarily, by the company of Willmar Schwabe as a producer of modern drugs with an international market. In 1901 the German Society of Apothecaries published the German homeopathic dispensatory which Schwabe rivalled with a further publication in 1924.

It is important to reiterate here the role of journals as a medium of scientific communication.⁹⁶ The *AHZ* of the Central Society contained, from the first issue, a large proportion of medical notices and reports from hospitals which could be termed 'scientific'.⁹⁷ A comparison of the editions of this journal at 25 yearly intervals suggests that the proportion of such articles and their length increased with time, while announcements and news from the societies decreased and advertisements increased slightly.⁹⁸ To this extent the periodical can be seen as evidence for an increase in scientific interest in homeopathy, which, however, does not conceal the fundamental differences between the prevailing concepts of 'science'. The *Transactions of the AIH* was founded initially to publish drugs tests, which it did regularly from 1846.⁹⁹ There are many indications that the peer review for all publications mentioned in the by-laws was more strictly applied than in Germany and, thus, the *Transactions of the AIH* are of a higher academic standard than their German counterparts.¹⁰⁰ In general, the American journal contained less apologetics and homeopathic philosophy, fewer internal disputes and more professional and academically high quality articles.

Clearly defined demarcations from other closely related forms of healing serve also to strengthen the systematic theory of a professional group. The Central Society did this frequently by passing corresponding

resolutions. Thus, in 1879 it condemned electro-homeopathy, which was particularly damaging to business because of the similarity of its name, as 'abominable modern patent medicine trash'. Later, it claimed, with pharmaco-therapeutic self-confidence, that Schüsslers' twelve biochemical histological remedies had belonged to the wealth of homeopathic remedies for a long time but that they could never be sufficient to cure all sickness. The Society set itself totally apart from iridology (eye diagnosis).¹⁰¹ There is no evidence of any equivalent authoritative attempts by the AIH at demarcation.

Gaining Social Privileges and Power

SPECIFIC GAINS AND LOSSES OF TERRAIN by homeopathic practitioners cannot be described as a general increase in the power of a profession but merely as the conquering of a segment of the whole academically moulded medical market. Every professional group, for reasons of status, likes to emphasise the high demand for its services. However, it is difficult to establish the true extent of demand by patients. Although, together with the judgement of prevailing medical opinion and the final decision of the legislature, it is one of the conditions which affects whether society is prepared to confer privileges or not on a professional group. Some indication may be given by the complaints and, indeed, resounding ones from the homeopathic lay community that there were insufficient homeopathic practitioners in Germany. This led incidentally to a strong lay movement which tended to treat itself.¹⁰² The proportion of homeopathic doctors to regular doctors in Germany can be placed at approximately one-half percent in 1904. In contrast, the figure for America at the end of the nineteenth century was that homeopaths made up 8 to 9 percent of the total number of doctors.¹⁰³ In the USA homeopathy was an early challenge to regular medicine since it appealed to a more affluent clientele with well-trained doctors, who offered, in addition, a less heroic type of therapy.¹⁰⁴ Its influence reached its zenith in 1880 and was associated with the large number of influential supporters, educated doctors who were prepared to specialise in accordance with the demands of their clientele. The body of homeopathic doctors was a relatively small sect, concentrated geographically in the North-East and in the large cities. Thus, the American homeopaths benefited not only from their much larger share of the market but also from their concentration on a clientele from a high and correspondingly influential social class.¹⁰⁵ In Germany the efforts of the homeopathic physicians and their societies to gain influence can be seen as a relative

failure. They did not succeed in securing permanent control of public hospitals nor were they able to set up or retain professorships in medical faculties. The picture of failure is not altered even if it is assumed that preferences shifted from the seemingly unattainable goal of professorships to the hospitals.¹⁰⁶

The history of homeopathic hospitals is the history of under-funded foundations which were mostly undermined, within a short time, by internal disputes among homeopaths.¹⁰⁷ In the rare cases where sufficient funding was available, as a result of financially secure and generous donors, insufficient qualifications on the part of the homeopathic physicians or the high costs of homeopathic treatment meant that the experiment was brought to an end, at the latest by the 1960s. A history of tragic failures lay in-between. Although clinical homeopathy experienced a short boom in connection with the *Neue Deutsche Heilkunde* when it was allocated wards in state hospitals, this disappeared almost as quickly as the National Socialists themselves.¹⁰⁸ American homeopathic physicians began to be banned from treating patients in hospitals in the 1850s and this continued until the 1870s.¹⁰⁹ They were excluded normally from the medical societies before 1850 though, in some isolated cases, not until 1877. The medical schools were not all equally strict, though, the relative lack of privileges of American homeopaths as early as the first half of the nineteenth century was less severe. If they did manage to counteract these tendencies by founding their own institutions, it is all the more striking that they were able to retain or regain a considerable influence in the state and city hospitals. Their share of the market was much higher. Homeopaths also had a greater influence when it came to professorships as several homeopathic medical schools were converted into state universities whereby posts orientated to homeopathy were transferred to the public sector.

Other efforts made by the Central Society to maintain the influence of homeopaths highlight a detail in connection with the law against quackery. Homeopaths in the 1920s felt so threatened by the formulation of this prohibition of 'mystical healing methods' that they joined with the *Berliner Verein der Nichtärzte* (Berlin Society of Non-Professional Healers) to file a legal objection. The positive outcome may be interpreted as the result of a successful alliance or, alternatively, as a tactical problem for a minority group whose attempts at professionalisation were sometimes hindered by alliances which could be criticised by their opponents as damaging to their professional status. In this respect, this episode demonstrates the specific political problems connected with partial professionalisation. Otherwise, efforts were made to assert medical interests

within the professional medical societies without having the advantage of an independent lobby. American homeopaths had more scope for forming alliances. In the decisive question of licensure, they were able to co-operate in several States with representatives of the eclectic sect and together prevent licensing regulations which would have been harmful to their business. In the licensing boards it was often possible to co-operate with representatives of 'regular medicine' which allowed for more flexibility.

Results

IN GENERAL, AMERICAN AND GERMAN HOMEOPATHS followed two paths to professionalisation with similarities and discrepancies. Both societies had a common self-image determined largely by the medical profession, based on formal qualifications after periods of study at universities which were extended in the course of the nineteenth century. However, simply as a result of their standardised academic training and their clear distinctions which defined them as professionals, the more numerous American homeopaths were able to organise themselves in medical schools and hospitals in a more professional manner.

After the middle of the nineteenth century the autonomy of this professional group in the USA was secured more firmly by the medical societies themselves and then introduced into the state licensing boards which they controlled. In Germany licensure was of much greater importance. This meant that homeopaths, only after the 1920s, through the public boards were able to exert influence on one aspect of licensing, namely the allocation of the additional title. The profession was correspondingly less free from external control. On the other hand, the definition of the special homeopathic product on the market of medical therapies lay throughout in the hands of the Central Society and of the AIH. Although they were not permitted to influence who became a doctor they could determine who became a homeopathic doctor. The fact that therapeutic advantages were of more concern than systematic 'scientific' theories is demonstrated by the inability to agree on what constituted the core of homeopathic practice. In general, the chances were better for the Americans to standardise the service provided by individual doctors as the institutional environment was weaker and state influence less strong. The greater numbers of American homeopaths is a fact to be considered only in relationship to this more open social environment.¹¹⁰ This was embodied in a training and health care system which was far less controlled by the state and had a much less repressive effect on the supporters of Hahnemann's pharmacotherapy.

However, they were more able to organise themselves than their less numerous German colleagues. In this respect the differing contributions of the two associations towards the process of professionalisation reflect largely the basic circumstances of medical professionalisation in the two countries.¹¹¹

Notes

- 1 Eliot Freidson, *Profession of Medicine. A Sociology of Applied Knowledge* (New York, 1970). The medical market is emphasised by Magali Sarfatti-Larson, *The Rise of Professionalism. A Sociological Analysis* (Berkeley, 1977).
- 2 See Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens* (Göttingen, 1985), pp. 14–21; Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), pp. 21 ff.
- 3 See in particular Drees, *Ärzte*, 23 and, in comparison, Jacqueline Jenkinson, 'The Role of Medical Societies in the Rise of the Scottish Medical Profession 1730–1939', *Social History of Medicine* 4 (1991), 253–275. The expansion of the market is determined initially by the demand by patients, then by their organisation in mutual benefit associations and finally substantially by the state through health insurance, cf. Huerkamp, *Aufstieg*, pp. 137 ff.
- 4 Huerkamp, *Aufstieg*; Drees, *Ärzte*; Francisca Loetz, *Vom Kranken zum Patienten. 'Medikalisierung' und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (Stuttgart, 1993); for the background see also Ute Frevert, *Krankheit als politisches Problem 1770–1880* (Göttingen, 1984).
- 5 For the process of professionalisation of this medical group in general see Robert Jütte, 'The Professionalisation of Homeopathy in the Nineteenth Century,' in John Woodward and Robert Jütte (eds.), *Coping with Sickness: Historical Aspects of Health Care in a European Perspective* (Strasbourg, 1995), pp. 45–66. The lack of comparative research bemoaned by Dietrich Rüschemeyer, 'Professionalisierung, Theoretische Probleme für die vergleichende Geschichtsforschung,' *Geschichte und Gesellschaft* 6 (1980) 311–325 still holds for the medical profession. For a comparison between the professions in the USA see Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750–1900* (Chicago & London, 1991).
- 6 Cf., for example, Huerkamp, *Aufstieg*, 18; Frederic W. Hafferty and John B. McKinlay (eds.), *The Changing Medical Profession. An International Perspective* (New York & Oxford, 1993).
- 7 For the USA see John H. Warner, 'The Fall and Rise of Professional Mystery,' in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), 110–141, esp. 133 and John H. Warner, *The Therapeutic Perspective, Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge (MA) & London, 1986), pp. 59 ff. and pp. 258 ff.
- 8 These points were developed further from William G. Rothstein, *American Physicians in the 19th Century. From Sects to Science* (Baltimore & London, 1985), pp. 168 ff. and take into consideration the scepticism of Kuhn and the constructivists towards changing scientific paradigms; cf. also Jenkinson, *Role*,

- p. 262 and Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870–ca. 1993)* (Stuttgart, 1996).
- 9 Erich Haehl, *Geschichte des Deutschen Zentralvereins homöopathischer Ärzte* (Leipzig, 1932).
 - 10 William Harvey King, *History of Homeopathy and its Institutions in America*, 4 vols. (New York & Chicago, 1905), especially the article by Thomas Lindsay Bradford, 'Homeopathic Societies' in volume 3, 254–270. Harris L. Coulter, *Divided Legacy: The Conflict between Homeopathy and the American Medical Association* (Berkeley, 1973).
 - 11 In homeopathic medical circles it was (and is) more common to refer more frequently and insistently to the authority of the founder of homeopathy than the more scientifically orientated medical circles would refer to their medical authorities, which were, in any case, constantly changing. In this respect the level of knowledge in homeopathy differs structurally from that of scientific medicine since homeopathy is not so predominantly attuned to innovation – herein lies the difference. Cf. Martin Dinges & Reinhard Schüppel, *Vom Nutzen der Homöopathieggeschichte – insbesondere für den 'ärztlichen Stand'*. As an example of a positive evaluation of this difference see the introduction by Karl-Heinz Gebhardt in E. Heits (ed.), *Allgemeine Homöopathische Zeitung. Register 1832–1981* (Heidelberg, 1982), IX. For the importance of Hahnemann as a personal authority for US homeopaths see Rothstein, *Physicians*, p. 240.
 - 12 Individual references can be omitted here. For all points see Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen*, 2 vols. (Leipzig, 1922). (Engl. edition: Richard Haehl, *Samuel Hahnemann. His Life and Work* (London, 1927)
 - 13 For all these points see Haehl, *Hahnemann*.
 - 14 Martin Stahl, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen* (Heidelberg, 1997), p. 265
 - 15 It is not the oldest medical society as homeopathic circles sometimes maintain. Cf. the list by Eduard Graf, *Das ärztliche Vereinswesen in Deutschland und der deutsche Ärztevereinsbund* (Leipzig, 1890), esp. pp. 139, 153, & 159; and Hans Michael Schmaltz, *Von der Medizinalreformbewegung zur Standesorganisation der Ärzte* (medical diss., University of Frankfurt/M., 1977), pp. 89 f. For other homeopathic societies see also Johannes Müller, *Die wissenschaftlichen Vereine und Gesellschaften Deutschlands im neunzehnten Jahrhundert* (Hildesheim, 1965), XVIII ff.
 - 16 The question of whether these were full or part-time posts remains open due to a lack of sources.
 - 17 Haehl, *Zentralverein*, p. 130. There were no changes in the by-laws of 1844.
 - 18 Haehl, *Zentralverein*, pp. 138–140.
 - 19 Haehl, *Zentralverein*, p. 162.

- 20 Heinz Eppernich, *Geschichte der homöopathischen Krankenhäuser von den Anfängen bis zum Ende des Ersten Weltkrieges* (Heidelberg, 1995), pp. 55–72, 232.
- 21 cf. Thomas Schlich and Reinhard Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von den Schwierigkeiten, die Verbreitung der Homöopathie unter Ärzten festzustellen', in Martin Dinges (ed.), *Patienten, Heilkundige und das 'homöopathische Milieu'* (Stuttgart, 1995), pp. 210–227.
- 22 *Allgemeine homöopathische Zeitung* (AHZ) 66 (1863) 141; 141 (1900) 66 (an increase from 148 to 170 members); 149 (1904) 82.
- 23 The proportion of homeopaths is, in fact, even lower since the Central Society comprises German-speaking countries and, therefore, includes doctors in Austria and in the German-speaking part of Switzerland. For details of these calculations see Huerkamp, *Aufstieg*, 283. On June 1st 1904 the Leipzig society had 16,204 members out of 28,288 civilian doctors. An evaluation of up-to-date information from the councils results in figures of under 1% for the proportion of homeopathic doctors to the total number of doctors in the Federal Republic of Germany in the 1990s; cf. Schlich and Schüppel, 'Aufschwung'.
- 24 Rothstein, *Physicians*, pp. 162 ff. & 170.
- 25 King, *History* 3, p. 256.
- 26 *Transactions of the AIH* 14 (33), 1880, p. 690 (By-laws of 1878; earlier by-laws were not available to the author).
- 27 *Transactions of the AIH* 36 (55), 1900, p. 29; 14 (33), 1880, p. 37.
- 28 For the data on 1846 see King, *History* 3, p. 256 and on 1903 see *ibid.*, p. 261. The other data were calculated from the membership lists in *Transactions of the American Institute of Homeopathy* (AIH) 1 (1868): 141 ff.; 14 (1880), 699 ff. and 36 (1900), 872 ff.
- 29 Rothstein, *Physicians*, p. 345.
- 30 Cf. William F. Bynum, Stephen Lock and Roy Porter (eds.), *Medical Journals and Medical Knowledge* (London & New York, 1992); Martin Dinges, 'Die Internationalität der Homöopathis – Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne', in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), pp. 382–425, 393.
- 31 *Transactions of the AIH* 36 (55) (1900): 768.
- 32 Cf. Haehl, *Zentralverein*, 43ff.
- 33 Today the staff are still paid from public funds.
- 34 Fritz Donner, 'Homeopathica Americana. II. Beiträge zur Geschichte und Bewertung der Homöopathischen Medizinschulen in Amerika', *AHZ* 176 (1928), 31–61, 34.
- 35 Donner, 'Homeopathica', 36.
- 36 Rothstein, *Physicians*, 237.

- 37 Compare evidence of reports on the USA in the AHZ in Heits, *Register*, 9 f. Regular reports after 1848 and 1859, and at intervals of a few years after 1871.
- 38 By 1876 other medical societies already had 20 different funds for widows and orphans; cf. Huerkamp, *Aufstieg*, 252.
- 39 For the attempts of the naturopaths – with the participation of licensed doctors – to become professionalised after 1889, and their prohibition in 1900 by disciplinary committees see Cornelia Regin, 'Naturheilkundige und Naturheilbewegung im Deutschen Kaiserreich. Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und medizinischer Laienbewegung', *Medizin, Gesellschaft, Geschichte* 11 (1992), 175–200, & 183 f.
- 40 For the by-laws see Haehl, *Zentralverein*, 126 (for 1832), 134 (for 1844), 138 (for 1872), and 160 (for 1920). Licensed pharmacists were accepted also as associate members in 1921 and 1927; cf. Haehl, *Zentralverein*, 161 (1921), 167 (1927).
- 41 *Transactions of the AIH* 14 (33) (1880): 692.
- 42 For the history of licensure see Huerkamp, *Aufstieg*, 45 ff.
- 43 Martin Kaufmann, *Homeopathy in America. The Rise and Fall of a Medical Heresy* (Baltimore & London, 1971), pp. 20 ff.
- 44 Quoted from Rothstein, *Physicians*, p. 162.
- 45 King, *History*, 3, p. 255 as well for the following.
- 46 *Transactions of the AIH* 14 (33) (1880), 691 (by-laws adopted June 20th, 1878).
- 47 The Code of Ethics of the American Medical Society required respect and gratitude from the patient, which was not out of accordance with the doctors' new image of themselves. Cf. Rothstein, *Physicians*, p. 173.
- 48 Cf. John H. Warner, 'Medical Sectarianism, Therapeutic Conflict, and the Shaping of Professional Identity in Antebellum American Medicine' in William F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London & Sydney, 1987), 234–260, & 241.
- 49 Rothstein, *Physicians*, p. 173.
- 50 Rothstein, *Physicians*, p. 201.
- 51 Rothstein, *Physicians*, p. 236. The 'Senate of Seniors' functioning as a court of appeal is first mentioned in Article X of the by-laws of 1893; *Transactions of the AIH* 36 (55) (1900): 803. The senate did not yet have this function in the by-laws of 1878; cf. *Transactions of the AIH*, 14 (33) (1880), 692.
- 52 To maintain the homogeneity of the profession it was deliberately modelled closely on the code of the AMA, 'nearly identical in language' is used, see Code of Medical Ethics, *Transactions of the AIH*, 14 (33) (1880), 682–701, 693.
- 53 Rothstein, *Physicians*, p. 245.
- 54 Rothstein, *Physicians*, p. 236.
- 55 Haehl, *Zentralverein*, 127.

- 56 Supplement to the implementation regulations of the by-laws of the homeopathic Central Society in Haehl, *Zentralverein*, 144 and the constitution of 1927, *ibid.* 171; cf. *ibid.* 36 ff.
- 57 Kölner Leitsätze, in Haehl, *Zentralverein*, 156.
- 58 C. Hering had founded already a college in Allentown PA. but this existed only from 1838–1841 because the capital had been invested with a bank which went bankrupt; cf. Rothstein, *Physicians*, p. 232. On Boston see King, *History* 3, 159, and on training in the AIH *ibid.*, p. 258. On the simultaneous problems in the State medical schools see Kaufmann, *Homeopathy*, pp. 258 f.
- 59 Rothstein, *Physicians*, pp. 237 ff.; King, *History* 3, pp. 258 f.
- 60 Rothstein, *Physicians*, p. 296; for the figures for 1910 see Donner, 'Homeopathica', 34 ff., who refers mainly to the report by Abraham Flexner, *Medical Education in the United States and Canada* (New York, 1910), p. 159.
- 61 By-laws in Haehl, *Zentralverein*, 127.
- 62 It is not exactly clear what the Zentralverein meant by the expression 'Unterhaltung der Berathungsanstalt'.
- 63 Implementation regulation to para. 2 of the by-laws in Haehl, *Zentralverein*, 139; cf. 109.
- 64 Cf. Haehl, *Zentralverein*, 108. For the reasons for the greater tolerance in Bavarian colleges (more tolerance towards homeopathy because of opposition to the 'materialist' scientific medicine) particularly in the period from the 1840s to the 1860s see Rudolf Tischner, *Geschichte der Homöopathie* (Leipzig, 1939), pp. 502 f.; otherwise the breaks come in Vienna and Tübingen in the 1850s, *ibid.* p. 621. On the plans for an independent faculty see Jakob Kafka, 'Freie Homöopathische Fakultät', *AHZ* 121 (1890), 59 ff. and for the discussion at the annual conference see p. 90.
- 65 Cf. Heinz Eppenich, *Geschichte der homöopathischen Krankenhäuser bis zum Ende des ersten Weltkrieges* (medical diss., University of Aachen, 1992), p. 43. Perhaps, even then, teaching was preferred to be independent of universities – according to the American model – as in the case of the editor of the *AHZ*, Arnold Lorbacher, 'Woran liegt es, dass die vom Staate bewilligten Lehrstühle für Homöopathie an den Universitäten bis jetzt derselben Nichts (sic) genützt haben?', *AHZ* 98 (1879), 180–182.
- 66 See Petra Werner, 'Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms-Universität zu Berlin zwischen 1919 und 1933', *Medizin, Gesellschaft und Geschichte* 12 (1993), 205–219; Christian Lucae, *Auf dem Weg zur Schulmedizin? Bestrebungen zur Institutionalisierung der Homöopathie an den deutschsprachigen Universitäten von 1812–1933* (med. diss., Heidelberg, 1997).
- 67 Detlef Bothe, *Neue Deutsche Heilkunde. 1933–1945* (Husum, 1991), p. 282.

- 68 Accordingly, prejudice against the universities was cultivated such as in the discussion about the independent faculty (see above Lorbacher, 'Lehrstühle'); cf. Tischner, *Geschichte*, p. 684.
- 69 Haehl, *Zentralverein*, p. 126.
- 70 For more details on the lack of student demand see Eppenich, 'Geschichte', p. 43.
- 71 On this, in general, see Richard H. Shryock, *Medical Licensing in America. 1650–1965* (Baltimore, 1967).
- 72 Rothstein, *Physicians*, pp. 306 ff.
- 73 cf. Kaufmann, *Homeopathy*, pp. 145 ff.
- 74 Rothstein, *Physicians*, p. 317, & 323.
- 75 Haehl, *Zentralverein*, pp. 71 f.
- 76 Haehl, *Zentralverein*, p. 160 (in para. 3).
- 77 Haehl, *Zentralverein*, pp. 73 ff.
- 78 However, the scales of charges did put the homeopaths at a disadvantage, especially after the introduction of payment according to individual items in post-war Germany, since they are less orientated to using medical apparatus.
- 79 See also for the following Haehl, *Zentralverein*, p. 127.
- 80 Compare Haehl, *Zentralverein*, p. 139 para. 2 of the implementation regulations for the by-laws of 1872; 161 with para. 4 of the by-laws of 1921.
- 81 Nothing changed from the 'Cöthener Vertrag' (1833) and the '18 Thesen von Dr. Wolf' to the 'Kölner Leitsätze' (1902) and even since then; cf. Haehl, *Zentralverein*, pp. 131 ff. & 156 f.
- 82 Haehl, *Zentralverein*, p. 41. Cf. also the programmatic title of the essay by Arnold Lorbacher, 'Die Emancipierung der Homöopathie von der Person Hahnemanns', *AHZ* 90 (1875) 137–139, 145–147, 153–155. On the dispute over high potencies cf. Tischner, *Geschichte*, 683.
- 83 Cf. Bothe, *Heilkunde*, pp. 274–281 and e.g. Heinz Schoeler, 'Die Situation der wissenschaftlichen und praktischen Homöopathie in ihrem 150. Entwicklungsjahre', *AHZ* 193 (1948) 9–29. On the current discussion cf. Klaus Linde and Dieter Melchart et al., 'Übersichtsarbeiten: Das Beispiel Homöopathie', *Deutsches Ärzteblatt* 91 (1994) C 76–C 81.; Harald Walach, 'Perspektiven für die Homöopathie-Forschung heute', *AHZ* 235 (1990), 147–151, & 183–187; Harald Walach, 'Ist Homöopathie der Forschung zugänglich?', *Schweizerische Rundschau für Medizin (PRAXIS)* 83 (1994), 1439–1447.
- 84 Rothstein, *Physicians*, p. 164, and for the following pp. 240 f.
- 85 On this in detail see Coulter, *Legacy* 3, pp. 328 ff.
- 86 See Haehl, *Hahnemann* 1, p. 76 and Josef M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie* (Munich, 1990), pp. 192, 315, & 383. Hahnemann had already proposed this change.

- 87 Rothstein, *Physicians*, p. 244.
- 88 Rothstein, *Physicians*, pp. 279, & 295; cf. Warner, *Fall*, p. 133.
- 89 King, *History* 3, p. 258.
- 90 Rothstein, *Physicians*, p. 243.
- 91 King, *History* 3, pp. 259 f.
- 92 Cf. Haehl, *Zentralverein*, pp. 52 ff.
- 93 On earlier attempts by individual doctors see Tischner, *Geschichte*, pp. 563 & 619.
- 94 It is possible that the organisation of local testing groups originated from the American practice after the middle of the 19th century; cf. King, *History* 3, p. 256.
- 95 Haehl, *Zentralverein*, 61 (on 1872), 64 (on opposition from Berlin 1929, one of the last bastions of this right); on the reasons cf. Tischner, *Geschichte*, 720; also Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen zur industriellen Fertigung* (Stuttgart, 1991).
- 96 For evidence of homeopathic journals in Germany and the USA see Jacques Baur and Klaus-Henning Gypser et al., *Bibliotheca Homeopathica. International Bibliography of Homeopathic Literature* 1 (Gouda, 1984); c.f. note 30 above.
- 97 For general points on the society journals see section III.2 in above; the more important science orientated rival papers were the 'Archiv für die Homöopathische Heilkunst' (Stapf) from 1822 to 1843 and 'Hygea' from 1834 to 1848; cf. Karl-Heinz Faber, 'Die Zeitschrift Hygea' in Martin Dinges (ed.), *Patienten, Heilkundige und das 'homöopathische Milieu'* (Stuttgart, 1995,).
- 98 It is possible that some of these items were publicised in the newsletters of the regional societies rather than in the AHZ.
- 99 King, *History*, 3, p. 256.
- 100 By-laws of 1874, Article VII, Sec. 8 and 9, *Transactions of the AIH*, 18 (37) (1884), 707.
- 101 Haehl, *Zentralverein*, pp. 67 f.
- 102 Cf. the article by D. Staudt in this volume and the case study by Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozeß. Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989).
- 103 Rothstein, *Physicians*, p. 345.
- 104 Rothstein, *Physicians*, p. 165; on the following pp. 246 & 295. On the more mild therapy as an advantage for the market cf. Kaufmann, *Homeopathy*, pp. 112 f. & 118 f.
- 105 Calculations of the density of homeopathic physicians according to States or federal States in 1860 show also that, at this time, the supply of homeopaths in the USA was already much more numerous than in the German Empire; cf. Jütte, 'Professionalization', Figure 1.

- 106 In the Kölner Leitsätze a change of preferences of this kind is suggested by the rather truculent demand for clinics, 'which ought to be a matter of course for a scientific discipline'. This is preferred to the establishment of 'isolated homeopathic professorships against the will of the medical faculties'; cf. Haehl, *Zentralverein*, p. 156.
- 107 See Eppenich, *Geschichte*, pp. 323 ff.
- 108 Details in Bothe, *Heilkunde*, p. 282.
- 109 Rothstein, *Physicians*, pp. 233–236.
- 110 The stronger competition is emphasised also by Warner, 'Sectarianism', 253.
- 111 Their importance is also emphasised by Jenkinson, 'Role', 272. An important gap in research should be mentioned here, namely the lack of sufficient information about local societies which in both countries will have been of differing importance because of their varying sizes. Some insight into the relationship between the local and national level would result in a more accurate comparison.

The Role of Laymen in the History of German Homeopathy

Dörte Staudt



THIS PAPER IS CONCERNED with a homeopathic association, the *Hahnemannia*, which, as a pure lay organisation in Württemberg, gained considerable importance during the last third of the nineteenth century. Not only was this organisation in the hands of its individual members, but soon it became a type of model organisation for numerous other local organisations. Thereby, the *Hahnemannia* achieved a dominant position among the lay organisations in the German Empire.¹ The analysis of the development of the *Hahnemannia* and its work during the first decades of its existence will show that a considerable amount of the popularity that homeopathy had and still has today, is due to the lay organisations.²

The Founding of the Organisation and its Aims

DURING THE SIXTH GENERAL ASSEMBLY, the question was discussed by a range of educated professional delegates 'whether the organisation – like before should work quietly or whether the organisation should start to work more in public [...] Furthermore, he (Government inspector Clausitzer, D.St.) was strongly in favour of the enrolment of doctors and pharmacists, supposed that they were friends of homeopathy, because it would be of great value for laymen, especially with regard to diagnosis, to have real professionals among them [...] The chairman emphasised that we will do more good for the case of homeopathy through practical experience than through public speeches.'³ Thus, the most important aim of the lay

association, which at the time was in the process of being constituted and was to become the largest homeopathic association of laymen, within a few years. However, there was controversy about the means of achieving this status for a disagreement remained as to whether this aim should be achieved through practical instruction of the members or through public relations targetted at opponents. Furthermore, it was not made clear whether professional physicians should be involved or not.

The basis of the Association was a small group of homeopathic laymen, who had been meeting regularly since 1863 and on February 24, 1868 the official founding of the *Hahnemannia* and the first election of the board of directors took place.⁴ The membership of the first committee was composed of persons belonging to the educated classes and to higher social spheres with as its first chairman Count Cajetan von Bissingen-Rippenburg.⁵ The Association had 116 members.⁶ Yet, only two years after the founding the Association was described as one of the two most important organisations of laymen, besides the homeopathic association of Annaberg/Sachsen.⁷ In 1871, the Association already had commission-members or agents in eighteen 'Oberämter' of Württemberg.⁸ Those members, with the help of medical literature lent free of charge, tried to achieve 'the further distribution and general knowledge of the homeopathic cure... In rural areas, we hope to achieve the same aim through our board members.'⁹ The Association published its own journal, the *Homöopathische Monatsblätter* from 1876, consisting of two parts: an editorial section, which was mainly concerned with medical questions, and various supplements, in which subjects of the Association could be voiced.¹⁰ The degree of professionalism in the Association's work rose steadily; thus in 1879, the factory owner August Zoeppritz was engaged as the Association's secretary at a monthly allowance of one hundred marks.¹¹ Twenty years after the founding, the Association had 3467 members (of which 2008 were free members, and 1459 were organised in local organisations). Furthermore, there were 363 subscribers to the Association's monthly publication.¹² By 1902, the number of members had risen to c.7000.¹³ In 1904 an agreement between the *Hahnemannia* and the *Homöopathischer Verein* (Association of Homeopathy) in Baden was reached allowing the mutual sending of representatives who were entitled to vote at the respective general assemblies. On this occasion, the *Hahnemannia* was included under the 'Homeopathic Association of the Kingdom of Württemberg.'¹⁴

Form and Contents of the Association's Work

THE DIFFERENCE BETWEEN *the Hahnemannia* and the individual local organisations, which came into existence after 1870, was that it did not merely devote its activities solely to the Association's own members.¹⁵ Instead, it considered public relations to be of great importance. In 1869, the report of the board of directors' activities stated that their main task was to send scientific works¹⁶ to allopathic physicians as well as to distribute a work entitled *Truth in Medicine* to teachers and to the clergy.¹⁷ During the war between France and Germany, *the Hahnemannia* was eagerly sending out booklets to physicians working in the sick bays. In these, dressing wounds according to methods recommended by homeopaths were described. These methods were also made public in advertisements.¹⁸ There were, of course, other means for the further education of members.¹⁹ In 1904, the Association's secretary Erich Haehl could look back to 300 speeches of that kind, which had taken place during the six years he had held his post.²⁰ Only a minority of these meetings were organised solely for the association; instead, their most important aim was 'to keep the interest of the newly founded branch associations in our work alive.'²¹

Nevertheless, the primary objective of *the Hahnemannia* was to become the advocate of the cause of homeopathy to the general public, to the representatives of allopathy, and to the official personnel and institutions. Thus, for example, the question of compulsory vaccination, established by law in Württemberg in 1875, was extensively debated. *The Hahnemannia* repeatedly sent petitions to the Royal Ministry for Internal Affairs on, for instance, the establishment of a chair in homeopathy and a demand for integration of the homeopathic method into the syllabus for medical schools.²² Most of the demands and inquiries were repeated over and over again and in various directions.²³ This problem – the appreciation of homeopathic methods and cures – is a central theme in *the Hahnemannia's* area of responsibility. Whether the examination of pharmacies, the work of experts in criminal proceedings,²⁴ or the setting up of a medical college of the Chamber of the State of Württemberg was in question – the inclusion of people trained in homeopathy was always demanded.²⁵ A further subject of concern was the request to allow homeopathic medicines to be freely distributed.²⁶

All these subjects were dealt with not only in the form of petitions to official institutions, but also were made known to the general public.²⁷ Its monthly journal was printed by the publishing house of the *Stuttgarter Neues Tageblatt* but cancelled this arrangement in 1883 after the editorial staff had

refused to publish further articles concerning 'compulsory vaccination.'²⁸ This action demonstrates clearly that *the Hahnemannia* did not behave as a mere petitioner but as a self-confident pressure group effectively putting into practice the few means of exercising power that were available to it. The relationship between *the Hahnemannia* and the *Stuttgarter Neues Tageblatt* was strained for a number of years. However, in 1895, a polemical discussion started in the newspaper, when *the Hahnemannia* attempted to publicise the success of homeopathic psychiatrists at the Boston Hospital for the Insane and thereby to attempt to reform German lunatic asylums.²⁹ In a request to the Württemberg Chamber of Deputies *the Hahnemannia* asked for an examination of 'facts claimed on the spot [...] and if the allegations should turn out to be true, to take appropriate steps in order to introduce homeopathic methods into lunatic asylums in Württemberg. In case it should turn out that homeopathic methods do not lead to superior results in American lunatic asylums, *the Hahnemannia* offers to pay the entire costs of the journey and furthermore offers 2500 Marks as a security under the condition that declared opponents of homeopathy should not be charged with the examination.'³⁰ The *Stuttgarter Neues Tageblatt*, however, took the view that *the Hahnemannia's* arguments were based on facts which could not be compared to each other: on the American side nursing homes were talked of, whereas in Württemberg the institutions in question took care of clearly incurable cases.³¹

The integrating and leading role of *the Hahnemannia* as the principal organisation for Württemberg can be seen in one of the central problems of homeopathic organisations: local organisations automatically turned to Stuttgart for advice in questions concerning the possession of medicines and their distribution.³² From 1892 there were on-going debates under the category 'prosecution of homeopathy' for the instructions concerning the distribution of medicines left considerable discretionary powers to respective judicial interpretations. Thus, even in the second court, previous judgements were frequently revised.

The revision sees the facts of the case in the circumstance that the accused had [...] given the right of disposal over medicines, which had been in his safe-keeping, to other people, that is, to members of his association. By these measures the aim of the law about the authoritarian control over the circulation of medicines could be achieved; thus, it would be rather difficult, if the division for criminal matters took the civilian notion of co-property [...] in the sense of the statute book into account. The court of appeal was unable to share this view of the prosecution; on the other hand, it can be concluded that, after the medicines had been transferred from the concession pharmacy in Leipzig into

the co-property [...] of all members of the association in Königsbach, a further 'leaving into the care of others' through the merely administrative action of the accused did no longer occur.³³

The custodians of the Association's pharmacies had always been uncertain about the legality of their actions, so the *Hahnemannia* did not only try to solve this matter through repeated petitions to official institutions but also by legal action. Thus, for example, in another judgement of the second court the accused was found guilty.³⁴ Zoeppritz asked the Association's legal adviser for a juridical examination of the question as to 'whether it was possible to circumvent the law, when every member deposits his own small box containing the smallest quantities of cures with the custodian of the pharmacy.'³⁵

At the same time the Association supported other local organisations not only verbally, but also financially in underwriting legal costs.³⁶ Director Puhlmann, chairman of the Central Pharmacy Willmar Schwabe in Leipzig, for example, criticised the Association for its energetic persistence, and urged it to act more calmly. 'Nothing can be achieved through newspaper articles, but only through sticking to objective appeals.'³⁷ It is evident why the possession of cures was a particularly problematic theme for the lay organisations when there was a powerful lobby on the side of the opponents such as the *Pharmazeutische Schutzverein*. It noted in a statement to the Royal Medical College that:

the builder Weberheinz from Tettwang had made it his business [...] to praise the homeopathic method as the only true one. At the same time this person disparages the character and achievements of allopathic physicians in a way which is not to be repeated here and tries systematically to discredit the pharmacies [...] The Pharmazeutische Schutzverein now takes the liberty to make a request to the medical college in order to preserve the legitimate interests of the pharmacists harmed in this way, to see to it that the establishment of such club pharmacies be prohibited without delay on the basis of the state order dating from January 1890, concerning the selling of cures and paragraph 367 Z3 of the R.St.G.B.³⁸

The state government of Württemberg reacted to this request by prohibiting the establishment of club pharmacies to the 'Oberamt' Esslingen on the grounds 'that this could lead to the destruction of the entire state established pharmacies, as the Royal Medical College had remarked quite rightly.'³⁹ In addition, the handing over of cures to the laymen of various organisations provided the best target for the opponents of homeopathy and numerous cases of outright denunciation were passed to the *Hahnemannia*.⁴⁰

The *Hahnemannia* and Other Associations – Rivalry instead of Co-operation?

THE *HAHNEMANNIA* EXPECTED SERVICE in return for its involvement. In its leading role towards the local organisations the *Hahnemannia* felt unchallenged. The staff of the *Homöopathische Monatsblätter* were under the supervision of an editor appointed and paid directly by the board of directors. Thus, the journal became a mouth-piece of the *Hahnemannia*. When, in 1889, the *Homeopathic Association of Canstatt* called a meeting of the whole country's laymen to discuss the founding of another union of lay organisations, the secretary of the *Hahnemannia* suggested that there should be an immediate cancellation of delivery of the *Homöopathische Monatsblätter* as a counter action.⁴¹ In Stuttgart the great distrust of the Central Pharmacy in Leipzig led, in 1892, to a request by a member of the board of directors for the complete publication of the lay organisations' names and their members. Zoeppritz replied, that Mr. Schwabe, chairman of the pharmacy wanted to find out the addresses of the organisations' chairmen and, thus, wanted to 'turn the organisations in question away from the *Hahnemannia*' by the sending of books 'and accordingly could diminish the sales of the 'Homöopathische Monatsblätter'.⁴² The Association's attitude towards other lay organisations was marked by surprising ignorance. In 1895, the board of directors decided 'neither to visit nor to mention in the *Homöopathische Monatsblätter* an international conference of homeopathic lay organisations.'⁴³ No reason was offered. Since 1896 a local organisation, Göppingen, had been calling for the foundation of a southern German association. The 'Purpose of the latter is to bring the local organisations closer together, in order to promote the common aims.'⁴⁴ Their attitude towards the *Hahnemannia* was stated at the first assembly: '[...] The ongoing isolation from the side of the *Hahnemannia* means that it is our duty, to come closer together in order to protect our interests. But if possible this should happen in accordance with the *Hahnemannia*. Since [...] it would be an ingratitude on our side, if we were failing to acknowledge the previous successes and achievements of the *Hahnemannia* and its leaders.'⁴⁵ The *Hahnemannia* decided not to oppose this new foundation on the condition, that 'the present association *Hahnemannia*, Stuttgart, [...] would become the leading branch of the organisation.'⁴⁶ However, in the following year lively debates took place in the meetings of the board of directors about the position of the *Hahnemannia* within the southern German association. In May 1897, just after the official founding (2nd of May, 1897), the entry was discussed again and the condition was imposed that the *Monatsblätter* was to

become the official organ.⁴⁷ Unfortunately, the entry never took place, because of various disagreements between the 'Verband' and the *Hahnemannia*.⁴⁸

The *Hahnemannia* and Politics

THE HAHNEMANNIA TOOK A STRONG PUBLIC STAND, but did it have a political point of view? Two aspects are remarkable here. On the one hand, the *Hahnemannia* never refer to other than homeopathic matters, actual political questions were never addressed. On the other hand, the *Hahnemannia* turned against the agitation of the Social Democrats even if this was being used in favour of the cause of homeopathy. In 1887 the board of directors decided to remove the Social Democrats from the list of members and to list only them as subscribers to the *Homöopathische Monatsblätter*.⁴⁹ In the following issue of the *Homöopathische Monatsblätter* the opinion was voiced that party politics should not be the concern of the Association, instead all political parties should be asked about their opinion regarding matters of general welfare.⁵⁰ There were many such general statements. Thus, before elections the readers were regularly called upon to 'examine' a candidate as to 'whether he, by any means, will further the cause of the abolition of the compulsory vaccination' and 'whether he pledged not to welcome further steps towards the restriction of homeopathy'.⁵¹ The bias against Social Democrats was evident for many years, without any explanation being given. Even the main precept, making the support of homeopathy a main criterion for decisions in elections, was completely left aside. On the contrary, the *Hahnemannia* tried to use its own disapproval of social democracy as a means of political pressure: 'to our great disappointment we see that social democracy here and there is trying to get hold of the fight for equality of homeopathy and allopathy in order to make profit out of it for its own purposes. It lies with the government to snatch this new means of agitation from the Social Democrats by measures which the friends of homeopathy have asked for so often.'⁵²

Consequently an undecided but, in principle, conservative political position of the *Hahnemannia* can be discerned. This assumption is supported by repeated addresses to the monarchs, yet, in concrete issues the Association showed itself surprisingly progressive. As early as 1882 the purchase of a brochure entitled *Über facultative Sterilität* – that is contraception – was recommended to physicians as 'the cure of a sore point in our social conditions'.⁵³ Even earlier, in 1876, the *Homöopathische Monatsblätter* published an enthusiastic report about the increasing number

of female students in the homeopathic colleges of America. 'It is [...] pleasant to see, how the opinion forces its way, that women as well as men can become physicians.'⁵⁴

Self-assessment of *the Hahnemannia*

EVEN THOUGH HOMEOPATHY, like bio-pharmacy, electro-homeopathy, and other non-regular methods were categorised as quackery by orthodox medicine⁵⁵, the term quackery was also used by its representatives to stigmatise others. In an article entitled *Who is a quack?*, August Zoeppritz wrote: 'Health insurances [...] will soon judge by their purses, that not the natural physician is a quack but very well the certified physician [...]. Is it not a reason to become suspicious, that all petitions concerning the prohibition of quackery do not originate from the circle of the 'cheated' public, but from the circle of physicians, threatened in their trade [...]'⁵⁶ Finance was emphasised often in connection with their own public image for the homeopathic method was praised as the 'simplest and cheapest' cure, let alone having the lower costs compared to allopathy.⁵⁷ However, as soon as the propaganda was directed towards the homeopathic public rather than outside observers, *the Hahnemannia* emphasised especially that the method could be handled easily, even by laymen. The editorial in the first issue of the *Homöopathische Monatsblätter* stated that part of the organisation's programme was 'to enable a layman for whom no homeopathic physician is available, to treat and cure himself and his family in the case of illness without causing heavy expenses.'⁵⁸

Laymen and Homeopathic Physicians

THE CONFLICT IMPLIED in the last quotation was to occupy *the Hahnemannia* for a long time to come. On the one hand, it was stated in the same editorial that physicians were not considered dispensable. On the other hand, it was a clearly defined aim to offer laymen equipment by means of which they were able to reach a certain degree of autarchy. An insight into the undecided attitude at the first General Assembly is given by the discussion as to whether it was more important 'to convert one doctor or twenty laymen'.⁵⁹ This discussion was inconclusive yet a speech in summary noted that: 'No sooner will we pin the laurel wreath on our chest, than every young physician is committed by the government to pass a homeopathic exam apart from the allopathic one. Only then we as homeopathic laymen can quit the scene with our minds at rest.'⁶⁰

However, in medical questions, the judgement of physicians was also

relied upon. Accordingly, in 1871 it was decided not to lead the opposition to vaccination, because even homeopathic physicians were divided amongst themselves.⁶¹ Medical competence was never doubted though to what extent physicians within the *Hahnemannia* were able to promote the interests of laymen was discussed. When August Zoeppritz stepped down as the editor of the *Homöopathische Monatsblätter*, a violent discussion ensued about his successor. Erich Haehl was proposed by Zoeppritz, and, because of his education he seemed to be suitable. Nevertheless, he was denied the position by some of the members because he was a physician.⁶² It was thought to be difficult for homeopathic physicians to judge the practice of laymen. When the homeopathic *Centralverein*, the professional counterpart to lay organisations, decided in 1877 to expel non-physicians, this was done against the will of its chairman, Dr. Goullon. In a vitriolic speech he pointed out the significance of the common 'opponent war-guidance'.⁶³ Two years later, in a speech celebrating the fiftieth anniversary of this *Centralverein* it was asked: 'What would our position as homeopathic physicians be like, if not countless trusting laymen clung to our principles, often even more devoted than we are [...] Where it is necessary to promote homeopathy in social life, laymen can do this with much more emphasis and success [...] the layman can speak out loud about the splendid cures [...] while we physicians are supposed to grace ourselves with modesty and silence [...]'⁶⁴ Like the *Hahnemannia* itself, the doctors' associations saw the main focus of laymen's work in public relations. Thus, there was no reason to fear any trespassing into each other's domain. Yet, actual lay-practice was commented upon in a not wholly negative way, 'because essentially it rose from the shortage of qualified professional physicians.'⁶⁵ It was agreed that homeopathic cures practised by laymen were to be preferred to the complete disappearance of this form of therapy. Nonetheless, in 1883, August Zoeppritz complained that the co-operation between laymen and physicians left a great deal to be desired.⁶⁶ There were, therefore, temporary discrepancies in the nature of the public relations of the *Hahnemannia*. One of their petitions to the Landtag of Württemberg (State Parliament), on the pharmacies of homeopathic associations, was opposed at a meeting of homeopathic physicians as it was 'undiplomatic and hopeless'. In addition, 'through well-meant but careless behaviour [...] the case of homeopathy was brought to harm especially in the eyes of the educated public. While the auditory was amused our good cause became the target of derision.'⁶⁷ Obermedizinalrath Sick remarked: 'Laymen we have to endure, because Hahnemann infected homeopathy with it.'⁶⁸ Yet, despite this derogatory statement homeopathic physicians generally supported lay-propaganda.

Peculiarities of *the Hahnemannia*: A Summary

THE ESTABLISHMENT OF *the Hahnemannia* differed from that of other southern German associations as the objective was not the actual practice of homeopathic methods, nor the practical instruction in diagnosis and therapy. It was activities directed at the public in the form of various publications and petitions which were to be the major part of the Association's work. *The Hahnemannia* rapidly gained a leading role within the homeopathic movement, through these measures and the further education of smaller local organisations. *The Hahnemannia* claimed its leading role and defended it against competitors, no matter from where they came. *The Hahnemannia* itself legitimised its autocratic rule, arguing that it had always wanted to achieve the good of homeopathy. Indeed, this prior aim of *the Hahnemannia* was evident in the Association's conduct as in the example of political orientation. Obviously, the Association's politics were not influenced by striving for power or promoting individual interests; in principle, the views of politicians on homeopathy were taken as guide lines for the recommendation of candidates.⁶⁹ The only exception can be seen in social democracy which may be explained by the positive basic attitude of leading members of *the Hahnemannia* towards the royal dynasty of Württemberg and by their specific middle class background. However, on various other points, the assumption of the Association's conservative stand cannot be confirmed as, for example, on the subjects of 'women' and 'endowment'

Work of the Lay Organisations and *the Hahnemannia*

IT CANNOT BE DENIED that *the Hahnemannia*, in particular, by having an integrative position for the local organisations, by its regularly published journals and by its astonishing persistence in dealing with official institutions increased considerably the degree of acceptance of the homeopathic method. This was welcomed by those physicians whose major interest was devoted to research and teaching. In addition, the group of physicians trained in homeopathic methods and well-disposed towards them was never large enough to act as an influential pressure group. Yet, the membership numbers of homeopathic lay organisations – even more so in smaller places – show that a potential for pressure existed which could not be neglected.⁷⁰ Even more important for the physicians was that laymen constituted their own clientele. Advertisement for or conversion to homeopathy was for their own good. Finally, it was easier for a great number of lay organisations to negotiate obstacles or to circumvent police regulations than it was for

medical staff who were subject to stricter legal control. Thus, the spread of homeopathy, as seen from today's point of view, was unthinkable without the powerful lobby of the lay organisations. The positive role of *the Hahnemannia*, an association that was the nerve-centre of most of the local organisations in Württemberg, therefore, can be emphasised with complete justification.

Notes

- 1 For this analysis, various sources of the *Hahnemannia*, consisting of reports, correspondence and different files, have been evaluated for the first time. Since September 1993, these sources have been kept in the archives of the Institute for the History of Medicine of the Robert Bosch Foundation. These records are considered to be of great value in the critical assessment of the Association's history. But as these minutes only record the results of the negotiations, the process of how the decisions were made is a matter of conjecture. Furthermore it is not known whether the correspondence, which has survived, is complete or not.
- 2 This cannot be said about the genesis of romantic medicine. The question of therapeutic effects is not dealt with here. See, for example, Dietrich von Engelhardt, 'Romantische Mediziner' in Dietrich von Engelhardt, Fritz Hartmann (eds.), *Klassiker der Medizin* (Munich, 1991), vol. 1, pp. 95–19, here p. 117f.
- 3 *ibid.*, p. 32. But the *Hahnemannia* was not accepted in the register of associations of the district court in Stuttgart before January 13, 1902, and then with newly formulated statutes dating from 1900. See Hom-arch, V 42, record books 1894–1904, Supplement.
- 4 Hom-arch., V 8, 1.
- 5 Members of this committee were also Baron Wilhelm König von Königshofen, two teachers, a chemist, a civil engineer, a factory owner, the secretary of a church council and a priest.
- 6 See *Homöopathische Monatsblätter* (hereafter quoted as HM), 14 (4/1889), 56, 'The History of the Development of Homeopathy in Württemberg'.
- 7 *Leipziger Populäre Zeitschrift* (hereafter quoted as LPZ), 1 (1/1870), 17.
- 8 The equivalent of English counties.
- 9 See, Hom-arch, *Hahnemannia*, V 8, 12.
- 10 It was the second journal of a type in which matters of laymen were especially pronounced. The *Leipziger Populäre Zeitung für Homöopathie* was first published in 1870.
- 11 Hom-arch., *Hahnemannia*, V 7, record books 1878–1893.
- 12 *ibid.*, record of March 5, 1879. All members received the journal without additional charge.
- 13 Hom-arch., *Hahnemannia*, V 42, record books, 1878–1904, 165.
- 14 Hom-arch, *Hahnemannia*, V 8, 17, record of the 36th General Assembly of the *Hahnemannia* on May 15, 1904.
- 15 The activities of smaller associations are shown, for example, in the existing records of the homeopathic organisations in Fellbach (1905–1945) and Laichingen (1910–1943). These activities were mainly hiking excursions to the countryside which took place once or twice a year, or lectures held by specialists in front of the

members. See Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozeß; Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989).

- 16 They distributed Eduard von Grauvogl, *Das homöopathische Ähnlichkeitsgesetz. Offenes Sendschreiben an Herrn Prof. Dr. Justus Frhr. v. Liebig* (Leipzig, 1861) and *Hahnemannia* (ed.), *Die Wahrheit in der Medizin. Eine populäre Darstellung aus Allopathie und Homöopathie nach ihren Heilprinzipien* (Stuttgart, 1870).
- 17 Hom.-arch., *Hahnemannia*, V 8, 7. Report of the board of directors' activities from February 24, 1869.
- 18 Ibid., handout from December 1870 as supplement.
- 19 An example of such a 'typical' meeting is that of February 23, 1879. On this occasion, a military physician held a lecture 'against vivisection as it is now practised in all universities'. Furthermore, Dr. med. Bilfinger from Hall spoke about diphtheria and August Zieppritz talked about obligatory vaccinations. See Hom.-arch., *Hahnemannia*, V 7, record book 1878-93.
- 20 Hom.-arch., *Hahnemannia*, V 8, 17. See also Erich Haehl (ed.), *Richard Haehl: Zum Arzt berufen. Heilkunst der alten und neuen Welt im Lichte eines ärztlichen Lebens. Nach dem Manuskript von Dr. med. Erich Haehl* (Stuttgart & Leipzig, 1934).
- 21 HM 12 (1/1887), 1.
- 22 HM 3 (3/1887), 16.
- 23 With reference to the petition for the setting up of a chair, a circular letter to 'His Excellency, Herrn von Sawey, Minister of State for Culture and Education' followed even a decade later. 'Your Excellency surely will not permit that professors of the Protestant Theology in Tübingen will judge irreverently about the development of the Catholic Church and its head, the Pope and thus harm the reputation of the Catholic Church [...] an analogy to these instances takes place in Tübingen in the medical field, where the allopathic professor, Dr. Vierodt, sometimes lectures about homeopathy, and represents this cure, which is estimated by a great amount of the citizens of Württemberg, in a false light, of course, he does so only out of lack of experience.' Quoted in HM 13 (7/1888), 105.
- 24 Hom.-arch., *Hahnemannia*, V 12, 34; Letter of the Royal Ministry of Justice in Württemberg to August Zieppritz from March 24, 1893. This letter is a direct response to Zieppritz' petition, that 'the Ministry of Justice should arrange that in all criminal proceedings dealing with the assessment of homeopathic matters, a homeopathic physician should be consulted as expert.' The Ministry replied that the inclusion of experts was up to the decision of the judge in question.
- 25 Hom.-arch., *Hahnemannia*, V 7, record book 1878-1893, copy of a petition dating from November 21, 1892 to the 'medical college' of the Kingdom of Württemberg.
- 26 Hom.-arch., *Hahnemannia*, V 42, record books 1894-1904, 15; letter from Zieppritz to the director of the Royal Medical College concerning a visit to this institution on July 6, 1894. 'Promemoria - Homeopathic concerns prior to the edict of the Royal Medical College from April 16 and 21, 1892. Homeopaths had acted in

accordance with the edict of the Ministry of Internal Affairs from February 16, 1872.' (This edict concerned the free selling of all homoeopathic medicines from the seventh potency onwards.) 'Following the State Edict dating from January 4, 1875, the Ministerial Edict of December 30, 1875 appeared, which superseded the edict of February 16, 1872. The postscript expressly excludes from the prohibition all those homoeopathic medicines between the first and the third decimal dilution, which include one of the components mentioned previously, which are not allowed to be circulated freely. On October 6, His Majesty, King Carl, died. Thus, Queen Olga, on whose advocacy the homeopaths could rely, was no longer the governing monarch. This could be noticed directly in the edict of the Royal Ministry for Internal Affairs of December 19, 1891. By this edict all allopathic surgeons were still permitted to possess six allopathic cures, whereas the few homeopathic surgeons still practising then, were reduced to all those means available at the time, which were completely inadequate.'

- 27 *ibid.*, 104, meeting of the board of directors on July 3, 1883.
- 28 In 1879, the *Hahnemannia* made the *Stuttgarter Neues Tageblatt* publish an article about the inadequate work of the vaccination commission installed by the German Association of Physicians, 'which had to examine all those cases where damages done to health were originated by vaccinations.' See Hom arch., *Hahnemannia*, V 7, record book 1878–1893, letter of December 31, 1879. This article was actually printed on January 13, 1880. Further articles followed during the next two years until in 1882 an official order and a notice of payment was issued against the *Stuttgarter Neues Tageblatt*. In September 1882, the *Hahnemannia* paid the fine under the condition that articles about this theme would be further published. Because of the editorial staff's refusal to agree, the *Hahnemannia* withdrew its printing order for the journal in 1883. This example makes clear to what extent the *Hahnemannia* opposed compulsory vaccinations.
- 29 Hom-arch., *Hahnemannia*, V 13, 5, negotiations of the Württemberg Chamber of Deputies on July 4, 1895, point 8. 'Debate about the Petition of the Committee for Matters of Internal Administration concerning the petition of the *Hahnemannia* about homeopathic psychiatrists', 1268–1273, printed matter.
- 30 *Ibid.*
- 31 *Stuttgarter Neues Tageblatt* – General-Anzeiger für Stuttgart und Württemberg from August 14, 1895, 2.
- 32 Hom-arch., *Hahnemannia*, V 11, 21–26, petitions of members from Kirchheim, Göppingen, Glatten and others concerning quantities and potencies allowed in the Association's pharmacies.
- 33 Hom-arch., *Hahnemannia*, V 13, 40, copy of the judgement in the criminal case against Heinrich Heidenreich from Königsbach, concerning the illegal selling of medicines from March 17, 1892.
- 34 Hom-arch., *Hahnemannia*, V 11, 80, copy of the judgement of the second court against Schlotterbeck from July 13, 1893.

- 35 Hom-arch., *Hahnemannia*, V 12, 48; letter from Zoeppritz to a Mr. Hausmann, advocate. Similar advice was already given in 1889 in the *Leipziger Populäre Zeitschrift* 'To the Homeopathic associations of Germany' concerning the associations in the East and Middle-East. See *LPZ für Homöopathie* 21/22 (1/1889), 17.
- 36 Hom-arch., *Hahnemannia*, V 42, record book 1894–1904, 166, meeting of the board of directors on October 22, 1902. At this meeting, it was decided that 'the associations should be instructed in the matter of the pharmacies, in order to avoid conflicts with official institutions.'
- 37 Hom-arch., *Hahnemannia*, V 12, 31, letter from February 10, 1893.
- 38 Hom-arch., *Hahnemannia*, V 11, 11, copy without date.
- 39 Hom-arch., *Hahnemannia*, V 11, 8, copy of a letter: The Royal Government of Württemberg to the Oberamt Esslingen from August 3, 1892.
- 40 For example, Hom arch., *Hahnemannia*, V 11, 53, letter from Schlotterbeck to Zoeppritz: 'Very distressing it is indeed, that Mr Schultheiss also turns out to be a 'country policeman.' He learned, probably from our teacher, that I had given cures out of my own pharmacy to a carpenter [...]'.
- 41 Hom-arch., *Hahnemannia*, V 7, record book 1878–1893, note of December 2, 1889. 'Zoeppritz demanded, that the Canstatt association which almost entirely consists of Social Democrats [...]'
- 42 Hom-arch., *Hahnemannia*, V 7, record book 1878–1893, entry from February 24, 1892.
- 43 Hom arch., *Hahnemannia*, V 42, record book 1894–1904, 26, assembly of the board of directors on January 16, 1895.
- 44 *ibid.*, 65; General Assembly of May 1, 1896.
- 45 Hom-arch., *Hahnemannia*, V 13, 23, record of the assembly of representatives of homeopathic organisations of Southern Germany which took place in Waldhorn, Plochingen, on March 15, 1896.
- 46 *Ibid.*
- 47 Hom-arch., *Hahnemannia*, V 8, 15. General assembly of May 1, 1897.
- 48 For further information see: *HM* 24 (3/1899), supplement, 57–59.
- 49 Hom-arch., *Hahnemannia*, V 7, record book 1878–1893. General assembly of March 14, 1887. In the same meeting the application of a member to hire another print house for the printing of their journal was denied, 'mainly for the reason that the 'Glaser'sche Druckerei' is at the command of the Social Democrats'.
- 50 *HM* 12 (4/1887), 53.
- 51 *HM* 16 (4/1881), 61. This course of action was also recommended at the meeting of the board of directors on December 17, 1894 and at the General Assembly in 1903. See Hom-arch., *Hahnemannia*, V 42, 24 and 172.

- 52 Hom.-arch., *Hahnemannia*, V 7, record book 1878–1893, entry of June 28, 1892, copy of a petition to Dr.v.Schmid, Minister of State for Internal Affairs.
- 53 HM 7 (11/1882), 167.
- 54 HM 1 (1/1876), 35. This article is not the only one about women, it is followed regularly by positive reports about women in pharmacy and medicine. The fact that at German universities women were not allowed to study until the first decade of the 20th century gives evidence of the progressive view of the *Hahnemannia*. See Laetitia Boehm, 'Von den Anfängen des akademischen Frauenstudiums in Deutschland', *Historisches Jahrbuch* 77 (1958), 298–327, here 305.
- 55 Generallandesarchiv Karlsruhe, section 234–5461, draft of a a medical training programme on the entire subject of quackery of January 7, 1926.
- 56 HM 12 (12/1887), 124.
- 57 Hom.-arch., *Hahnemannia*, V 7, record book 1878–1893, Petition to Her Majesty, the Queen of Württemberg, April 13., 1880.
- 58 HM 1 (7/1876), 1.
- 59 Hom.-arch., *Hahnemannia*, V 8, 3, record of the General Assembly on February 24, 1869.
- 60 Ibid., 6. In this context note also the scholarships for medical students without sufficient funds, first granted in 1880. This foundation was to support and increase the homeopathic junior set.
- 61 Hom.-arch., *Hahnemannia*, V 8, 12. General Assembly on May 1, 1871.
- 62 Hom.-arch., *Hahnemannia*, V 8, 15. General Assembly on May 1, 1899. Finally he got the position.
- 63 HM 2 (12/1877), 144.
- 64 HM 4 (12/1879), 115.
- 65 HM 7 (5/1882), 57, 'About homeopathic lay-practice and the limits of its legitimacy'.
- 66 HM 8 (3/1883), 42. Record about the General Assembly of the *Hahnemannia* on February 24, 1883.
- 67 *Allgemeine Homöopathische Zeitung* 127 (21/22–1893), 161f, here 164. Copy of a speech by Obermedizinalrath Sick, held on October 25, 1893, which is followed by a record of the discussion.
- 68 Ibid.
- 69 This attitude didn't change within the following decades, not even in the year 1933, when the Nazis seized power in Germany. out of necessity the *Hahnemannia* submitted to the 'Gleichschaltung' ('forcing into line') of the health-associations in the *Deutscher Reichsbund für Homöopathie und Gesundheitspflege*. As its chairman Immanuel Wolf stated at an assembly on May 21, 1933: '[...] we have to come to terms with the changed situation [...]' still the members of homeopathic associations hoped that national socialism would give the movement a new impetus. that is the

reason why Wolf continues: '[...] yes, we even have to welcome the new movement that has come upon the people of Germany and the new government it has given us; for it's going to make us, our homeopathic movement, play an important role within the health life of our people.' Hom.-arch, *Hahnemannia*, V 43. See also Alfred Haug, 'Für Homöopathie und Volk; Protokoll des Süddeutschen Verbandes für Homöopathie und Lebenspflege an der Schwelle zum 3. Reich', *Allgemeine Homöopathische Zeitung* 1986, 228–236.

- 70 In checking both homeopathic lay journals, the *HM* and the *LPZ*, until volume 1937 444 lay-organisations could be found. Even though the time of their first mention cannot be equated with the date of their founding it appears that they turned their interest to the reporting of lay affairs more and more. Even though the date of the founding could not be detected in every case the following statistics give an overview of the quoted organisations. 1870–79: 35; 1880–89: 38; 1890–99: 84; 1900–1909: 79; 1910–1919: 135; 1920ff: 73.

Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century

Eberhard Wolff



Introduction

IN THE HISTORIOGRAPHY OF MEDICINE, sectarian medical movements have been analysed mostly from the perspective of a conflict with regular medicine. Homeopathy, in particular, has been regarded as a distinct medical world with a way of therapeutic thinking apart from orthodox medicine and of not being compatible with it.¹ On the level of theory, this is largely correct as, especially, the efficiency of minimal doses cannot be accepted by regulars, and 'regular' doses cannot be accepted by homeopaths who take seriously the homeopathic principles. Thus, from this point of view, an integration of homeopathy with allopathy is, to some extent, a contradiction in terms. However, recently this perspective has been replaced partially by focusing on those issues which regular and sectarian physicians had in common.² In fact, these boundaries between the factions were never so clear-cut for on the level of homeopathy's everyday practice (or practical principles); transgression was normal. Nevertheless, these transgressions raise the

question of how thoroughly homeopaths kept to the concept to which they were devoted. An exploration and analysis of these transgressions can throw light on how homeopathic physicians perceived their identity as a group. This paper traces the identity of American homeopathic physicians in the late nineteenth century, but offers a different approach to that of Naomi Rogers by focusing on a single issue. The homeopathic, sectarian or distinctive identity of homeopathic physicians between sectarian segregation on the one hand and eclectic³ integration on the other is studied only as it is reflected in their judgement of smallpox vaccination.

Homeopathy and Vaccination: A Perpetual Debate

IN GERMANY, CONTEMPORARY HOMEOPATHS, as well as adherents of sectarian medicine in general, are known commonly to be critical towards immunisation.⁴ In the United States, a similar phenomenon can be shown. Harris L. Coulter, in particular, is not only a historian of homeopathy and a convinced orthodox homeopath but also a critic of immunisation and alleges an influence on a wide range of common ailments.⁵ In history, this phenomenon existed as well, yet, the historiography of homeopathy has hardly noticed it. Nevertheless, research on the historiography of vaccination recognised the phenomenon that anti-vaccinationism in the late nineteenth and early twentieth centuries had a deep response among adherents of non-regular medicine. In the historiography of vaccination in Germany, this fact is frequently recognised.⁶ It has even been claimed that anti-vaccinationism arose from non-regular medicine.⁷ Scholarly study documented the overlapping of both institutional and personal aspects, focusing, for the most part, on hydrotherapists, anti-vivisectionists and vegetarians. The usual interpretation of this alignment is that they shared an attitude of 'Medizinkritik' i.e. criticism of the scientific, hegemonic, regular or 'school' medicine.⁸ The shared distrust and criticism of vaccination gave these diverse groups a common platform and made them co-operate.⁹ In the United States, Martin Kaufman has investigated the anti-vaccinationists and their arguments in the late nineteenth and early twentieth centuries.¹⁰ His results are similar though his focus is somewhat more on the homeopathic contribution to anti-vaccinationism. He states that anti-vaccinationism was 'the meeting ground for all who had been adversely affected by state or federal public health legislation.' Among them, 'the largest group of irregulars were the homeopaths.'¹¹ As the result of being excluded from professional societies in the 1880s and 1890s 'many homeopaths were willing to join any organisation opposed to medical

licensure. In addition, some rejected much of the practice of the allopath, including many preventives such as vaccination. In consequence, homeopaths played a major role in the anti-vaccination movement and were among the founders of the first anti-vaccination organisation in the United States'.¹²

These assessments, seen from the perspective of the anti-vaccinationist movements, are fundamentally correct. However, it is a different question as to whether most of the adherents of sectarian medicine were anti-vaccinationists. This might seem likely, at present as well as in the past. Recently, one German homeopath wrote: 'By now every homeopath knows what disastrous side-effects vaccinations are able to trigger.'¹³ Articles in contemporary homeopathic journals usually focus on the danger of immunisation, and it is a major assumption of contemporary homeopaths who discuss immunisation topics that in the history of homeopathy this was also the case.¹⁴ This is to be seen, in addition, in the surprise of contemporary homeopaths on hearing that the founder of their therapeutic system, Hahnemann himself, was a spokesman in favour of smallpox vaccination. For him, this invention represented a 'grosse[r] Glücksfund' (important lucky finding).¹⁵ Kaufman implicitly gives the impression that, for the history of homeopathy in the United States, the homeopathic majority had an anti-vaccinationist attitude while commenting: 'Articles condemning the Jennerian method and editorials opposing compulsory vaccination can be found in almost every homeopathic medical journal.'¹⁶ Yet, is this interpretation historically correct? A closer examination of the sources demonstrates that the great majority of professional American homeopaths, at least during the nineteenth century, in their public debates approved of vaccination in favourable terms.

The historiography of the anti-vaccinationist image of homeopaths seems to come from the perspective of an opposition movement which results in the interpretation of a merely sectarian identity. Although of social historical interest, this perspective, to some extent, is blind to the complexity of the relationship between homeopathy and smallpox vaccination since it focuses only on the latter's disapproval of vaccination. In this paper a different approach is employed being not from the anti-vaccinationists' perspective but from the perspective of homeopathy. Firstly, the history of vaccination and anti-vaccinationism in the United States and in Germany is given. Secondly, the various opportunities for homeopaths to assess vaccination and the different assessments in the early history of homeopathy is emphasised. Subsequently an impression of the attitudes towards vaccination occurring in American homeopathic books, selected

journals, and domestic medical guides is suggested. Thereafter, the interpretation returns to the theses previously outlined. However, the perspective characterises American homeopathy as tending toward integration with regular medicine rather than as advocating 'Medizinkritik' and opposition to it. In addition, it demonstrates how American homeopathy in the late nineteenth century is influenced to a remarkable degree by non-homeopathic ideas. Nevertheless, it had some characteristic approaches of focusing on diseases, especially chronic diseases, and their treatment in a very homeopathic manner and it displayed thinking in terms of 'constitution' and a therapeutic optimism.

The Pros and Cons of Vaccination

AN UNDERSTANDING OF THE EMERGENCE of anti-vaccinationism and the vaccination debate in the late nineteenth century requires some attention to the history of vaccination. Smallpox vaccination was first introduced into scientific medicine by the English country physician Edward Jenner in 1796, the same year in which homeopathy first appeared. Its principle was to infect a person with cowpox, a disease similar to smallpox but much less dangerous. Thus, the vaccinated person became immune to smallpox. Vaccination was introduced into Germany¹⁷ as well as into the United States¹⁸ during the first years of the nineteenth century and spread quickly since it was the first effective and relatively secure preventive means that physicians could employ. Thus, it constrained an epidemic disease which had been one of the main causes of infant mortality. Although the vaccination rates were sufficient to diminish smallpox epidemics, smallpox was not eliminated as the duration of the efficacy of immunisation was partly assumed to be lifelong and re-immunisation was performed reluctantly. While the efficacy of vaccination was accepted by a majority, it could not be proven finally before the late nineteenth century. Much more difficult to be answered and still discussed was the question as to whether vaccination had any side-effects. Adherents of vaccination usually talked the risks down, whereas opponents saw a number of common diseases following vaccination as being caused by it. The transmission of disease was of particular concern, as in the example of the transfer of syphilis, by using an infected person to provide vaccine from the vaccination pustule. This was discussed for decades, until the use of human lymph was superseded by animal lymph from the 1880s.

Both Europe and the United States faced the most severe outbreaks of smallpox in decades in the 1870s. The united German Empire in 1874

enacted a law that made primary and secondary vaccination compulsory for all children. This law standardised various state legislation that made vaccination mandatory which had dated back partly to the first decade of the nineteenth century. In the United States, state legislation was even less uniform but generally not so strongly based on coercion. Vaccination laws of differing severity had been enacted in several states or cities in the 1870s but, in many instances, had to be repealed because of popular resistance.¹⁹ Sometimes, however, access to public schools was restricted to vaccinated children and all immigrants were forced to be vaccinated during their passage to America.

Smallpox vaccination always met with attitudes ranging from enthusiastic acceptance to definitive opposition. However, it was not until the second half of the nineteenth century that a remarkable resistance to vaccination arose principally in Germany²⁰ and Great Britain.²¹ Nevertheless, an anti-vaccinationist movement could be found also in the United States. In Europe, resistance to vaccination rose during the 1850s and 1860s; in Germany climaxing in the 1870s and 1880s in the discussion of the Imperial vaccination law and its implementation.²² Anti-vaccination associations were founded, mostly from the 1870s, co-operating with associations promoting the water-cure, homeopathy and other sectarian medical movements. Although all of these associations had many physicians as supporters, anti-vaccinationism had strong roots in the general public. Anti-vaccinationist arguments rested on medical, political, and even religious arguments, expressed partly in rational and sober and partly in curious and radical writings. The American anti-vaccinationism developed similarly to its European predecessors. First publications, from the mid-1850s, sometimes refer to British or German colleagues.²³ Opposition rose markedly in the 1870s when facing new vaccination laws.²⁴ Yet, on January 14, 1878, E.M. Bruce from New England wrote in a letter to a leading British anti-vaccinationist: 'I have made inquiries concerning vaccination, and I am not able to discover that there is any organized movement against it, or any literature opposing it, in America. The doctors, some of them professors in Boston University, with whom I have talked on this subject, all agree in saying that there is a widespread feeling against vaccination, and that it is steadily growing, but does not as yet take the form of organized resistance.' However, he did notice strong individual resistance.²⁵ Opposition against vaccination, both in Germany and the United States, had two aspects. One was the serious doubt concerning its efficacy and a serious fear of its possible dangers. Representatives of this faction were more worried about medical risks than the regular physicians as, for them, medicine should be less

invasive and follow natural and physical processes. Some of them were anti-contagionists. Another group in this movement, small but loud, demonstrated a curious reasoning, using any argument to discredit vaccination and vaccinators. The latter were accused of promoting vaccination in order to raise their income by treating the diseases caused by it. Vaccination was even compared to the murder of the Bethlehem child ordered by King Herod. The Bible was quoted as testimony against vaccination and irrational fears of getting 'animalised' by the cowpox vaccine occurred. Vaccine was made responsible for all the modern developments of the late nineteenth century, the degeneration of the people and their morals. However, these extreme arguments were caused also by traditional medicine's inability to understand the anti-vaccinationists' complaints. Martin Kaufman tends to stress the extreme arguments in order to make anti-vaccinationism appear irrational.²⁶

The Double-Faced Interpretation of Vaccination among Homeopaths

VACCINATION CAN BE ASSESSED, from a homeopathic point of view, in two opposing ways. First, vaccination could be regarded as a purely homeopathic treatment since it is based on the tenet of intervention into physical processes by the means of similarity. In this way, Hahnemann interpreted vaccination as a homeopathic protection from smallpox from the first to the fourth edition of his *Organon*.²⁷ Second, homeopaths could reject vaccine prevention because the vaccine has not been potentised. Since homeopathy's principles do not prescribe an unequivocal attitude towards vaccination, adherents of homeopathic medicine theoretically had the choice to support either contention. Moreover, they even had the choice to employ neither of the homeopathic arguments but one outside the narrow world of Hahnemann's homeopathic concepts and to join the arguments of regular medicine by assessing vaccination by its efficacy in preventing smallpox and by the possibility of dangerous side-effects. All of these explanations were to be stressed by homeopaths. Indeed, attitudes of homeopaths towards vaccination were diverse almost from the beginning. In 1878, Constantine Hering expressed this fact 'from the standpoint of a physician who for more than half a century has belonged to the school of Hahnemann.' 'In every edition of his 'Organon' he quoted Jenner's vaccination as a fact corroborating the law *similia similibus*. His followers, never adhering blindly to the master's words, had already in 1831 – that is, during his life – declared in their main journal that vaccination was a

poisoning of the blood.²⁸ This contradiction was even taken as an example of the inconsistency of homeopathy by one of its critics. The Edinburgh physician James Y. Simpson wrote in 1854:

Hahnemann and his followers allege, that the prevention of small-pox by vaccination is a striking instance of the operation of the infallible law of homoeopathy. But, it may be added, a homoeopathic physician, Boenninghausen, actually proposed to present a petition to government praying for the suppression of vaccination, as he believed it to be a fertile source of chronic disease [...]. Such is the alleged "harmony" among the disciples of the "eternal, unchangeable, infallible law", *similia similibus curantur*.²⁹

Tracing Anti-Vaccinationism among American Homeopaths (I): Books and Journals

ANTI-VACCINATIONIST STATEMENTS of American homeopaths in the nineteenth century are relatively rare and appeared much later than in Europe. Constantine Hering was not only one of the first American homeopaths, he was also one of the first and one of the few having a critical attitude towards vaccination from his first American years. In 1831, still in Surinam, he had stated:

I have more than once plainly seen and often heard of cases where children remained ailing from the time of vaccination, who were previously in robust health. [...] A homoeopathic physician need but be reminded of the size of the dose [...], in Jennerian vaccination, there is the production of a real contagious disease, acting by zymosis or fermentation in the blood, thus endangering the organism, and resulting in only making the system less liable to, not proof against, the disease.³⁰

However, for decades he seems not to have promoted actively this opinion for, in his various *materia-medica*-publications, naturally, there are no statements on vaccination. His *Homeopathic Domestic Physician*³¹ lists only prescriptions to cure smallpox and it was not before 1880, when his four page *letter on vaccination*, was published in the United States. He had written this letter two years previously after being asked 'to give an opinion on the "burning question of vaccination"' by British anti-vaccinationists.³²

Homeopaths seem to have written hardly any complete book or pamphlet on this subject; an impression confirmed by Bradford's voluminous homeopathic bibliography, which contains very little literature on vaccination, mainly off-prints of small journal articles or meeting papers published in *Transactions* or *Proceedings* literature.³³ The only substantial book was published in 1886 by George William Winterburn, Ph.D., M.D,

entitled: *The value of vaccination. A non-partisan review of its history and results*. At the time Winterburn was the editor of the journal *The American Homoeopathist*, President of the American Obstetrical Society, and physician in chief to the Manhattan Hospital.³⁴ It was published by the homeopathic pharmacist F.E. Boericke in Philadelphia. Although Winterburn claimed an impartial approach to the subject and did not argue radically, the book criticises consistently smallpox vaccination: 'Vaccination is performed, with the easy nonchalance of the impossibility of doing harm.' However, 'there are innumerable instances, in which vaccination has awakened a latent disease.'³⁵ Moreover, vital statistics, 'gathered from every quarter of the world, establish the fact, that smallpox, like the other zymoses, originates from unsanitary modes of life, and can only be effectually conquered by removing the cause; and that, finally, vaccination is inoperative on the general death-rate where sanitation is defective, and superfluous where sanitation is efficiently enforced'.³⁶ He concludes: 'Even though vaccination had proven all that Jenner, in the flush of his early triumph, so confidently claimed for it, to make it compulsory would be a wrong without justification in law or morals. Vaccinia is a disease, and no man has a right to disease another against his will'.³⁷ He finished his treatise with the italicised German quotation: '*Die Weltgeschichte ist das Weltgericht*' (global history is the global tribunal). Such a book might give the impression that, in the meantime, anti-vaccinationism had become popular among American homeopaths. Characteristically, Kaufman takes Winterburn and his book as a key example of his thesis of widespread homeopathic anti-vaccinationism.³⁸ Yet, in reality, it is just another one of the rare examples for this genre and gives clues of its relative singularity at that time. The subject to the editor, or at least in the way Winterburn treated it, was to some extent unfamiliar. Thus, the editor first allowed the manuscript to be peer reviewed.³⁹ Another hint of the scarcity of homeopathic anti-vaccinationist literature in the United States is the book's bibliography. It lists a substantial number of British publications on the subject, a few German and only a few titles published in the United States. The authors of the latter seem to be mainly hydrotherapists or just anti-vaccinationists.⁴⁰

However, the perspective based on books alone might be biased, and must be checked by examining the large number of homeopathic journals. The present sample consists of some periodicals in different periods viz. *North American Homoeopathic Journal* (1, 1851 to 14, 1865/66); *American Homoeopathic Review* (1, 1858/59 to 2, 1859/60); *Hahnemann Monthly* (1, 1865/66 to 19, 1884) and *The American Homoeopathist* (1, 1877 to 19, 1893). The first was selected, since it was one of the early and important United

States-homeopathic journals.⁴¹ The *Hahnemann Monthly* was chosen as a renowned and influential journal with a long tradition and Hahnemannian orientation.⁴² Finally, *The American Homoeopathist* was settled upon, since G.W. Winterburn, known to be a critic of vaccination, was its editor for some years.⁴³

The North American Homoeopathic Journal between 1851 and 1864 paid little interest to vaccination. However, it occasionally gave abstracts from regular medical journals or discussed the limitations of vaccination's efficacy in view of the increasing amount of smallpox occurring among formerly vaccinated persons, but it never criticised this preventive means. Confronting this limited efficacy, one author said: 'Still I advocate vaccination most strenuously' for vaccination was still 'the greatest blessing ever conferred upon man [...]'.⁴⁴ The journal deviated little from the discussion among the regular physicians in arguing this way. Even at a time when vaccination had been made a problem by dutiful critics in the United States, the vaccination issue seems not to have been problematic for this journal.⁴⁵ Its friendly attitude towards vaccination is shared by another periodical of this early period. The *American Homoeopathic Review*, in the first two volumes (1858/59; 1859/60), does not mention vaccination except for one lengthy article where it praises its efficacy, albeit limited, and demands compulsory vaccination. Neither the term 'homeopathy' nor any of its tenets appears either explicitly or implicitly as an argument in the whole article.⁴⁶ The *Hahnemann Monthly* between 1865 and 1884 sometimes raised the question of vaccination. The majority of articles were favourable towards this preventive means, a few of them were sceptical or critical but never in any distinct anti-vaccinationist terminology. In 1867, a British homeopathic anti-vaccinationist publication was reviewed and criticised. Only 'carelessness and incompetence' while administering vaccination in the United States were sometimes conceded.⁴⁷ However, to confirm the book's argument, the following volume contained a report of a woman allegedly dying from vaccination.⁴⁸ Other articles praised vaccination: 'The constitutional symptoms are so slight, that they very seldom require any medical treatment, and the only local attention necessary is care to guard against mechanical injury.'⁴⁹ In the 1871/72 volume the first article remarks on the very different attitudes towards vaccination in Europe and the United States.⁵⁰ The 1875/76 volume contains two very sceptical articles concerning vaccination.⁵¹ Nevertheless, after that until 1884, only positive assessments of vaccination are found.⁵² In this journal and in this period also vaccination is perceived, and even criticised, much more than in the previous journal. However, it had an inconsistent approach to vaccination

and seems to have had no definite standpoint on the vaccination problem. The articles are very separate from each other and, for the most part, they do not refer to any scholarly dispute on the subject.

The American Homoeopathist between 1877 and 1893 presents also an inconsistent picture. However, it is the only journal using anti-vaccinationist terminology and arguments, at least in some of its volumes. It had, in turn, a pro-vaccinationist, an undecided or even an anti-vaccinationist attitude. Whether this controversial question was raised in articles or not, and in which way it was presented, was not apparently just a reflection of the common opinion among the readers for it must have reflected also editorial policy. In the first two volumes (1, 1877, 2–3, 1878, edited by J.P. Mills) the issue of vaccination was not stressed. The volumes for 1879 to 1882 were edited by Chas.E. Blumenthal and from 1880, vaccination begins to be stressed as a medical problem. This seems to be initiated by Hering's *Letter on Vaccination* addressed to British homeopathic physicians which was republished in this journal.⁵³ The British homeopathic physician, Edward Rushmore, sent Hering's letter to the editor and suggested the inclusion of the vaccination issue in the journal.⁵⁴ Thereafter, in the editorials of this journal, vaccination was blamed for 'ravages'⁵⁵ and called a 'plague'.⁵⁶ This standpoint was continued by G.W. Winterburn, editor from 1883 to 1886. William Tebb, a British anti-vaccinationist activist, even thanked the editor because he had 'opened the columns of your journal to the discussion of vaccination'.⁵⁷ In 1882 and 1883, the journal had a certain anti-vaccinationist appeal. Yet, it was followed by two volumes scarcely recognising vaccination and by another volume (12, 1886) with one moderate anti-vaccinationist article climaxing in the statement that vaccination 'plants in the organism it is intended to protect the seeds of chronic disease which sooner or later are sure to germinate into destructive processes which are met in various forms of gravest diseases and sufferings'.⁵⁸ The volumes for 1887 and 1888, again, under a new editor, B.F. Underwood, contain no article on vaccination. In 1889, however, the editorship changed to Frank Kraft who pleaded against vaccination but let the journal solicit both the pro and contra point of view.⁵⁹ Subsequently, several pertinent articles were published but from the following year until 1893, the issue almost disappeared from the journal's table of contents.

Although criticism of vaccination among American homeopaths must have existed from the very beginning, it was not discussed as a serious problem, with some exceptions,⁶⁰ before the mid or late 1870s. Thus, it followed other American anti-vaccinationists and European homeopaths with a time-lag. The homeopathic assessment of vaccination changed slowly

from appreciation to scepticism to a situation in which approval, scepticism and professed disapproval were expressed simultaneously. Therefore, anti-vaccinationism in the 1880s had some adherents among homeopaths but there is no evidence that this attitude was very popular among them. Even though the vaccination problem was discussed in the late nineteenth century, only a small minority of American homeopathic physicians were anti-vaccinationists and, to a large extent, the discussion was incoherent. The expression of criticism was more of a casual gathering than of a movement. A paper given before the Hahnemann Academy of Medicine of New York in the mid 1870s confirms this view: 'In correcting a misinterpretation in one of our daily papers, regarding the prophylactic treatment of small-pox by the homoeopathic school, the author asserts that the homoeopathic practitioners furnish a much smaller percentage of opponents to vaccination than is to be found among the allopathists.'⁶¹ It is possible that this attitude changed to some extent by the turn of the century and later, the period from which Kaufman took most of his references for anti-vaccinationist articles in homeopathic journals. Kaufman's assessment that anti-vaccinationist articles were to be found in almost every homeopathic periodical is, at least, a great simplification.⁶²

Tracing Anti-Vaccinationism among American Homeopaths (II): Homeopathic Domestic Medical Guides

YET, BEFORE ATTEMPTING A DEEPER INTERPRETATION of this statement it is necessary to check it against another genre of homeopathic literature as books on homeopathy, and even homeopathic journals, do not necessarily mention vaccination even when they emphasise smallpox.⁶³ Domestic medical guides might provide much better material to assess homeopaths' attitudes towards vaccination.⁶⁴ They are not addressing specialised physicians but patients and their medical needs on a broader scale. In their role of physicians advising patients in all their physical needs, dietetic or prophylactic advice was more common than in other parts of homeopathic literature.⁶⁵ Homeopathy's specific appeal to lay practitioners generated a wide range of publications in this field in the United States and in Germany.⁶⁶ Nevertheless, for several reasons, exact numbers would be misleading for it is not easy to delineate the borders of this genre. Textbooks, manuals, treatises were frequently meant to be used by physicians and domestic practitioners, too, even though it was not always expressly mentioned in the title. Moreover, not every homeopathic domestic guide can be sharply delineated by author, title, publisher or edition. For example,

to what extent can a new edition be said to be a new bibliographical entity?⁶⁷

The study is based on approximately fifty titles which represent a high proportion of the total number of relevant books.⁶⁸ The major focus was on the first edition available, though further editions were included where it seemed to be of some interest. The books were published in the United States between 1835 and 1900, the years of publication are spread relatively equally across the complete period, a few more in the 1850s than after 1860 though even fewer appeared before 1849. A large percentage are translations from foreign languages or American reprints of British books. Nevertheless, since they were published and read within the United States, they represent one opinion expressed in America and thus represent one contribution to the American 'discourse' on this subject. Only six did not mention, for mostly unknown reasons, smallpox or vaccination.⁶⁹ Another thirteen did mention smallpox and its treatment, but not its possible prevention with vaccination.⁷⁰ The earlier the books were published, the more they disregarded vaccination.⁷¹ Although vaccination had been introduced and spread decades before the first appearance of homeopathic domestic medical guides, vaccination was not noticed much by the early authors, whereas, it was perceived to a much greater degree by authors after 1850 in both absolute and relative numbers. The remaining almost thirty titles mentioned, with one exception,⁷² both smallpox and vaccination, some with a short sentence, some with a paragraph or even a whole page. Among these, only one has an open and purely anti-vaccinationist character *viz.* Henry G. Hanchett's *Elements of modern domestic medicine*, first published in 1887.⁷³ A few other books are sceptical about the efficacy or security of this prophylactic treatment but not to the extent that they would be called anti-vaccinationist. The great majority basically welcome it. Epps & Cook (1849) state that 'vaccination is a perfect preventive against small-pox.'⁷⁴ and Eaton (1888) says 'We think all should be vaccinated, and also revaccinated every few years through life. If all the world agreed with these views, and carried them out, small-pox would entirely die out.'⁷⁵ A review of the arguments on whether vaccination was seen as a homeopathic treatment or not confirms this interpretation. Between 1843 and 1864, ten of the books mentioned that vaccination was a homeopathic measure, genuinely or purely homeopathic, some of them in an almost enthusiastic way because of its similarity to the simile.⁷⁶ Laurie, for example, wrote in 1843: 'This is an operation purely homoeopathic, and one which, from its efficacy in the prevention of a disease exhibiting analogous symptoms, has been frequently quoted by our Great Founder and his disciples, as one of the best illustrations of the immutable similia similibus curantur.'⁷⁷ None of the domestic medical

guide authors, however, mentioned that vaccination does not comply with the principle of potentisation.

This singular occurrence of devoted opposition towards vaccination, in spite of the alleged strong links between anti-vaccinationism and homeopathy, is quite surprising. Moreover, the situation is even more equivocal than the image given by the journal articles. Nevertheless, beyond the rough differentiation of vaccination's approval or disapproval, the homeopathic domestic medical guides reveal a remarkable awareness of vaccination's possible side-effects. Only one book (John Ellis, 1846) says explicitly that 'there is no danger of injury from vaccination.'⁷⁸ Among the domestic medical guide books approving of vaccination about one half do not mention the side-effects or the danger of transmitting diseases. Some of them seem to do so as they do not emphasise the topics of smallpox and vaccination whilst the others acknowledge any sort of danger resulting from vaccination. Most of them emphasise the importance of administering pure lymph taken from a healthy child.⁷⁹ In addition, some focus explicitly on serious ailments resulting from vaccination. There is an awareness of side-effects below the surface of a widespread welcoming of vaccination for it was made responsible for the emergence of 'psoric symptoms',⁸⁰ a 'morbid disposition',⁸¹ the 'spread of scrofula',⁸² 'chronic disease',⁸³ and 'erysipelas and eruptions'.⁸⁴ A striking example of how commonly diseases after vaccination must have been expected can be seen in the *Homoeopathic medical index*, a 31-page leaflet first published in 1874 by the Boericke & Tafel pharmacy for promoting their products. By 1891 'about twelve hundred thousand copies have been gratuitously distributed.' Here, Thuja was recommended, without any further comment, 'also for ill health dating from vaccination'.⁸⁵

Focusing on details reveals a small but remarkable decrease in the intensity of vaccination's approval from the 1840s to the late nineteenth century. Vaccination was recognised to a much greater degree after 1850 than before which indicates that vaccination, to some extent, became more important in the medical debate or in addressing medical information to the public. Furthermore, the evaluation of vaccination grew more serious. Euphoric approval of vaccination was given more in the early 1850s, for example, Pulte wrote in 1850: 'Through vaccination the triumphs of homoeopathy have been shown to the world by innumerable blessings, in arresting such a loathsome disease as small-pox.'⁸⁶ Warren (1859) named vaccination as an 'immensely important discovery' that will 'render the name of Jenner famous through all time.'⁸⁷ Assessments such as these were not found again during the following decades and, if they were ever found,

they were used as tactical arguments to fight anti-vaccinationism.⁸⁸ Another obvious change was the disappearance of the argument that vaccination was something purely homeopathic which was quite common in the books between 1843 and 1864, being stressed in ten out of seventeen editions mentioning vaccination. After 1864, it was not found as it had lost some of its naïveté. This evidence, therefore, indicates a reaction to the vaccination dispute with its onset during the 1850s, or, at the latest, during the 1870s. Vaccination more and more lost its character, mostly outside homeopathic circles, as being a matter of routine and became a matter of controversial debate. In the homeopathic domestic medical guide literature, other than in the journal articles, this process was not reflected on the surface by approval of vaccination on principle but below it in small but numerous details.

Specific Arguments on Vaccination Reflecting General Attitudes of American Homeopaths

VARIOUS CAUSES MAY BE FOUND for the approval or rejection of vaccination among homeopaths. Naturally, attitudes towards vaccination were decided individually and must have been based mainly on medical grounds and experiences. However, the almost collective appreciation and the similar arguments, provide an opportunity to attempt a consolidated way of dealing with this medical treatment. Moreover, the choice of different attitudes towards a treatment, complying with one tenet of homeopathy, yet being completely opposed to another, might reveal aspects of homeopaths' dealing with homeopathy. Furthermore, vaccination as a basically non-homeopathic business might reflect the relationship of American homeopathy to the outside medical world. The evidence characterises American homeopathy as (a) not aiming principally to be in opposition or conflict to hegemonic medicine, (b) influenced by non-homeopathic ideas to a remarkable extent, but (c) nevertheless, having some characteristics of focusing on diseases and their treatment in a very homeopathic manner. In emphasising these three aspects attention has to be paid not just to the attitudes towards vaccination but also to the pro- and anti-vaccinationist arguments

The Fear of 'Odium on the Homeopathic Profession'

AS TO THE FIRST CLAIM, Kaufman's explanation can be overturned. Kaufman sees anti-vaccinationism as a meeting ground for opposition to public health legislation and anti-vaccinationist activities among

homeopaths as a symbol for the rejection of allopathic medicine. In terms of German medical historiography, homeopathic anti-vaccinationism expressed as 'Medizinkritik' towards the hegemonic system of medicine. Indeed, in the history of medicine, vaccination was a symbol of regular medicine for vaccination has not been introduced and spread by homeopaths but by representatives of non-sectarian medicine. Most of all, it became one of the main symbols for scientific progress and the increasing effectiveness of allopathic medicine at a time when this was very rare. Thus, vaccination provided a key issue for sectarian medicine to present its attitudes towards regular medicine. If they ever wanted to stress differences in medical conceptions or treatment, the vaccination issue would have been a perfect occasion to promote it. According to Kaufman's description this criticism of regular medicine played an important role among anti-vaccinationists' arguing, for example, among the so called eclectic school of sectarian medicine.⁸⁹ Not so among the homeopaths. The fact alone that the great majority of nineteenth-century American homeopathy approved of vaccination could lead to the conclusion that these homeopaths did not have the aim of underlining the differences with hegemonic medicine. However, there is much more evidence for this assumption for even criticism of vaccination was connected hardly with criticism of allopathic or hegemonic medicine in general. All the more the faction which approved of vaccination did not criticise regular medicine. Only one pro-vaccinationist author, E. Ellis in 1882, criticises regular medicine – in history: '[...] the time was when for a score of years it (*vaccination*) was most violently opposed by the dominant school of medicine, and Jenner denounced as a fanatic who sought to interfere with the wise designs of providence.' He sees, in this example, a similarity to homeopathy that formerly was said to be prosecuted in the United States, namely by 'hoary-headed disciples of allopathy', 'covered with the mildew and cobwebs of antiquity'. However, this criticism of allopathy is an almost singular exception and moreover, it criticises allopathy in history, not in the present. Characteristically, even this author feels the need to apologise for his attack: 'Surely there are some things which, though forgiven, can never be forgotten.'⁹⁰ In addition, most of the curious anti-vaccinationist arguments that would have underlined the difference from regular medicine hardly appeared. Homeopathic anti-vaccinationist arguments did not go beyond medical reasoning of efficacy and side-effects into the direction of religion, man's relation to nature or providence, and a general scepticism towards cultural progress. The one example is Benjamin F. Cornell who gave an annual address in 1868 before the Homoeopathic Medical Society of the State of New York 'on the

physical degeneracy of man', in which he stated: 'It is my firm conviction that vaccination has been a curse instead of a blessing to the race.'⁹¹

Yet this general attitude can be illustrated more clearly by paying attention to the pro- and anti-vaccinationist arguments with respect to the homeopathic principles. None of the domestic medical guide authors mentioned that vaccination did not comply with the principle of potentisation. In the journal literature criticising vaccination, this main argument to illustrate the one basic difference between homeopathic and allopathic medicine was hardly employed. Only two of the journal articles critical of vaccination stressed the problem that smallpox vaccine is not a homeopathic remedy or preventive. One is Hering's letter, in which he quotes his almost fifty year old citation 'a homoeopathic physician need but be reminded of the size of the dose' (of the vaccine).⁹² The other is Alexander Berghaus' article in the 1875/76 volume of the *Hahnemann Monthly*, asking: 'Vaccination is homoeopathic, but do we use our remedies in the crude state? Some are known to have their medical properties only developed by being potentized.[...] Why not use vaccine-matter potentized?'⁹³ Naturally, potentised vaccine (vaccinin) or potentised smallpox material, variolin, is recommended more or less frequently as a preventive but in most of these instances, it was just recommended and not compared to vaccination because of its fundamental differences. Berghaus is the only one to give an explicit homeopathic reason why vaccinin was the favourite choice. Among those who were not anti-vaccinationists, sometimes both vaccinin and vaccine were recommended. Thus, the distinction with allopathic thinking was hardly expressed. Moreover, the two possibilities of assessing vaccination homeopathically gave an opportunity for competing with allopathic medicine.⁹⁴ This was the pro-vaccinationists' argument that vaccination was essentially a homeopathic form of treatment; thereby, proving that homeopathic thinking was the best approach to medical treatment. From this perspective, allopathy could even be said to have adopted homeopathic thinking. Moreover, it could be seen as a first sign of allopathy's collapse.

Homeopathic authors stressed the argument that vaccination was basically a homeopathic treatment, but they did not use it as a form of competition with allopathy nor as a missing link between the two disciplines. Mostly, when this argument was employed in the domestic medical guide literature, it seems to have been used to convince a hesitant public of vaccination and also of homeopathy. Thus, the argument was not used to separate allopathy from homeopathy but rather to blur the differences between the two disciplines and not to raise any problem with

allopathy. Among the various factions in homeopathy, the tone was one of a peaceful co-existence, emphasising harmony between homeopathy and regular medicine, and ignoring their contradictions.

The same can be seen in the presentation of the personality of Edward Jenner who, as the man responsible for the introduction of smallpox vaccination, was made a sort of secular medical saint to the regular medical profession. Laurie and Williamson (1854) call Jenner 'celebrated',⁹⁵ Warren (1859) says that he was 'immortal' and that his discovery 'will render the name of Jenner famous through all time'.⁹⁶ Freligh (1853) says: 'We are indebted to Dr. Jenner for the introduction of this artificial inoculation [...]'.⁹⁷ Edmonds (1881) mentions Jenner as responsible for an innovation 'fraught with so great a boon to civilization and humanity'.⁹⁸ An objection would be that Jenner is only being praised because of his invention's similarity to the *simile*-principle and, thus, he would have represented an early homeopathist, even though probably not being aware of it. Yet, only one of these books (Laurie and Williamson) mentions this similarity when praising Jenner.⁹⁹ A further objection would be that these authors really believed in what they wrote, and did not realise these contradictions. Yet, forgetting about potentisation, forgetting that vaccination was an allopathic achievement *par excellence*, and forgetting about Jenner's allopathic image would render any homeopath hopelessly naive. The major explanation lies in another direction for American homeopathic physicians in the second half of the nineteenth century hoped to be integrated into the hegemonic medical community rather than become a sect of outcasts. A striking example of this attitude is the contribution of the homeopathic physician William C. Richardson to a discussion on vaccination at the American Institute of Homeopathy in 1882: 'I am sorry that any paper should have been read or any idea should have been introduced into this institute unfavorable to vaccination. It will bring odium on the homeopathic profession at large. All kinds of things will get into the newspapers. It will be bruited abroad that the members of the American Institute of Homoeopathy are opposed to vaccination'.¹⁰⁰ The desire for integration even exceeded their need of ideological consistency which would have ended in ideological isolation. This led sometimes to an almost ludicrous search for harmony and peaceful coexistence as in the conclusion of Williamson's article in the 1869/70 volume of the *Hahnemann Monthly*: 'Let the appropriate honor, then, be paid to Jenner, for the propagation of vaccination, and to Hahnemann for the promulgation of the law which is destined to serve as a guide to the way and a lamp to the feet of medical men, in the treatment of all diseases'.¹⁰¹ American homeopathy, in this view, seems to have followed

the allopathic doctors for, at a point where criticism was very likely, the homeopaths did not behave like outsiders, criticising fundamentally hegemonic medicine. The general background to this attitude may be interpreted differently. One explanation might be the habit of the majority of homeopathic physicians to use homeopathy as just one additional therapeutic tool employed among naturopathy, allopathy etc., thereby giving up the exclusiveness in practice.¹⁰² Kaufman even used the term 'pragmatism' to describe American homeopaths' attitude which was growing towards the end of the century.¹⁰³ Another explanation emerges from the German point of view. The scarcity of anti-vaccinationism and of criticism of allopathy in the homeopathic literature could have had its origin in the American homeopathist's status, which was much more established within the complete system of medical services in comparison with Germany. In Germany, homeopathic physicians were much more outcasts and they were a small minority with fewer institutional resources than their colleagues in the United States. Therefore, the latter did not have to seek their identity in stressing their differences from mainstream medicine. On the contrary, their identity in the late nineteenth century was embedded in their established status as a strong part of the American medical system, so they rejected increasingly an anti-orthodox image.¹⁰⁴ A third explanation links finally the analysis to the relationship between homeopaths and allopaths in this period. During the second half of the nineteenth century the relationship between regular medicine and medical sects changed in two different, even opposite ways. On the one hand, the conflict over vaccination emerged in sectarian medicine and even among homeopaths. On the other hand, according to the common interpretation of homeopathy's history, the conflict between allopathy and homeopathy, after intensifying in the 1850s,¹⁰⁵ decreased while facing a 'relaxation of allopathic hostility toward homoeopathy' some decades later.¹⁰⁶ The present results seem to fit this concept. When the conflict between homeopaths and allopaths was even more virulent from the 1850s the vaccination question was not yet on the agenda of a broad medical discussion. However, when it did emerge among sectarian medicine around the 1870s, homeopathic physicians were more established in the medical system and their status less often attacked. This even meant a split among homeopaths on the issue of vaccination as, for a minority, anti-vaccinationism was a major issue and even fuelled a conflict with regular medicine. However, for the majority, the predominant issue must have been to strengthen, not to challenge, their status and their newly acquired recognition. Even when vaccination was criticised, it was hardly used as a weapon to attack regular medicine.

Influence on Homeopathy from the Outside Medical World

THE MATERIAL INVESTIGATED HERE characterises American homeopathy as influenced, to some extent, by the medical world outside homeopathy. This is not a new aspect but the complementary side of the description given characterising homeopathy as willing to compromise with allopathic medicine and even practising it alongside homeopathy which represents a type of medical eclecticism.¹⁰⁷ Again, it is necessary to stress the striking rarity of homeopathy in the homeopaths' arguments both for and against vaccination. Homeopathic anti-vaccinationism did not employ the argument that vaccine was not potentised. In general, homeopathy as a term does not appear usually in relevant articles. Even in the main homeopathic anti-vaccinationist source, Winterburn's book, it is not found among all the arguments, only on the title page listing the author's professional and scholarly status. The book's reasoning resembles all the other anti-vaccinationist publications written by allopathist or hydropathist physicians. Those homeopaths who disapproved of vaccination did so for reasons appropriate to regular medicine and were employed commonly by non-homeopaths. The first common argument was the question of the effectiveness of vaccination. This was debated prolifically, mostly stressing vital statistics and personal experiences. The second common argument was whether vaccination had dangerous side-effects. Among these arguments, sanitarian reasoning had a remarkable influence. In C. Baelz's opinion, published in the 1871/72 *Hahnemann Monthly*, the best prophylactic against smallpox was cleanliness:

Generally it (*smallpox*) is to be found in streets and alleys crowded with laboring people; where numbers of them are crowded together in one or two small, ill ventilated rooms, where they wash, dry clothes, cook, and sleep, are provided with bad water (in this city), and often with poor food. Only as an exception it attacks the better class of people, who live in easier and healthier circumstances. In the country, where there is plenty of good air, and water, the disease seems to have no foothold at all.' 'As the epidermis, as well as the mucous membrane, sustains the main attacks of the poison, for that reason I consider as good a prophylactic, and a more physiological than vaccination, daily ablutions of the body, plenty of fresh air, pure water for drinking and cooking, good food, and abstinence from articles in excess of carbon, and the utmost cleanliness in and around dwellings.'¹⁰⁸

Likewise, for Winterburn, smallpox was easily prevented by avoiding its genuine cause of 'unsanitary modes of life'.¹⁰⁹ At first sight a sanitarian argument such as this is anything but extraordinary.¹¹⁰ In this respect, the American homeopathic anti-vaccinationist faction seems to have developed

a type of second-hand anti-vaccinationism. The vaccination debate was not a genuine homeopathic one. The slow shift in the journals' attitudes towards some anti-vaccinationism seems not to have originated from any inner-homeopathic discussion but from the growing anti-vaccinationism among other sectarian groups and adherents of hegemonic medicine. Furthermore, another suggestion for anti-vaccinationism came from the British and some German homeopathic colleagues. Kaufman emphasises the large contribution of homeopathy to anti-vaccinationism in terms of providing representatives.¹¹¹ In practice, homeopathy seems not to have contributed much to the debate but rather adopted non-homeopathic arguments. In a similar manner, the defendants of vaccination seem not to deal very thoroughly with homeopathy when facing the vaccination problem. Only a few of the journal articles mention incidentally that vaccination had a similarity, at least to some extent, to homeopathy. Most of the others, while praising vaccination, did not employ any homeopathic reasoning. Even the defendants of vaccination among homeopathy employed the sanitary argument as vaccination was an 'important sanitary measure'¹¹² or 'fraught with great benefits to man in a sanitary point of view'.¹¹³ Harris L. Coulter has argued that American regular medicine has adopted a lot of ideas from homeopathic medicine.¹¹⁴ American homeopathy, however, did the same with regular medicine. Homeopathy, in this respect, was not an isolated and ahistorical world based on nothing but Hahnemann's eternal concepts. It was very much a part of an interactive medical society with mutually interacting factions.

Judging Side-Effects of Vaccination the Homeopathic Way

NEVERTHELESS, BEYOND ALL SIMILARITIES to the non-homeopathic debate on vaccination, there might be one peculiarity of the homeopathic argument among both pro- and anti-vaccinationists. This is a remarkable concern for the side-effects of vaccination and a particular way of dealing with them. A typical description of homeopaths' attitudes towards vaccination is given in a report of a discussion at a Central New York Homoeopathic Medical Society meeting in the 1874/75 volume of the *Hahnemannian Monthly*. This discussion started with remarks such as: 'Dr. Spooner considered vaccination as a perfect preventive as could be had.' and: 'Dr. Clary had confidence in the protective power of genuine vaccination.' Then the subject changed slowly to the alleged dangers of vaccination, ending with much more critical statements: 'Some of the members were of the opinion that the virus might awaken some latent

disease in the system.¹¹⁵ Although offering approval, a perception of the possible harmful effects of the preventive measure existed. Frequently this concern was not for the immediate but rather for the long-term side-effects such as chronic diseases or changes in the vaccinee's constitution. A perspective that fitted into the common homeopathic view on a patient's constitution. Thus, for example, in Hering's opinion, vaccination had the effect, in particular, of weakening the constitution of a child. Winterburn said, vaccination would 'awaken a latent disease'. Others stressed that 'chronic diseases' followed vaccination.¹¹⁶ Even the arguments of the defendants of vaccination were based partly on the slight constitutional symptoms.¹¹⁷ Indeed, the pro-vaccinationist authors of homeopathic domestic medical guide literature frequently stressed vaccination's side-effects. However, this assessment of vaccination's risks, for regular physicians, could be the equivalent of being anti-vaccinationists. On the other hand, regular physicians being devoted pro-vaccinationists in their books tended much more to persuade their audience of the lack of harm from vaccination. Nevertheless, these homeopathic authors, despite all the assumed danger, were quite friendly towards the value of vaccination. Indeed, those quoted here are the less enthusiastic about vaccination, but still supportive of it and not having any major reservation about administering it. They considered, at most, alternative prevention such as the homeopathic variolin or vaccinin without condemning vaccination.¹¹⁸

The explanation for this surprising co-existence of both perceiving vaccination's dangers and, at the same time, suggesting its use as a preventive measure is twofold. First, these homeopaths, emerging from their own thought, might have had another idea of the nature of the side-effects. In homeopathy, the side-effects mentioned might not have been considered as mere dangers but rather as symptoms which might not necessarily be frightening. Second, there seems to have prevailed, among its adherents, an optimistic attitude towards the efficacy of homeopathic therapy. Naturally, the risks and advantages of vaccination could be analysed and the conclusion reached that the risk was less than that of withholding it. However, Humphreys (1872) is almost the only one to express this thought.¹¹⁹ The other books refer briefly to homeopathic treatment of these diseases where sulphur is most recommended. This was the way, for Laurie and Hull (1843), even to prevent 'psoric symptoms' occurring after vaccination.¹²⁰ In addition, thuja was sometimes recommended and it was commonly suggested as a homeopathic treatment for smallpox.¹²¹ Indeed, vaccination's alleged dangers could be accepted with a therapeutic optimism given a strong trust in homeopathy's efficacy.

Conclusion: A Homeopathic Identity?

THESE HOMEOPATHIC PHYSICIANS, seen from the perspective of approval or disapproval of vaccination, did not have a sharply delineated 'homeopathic identity', not even a strong sectarian or 'distinctive' identity. They did have convictions which were different, to some extent, from those of regular physicians but their convictions had their roots in more than just the main homeopathic tenets. Similarly, before the late nineteenth century, American homeopathy saw itself increasingly as just a 'medical specialty' among others, not as the only way of dealing with sickness.¹²² Yet, this is not the crucial point for a homeopathic consciousness could have existed alongside other spheres of medicine such as sanitation, pathology, hydropathy or laboratory diagnosis.¹²³ The crucial point is that genuine homeopathic identity was weak enough to promote a prophylactic means which was totally opposed to the law of potentisation. Even among homeopathic anti-vaccinationists their specific identity and self-consciousness was not strong enough to fight vaccination with homeopathic arguments. In this respect, those homeopaths taking the sectarian way, had no identity which was distinctive from other sectarians. Instead, on the level of theory, the identity of American homeopaths can be found rather on the level of principles.¹²⁴ One of these main principles was an eclectic pragmatism or, as John Harley Warner stated, both homeopathic and allopathic identity was superseded by a common 'scientific' professional identity drawn from experimental medicine that did not have the need to rely on old dogmas.¹²⁵ Nevertheless, besides this, a homeopathic identity showed much more below the surface of its main tenets by dealing with vaccination's side-effects, and seeing them in a homeopathic way not so much as threatening diseases but as individual symptoms that can be cured by homeopathic remedies.

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Notes

- 1 See, for example, William G. Rothstein, *American physicians in the nineteenth century, from sects to science* (Baltimore, London, 1972), pp. 152–74, 230–46, & 298–326.
- 2 For example, this is the major focus of Lamar Riley Murphy, *Enter the physician, the transformation of domestic medicine 1760–1860* (Tuscaloosa, 1991), 'There were significant areas of tacit or explicit consensus among orthodox physicians and their rivals. Crucial issues about how to cope with disease and promote health transcended acrimonious rhetoric and boundary disputes [...]' (XVII).
- 3 'Eclectic' here is used in the original meaning of integrating all medical concepts including regular medicine. It is not used in the meaning of the eclectic medical movement which stood in opposition to the latter. See John S. Haller Jr., *Medical protestants, the eclectics in American medicine, 1825–1939* (Carbondale, Edwardsville, 1994).
- 4 G. Buchwald, 'Impfen schützt nicht! – Impfen nützt nicht! – Impfen schadet!,' *Deutsches Journal für Homöopathie* 8 (1989), 47–87. G. Buchwald 'Nützt Impfen? – Schützt Impfen? – Schadet Impfen!,' *Deutsches Journal für Homöopathie* 11 (1992), 124–60. See various articles in *Homöopathie Zeitschrift* 3 (1993), 32–40; Joachim F. Grätz, 'Impfungen – homöopathisch betrachtet,' *Besseres Leben* 1 (1992), Nr. 5, 10–15, 36, Nr. 6, 13–17, 26. Many thanks to Dr. Martin Dinges for acquainting me with this reference. For the nineteenth century see, for example, Ernst Weber, *Die Impffrage und das Impfgesetz* (Leipzig, 1881) (= *Sammlung wissenschaftlicher Abhandlungen aus dem Gebiete der Homöopathie*, 2). The most influential publication, however, was Arthur Lutze, *Die Schutzpocken-Impfung völlig unnütz und Verderben bringend. Aus statistischen Tabellen und durch die berühmtesten Autoritäten nachgewiesen. Ein Mahnruf, allen Staatsgewalten ans Herz gelegt* (Cöthen [Köthen], 1861).
- 5 Harris L. Coulter, *DTP, a shot in the dark* (San Diego, 1985); Harris L. Coulter, *Vaccination, social violence, and criminality, the medical assault to the American brain* (Berkeley, 1990); Harris L. Coulter & Barbara Loe Fisher, *A shot in the dark, why the P in the DTP vaccination may be hazardous to your child's health* (Garden City Park, n.d. [1991]).
- 6 Andreas-Holger Maehle, 'Präventivmedizin als wissenschaftliches und gesellschaftliches Problem, Der Streit über das Reichsimpfgesetz von 1874,' *Medizin, Gesellschaft und Geschichte* 9 (1990), 127–48, here 137f.; Axel Helmstädter, 'Post hoc – ergo propter hoc? Zur Geschichte der deutschen Impfgegnerbewegung,' *Geschichte der Pharmazie* 41 (1990), 19–23, here 22; Claudia Huerkamp, 'The history of smallpox vaccination in Germany, a first step in medicalization of the general public,' *Journal of Contemporary History* 20 (1985), 617–35; Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozess. Der Homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989) (= *Studien und Materialien*, 2), p. 128f.

- 7 Helmstädter, 'Post hoc,' 22. In fact, anti-vaccinationism was not born inside alternative medicine.
- 8 See Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich* (Stuttgart, 1996) (= *Medizin, Gesellschaft und Geschichte*, Beiheft 9).
- 9 Maehle, 'Präventivmedizin', 138. Helmstädter, 'Post hoc', 22; P. Kübler, *Geschichte der Pocken und der Impfung* (Berlin, 1901), p. 337.
- 10 Martin Kaufman, 'The American anti-vaccinationists and their arguments', *Bulletin of the History of Medicine* 41 (1967), 463–78.
- 11 Kaufman, 'anti-vaccinationists', 467.
- 12 Ibid., 468.
- 13 E.g. Wilhelm Meyer, 'Macht's nach – aber nicht immer genau nach,' *Homöopathie Zeitschrift* 1 (1991), 37–9, here 37. Many thanks to Prof. Robert Jütte for acquainting me with this reference.
- 14 Meyer, 'Macht's nach'.
- 15 See Joseph M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie* (bis zum *Organon der rationellen Heilkunde*, 1810) (Munich, 1990), p. 124. In paragraph 46 of his *Organon*, Hahnemann explained the law of similars with smallpox inoculation and cowpox vaccination. Samuel Hahnemann, *Organon of medicine*, translated from the 5th and 6th edition by R.E. Dudgeon, M.D., (reprint, New Dehli, 1988), pp. 49–51, see also paragraph 38, 56. In a letter to Regierungsrat Heinrich von Gersdorff, (August 26 1825), Hahnemann mentioned the 'excellence' (Vortrefflichkeit) of smallpox vaccination. Published in Richard Haehl, *Samuel Hahnemann – sein Leben und Schaffen*, vol. II, appendices (Leipzig, 1922), p. 273f. On Hahnemann's attitude towards vaccination see also Harris L. Coulter, *Divided legacy, the conflict between homeopathy and the American Medical Association, science and ethics in American medicine, 1800–1914* (Richmond, 1982), p. 24, & 77. An example of the astonishment of contemporary homeopaths about Hahnemann's attitude towards vaccination see Meyer, 'Macht's nach', 37. Another reaction to this fact is supposing that Hahnemann would have a different opinion, if living today. See for example J. Kögel, 'Schutzimpfungen', *Gesundes Leben – Natürliches Heilen* 1 (1962), 73–6, here 73. For another contemporary discussion on Hahnemann's statements on smallpox vaccination see Günther Maring, 'Homöopathie und Impfungen', *Allgemeine Homöopathische Zeitung*, 210 (1965), 211–7; E.H. Schmeer, 'Homöopathie und Impfungen', *Allgemeine Homöopathische Zeitung* 211 (1966), 14–8.
- 16 Kaufman, 'anti-vaccinationists', 468.
- 17 Kübler, *Geschichte der Pocken und der Impfung*; Eberhard Wolff, *Einschneidende Maßnahmen. Pockenschutzimpfung und traditionale Gesellschaft im Württemberg des frühen 19. Jahrhunderts* (*Medizin, Gesellschaft und Geschichte*, Beiheft 10) (Stuttgart, 1998).

- 18 See e.g. Kaufman, 'anti-vaccinationists'; Frank Fenner et al, *Smallpox and its eradication* (Geneva, 1988); Allen Chase, *Magic shots, a human and scientific account on the long and continuing struggle to eradicate infectious diseases by vaccination* (New York, 1982); Abbas M. Behbehani, *The smallpox story in words and pictures* (Kansas, 1988).
- 19 Kaufman, 'anti-vaccinationists', 464.
- 20 See Huerkamp, 'The history'; Helmstädter, 'Post hoc'; Eberhard Wolff, 'Die Schlacht auf dem Zahlenberge. Impfgegnerschaft im späten 19. Jahrhundert – das Beispiel Sachsens,' in Ragnhild Münch (ed.), *Pocken zwischen Alltag, Medizin und Politik* (Berlin, 1994), 113–28.
- 21 R. M. MacLeod, 'Law, medicine and public opinion, the resistance to compulsory health legislation 1870–1907', *Public Law* (1967), 107–28, 189–211; Ann Beck, 'Issues in the anti-vaccination movement in England', *Medical History* 4 (1960), 310–21; Dorothy Porter & Roy Porter, 'The politics of prevention, anti-vaccinationism and public health in 19th century England', *Medical History* 32 (1988), 231–52.
- 22 Maehle, *Präventivmedizin*.
- 23 See the work of the main anti-vaccinationist character in the early period, Carl Georg Gottlob Nittinger, a physician in Stuttgart, Germany, partly translated into English. C.C. Schiefferdecker, *Dr. C.G.G. Nittinger's evils of vaccination* (Philadelphia, 1856).
- 24 Kaufman, 'anti-vaccinationists', 464.
- 25 Reproduced in James John Garth Wilkinson, *Vaccination tracts, historical and critical summary in three parts* (London, 1878), 37.
- 26 Kaufman, 'anti-vaccinationists', 464, 471–3.
- 27 'Kann die Kuhpocke anders gegen Menschenpocken schützen, als homöopathisch?' (Are the cowpox able to prevent from smallpox in a way other than homeopathically?). See Samuel Hahnemann, *Organon der Heilkunst*, 4th ed. (Dresden & Leipzig, 1829), 80. In the fifth edition (Dresden & Leipzig, 1833), 64, Hahnemann replaced the pertinent chapter (examples of unintentional homeopathic healings by physicians of the old school) by a single reference to the preceding editions.
- 28 Constantine Hering, *Letter of Dr. Constantine Hering of Philadelphia on vaccination, dedicated to the homoeopathic practitioners of Great Britain* (London, 1878), 1. See this letter also reprinted in *The American Homoeopathist* 6 (1880), 73–5. Yet, Hering's following reference to Stapfs Archiv gives no evidence to this fact but is a reference for a quotation of an article written by himself quoted in the following. An early critic of vaccination among homeopaths was Clemens v. Bönninghausen who in 1849 described cowpox vaccine as 'without doubt immensely spreading scrophula' ('[...] die in leichtfertigen Händen so gefährliche, das Scrophelgift ohne allen Zweifel ungemein verbreitende Vakzine [...]'). Clemens v. Bönninghausen, 'Ueber die Heilkraft der Thuja gegen Menschenblattern', *Allgemeine*

- Homöopathische Zeitung* 37 (1849), col. 21f. In 1908, Bradford added more information on this subject, 'von Boenninghausen brought up vaccination at the meeting and considered that as practised now it is the chief cause of the disquieting spread of scrofulous diseases. All the physicians present agreed in this view and promised to give special attention to this important subject so as to be able to follow up the matter next year. There has not as yet been any opportunity to test the discovery of von Boenninghausen concerning the curative power of Thuja in small-pox; this has also been confirmed in France, and it is to be expected that we may have opportunities in the course of the year to test this also here.' Thomas Lindsley Bradford (comp.), *The lesser writings of C.M.F. von Boenninghausen* (Philadelphia, 1908), 4. Yet, Bradford's additional information could not be found in the volumes of the *Allgemeine Homöopathische Zeitung* during this period (vols. 34–42, 1847–52). See additional information about Bönninghausen's attitude toward vaccination in Rima Handley, *A homeopathic love story, the story of Samuel and Melanie Hahnemann* (Berkeley, 1990), 137. On Boenninghausen and Thuja, see Wilhelm Meyer, 'Thuja – das erste Impffolgemittel', *Homöopathie Zeitschrift* 3 (1993), 37f.
- 29 James Y. Simpson, *Homoeopathy, its tenets and tendencies, theoretical, theological, and therapeutical*, 1st American edition, from the 3rd Edinburgh edition (Philadelphia, 1854) p. 261, partly in the footnote. Another example for this inconsistency for him is the unequivocal assessment of Thuja as an alternative preventive for smallpox. In the following, Simpson renounces vaccination to be homeopathic, since Hahnemann in his *Organon* claimed a remedy causing a similar but stronger disease, while cowpox, in Simpson's view, was an identical and weaker disease.
 - 30 Hering, *Letter*, 2, quoted from Constantin Hering (zu Paramaribo auf Surinam), 'Nachträgliche Bemerkungen über das Schlangengift. Aus einem Schreiben des Herrn Dr. Hering in Paramaribo, vom 18. Juni 1830, an Dr. Stapf', *Archiv der homöopathischen Heilkunst* 10 (1831), 24–32, here 28. Originally in German, 'Ich habe deutlich gesehen, und mehr als einmal, und von ähnlichen Fällen viel gehört, dass Kinder vom Tage der Impfung an kränkelten, und die früher blühend gesund waren, es nachher nie wieder so geworden sind. [...] Einen homöopathischen Arzt braucht man nur zu erinnern an die Grösse der Gabe [...] ferner daran, wie oft die Impfung der Schutzpocken auch eine Krätzimpfung sein möge, und die erzeugte Komplikation dann weit schwerer zu überwinden ist.' As an alternative he suggested to administer potentised vaccine.
 - 31 Constantine Hering, *The Homeopathic Domestic Physician* (Allentown, 1835), p. 234. In later editions, however, a chapter criticising vaccination but accepting it as the 'lesser of two evils' is added. See *ibid.*, 10th American edition (Philadelphia, 1897), pp. 387–92.
 - 32 Hering, *Letter*.
 - 33 Thomas Lindsley Bradford, *Homoeopathic bibliography of the United States, from the year 1825 to the year 1891, inclusive* (Philadelphia, 1892).
 - 34 Winterburn, *The value*, title page.

- 35 Ibid., 46.
- 36 Ibid., 114.
- 37 Ibid., 145.
- 38 Kaufman, 'anti-vaccinationists', 468.
- 39 Ibid. One reviewer agreed with Winterburn's opinion, the other one appreciated the 'scholarly effort' and found 'not a dull page in it.' (preface).
- 40 For example the eclectic Robert Alexander Gunn, *Vaccination* (New York, 1877); Carl Spitzig, *Variola, its causes, nature and prophylaxis – and the dangers of vaccination* (St. Louis, 1878).
- 41 William Harvey King, *History of homeopathy and its institutions in America; their founders, benefactors, faculties, officers, hospitals, alumni, etc. with a record of achievement of its representatives in the world of medicine*, 2 vols. (New York & Chicago, 1905), vol. II, p. 50.
- 42 Ibid. 21. Martin Kaufman, *Homeopathy in America; the rise and fall of a medical heresy* (Baltimore, 1971) p. 169f.
- 43 Kaufman says it was 'a leading journal of the homeopathic school'. Kaufman, 'anti-vaccinationists', 468. Unfortunately, he gives no evidence for this statement.
- 44 John Redman Coxe Jr., 'An essay on variola', *North American Homoeopathic Journal* 4 (1856), 469–77, here 475.
- 45 A.N. Bell, J.P. Loines, H.D. Bulkley, A. Nebinger, Jas. F. Hibberd, 'Protection from Small-Pox, by means of Vaccination and Re-Vaccination', *North American Journal of Homoeopathy* 14 (1865/66), 14–32.
- 46 Benjamin Franklin Joslin Jr. 'Vaccination and Revaccination', *The American Homoeopathic Review* 1 (1858/59), 214–30.
- 47 Review of, 'Charles T. Pearce, *Vaccination, Its tested effects on health, mortality and population* (London, 1868)', *Hahnemann Monthly* 3 (1867/68), 483–5.
- 48 M.A. Richter, 'Effects of vaccination', *Hahnemann Monthly* 3 (1867/68), 63–5.
- 49 W. Williamson, 'Vaccination (read before the Philadelphia Medical Society)', *Hahnemann Monthly* 5 (1869/70), 187–92, here 189f.
- 50 C. Baelz, 'On vaccination (Read before the Allegheny Co. (Penna) Homoeopathic Medical Society)', *Hahnemann Monthly* 7 (1871/72), 393–8, here 393.
- 51 Alexander Berghaus, 'Vaccination and its consequences', *Hahnemann Monthly* 11 (1875/76), 36–43; Alfred K. Mills, 'Vaccination. Read before the Hahnemann Academy of Medicine of New York', *ibid.* 43–5.
- 52 Vol. 18 (1883).
- 53 Hering, *Letter*.
- 54 *The American Homoeopathist* 6 (1880), 72.
- 55 6 (1880), 188.

- 56 8 (1882), 85.
- 57 9 (1883), 205. Kaufman writes on Tebb's influence in America's anti-vaccinationism, 'In 1879 William Tebb, the leading British anti-vaccinationist, came to New York, and the Anti-vaccination Society of America was founded.' Kaufman, 'anti-vaccinationists,' 465.
- 58 P.P. Wells, 'Vaccination, Personal Experiences, with comments', *The American Homoeopathist* 12 (1886), 109–14.
- 59 'We solicited and have received opinions on both sides of the question of vaccination, and trust to receive still further expressions of opinion from other of our subscribers and contributors. We may add, that in our personal experience with vaccination the results in many cases [...], have been of so alarming a nature as almost to discourage further vaccination.' Frank Kraft, 'Editorial', *The American Homoeopathist* 15 (1889), 83f.
- 60 One early anti-vaccinationist statement found, is a paragraph in, Benjamin F. Cornell, '[Annual] Address before the Homoeopathic Medical Society of the State of New York. Delivered February 11, 1868. [On the Physical Degeneracy of Man]', *Transactions of the Homoeopathic Medical Society of the State of New York* (Albany) 6 (1868), 34–48, here 43.
- 61 Berghaus, 'Vaccination', 36. As another example for the pro-vaccinationist attitude of American Homeopaths see D.H. Beckwith, 'Vaccination', *Transactions of the American Institute of Homoeopathy*, 35th session (1882), 342–62, discussion 363–77.
- 62 See a similar critique of Kaufman's assessments and further material on the subject in J.J. Buder (ed.), *Letters of Henry Austin Martin. The vaccination correspondence to Thomas Fanning Wood, 1877–1883* (MA thesis, University of Texas at Austin, 1991).
- 63 The prolific materia-medica-literature lists symptoms of homeopathic pharmaceuticals and little beyond that. Even literature focusing on homeopathic therapy in a wider scope does not necessarily mention prevention. The same is true of homeopathic journals.
- 64 For this genre see Murphy, *Enter the physician*.
- 65 *Ibid.*, 218–25.
- 66 For Germany see the detailed article of Achim Willfahrt, 'Homöopathische Hausarztliteratur des 19. Jahrhunderts als Anleitung zur Selbstmedikation', *Zeitschrift für Klassische Homöopathie* 35/36 (1991/2), 114–21, 153–9, 194–202, 62–72.
- 67 In new editions, e.g. one or several authors were added. Titles were changed slightly or almost completely, or the publisher changed. Translators of foreign language books frequently did more than just translate it. Since the translators mostly were devoted adherents and practitioners of homeopathy, too, they revised and commented on the books or added paragraphs or chapters to the basic work

and in this respect became co-authors, too. New editions under the same title could contain very different texts, either in quantity or in quality. The other way around, different titles of the same author could be based on similar or even identical texts. Finally, some authors copied parts of their colleagues' books published earlier, sometimes explicitly, sometimes not. It is not the aim of this paper to trace these ways of changing, overlapping or even melting into each other in depth.

- 68 My selection is based on the American homeopathic domestic medical guide literature, accessible in the National Library of Medicine's historical collection. This collection represents the big majority of the homeopathic domestic physician guides listed in Bradford, *Homoeopathic bibliography, or book offers of the Boericke & Tafel Companies*, frequently bound with homeopathic books. Yet, since the reason for selecting this bibliographical genre was not patient advice itself but the higher probability of finding the topic mentioned, a few works are included, that might not be seen as those of a proper domestic guide.
- 69 Thomas Roupell Everest, *A popular view of homoeopathy* (Allentown, 1835); J. T. Curtis, James Lillie, *An epitome of homoeopathic practice; compiled chiefly from Jahr, Rueckert, Beauvais, Boenninghausen, etc.* (New York, 1843); G. H. G. Jahr, *The homoeopathic treatment of the diseases of females, and infants at the breast* (New York, 1856); Edwin W. Lewis, *The family guide and medical manual* (Watkins, 1872); Thomas Cation Duncan, *Diseases of infants and children, with their homoeopathic treatment* (Chicago, 1878); Carroll Dunham, *Homoeopathy, the science of therapeutics; a collection of papers elucidating and illustrating the principles of homoeopathy* (Philadelphia, 1885).
- 70 Among them are, Constantine Hering, *The homoeopathic domestic physician* (Philadelphia, 1835); Charles Julius Hempel, *The homoeopathic domestic physician* (New York, 1846); John Niesz, *The family guide to health and husbandry [...]* (Canton, 1851); Emilius Kreussler, *The homoeopathic treatment of acute and chronic diseases* (Philadelphia, 1854); Alvan Edmond Small, Jacob F. Sheek, *The pocket manual of homeopathic practice* (New York, 1855); Samuel Morgan, *The text book for domestic practice, being plain and concise directions for the administration of homoeopathic medicines, in simple ailments* (New York, 1860); Frederick Humphreys, *Manual of specific homoeopathy* (New York, 1869); Isaac D. Johnson, *Therapeutic key* (New York, 1870); A. F. Worthington and Company, *Practical guide to homoeopathy for family and private use [...]*, Rev. and enl. ed. (Cincinnati, 1894).
- 71 Before 1849 it was five out of eight. Between 1849 and 1860 it was four out of eighteen. Between 1861 and 1900 three out of twentythree.
- 72 William A. Edmonds, *A treatise on diseases peculiar to infants and children* (New York & Philadelphia, 1881) mentions vaccination but not smallpox.
- 73 In this book, he encourages parents, after being recommended to have their child vaccinated, '[...] no consideration should induce a parent who cares for the health of the little innocent in his charge to permit the useless and dangerous operation to be performed either at this (period of dentition, E.W.) or any other period of

his life'. Henry G. Hanchett (the whole issued after careful revision by A.H. Laidlaw), *The elements of modern domestic medicine, a plain and practical hand-book, describing simple diseases, their causes, prevention and safe home treatment; the earliest signs that a physician is needed and the procedure till the doctor arrives, in all emergencies*, (New York, 1887). See also Henry G. Hanchett, 'The prophylactic and therapeutic resources of mankind', *The New York Medical Times* 16 (1888), 97–101, especially 100.

- 74 John Epps, George W. Cook, *Domestic homoeopathy; or rules for the domestic treatment of the maladies of infants, children, and adults and for the conduct and the treatment during pregnancy, confinement, and suckling* (Boston, 1849), p. 39. Quotation italicised in original. For John Ellis (1864) vaccination was 'the only safe and reliable preventive, and this will rarely fail if the individual has been recently vaccinated with good fresh matter from a healthy person'. John Ellis, *Family homoeopathy* (New York, 1864), 63. The American edition of Jahr's therapeutic guide (1876) says, smallpox's 'fierceness had been moderated by the introduction of vaccination [...]'. G.H.C. Jahr, Charles J. Hempel, *Therapeutic guide, the most important results of more than forty years' practice with personal observations regarding the truly-reliable and practically verified curative indications in actual cases of disease* (New York & Philadelphia, 1876), p. 261f.
- 75 Morton Monroe Eaton, *Domestic practice for parents and nurses* (Cincinnati, 1882), p. 597. For Hale and Williams (1888) there was 'but one means known by which this terrible disease can be prevented or modified; that consists in vaccination.' Edwin Moses Hale, Charles A. Williams, *The compendium of health pertaining to the physical life of man and the animals which serve him, including the horse, ox, sheep, hog, cat, poultry, and birds, embracing anatomy, physiology, and hygiene [...]* (Chicago, 1884), p. 234. Finally Verdi mentioned (1893), 'Vaccination should be sought, of course, during epidemics of smallpox.' Tullio Suzzara Verdi, *Special diagnosis and homoeopathic treatment of disease, for popular use, including such functional disturbances as are peculiar to girls and to maternity* (Philadelphia, 1893), p. 535.
- 76 For example, Pulte said, vaccination is 'in accordance with the homoeopathic principle – similia similibus [...]'. Joseph Hippolyt Pulte, *Homoeopathic domestic physician, containing the treatment of diseases, popular explanations of physiology, hygiene, hydropathy, anatomy and surgery, and an abridged materia medica* (Cincinnati, 1850), p. 391. Sherrill, 'Since the discovery of the law of cure by Hahnemann, an opinion has been held that vaccination was based on the homoeopathic principle, as an instance that like remedies cure like diseases.' Hunting Sherrill, *A treatise on homoeopathic practice of medicine, comprised in a repertory for prescribing, adapted to domestic or professional use*. 3rd, improved and enlarged. ed. (New York, 1854), p. 338f. The same in, Hunting Sherrill, *Family physician or homoeopathic practice of medicine; adapted to domestic and professional use*. 4th, improved and enlarged ed. (New York, 1860). Small, 'That vaccination affords another illustration of the great homoeopathic law, all homoeopathists will no doubt readily admit'. Alvan Edmond Small, *Manual of homoeopathic practice for*

- the use of families and private individuals (Philadelphia, 1854), p. 755. Tarbell, 'There is no better illustration of the principle on which homoeopathy is founded, than the well-known circumstance that a medicinal influence producing analogous symptoms to those manifested by the small pox, invariably acts as a preventive or modifier of said disease.' John A. Tarbell, *Homoeopathy simplified, or, domestic practice made easy, containing explicit directions for the treatment of disease, the management of accidents, and the preservation of health*. 2nd ed. (Boston, 1856), p. 142f. Guernsey, 'The prevention of this fearful disease by vaccination, is purely homeopathic [...].' Egbert Guernsey, *The gentleman's hand-book of homoeopathy; especially for travellers and for domestic practice*, 2nd ed. (New York, 1857), p. 169. Similar Egbert Guernsey, *Homoeopathic domestic practice, containing also chapters on physiology, hygiene, anatomy, and an abridged materia medica*, 5th, enl., revised and improved ed. (New York, 1862), p. 428. Finally John Ellis, Vaccination 'is strictly a homoeopathic remedy for the prevention of small-pox, as it causes a similar disease and thus destroys the susceptibility to that fearful and loathsome malady.' Ellis, *Family homoeopathy*, p. 63. See also Joseph Laurie, Amos Gerald Hull, *Homoeopathic domestic medicine*. 1st American ed. (New York, 1843); Joseph Laurie, Walter Williamson, *The parent's guide, containing the diseases of infancy and childhood and their homoeopathic treatment. To which is added a treatise on the method of rearing children from their earliest infancy; comprising the essential branches of moral and physical education* (Philadelphia, 1854).
- 77 Laurie & Hull, *Homoeopathic domestic medicine*, p. 229. In 1854, the same author names vaccination a 'homoeopathic principle', Laurie & Williamson, *The parent's guide*, p. 375.
- 78 Ibid. Warren says, re-vaccination 'is done with little trouble'. Ira Warren, *The household physician, for the use of families, planters, seamen, and travellers. Being a brief description description, in plain language, of all the diseases of men, women, and children with the newest and most approved methods of curing them* (Boston, 1859), p. 136.
- 79 E.g. Laurie & Hull, *Homoeopathic domestic medicine*. Edward Charles Chepmell, Samuel B. Barlow, *A domestic homoeopathy, restricted to its legitimate sphere of practice; together with rules for diet and regimen*, 1st American ed. (New York, 1849); Pulte, *Homoeopathic domestic physician*; Franz Hartmann, Charles Julius Hempel, *Diseases of children and their homoeopathic treatment* (New York, 1853), p. 462f., '[...] the vaccine that had been taken from psoric, syphilitic, or impetiginous individual, may transfer these diseases to other children; scrofulous affections, principally, are liable to being transferred by vaccination.' John Adams Tarbell, *Homoeopathy simplified; or, domestic practice made easy [...]*, 2nd ed. (Boston, 1856), p. 144; Samuel Lilienthal, *A treatise on diseases of the skin* (New York Philadelphia, 1876), p. 250, stresses the importance of 'reliable lymph'.
- 80 Laurie & Hull, *Homoeopathic domestic medicine*, p. 229f. Similarly Sherrill (1854, 1860) who mentioned the possibility of 'eruptions and affections' through

- vaccination and suspected the vaccine 'virus' to carry a 'psoric contamination'. Sherrill, *A treatise*; Sherrill, *Family physician*, p. 339f.
- 81 Hartmann & Hempel, *Diseases*, p. 462.
 - 82 Laurie & Williamson, *The parent's guide*, p. 385.
 - 83 Frederick Humphreys, *Humphreys' homoeopathic mentor of family adviser in the use of specific homeopathic medicine* (New York, 1872), p. 267.
 - 84 Lilienthal, *A treatise*, p. 251.
 - 85 Boericke & Tafel, *Homoeopathic medical index. A guide to homoeopathic treatment of common ailments*. (Philadelphia, no date given), p. 28. The NLM copy is dated 1900 by the library without any evidence for this year on it. Additional information taken from Bradford, *Homoeopathic Bibliography*, p. 30.
 - 86 Pulte, *Homoeopathic domestic physician*, p. 391. For Freligh (1853), the 'blessings' of vaccination were 'gratefully acknowledged' among all 'civilized people'. M. Freligh, *Homoeopathic Practice of Medicine, Embracing the history, diagnosis and treatment of diseases in general, including those peculiar to females; and the management of children*. [...] (New York, 1853), p. 361.
 - 87 Warren, *The household physician*, p. 136.
 - 88 There can be found two other euphoric assessments in the early 1880s when Edmonds (1881) wrote, 'few discoveries in medical science have been fraught with so great a boon to civilization and humanity.' Edmonds 1881, p. 185. For Erastus Ellis (1882), 'vaccination was the greatest discovery ever make [sic!] in the world. Without it, one-half of the people in the world would die, and the other half would be so scarred as to be unpleasant to look at.' Erastus Ranney Ellis, *Homeopathic family guide and information for the people*, 2nd ed. (Detroit, 1882). At first sight, this seems to represent a revival of euphoria towards the discovery of vaccination now dating back more than eighty years. Nevertheless, reading thoroughly the pertinent passages, reveals that it is another sort of euphoria. The enthusiasm of both books seem to be used as a tactical argument against the growing number of anti-vaccinationists. Both books mention the objections in the immediate neighbourhood of these quotations. Ellis refers to the historical critics of Jenner, and Edmonds refers to one hundred years of 'discussion and controversy' about vaccination and asserts that 'at present the weight of authority, both in the profession and among the laity, is overwhelming in its favor as a preventive measure.' Edmonds, *A treatise*, 185. At this point (1881) Edmond's opinion was more wishful writing than dispassionate description.
 - 89 Kaufman, 'anti-vaccinationists', 469. However, Haller Jr., *Medical protestants*, does not mention anti-vaccinationism among the eclectic school.
 - 90 Ellis, *Homeopathic family guide*, p. 202.
 - 91 He continues, 'every physician knows that cutaneous diseases have increased in frequency, severity and variety, to an alarming extent. Not only the ancient forms of eruptive disease, scrofula, psora, erysipelas, salt-rheum, tetter etc., but new

varieties are making their appearance, for which no satisfactory cause can be given, unless they are a compound of all the others, with a sprinkling of veneral to give them respectability; and as contemporaries, a corresponding increase of cronic disease of all the internal organs. To what is this increase owing? Many families transmit disease hereditarily; contagion may account for some of the varieties; in a large majority, however, to no medium of transmission is the wide-spread dissemination of this class of disease so largely indebted as to vaccination.' Cornell, '[Annual] Adress', 43.

- 92 Hering, *Letter*, p. 2.
- 93 Berghaus, 'Vaccination', 41.
- 94 See Rogers' contribution to this volume.
- 95 Laurie & Williamson, *The parent's guide*, p. 375.
- 96 Warren, *The household physician*, p. 136.
- 97 Frelich, *Homoeopathic practice*, p. 361.
- 98 Edmonds, *A treatise*, p. 186.
- 99 '[...] the homoeopathic principle of vaccination, the discovery of the celebrated Dr. Jenner [...]'. Laurie & Williamson, *The parent's guide*, p. 375f. It has to be conceded as well that Jenner easily can be seen as a martyr, since his innovation first had been disregarded and criticised by hegemonic medicine. This is true, although the quotations above do not refer to this aspect. With the one exception quoted above (E. Ellis 1882), Jenner here is not presented as an outsider.
- 100 Beckwith, 'Vaccination', discussion, 370.
- 101 Williamson, 'Vaccination', 192.
- 102 Kaufman, *Homeopathy*, p. 114, 116, 122ff.; See Rogers' contribution to this volume.
- 103 *Ibid.*, p. 183.
- 104 See Rogers' contribution to this volume.
- 105 E.g. *ibid.*, 61.
- 106 Coulter, *Divided legacy*, p. 308, 308–16. Reinhard Schüppel, 'Die amerikanische Homöopathie des 19. Jahrhunderts – ein Lehrstück für heute?', *Allgemeine Homöopathische Zeitung* 238 (1993), 47–53, here 50. See also Rogers' contribution to this volume.
- 107 The eclectic school, however, opposed allopathic medicine strictly. Eclectics defined themselves as 'medical protestants' against allopathic medicine. See Haller Jr., *Medical protestants*.
- 108 C. Baelz, 'On vaccination (Read before the Allegheny Co. (Penna) Homoeopathic Medical Society)', *Hahnemann Monthly* 7 (1871/72), 393–8, here 397f.
- 109 Winterburn, *The value*, p. 114.

- 110 See e.g. John Duffy, *The sanitarians. A history of American public health* (Urbana & Chicago, 1990).
- 111 Kaufman, 'anti-vaccinationists', 467f.
- 112 Review of, 'Charles T. Pearce [...]', 484.
- 113 Williamson, 'Vaccination', 190.
- 114 Coulter, *Divided legacy*, p. 241. Harris L. Coulter, *Homoeopathic influences in nineteenth-century allopathic therapeutics, a historical and philosophical study* (St. Louis, 1977).
- 115 W.H. Brown, 'Central New York Homoeopathic Medical Society (meeting report)', *Hahnemann Monthly* 10 (1874/75), 368–72, here 371.
- 116 Wells, 'Vaccination', 109–14.
- 117 Williamson, 'Vaccination', 189f.
- 118 See e.g. Sherrill, *Family physician*, p. 304.
- 119 Humphreys, *Humphreys' Homoeopathic Mentor*, p. 267. See also Hering, *The Homoeopathic Domestic Physician*, 10th American edition.
- 120 '[...] we may, during that period, administer sulphur as a precautionary measure, exhibiting one dose and repeating it twice, at intervals of a fortnight, each time from a fresh solution.' Laurie & Hull, *Homoeopathic domestic medicine*, p. 229f. Sherrill (1854, 1860), 'To prevent the eruptions and affections of the skin which sometimes succeeds vaccination, give sulphur of high attenuation, one dose a day for three or four days; this also renders the virus more pure and free from a psoric contamination.' Sherrill, *A treatise*; Sherrill, *Family physician*, p. 339f. The same was suggested by Lilienthal (1876), when he stated that effective treatment of erysipelas and eruptions was possible. Lilienthal, *A treatise*, p. 251. Lilienthal, *Homoeopathic therapeutics*, 4th ed. (Philadelphia, 1907), p. 1103.
- 121 See for example *ibid.* or Boericke & Tafel, *Homoeopathic medical index*, p. 28.
- 122 See e.g. Murphy, *Enter the physician*, pp. 218–27. See Rogers' contribution to this volume
- 123 *Ibid.*, p. 223.
- 124 See this distinction in, John Harley Warner, *The therapeutic perspective, medical practice, knowledge, and identity in America, 1820–1885* (Cambridge & London, 1986), p. 5.
- 125 *Ibid.*, p. 263f.

It Won't Do Any Harm: Practice and People at the London Homoeopathic Hospital, 1889–1923

Bernard Leary, Maria Lorentzon & Anna Bosanquet



Introduction

HOMOEOPATHIC PRACTICE within the London Homoeopathic Hospital during the years 1889–1923 is examined in this paper with the focus on the role of hospital treatment in the framework of homoeopathic practice in Britain in the late nineteenth and early twentieth centuries. The history of the London Homoeopathic Hospital (LHH) during that period, its patients and professional workers are analysed,¹ recognising that such an approach has to be used with caution given the advantages and disadvantages of using hospital case notes² and hospital-published statistics,³ but it does supply fresh perspective and new evidence. The surviving LHH records are of particular importance because they cover the period when prescribing changed from 'pathological' to 'constitutional'. It has been possible to understand what these methods meant in practice, and the magnitude of the change. In addition, these records give an insight into general medical and nursing practice at the turn of the century, of surgical and anaesthetic techniques and the laboratory investigations available. They also provide information about the patients who attended the hospital. After an overview of the beginnings of homoeopathic practice in Britain in the nineteenth century, a brief summary of chronological developments of the London Homoeopathic

Hospital at the turn of the century is presented. The remaining analysis is thematic as the hospital's patients, their diagnoses and treatment, the medical and nursing staff and the management of the hospital are examined. Finally a detailed analysis of the homoeopathic practice at the hospital is presented.

The growth of homoeopathy seems to have reflected social forces as well as conversion to belief in its methods. It was part of a developing Victorian service economy and benefited from links with royalty and large houses employing numerous domestic servants. The use of homoeopathy reflected status and ensured a genteel environment for treatment. Its main hospital was located in one of London's most beautiful eighteenth-century streets far in spirit from the poor urban areas where most of the voluntary hospitals were located. It was oddly appropriate that a daughter of one of homoeopathy's best known practitioners, Dr Compton Burnett, should have become one of England's best known novelists in realistic, even mordant, depiction of class relationships. Ivy Compton Burnett was indeed a fitting daughter of homoeopathy. Homoeopathy gained from affinity as well as from status. It reflected the growing interest in psychology and holistic medicine, as well as admiration for German culture and science. Its physicians, although not always its surgeons, showed concern for personality and motivation of patients as well as for treatment of disease. The success of homoeopathy reflected a particular time and place, for it declined as society changed but once again its fortunes are rising.

Homoeopathic Practice in Britain in the Nineteenth and Early Twentieth Centuries

THE FATHER OF HOMOEOPATHY IN BRITAIN was Dr Frederic Hervey Foster Quin who was born in 1799 and qualified in medicine at Edinburgh in 1820. He was regarded for many years as the illegitimate son of Lady Betty Foster (nee Hervey) who became the second wife of the fifth Duke of Devonshire. This was certainly untrue, but Quin was accepted in society and had the entree to all the great houses. In fact, he was possibly a relative of an Irish peer and probably the Duchess's godson, being her personal physician for four years. Thus, at its beginning homoeopathy was linked to status. After her death in 1824, he met Dr Neckar, a prominent homoeopath in Rome and became sufficiently interested in homoeopathy to study it in Germany. After practising both systems in Naples he became physician to Prince Leopold, later King of Belgium. Finally, convinced of the merits of homoeopathy, he resigned after two years in order to visit Hahnemann. He practised

homoeopathy successfully in Germany during the cholera epidemic of 1831 and in Paris. Quin returned to London in 1832 to set up the first homoeopathic practice in the country where, with his aristocratic connections, he was quickly established among the well known and wealthy. Quin counted the Dukes of Edinburgh and of Beaufort among his patients and became physician to the household of the Duchess of Cambridge. He was a friend of Dickens and of Landseer and, in later life, the regular dinner guest of Edward Prince of Wales.

Royal interest in homoeopathy appears to have started with Queen Adelaide, wife of King William IV (1830–1837) who was a patient of Doctor Stapf, one of Hahnemann's close associates. This seems to have had political repercussions and Sir Henry Halford, the President of the Royal College of Physicians, bemoaned the influence of the new system:

Dear Dr. Turner,

I am exceedingly annoyed at the Queen's not commanding my professional attendance, as it would give me an excellent opportunity of playing an important political game at this crisis. The last accounts I have received from the Pavilion mention that her Majesty is still persevering in the homoeopathic system and she supposes she has derived advantage from it...Her Majesty's confidence in the absurd system arose from one of her maids being put under it when they were in Germany. Her brother, the Duke, sends her these invisible pills from Germany and they are such atoms that a quill filled with them lasts her Majesty a couple of months.

Her Majesty has also an extraordinary bottle which she smells whenever she wants a movement in her royal bowels and my correspondent tells me that the effect of smelling the bottle is so immediate that her Majesty is obliged to leave the room at a moments notice. H.H.⁴

Neither Queen Victoria nor King Edward VII received homoeopathic treatment, although minor royalty such as the Dukes of Edinburgh and of Cambridge were patients of Quin.

Opening of the Homoeopathic Hospital

QUIN HAD A SOCIETY PRACTICE but he attempted also to open a dispensary for the poor and when this project failed he turned to the idea of a hospital. He founded the British Homoeopathic Association, a predecessor of the present Association, as a medical and lay organisation which was responsible for raising the necessary funds particularly from many aristocratic supporters. In 1849 he was able to purchase a house at 32 Golden Square, Soho and its first 25 patients were admitted on 10th April 1850,

Hahnemann's birthday. There were 156 in-patients and over 1500 out-patients treated in the first year.⁵ This was an important decade in which British homoeopathic practice became more stable within a legislative framework which allowed a diversity of approaches in medical practice.⁶ The progress of homoeopathy in England was seen as 'slow but sure'.⁷ The following decades were characterised by continuous additions to the hospital premises and in 1853 two branches for out-patients were opened. The hospital worked successfully, particularly during the cholera epidemic of 1854, but the premises in Golden Square, as the only homoeopathic hospital in London, quickly proved inadequate to meet the need. In nine years 24,894 patients were treated. Quin, therefore, once more sought finance from his supporters and, in 1859, he was able to purchase three houses, Nos. 51, 52, and 53, Great Ormond Street, at what is the site of the present hospital, providing beds for 50 in-patients, at a total cost of £10,339.⁸ The principal supporters of the hospital, until Quin's death in 1878, were members of the aristocracy; thereafter it was the upper middle classes, self-made millionaires and figures in the 'City'. 'Homoeopathic' families played an important part. Sir Henry Tyler, for example, was Chairman of the Board and a major contributor; his wife chaired the Lady's Guild while their daughter, Margaret, was a physician at the hospital. Similarly, the Epps family held management appointments while Dr. Washington Epps was also a staff physician.

By 1885 275,083 patients had been treated at the hospital.⁹ In the 1880s a new male ward was opened and an associated convalescent home at Eastbourne was established. It became obvious that a new purpose-built replacement was essential and a special appeal in 1890 raised £30,000. The foundation stone for an ultra-modern 100 bed hospital was laid by the Duchess of Teck and her daughter the Duchess of York (later Queen Mary) in June 1893 which opened in July 1895 at a total cost of £55,868. A new wing was opened in 1911 with some accommodation for private patients; previously all in-patients had been treated free of charge. In 1919 the hospital was described as 'the largest homoeopathic hospital in Europe and indeed the whole world.'¹⁰ Demand for homoeopathic treatment was growing, and 'frequent applications [were] received from different districts for homoeopathic practitioners and complaints [were] being made of the unavoidable necessity for calling in ordinary practitioners...'¹¹ Although specialising in homoeopathy, the LHH was a general hospital, open to patients with all types of ailments. In 1899 there was medical and surgical treatment available for 'the diseases of women, girls and children, and those of men and boys' which were all receiving 'equal attention.' In addition,

'diseases of the nervous system, diseases peculiar to women, diseases of the eye, of the skin, of the ear and throat and dental cases are all submitted to special practitioners.'¹² By the 1920s further expansion was planned 'to improve the health of the nation', including an ante-natal department and a department for 'mentally defective' children.¹³

Medical Staff and Education

THERE WERE TWENTY FOUR APPOINTMENTS, by 1899, from consultants to resident medical officers. In addition to the usual specialties, there was one surgeon dentist, one physician in charge of the electrical department and a pathologist. However, by the 1920s some posts were vacant and numbers were unchanged; specialisation had not been fully developed and several medical officers held posts in more than one specialty. The paediatrician, for example, was also an anaesthetist. All medical staff, except for the residents, gave their services to the hospital free, gaining experience and building a reputation which helped their private practice.

In 1877 a School of Homoeopathy was established in connection with the hospital amalgamating with the hospital in 1883 under the name of London Homoeopathic Hospital and Medical School. Clinical assistants, physicians and surgeons were appointed to the hospital half-yearly. Although training included homoeopathic practice, it did not vary greatly from that at other hospitals. Medical officers could hold office for 12 months, during which time they were expected to acquire 'a good knowledge of homeopathic therapy, whilst at the same time gaining considerable experience in general medicine and surgery.'¹⁴ There were many educational opportunities as wards and the out-patients department were 'thrown open daily for the purpose of clinical instruction'¹⁵ to any medical men and students. It was also possible to attend operations which were performed once a week. Special lectures were delivered at regular intervals. There were also travelling scholarships available 'for the purpose of enabling young qualified men or women to study homoeopathy.'¹⁶ As the hospital's fame was international, it had many visitors 'from the Continent, America and Colonies.'¹⁷ A Missionary School of Medicine was attached to the hospital in 1903 to give training in medicine, surgery, first aid and other health-related subjects to foreign missionaries. By 1920 it had about 300 students. The hospital Board recognised it as providing good publicity 'as there are few better methods of spreading the benefits of homeopathy.'¹⁸

Nurse Management and Education

NURSING WAS ADVANCING RAPIDLY in the late nineteenth and early twentieth centuries, resulting from reforms both in the voluntary and Poor Law hospital sectors, distancing itself from the historical image of being 'overworked and underpaid, bewildered and disparaged, unfit for all the duties required...'¹⁹ At the LHH the Medical Staff Committee recommended in March 1891 that nurses should undergo a three year training programme and this was accepted by the Board of Management in May.²⁰ The need for such training was reiterated in 1894, especially for 'external nurses', and the lack of formal training remained a cause for concern to the medical staff even as late as 1897. Nursing certificates were issued on the recommendation of the Nursing Committee. No nurse served on this committee although the Matron was allowed to give advice. A blurring of the line between nursing and domestic duties continued as exemplified in 1919 when a joint 'Nurses and Domestic Staff's Peace Party' was celebrated, showing social contact as well as the overlap of duties.²¹

In 1899 there were 58 nurses of whom 37 were 'more or less regularly employed on the wards.'²² In addition, 21 were available for private nursing. The nurses trained on the wards were 'in constant request for private work' and they were sent to all parts of the United Kingdom and abroad. They had a very high reputation and were employed by both allopathic and homoeopathic practitioners. Complaints were frequent that they were not available when needed, such was the demand. Ten additional nurses in 1919, making a total of sixty eight on average, saw sixty nurses on duty per day with eight away on holiday or sick leave all being under the supervision of the matron, assistant matron and sister housekeeper. Twenty five probationer nurses entered training; their ages were relatively high as the limits were 22-30 years. In the post-war period arrangements were made 'for the fourth year of training to be remitted in the case of suitable candidates who have had not less than two years nursing VAD (Red Cross) experience in a recognised military hospital of not less than 100 beds.'²³ Probationers received lectures in medicine and surgery from the doctors on the staff and examinations included written papers and oral and practical sections. In 1919 ten nurses passed the examination, and twenty four passed the junior examination; a gold medal being presented each year to the best examination candidates. In addition, twelve nurses qualified in invalid cooking, instruction being provided by the London County Council. The nurses were highly regarded, as 'to them and to their care of the patients much of the success of the hospital is due.' Patients attested 'to their

gratitude for the care and good nursing they received.' Despite this, salaries were regarded merely as pocket money as probationers received £17 per year, rising to £28 in the fourth year together with free board lodging, laundry and uniform.²⁴ It would appear that homoeopathy did not make any very distinctive contribution to nursing.

The Patients

THE LONDON HOMOEOPATHIC HOSPITAL was, like most of the major voluntary hospitals in London, supported by contributions from individual benefactors. Its prime purpose was to provide homoeopathic medical attention for the 'working poor'. Direct insight into patient characteristics during the late nineteenth and early twentieth centuries is provided through the data available in approximately 300 volumes of manuscript clinical notes from 1889–1923. Initial analysis of selected records from the years 1889, 1891, 1892, 1895 and 1896 reveals patient characteristics which can be compared to those noted in later records from the years 1919–1920.

Age and Sex

More women than men were admitted, which suggests a non-discriminatory attitude to female members of the 'working poor' and the large number of 'housewives' who were granted treatment. Most patients were in the 15–69 age group with very few aged over 70 years. A sizeable number of children, from the youngest to the age of 14 were treated. Most of the children, although not all, had not yet entered the labour market. By the 1920s women still outnumbered men and the majority of patients were within the 14–69 age group but there was a higher number of patients over 70.

Occupations

The five most common occupations were those of a servant, housewife, house or parlour maid, labourer, laundress, cab/car or coach driver. There were many patients in domestic service for one of the obvious advantages of being a contributor was that the contributor's employees could be removed to hospital for free treatment when ill. The list includes examples of unusual or now extinct occupations such as: lace worker, lacquerer, fancy stationer, bamboo worker, fancy box maker, leather cutter, surgical instrument maker and ostrich feather worker. By the 1920s many occupations previously mentioned had disappeared and there was a marked decrease in those employed in domestic service. Lower middle class patients were becoming

more common, with occupations such as clerk, office worker and probation officer, being recorded.

Length of hospital stay

Most patients stayed from two to five weeks, four weeks being common, but stays of four or five months were not uncommon. Patients who were admitted for only one or two days were usually either so seriously ill that they died or required transfer elsewhere. In 1919 and 1920 the average length of stay had not changed remarkably. Of twenty two patients who remained in hospital for less than a week, twelve died and one was transferred to a Fever Hospital. Some children stayed only one or two days, often because parents were not prepared to part with them. For others, it became obvious soon after admission that nothing could be done to help them and they were discharged.

Diagnosis

The most frequent diagnoses were infections and their sequelae. These included tuberculosis/phthisis, tonsillitis, bronchitis and pneumonia, diphtheria, pleurisy, rheumatism and morbus cordis. Other common conditions were gastric ulcer and gastritis, anaemia and eczema. It was noted that non life threatening illnesses such as dermatitis could result in long periods of in-patient treatment. Patients with tuberculosis often reported several relatives as having died of the disease. The number of admissions for tuberculosis was reduced in the latter part of the period which may have been due to the advent of sanatorium treatment rather than any change of incidence of the disease. In 1919–1920 the incidence of tuberculous disease had fallen remarkably, possibly due to admission policy, but influenza, bronchitis and pneumonia remained common reasons for hospital admission.

Clinical Investigations

Regular recording of temperature, pulse and respiration rates were not routinely practised or recorded; only about a sixth of the analysed records included such graphs. Even when high temperature rates (102–104 degrees Fahrenheit) were recorded in the notes, they did not merit routine recording. Marey's sphygmograph, a research device for tracing the pulse, had been modified and reduced in size for clinical use by Dr Dudgeon.²⁵ Tracings by this machine, utilising a stylus on to smoked paper, are included in a number of the late nineteenth-century case notes. Post-mortem reports were included for fifteen out of thirty-five patients studied and who died at the hospital.

Patient Profiles

THE 1899 ANNUAL REPORT provides further descriptive information about the hospital patients and their origins. Those admitted or seen in the out-patients department were 'sent direct from various parts of the country [and] certain proportion [of in-patients] were transferred from the outpatients' department.' Direct referrals came from medical practitioners in places such as Reading, Croydon, Norwich, Tunbridge Wells, Ramsgate and Camberwell. It was not unusual for many patients to come to the homoeopathic hospital as the last resort, having sought relief from symptoms unsuccessfully elsewhere. Unexpectedly, most patients were described as relatively healthy before developing conditions for which they were treated at the LHH. A typical example of past medical history is seen in a description of a 42-year old patient, who 'excepting a slight attack of variola at sixteen years had never had a day's illness', or of a 60 year old patient whose 'general health was good until eight months before.'²⁶ Some patients' histories show great robustness, such as a three year old girl from Eastbourne who survived measles, whooping cough and influenza. Attention was paid to the psychological profiles of patients as well as to their general appearance. A fourteen year old girl from Hampshire was recorded, for example, as being 'a very stout, well developed girl, with fair, straight hair, pale skin and obviously lymphatic temperament, shown especially in a listless manner and cold flabby hands.' A twenty year old domestic servant was described as 'a tall, well-nourished girl of sanguine temperament... She had a fresh healthy colour, though she conveyed the impression of being a neurotic subject.' A child suffering from tubercle was 'a most delicate child with thin scanty hair, dry skin of an earthy tint; with veins marbling the forehead... Her tongue was mapped and pale, expression listless.'²⁷

One section of the 1899 Annual report dedicated to the diseases of women was prepared by Edwin Neatby, the assistant physician for diseases of women at the hospital, and later a consultant. Strong emphasis is placed on patients' subjective experience of illness and his notes are very characteristic of the specific way of history taking in homoeopathic practice being rich descriptions of patients' feelings and everyday lives. As an example, a patient called Kate V. was 42 years of age. She had a house on Hampstead Heath, was married for twenty years and never pregnant. She dated her illness 'to the eating of a mutton chop late in the evening of March 30' in 1895. 'Next day her abdomen began to swell and to be painful [...] Since April she had been to two hospitals and her abdomen had been thrice tapped.' On examination (at LHH) in July, the abdomen was 'found to be full of free fluid

[...] The diagnosis of pelvic and abdominal carcinoma was made, and no operation advised. Moreappings and perforations were necessary, on average once a month'. Initially the patient remained 'cheerful and hopeful' but soon she 'lost ground and became emaciated and nervous, and had a bad cough; she dreaded the repeated tapping.' In order 'to obviate these' Dr Neatby has devised 'a special short cannula [...] just long enough to pass through the abdominal wall [...] with the plug removable by the patient at will [...] She did this every three days.' The tube was of 'much comfort to the patient, and by being under her own control saved her much distress from the anticipation of repeated tapping.' In March 1896 the patient went to the country for two months and returned to London 'decidedly improved.' Nevertheless, after this she was seen by Dr Neatby only once because of her sudden death in August 1896 'after a short illness brought on by a railway journey to London.[...] Her mother reported that until a week before death she was enjoying the country and seemed comparatively well. Then she began to have much abdominal pain [...] and she expressed a wish to go home. On the 19th she drove seven miles to Rugby, changed at Willesden and travelled on to Hampstead Heath, and walked downstairs in her house. She then became very ill and was carried up to bed. In the night [...] she was seized with excruciating pain, which caused her to draw up her legs. About 5 am the pain left her and she felt quite comfortable. She died at 7 am, being conscious up to the last.'²⁸

This case study is very informative for not only are there many details about the patient's life, but also, importantly, the doctor tries to see the illness from the patient perspective and empathises with her. He is not afraid to 'empower' the patient by designing a device which would give her control over her symptoms. This was not common at the time when scientific medicine was just gaining ground by increasing its power over patients' bodies. It is noteworthy that the patient was treated by a physician for the diseases of women, while her abdominalappings involved obvious surgical skills. Although Edwin Neatby was paying considerable attention to the experiences of his patients, he managed to follow the trend of his time in his scientific inquiries into the mysteries of the human body. He was keen to report any pathological changes to the anatomy as seen either during surgery or at the post-mortem examination. His descriptions of internal parts of the body are outstandingly vivid and colourful. For example, the appearance of the peritoneum of one of his patients 'was most striking, and I have never seen anything else quite like it. It at once suggested to my mind the appearance of being coated over with a layer of raspberry jam. The injected base resembled in colour the deep purple-red of the jam, dotted over with the

white seeds.' His concern for patients combined with pathological curiosity can also be seen in this description. Although the outcome of treatment was seen as 'the most satisfactory case from the patient's point of view [...] the tumour itself was of great interest from a pathologico-clinical point of view. The lower part of it [...] was] whitish-pink and firm on section, and almost non-vascular to the unaided eye. The upper distal portion was of a brilliantly variegated appearance of pattern and colouring, reds, yellows, and purples being prominent. Some of these dashes of colour represented obvious blood-vessels, showing active growth in marked contrast to the pale quiescent appearance of the fibroma.'²⁹ These descriptions of pathological lesions can be seen as a classic example of an intellectual and cognitive conflict experienced by many doctors when medicine was entering into a new paradigm and acquiring scientific status. Cool clinical descriptions with their laborious vocabulary were intermingled with more emotive portrayals of visual perceptions. Here the intellect of new science was fighting the old romance of medicine as art. This conflict was probably even more striking for homoeopathic doctors, who found themselves with many contradictory clinical models – those of the old medicine, new science and specific homoeopathic practice.

Hospital Statistics

IN 1899 THE HOSPITAL HAD OVER 100 BEDS of which about three quarters were in medical wards and more than a thousand in-patients were treated. The out-patients department was well attended with over thirty five thousand consultations. By 1919 there were 173 beds including 13 for private patients. Half of the free beds were medical, including 24 for children. There were 31 adult and 10 children's surgical beds. The remainder were 18 beds for gynaecological diseases, 6 for patients with ophthalmic conditions, 6 beds for patients undergoing ear, nose and throat (ENT) treatment, 6 for patients with nervous diseases and 3 for those with skin problems. 1509 people were treated as in-patients, with 109 as the average daily number of patients treated and the average length of stay being 27 days. Each bed was occupied, on average, by nine patients per year. There were 52,209 attendances at the out-patients department which admitted ten and a half thousand new patients.

649 operations were performed in 1919. Ninety seven per cent of the patients recovered, the remaining three per cent died. The recovery rate varied only slightly between specialties, with 100% recovery rate for ENT patients, 97% for gynaecology and 95% for general surgery patients. The

largest group of admissions in 1919 was for alimentary disease – 343 patients were treated of which 65% were ‘cured’, 20% improved and 5% died. Of 165 gynaecological inpatients 74% were cured and 19% were improved. Three patients died (2%). 138 patients were classified as suffering from general diseases. 52% were cured, 30% improved and 9% died. The recovery rate for operations varied from 95% to 97%. The mortality rate for pneumonia in children was claimed to be half that in other hospitals.³⁰ In the dental department, 2866 patients were advised and 6321 extractions were performed, mostly with the help of gas.³¹ By 1919 the hospital had its own electro-therapeutic and x-ray department and there were 836 ‘radiogram and screened cases’, 59 new ‘electro-therapeutic’ cases and 1579 attendances. There was also the ‘mechano-therapeutic department’ which consisted of the ‘gymnasium, fitted with the necessary appliances’, and the hospital’s own laboratories engaging in ‘chemical, histological and bacteriological examinations and preparation of therapeutic agents.’³²

Finance

THE HOSPITAL WAS FINANCED by voluntary contribution and, even at its peak around 1899, expenditure was in excess of income. The finances of the hospital after the first world war became ‘fraught with difficulties’ and great efforts were ‘required to restore the finances of the hospital’.³³ Provisions were rationed and the strictest economy was exercised in all departments. A deficit had to be financed by increasing donations. At the same time the hospital expanded its income from private patients and from those who were covered by the provisions of the National Insurance Act of 1911. After 15 January 1913 all patients had to state whether they were insured, ‘but the treatment of the really necessitous poor who are not insured remain as at present.’³⁴

The financial situation of the hospital was not helped by the First World War. Staff were granted leave to go on active service and the War Office and Admiralty were offered beds for the wounded. The first convoy of ‘sick and wounded sailors’ arrived on October 28th 1915 and the last naval patient, most of whom returned to the service, left the hospital in November 1919, by which date over 2000 had been treated. The actual daily cost of each naval patient exceeded the sum received from the Admiralty, Charitable Funds making up the difference. The hospital managed also entered into an agreement with the London War Pensions Committee for the treatment of discharged disabled men, upon a payment, both as in- and out-patients.³⁵

A Lady Almoner was appointed in 1919 to assess the ability of individual patients to pay for their care. This was a further reversal of past policy where the 'working poor' were recognised as deserving of charitable care. Now all patients were to be treated in the same way subject to a means test of their income. 'The Board feel that the time has come for doing away with that individual, unfair, and ill-defined distinction of a certain section of the public which is considered to be entitled to treatment on a charitable basis – the public will, the Board feel sure, maintain the Hospital if the institution is managed on democratic lines – supported by all for the benefit of all – wherein each patient contributes in accordance with his means.'³⁶ Patients who required a letter of recommendation were examined for 'suitability for admission', with the exception of the accident and emergency cases who were admitted at any time of the day or night without recommendation. Patients had to have their own change of linen, soap, towel, brush, comb, and flannel as well as supplies of tea, sugar and butter. In addition, a deposit was required against breakages. Visiting was restricted and no information could be obtained about patients by telephone.

The financial position of all hospitals led to discussions at the Ministry of Health about possible government funding. The Board of the London Homoeopathic Hospital took the view that supporters could be 'assured that the idea of rate-supported hospitals in place of the voluntary system is neither feasible nor contemplated. The financial burden now being borne by the State makes it unlikely that anything will be done in the future to supersede the voluntary system, but there is little doubt that the responsibilities of the voluntary hospital boards will be increased or widened.'³⁷ The American system was taken as an ideal model of health care provision, where, it was claimed that 'the humblest citizen gets as good medical treatment and nursing as can be obtained by any millionaire, and each patient pays according to his income for exactly similar benefits.'³⁸ Thus, the hospital's finances reflect the changing trends, fashion and custom and found great difficulty after 1918 in financing the built legacy of past success.

Homoeopathic Prescribing Methods

BRITISH HOMOEOPATHS LED BY Robert Dudgeon and Richard Hughes were 'pathological prescribers', their ideas contrasting with those of Frederic Quin who was probably the only British homoeopath who had met Hahnemann. 'He very seldom used tinctures. Most medicines he gave in high dilutions and very seldom had occasion to descend. Some medicines he

prescribed in lower attenuations. Thus, in gonorrhoea he gave Cannabis in globules saturated with the Mother Tincture and he never prescribed higher than 3. But Nux Vomica, Bryonia, Belladonna and the antipsorics he gave in the 30th and he had no reason to be displeased with the results of his practice.³⁹ Hughes recognised the need to reduce the dose of powerful poisons and that many eminent practitioners used high dilutions and praised their efficacy. Yet, 'We seem, therefore to have effected all reasonable ends, even with the most potent poisons when we have reached the thousandths and millionths of which I have hitherto spoken. Unless some evidence should be brought before us to prove that we actually develop power as we go on attenuating after the Hahnemannian method, reason must certainly frown upon the higher potencies.'⁴⁰

Early in the twentieth century the opinions of James Tyler Kent dominated with an emphasis upon mental symptoms and the use of high potencies. They first appeared when Dr Octavia Lewin presented a paper entitled 'Cases Illustrating Constitutional Treatment' in 1903.⁴¹ She was a London graduate who had obtained a MD in Chicago who raised the possibility of curing a patient by studying the generals rather than the particulars; in only one of the five cases she reported were the mentals mentioned. All the patients were treated with M potencies. Dudgeon, who was present at the meeting, raged against the whole idea for as far as he was concerned the very high potencies were not what was claimed. Others present, encouraged by J.H.C. Clarke welcomed the new ideas, although there was some discussion on the nature of a 'Constitution'. This paper supported Clarke whose own ideas were very far from those of Hughes. He had been the outsider who used the 30th and 200th potency. In spite of his seniority, he had held no post within the British Homoeopathic Society but now he was to be vindicated.

Homoeopathic Prescribing Methods at LHH

THIS ACCOUNT IS NOT UNFAMILIAR but there was little knowledge of the prescribing methods prior to the advent of Kentian ideas. Patients, during their stay, could receive five, ten or even twenty different remedies. Some of these are explicable as treatment for inter-current episodes, but it is difficult to avoid the first impression that remedies were prescribed on an arbitrary basis. There is no evidence that a repertory of any kind was used in pre-Kentian days. The choice of remedy was limited to no more than two dozen.⁴²

By far the most common remedy was Bryonia alba, the next being

Arsenicum album and Arsenicum iodatum. Others were Belladonna, Aconitum napellus, China officinalis, Ignatia amara, Chamomilla, Nitric acid and Nux vomica, Veratrum both Album and Viride, Hydrastis canadensis, Antimonium tartaricum, Rhus toxicodendron and Berberis vulgaris. All of these were prescribed in low potency, usually 1x or 3x but mother tinctures were used regularly. These were given at short intervals of one to four hours, two being the most frequent. High potencies were not used at all though, occasionally, a 30th was given, particularly of Sulphur given repeatedly rather than in the single split dose of modern times. No other C potencies were prescribed and it is noticeable that remedies requiring high potency for effect, such as Natrum muriaticum, were seldom prescribed. Quantity seems to have had importance for if a remedy was ineffective the dose might be increased rather than the remedy or the potency changed. Many medicines were given in liquid form in three or five minim doses. Alternation of remedies was commonplace particularly Bryonia alba which was usually prescribed two hourly, alternating with Arsenicum album or Aconitum napellus. Conventional medicines were used freely with or instead of homoeopathic remedies. Iron was given for anaemia although sometimes as a 1x potency. Potassium iodide, a common medicine of the time, was prescribed although its purpose is not obvious. Morphine was used for pain relief in one case when there appeared to have been no attempt to relieve the symptoms homoeopathically.

By 1910 there was a complete change from the prescription of 90% material doses to 70% or more of high potencies. The notes of patients under the care of Dr Washington Epps cover the first decade of the century. In 1902 his patients received the treatments described above, but by the end of the decade Kent and his followers appear to have had a strong influence. Remedies were now prescribed in single doses and almost always in the 200th potency. Low potencies seem to have been reserved for gross pathological conditions and alternation had virtually disappeared. The choice of remedy did not alter substantially although it is noticeable that Bryonia was only prescribed twice for thirty-six patients. Perhaps old habits died hard and the importance of the mental symptoms had not yet been fully appreciated thereby limiting the choice of remedy. Although admissions covered most diagnoses, Dr Epps seems to have specialised in rheumatic fever and its sequelae so that indicated remedies tended to be the same in several cases.

Surgery played a major part in the activities of the hospital and the techniques used appear to have been similar to those in other hospitals. Although most of the surgeons were homoeopathic practitioners, they do

not seem to have used potencies to alleviate the effects of surgery itself. While Hepar Sulphuris might be given for sepsis, or Belladonna in fever, no attempt seems to have been made to prescribe Arnica montana or Staphisagria to promote wound healing. In fact, many patients admitted for surgery received no homoeopathy at all.

An understanding can be gained of how certain specific diseases such as diphtheria and tuberculosis were treated.

Diphtheria

The first homeopathic article on diphtheria, a major killer of children, is that of Francis Black which dates from 1858.⁴³ At first the recommendations for treatment appear to have been derived from the therapy used for tonsillitis viz. Belladonna, Mercurius vivus, Rhus toxicodendron, Lachesis, Capsicum. Mercurius vivus, Nitricum acidum, Sulphuricum acidum, Kali bichromicum were recommended for ulceration of the tonsils. If the throat was dark coloured then Mercurius corrosivus, Mercurius iodatus, Arsenicum album, Ammonium carbonicum, Nitricum acidum were considered appropriate. Chlorate of potash was regarded as a specific. Later in the century, mercurial salts became popular, at first Mercurius iodatus but this gave way to Mercurius cyanatus. According to Dr Byres Moir, physician at the LHH, 'it gives far better results than any of the other drugs I have mentioned.'⁴⁴

There was some improvement as a result of use of a new serum. The death rate from diphtheria before the introduction of antitoxin could be more than 50% and averaged 33%. The serum produced a steady decrease in the number of deaths, so that by 1913 the British death rate had been reduced to 6.4%; a similar reduction in mortality was recorded world wide. The number of patients with diphtheria admitted to the London Homoeopathic Hospital increased steadily between 1880 and 1900, replacing typhoid fever as the common diagnosis in the infectious ward. Serum was not used in the hospital until November 22, 1896. The first patient was admitted under Dr Moir having been given the serum the day before by Dr. Roberson Day, the hospital paediatrician. She was a 21 year old woman who had membrane affecting the larynx and trachea who was cyanosed when first seen and coughing up membrane. Recovery was complete. Cases were admitted under Drs Blackley, Clarke, Epps, and Moir. One patient, aged 5 years, treated by Dr Clarke in 1896, was apparently given a potency of the serum by mouth. 10 minims were diluted with 5 minims of water and 5 globules prepared from this were given four times daily. The patient was in hospital for 54 days and developed nephritis. Treatment started with Mercurius cyanatus 6 and was followed by Bacillinum

100 as a single dose. The antitoxin was administered a week later. The last medicine was *Cantharis* 3 commencing six days later for the nephritis. The patient recovered. Between October 1896 and October 1897 thirty cases were treated with three deaths. Of these seventeen received antitoxin of whom one died (5.8%) and thirteen did not with two deaths (15.3%).⁴⁵ The number of cases is too small to make a statistically significant comparison of antitoxin alone and antitoxin plus homoeopathy, but there is a suggestion that the latter was more effective. Many homoeopaths expressed the belief that the serum had little or no effect. In 1900 Dr F.S. Arnold summarised the evidence for this view in a paper presented to the Liverpool branch of the British Homoeopathic Society.⁴⁶ One problem in assessing efficacy was the difficulty of diagnosis. Arnold quoted the results of Dr Hague in 119 cases of 'post-scarlatinal diphtheria', demonstrating that even by then the separation between diphtheria and scarlet fever was not complete. In contrast, Roberson Day, the homoeopathic enthusiast for antitoxin, insisted on bacteriological examination in all cases.⁴⁷ While he did not publish results in sufficient numbers to be statistically significant, he established the idea that a firm diagnosis was essential if conclusions were to be drawn for in a paper of 1892 he had drawn attention to the different manifestations of the disease.⁴⁸ At the same time, he suggested that carers exposed to infection should take *Belladonna* and *Merc sol* as a preventative. In addition, he produced evidence to support the growing conclusion that the earlier the antitoxin was administered the lower the mortality. Laryngeal diphtheria was particularly serious. Goodall gave figures demonstrating the efficacy of antitoxin.⁴⁹ Before antitoxin, of 3,275 cases of laryngeal diphtheria 1008 recovered, a mortality rate of 66.2 per cent; with antitoxin given to 3,275 cases mortality was reduced to 27.7%. Once signs of respiratory distress developed, due to the membrane obstructing the larynx, relief of that obstruction was a matter of urgency. Prior to antitoxin treatment tracheotomy was the method of choice. Even then there was a risk that the membrane would block the tracheotomy tube and this often resulted in death.⁵⁰ Homoeopathy, however, appeared to have an effect, although the doctors realised that, in a small number of cases of a self limiting disease, no definite claims could be made. In one patient paralysis of the palate which had been present for some days, disappeared immediately after the administration of *Causticum*. Farrington reported a severe case which recovered under *Gelsemium sempervirens*. In Calcutta a diphtheritic paralysis of the cervical muscles recovered more quickly than with a spontaneous recovery with *Lycopodium*, based on the symptom 'weakness of neck muscles' in *Chronic Diseases*. Moir reported a case where *Belladonna*

1x appeared to have a favourable effect on bulbar palsy. It also seemed useful in heart disease.⁵¹

Tuberculosis

There were patients with pulmonary disease, with glandular disease and with bone and joint conditions. Homoeopathy made a distinctive contribution to thinking on tuberculosis. Many patients were treated surgically by the removal of glands or the drainage of abscesses. Medical treatment tended to be limited to that necessary to deal with secondary infection or some other acute episode and when this had settled the patient would be discharged as 'cured'.

In 1895 Compton Burnett published his book *Five Years of Experience in the New Cure of Consumption by its own virus*.⁵² This coincided with the introduction of Koch's Tuberculin as a treatment but Burnett claimed to have been experimenting for fifteen years previously. Burnett's Bacillinum was prepared from nummular sputum whereas Koch's preparation was made from cultures of the bacillus. Bacillinum was given in potency, Tuberculinum by injection. Burnett found Bacillinum useful for glandular and joint tuberculosis as well as for early lung disease. It proved ineffective for advanced lung disease and he suggested Psoricum instead. However, the method was only slowly adopted at the Homoeopathic Hospital; Dr. Galley Blackley, for example, made no change in his method of managing tuberculosis. J.H.C. Clarke, who had a more classical approach, started to utilise Bacillinum immediately. It was an acceptable means of treatment as for homoeopaths the only explanation for the operation of Tuberculin was the Law of Similars. By 1914 most homoeopathic doctors used both Bacillinum and Tuberculin.⁵³ Tuberculin was being given, as a matter of routine, in potency but if all else failed could be given by injection. Charles Wheeler pointed out that prescription was based upon the finding of tubercle bacilli.⁵⁴ He thought the importance of inter-current infection was being underestimated and that Bacillinum was indicated where there was such infection. Where there was no definite symptom match he suggested the use of non-human tuberculinum such as Tuberculinum bovinum. This was a preparation that was not evident before 1920–21 when both Wheeler and John Weir were prescribing it as the only form. Burnett recommended the prescription of high potencies because even the 30th could cause severe reactions but, in practice, all potencies were used. It is noted that the 100c potency was popular for Tuberculinums although it does not appear to have been prescribed for any other remedy. Bacillinum was not used alone as many remedies were prescribed with it; Burnett frequently justified Thuja on the

basis of failed vaccination. Other popular remedies were *Arsenicum iodatum*, *Phosphorus* and *Silicaea*. Koch's tuberculin treatment was a failure, despite efforts to improve results, first by increasing and later by reducing dosage and it disappeared gradually to be replaced by open air sanatorium treatment. Tuberculinum therapy of tuberculosis also ceased possibly because patients were referred directly to sanatoria and were no longer admitted to the Homoeopathic Hospital.

Treatment Outcomes

THE EFFICACY OF THE THERAPY would be difficult to establish requiring comparisons with conventional results. Most patients were discharged with the letters 'VMI', very much improved, though in many cases it is far from clear what this meant. There were no miracles; heart murmurs did not disappear with one high potency dose as was claimed in some of the nineteenth-century literature. Nevertheless, deaths were infrequent, for example, Dr Moir in 1889 had only one death out of 74 patients. Many deaths seem to have been inevitable where causes included heart failure, the last stages of TB, bronchiolitis in an infant and carcinoma.

Conclusions

THE LONDON HOMOEOPATHIC HOSPITAL was a small, voluntary institution in Central London which was unique in that it specialised in homoeopathy, introduced to Britain by Quin. At the beginning of the period there were homoeopathic hospitals, clinics and practitioners throughout the country and the method presented a real threat to conventional medicine. Homoeopathy represented a real threat to doctors' reputation and income and a possibility of becoming the 'conventional' method. The period ends when homoeopathy was becoming an idiosyncrasy espoused by a minority of doctors and of little interest, except to a limited number of supporters who remained a faithful clientele despite the declining popularity of this practice. Homoeopathy faced a growing struggle both for funding and for professional credibility.

Once the threat of homoeopathy to the medical orthodoxy was removed, the establishment lost interest and the constant attacks in the press ceased.⁵⁵ One of the reasons for these changes was the alteration in prescribing methods following the substitution of Kent's philosophy for that of Hughes and the change of attitude towards scientific medicine. A detailed study of the two methods has been given, although it has not proved possible

to compare the efficacy of 'pathological' with 'constitutional' prescribing. Finally, there were radical changes in the financing of health and social care, which occurred during the early twentieth century and affected the Hospital, including the 1911 National Insurance Act. The growing availability of 'free' health care based on 'scientific' medicine weakened the hospital's ability to attract patients. Expansion ceased and, for many years, homoeopathy in Britain survived on the medical fringe. Now, at the end of the twentieth century, 'customer-led' rejuvenation of interest in homoeopathic ideas and practice could see another phase of expansion.

Acknowledgements are due to the Wellcome Trust which funded the research, to Professor N. Bosanquet, University of London, who provided guidance on writing this chapter, and to Professor B. Jarman who facilitated involvement by Maria Lorentzon in this project.

Notes

- 1 There are no previous wider studies of homoeopathy in Britain, except the work by P. Nicholls, which deals mainly with the professional and organisational background. Phillip Nicholls, *Homoeopathy and the Medical Profession* (London, 1988). Information presented in this chapter has been gathered during on-going research into the history of the LHH. We undertook detailed analysis of the primary source documents concerned with the hospital: Minutes of Board Meetings, Minutes of Governors and Subscribers Meetings, Minutes of the LHH Staff Committee and the Medical Staff Committee, Annual Reports and a selection of clinical notes, over three hundred volumes of which were discovered in the basement of the hospital in 1992.
- 2 Guenter Risse & John Harley Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine* 5 (1992), 183–205.
- 3 Brian Abel-Smith, *The Hospitals 1800–1948* (London, 1964).
- 4 Henry Halford, *The Lancet*, 29 (Nov. 29, 1834), 359.
- 5 The London Homoeopathic Hospital, *The Annual Report*, 1899.
- 6 When the Act for Regulating the Practice of Medicine for 1858 was being debated, Lord Ebury, a great supporter of the LHH, intervened in the House of Lords to expunge a clause calculated to make the practice of homoeopathy impossible, and substituted one which made any attempt of any examining body to disqualify students on the ground of adherence to any particular theory of medicine, illegal.
- 7 LHH *Annual Report*, 1899.
- 8 LHH *Annual Report*, 1919
- 9 *ibid.*
- 10 *ibid.* The building included the present offices on the ground floor and the Board Room. The out-patients department was expanded and wards were added on the four floors above. This building remains as the base in which the now Royal London Homoeopathic Hospital Trust operates within the National Health Service.
- 11 LHH *Annual Report* 1899
- 12 LHH *Annual Report* 1899
- 13 LHH *Annual Report* 1919 At the end of the nineteenth century there were eight other homoeopathic hospitals in England, and consulting staff from London were contributing to some of these hospitals. There were also many homoeopathic dispensaries in various parts of the UK.
- 14 *ibid.*
- 15 *ibid.*
- 16 *ibid.*
- 17 *ibid.*

- 18 LHH *Annual Report* 1919. The school existed until 1995 in Powis Place, near the hospital, in the offices of the Faculty of Homeopathy.
- 19 Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary in Edinburgh* (Cambridge, 1986).
- 20 LHH, *Minutes of the Board of Management and Medical Staff Committee*, March 1891.
- 21 LHH, *Minutes of the Board Meeting*, June 18, 1919.
- 22 LHH, *Annual Report* 1899. Although information is available on nurse education and management there is little on the nursing procedures used.
- 23 LHH *Annual Report* 1919.
- 24 *ibid.*
- 25 Dudgeon was a physician at the LHH. He was a polymath who edited the *Journal of Homoeopathy* for forty years and wrote innumerable articles himself. In addition, he invented such items as spectacles for seeing under water. He reduced the size of Marey's sphygmograph to make it usable in the consulting room.
- 26 LHH *Annual Report* 1899.
- 27 *ibid.*
- 28 *ibid.*
- 29 *ibid.*
- 30 *Report of the 13th Annual Meeting of the Children's Homoeopathic Dispensary*, 1927.
- 31 LHH *Annual Report* 1919.
- 32 *ibid.*
- 33 *ibid.*
- 34 *ibid.*
- 35 *ibid.*
- 36 *ibid.*
- 37 *ibid.*
- 38 *ibid.*
- 39 *Minutes of the British Homoeopathic Society*, 1846.
- 40 Richard Hughes, *Manual of Pharmacodynamics* (New Delhi, re-print 1980), p. 99.
- 41 Octavia Lewin, 'Constitutional Prescribing', *Journal of British Homoeopathic Society*, 11, vol. 2 (1903), 139.
- 42 LHH, *Manuscript Clinical Notes*, 1889–1923.
- 43 Frederick Black, 'Remarks on Diphtheria', *British Journal of Homoeopathy*, 41 (1858), 633.
- 44 Byres Moir, 'On the General Medical Treatment of Diphtheria', *Journal of British Homoeopathic Society*, 6 (1898), 124.

- 45 J. Roberson Day, 'The Serum Treatment of Diphtheria', *Journal of the British Homoeopathic Society*, 6 (1898), 122.
- 46 F.S. Arnold, 'Inoculation Therapy in Tetanus, Plague and Diphtheria', *Journal of the British Homoeopathic Society*, 8 (1900), 231.
- 47 J. Roberson Day, 'The Serum Treatment of Diphtheria', *Journal of the British Homoeopathic Society*, 6 (1898), 117.
- 48 J. Roberson Day, 'The Polymorphous Manifestations of Diphtheria – A Contribution', *The London Homoeopathic Hospital Reports* (1892), 77–90.
- 49 Goodall, *Serum, Vaccines and Toxins* (London, 1916), p. 113.
- 50 LHH *Manuscript Clinical Notes*, 1889–1923.
- 51 Byres Moir, 'On the General Medical Treatment of Diphtheria', *Journal of British Homoeopathic Society*, (1898).
- 52 John Compton Burnett, 'Five Years of Experience in the New Cure of Consumption by its Own Virus' (1895).
- 53 George F. Goldsborough, 'The use of Tuberculin by Homoeopathic Practitioners Based on a Collective Investigation', *British Homoeopathic Journal*, 4, 9 (1914), 387–437.
- 54 Charles E. Wheeler, 'Summary of Clinical Evidence on the use of Tuberculin', *British Homoeopathic Journal*, 9 (1914), 437–47.
- 55 Phillip Nicholls, *Homoeopathy...*, op. cit. Only in the past decade, when a threat again seems to be developing, have the attacks recommenced.

End note

Extensive use has been made of the Manuscript Clinical Notes (1889–1923) in providing supporting data throughout this paper. This has not always been acknowledged in foot notes, to avoid repetitious referencing. The aggregated data were drawn upon extensively in analysing prescribing patterns, diagnostic and clinical practice/innovation and patient profiles in terms of both socio-economic and clinical characteristics.

Records on Homeopathic Physicians in American Archives: A Preliminary Directory

Arnold Michalowski



IN RECENT YEARS SURVEYS of primary documentation available for the historical studies of medicine have become quite common. However, most of these have concentrated on historical material documenting the development of regular medicine. The Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart, since 1980, has been engaged on researching and writing the social history of homeopathy. An initial aim of the Institute was to establish an archive for homeopathy. This consists of the invaluable bequest by the founder of homeopathy, Samuel Hahnemann, his second wife Melanie, née d'Hervilly and of his pupils and direct successors Clemens and Friedrich von Boenninghausen. This important collection comprises mostly medical case books, manuscripts and incoming correspondence of which more than 5,000 letters to Hahnemann from his patients merit particular mention. Supplementary material was acquired from an early stage so that it has been possible to collect some parts of Hahnemann's outgoing correspondence, further writings on the history of homeopathy and some smaller doctors' bequests. A collection of pictures serves to supplement the written material. Since 1991 it has been possible to acquire the archive of the Central Association for Homeopathic Physicians in Germany (1970s onwards) and material from some non-professional homeopathic groups. Consequently the archive is developing its collections to become a centre of documentation for the current development of

homeopathy, including non-professionals and public discussion about this type of therapy. However, before any decisions were made to take in new material it was desirable to identify the extent and scope of primary documentation for the history of homeopathy in Germany. See, for example, Joseph Schneider, 'Hahnemannia in Köthen' *Medizin, Gesellschaft und Geschichte* 9 (1990), 181–194; and Martin Dinges, 'Verzeichnis des Bestandes "Varia" des Institut für Geschichte der Medizin der Robert Bosch Stiftung' *Medizin, Gesellschaft und Geschichte* 12 (1993), 221–230. A further aim was to encourage an awareness of the importance of record-keeping also outside Germany. This decision was reinforced by the fact that the Institute was contacted by researchers who reported about the need to safeguard some important collections in the United States. These instances served to confirm an initial feeling that the records most at risk are those of private hospitals for which there is no existing archival safety net.

When the Institute and the Department of the History of Health Sciences at the University of California in San Francisco organised a conference on historical perspectives of homeopathic medicine in Europe and North America in 1994, it became clear to all the participants that much more work in the archives is needed before a full picture of homeopathy as an 'alternative' system will emerge. The conference also highlighted the necessity for existing repositories to include bequests by homeopathic physicians and documents on the work of lay and professional organisations in this sector in their collecting policies. Additionally, there is a perceived need for a preliminary survey of existing agencies which assume archival responsibility in this field.

A start was made with a checklist of about 123 American institutions which previous research suggested should be contacted. Further details for most of them were gleaned from the following sources of information: *National Union Catalog of Manuscript Collections* (NUCMC) (Washington, D.C.: Library of Congress, 1959 to present); *Archivum*, edited by the International Council on Archives, 1988; *World Guide to Libraries Handbook of International Documentation*, Volume 17; *Polk's Medical and Surgical Register of the United States*; *Directory of Archives and Manuscript Repertories in the United States*, Second Edition, 1988; *Guide to the National Archives of the United States*, Washington, DC 1987. Further names were added to the original list by recommendation and eventually contact was made also with them. However, not all of these institutions participated finally in the survey on records of homeopathic physicians in American archival collections because of shortage of time or because they claimed not to keep pertinent records.

The entries are arranged in accordance with a questionnaire sent to all correspondents. The absence of information on any of the points indicates that the answers were negative or that no answer was given. The result of this survey is a small sample of existing collections of homeopathy-related archive material or information. A full list, in alphabetical order according to States, appears at the end. Despite some lacunae and the unevenness caused by incomplete information, this survey, nevertheless, will be a great help to researchers and historians, not only those from abroad but also within the United States. Far too many debts have been incurred in the preparation of this directory for me to attempt to list all of them here. I am certain they will understand that adequate personal acknowledgement is not possible in this case.

Southwest Museum

P.O. Box 41558

Los Angeles, California 90041-0558

Munk collection.

J.A. Munk was a homeopathic physician. The collection contains the correspondence by J.A. Munk to Dr. Harvey Wickes Felton, 1905–1914; Dr. G.W. Boskowitz, 1912–1913; A.J. Howe, 1875–1880; John Uri Lloyd, 1901–1923; Dr. Herbert J. Webster, 1894–1923.

University of California, San Francisco

Library, Special Collections

530 Parnassus Avenue

San Francisco, California 94143-0840

Manuscript collection (20 cartons of unprocessed records).

The library has some letters by two San Francisco homeopaths, James William Ward (1862–?) and Willis Alonzo Dewey (1858–?), and the papers of Otto Guttentag, late Hahnemann Professor of Medical Philosophy at UCSF, who had a long association with the homeopathic community in San Francisco.

Illinois State Historical Library

A Division of the Illinois Historic Preservation Agency
Old State Capitol
Springfield, Illinois 62701

1. *Comstock collection. Papers, 1883–1942 (1.27 linear feet. 2 manuscript boxes and 5 oversize volumes).*

Davis, Oliver Comstock (1857–1942).

Open for research, Acc. No. 71–77.

Davis, Oliver Comstock, Joliet, Illinois, homeopathic physician. Born in Channahon (Will County), Illinois. Son of farmer George B. Davis and Oliver Comstock, daughter of physician Alexander McGregor Comstock. Graduated from Northwestern University and Chicago Homeopathic Medical College (1882). Worked at hospital at Illinois State Penitentiary at Joliet (1878–1881). Practiced homeopathic medicine and surgery in Lockport, Illinois (1882–1885) and Joliet (1885–1942). In 1882 married Carrie L. Sandiford – parents of two children, Olive Caroline and Mildred Jane. This collection consists almost entirely of a complete set of daybooks concerning the doctor's medical practice. These daybooks primarily contain names of patients and fees charged. Also included are descriptions of summer vacations, names and addresses of nurses, lists of rent received, and notes regarding automobile maintenance. The volumes are in poor condition.

2. *Bacmeister collection. Papers, 1848–1910 [Family, 1880–1909]; (7.5 linear feet. 18 manuscript boxes).*

Theodore Bacmeister (1830–1911) and Family

Open for research, Acc. No. 73–59.

The papers by a physician specializing in homeopathic medicine from Toulon, Illinois, contains primarily correspondence (1848–1910). Bacmeister and his wife Laura exchanged letters concerning family matters with their children Pauline, Louise, Theodore, and Otto while each was at college. William and Charles wrote letters home during their travels. Also included are business and medical correspondence (1883–1901), undated school papers of the Bacmeister children, and a few financial records documenting household expenses (1894–1904).

Kentucky Historical Society

Manuscript Collections

Old State Capitol, P.O. Box H

Frankfort, Kentucky 40602-2108

1. *Meek Family collection. Papers, Scrapbook 1842–1896 (5 letters, 1 volume).*

This collection contains five letters of the Meek family and a scrapbook donated by Sallie Ziegler Meek.

Among the letters is one written by D. Edward A. Miller of Baltimore to [presumably] Mary M. Baltzell in January, 1852. In addition to discussing family news, Miller mentioned the severe winter then underway and the increased sickness he attributed to the weather. He describes his difficulties in conducting a medical practice without a horse and carriage. This hardship forced him to attend patients on foot and limited his practice to 'the humbler share', primarily Germans whose language he spoke. He also wrote that he might send a medicinal powder with his letter to his mother but that he was afraid 'its power will be destroyed owing to the smell & dampness of the mail.' Ultimately, he did not enclose the medicine. Miller's letter also referred fleetingly to family investments in Caracas [Venezuela], South America.

2. *Physicians' Visiting List (Notebook 1882–1884. 1 volume).*

This notebook was kept by an unidentified physician, presumably in Hopkinsville, to record his appointments to visit patients. The book was found in Hopkinsville in 1940. The appointments were recorded in a volume published for the purpose, *The Homeopathic Physicians' Visiting List and Pocket Repertory*, by Robert Faulkner, M.D. The volume also contains calendars for the years 1881, 1882, 1883, and 1884, and an obstetric calendar. A section on poisons and their antidotes is in the front of the volume, followed by a repertory of medical conditions and suggested drug treatments. The patient appointments are recorded from January 1883 to February 1884.

National Library of Medicine

8600 Rockville Pike

Bethesda, Maryland 20894

The archival holdings include a number of oral history interviews of recent homeopathic physicians, and some 19th century notebooks from a homeopathic medical student at Hahnemann Medical College in Philadelphia.

The Commonwealth of Massachusetts

Office of The Secretary of State
Massachusetts Archives at Columbia Point
220 Morrissey Boulevard
Boston, Massachusetts 02125

Records, 1865–1910, 1917, 1927–1953. (1 folder and 1 volume in a box and 1 oversize volume and 1 reel of microfilm, 35 mm).

The Archives hold some records pertaining to the Westborough State Hospital. This hospital was established as the Westborough Insane Hospital to provide care and treatment using homeopathic principles of medicine.

University of Michigan

Bentley Historical Library
Michigan Historical Collection
Ann Arbor, Michigan 48109-2113

1. *Copeland collection. Papers, 1889–1948 (1 foot and 37 volumes).*

Royal Samuel Copeland (1868–1938).

Copeland was an ophthalmologist who became president of New York City Board of Health, and U.S. Senator. The collection correspondence, addresses, business papers and reports, biographical data, scrapbooks, and other papers relating to many topics, including politics, the U.S. merchant marine, farm relief, homeopathy, medicine, housing loans, court reform, and crime. Correspondents include Calvin Coolidge, Royal Samuel Copeland (1868–?), Jr., Herbert C. Hoover (1874–1964), and Franklin D. Roosevelt (1882–1945).

2. *Hinsdale Collection. Papers, 1895–1934 (70 items and 10 volumes).*

Wilbert Bartlet Hinsdale (1851–1944).

Hinsdale was Professor of Homeopathy at the University of Michigan. Among his papers are his correspondence; a diary from 1905 of a trip through the British Isles; notes on archeology and homeopathy; a notebook of callers at Hinsdale's home; eight scrapbooks, mostly printed items but with some manuscripts. items on the University of Michigan Homeopathic Hospital. Correspondents include James B. Angell, Woodbridge N. Ferris, Fred B. Green, Warren G. Harding, Ethel F. Hussey, Harry B. Hutchins, and William O. Thompson.

3. *Michigan. University. Michigan Historical Collections.*

Physicians' papers, 1826–1960 (ca. 260 items and 69 volumes).

The collection consists, in part, transcripts, and contains correspondence, medical account books (some mentioning prescriptions), case books, medical notebooks, receipts, addresses, lectures, student notebooks, certificates, autobiographical and biographical material, and other papers of Michigan physicians. Some of the papers relate to the University of Michigan Medical School, including papers by a few homeopathic physicians: Edward T. Abrams, Thomas C. Adams, Samuel Amberg, D.W. Armstrong, James Nelson Ayres, A.R. Ball, H. Belle Ball, Sarah Gertrude Banks, Richard Bosworth, Sara Craig Buckley, Fleming Carrow, George H. Cleveland, Samuel Parker Cole, Dennis Cooley, Alonzo Cressy, George Dock, Edward Swift Duster, Isaac Newton Eldrige, E.F. Gamble, J.J. Goodyear, Frederick J. Graham, William Greenshields, David Gregory, Mary McKibbin Harper, Isaac W. Howe, Charles E. Howland, Henry Hulst, Thomas Smith Kingston, Clifford Kirkpatrick, M.L. Leach, Abraham Leenhous, A.E. Leete, Oscar Russel Long, William James Mayo, Charles Beylard Guérard de Nancrede, Roland B.C. Newcomb, Hiram Winnett Orr, Zina Pitcher, R.G. Snow, James H. Sweeny, Francis Thomas, Augusta Louise Rosenthal Thompson, Everett Jerome Whitehead, Henry Clay Willison, George Pray Winchell, James Craven Wood, and Albert Jates.

4. *Alfred Isaac Sawyer (1828–1891). Papers, 1836–1919 (ca. 2 feet and 83 volumes).*

Sawyer was a homeopathic physician, a Masonic official, and served as mayor of Monroe, Michigan. The correspondence and papers of the Sawyer and Toll families includes 21 letters, press books and other correspondence relating, in part, to Sawyer's Masonic business, Monroe civic affairs, and the Homeopathic Medical College of the University of Michigan; correspondence of Sawyer's wife, Sarah G. Toll Sawyer, of his daughter, Jennie Sawyer, and other members of Sawyer's family; 34 vols. of Sawyer's diaries; 24 vols. of Jennie Toll Sawyer's diaries; miscellaneous business and legal papers; notes, speeches, and reports of Masonic affairs and homeopathy; a MS. history of homeopathy in Michigan; recipe books; and other material.

5. *Walter Hulme Sawyer (1861–1931). Papers, 1904–1931 (ca. 6 feet).*

Sawyer was a physician, of Hillsdale, Michigan. He became a member of the Michigan State Board of Registration in Medicine, member of the Republican State Central Committee, and regent of the University of Michigan. The records include correspondence, notes, reports, addresses,

and miscellaneous papers relating to the offices Sawyer held, State medical affairs, Michigan politics, Hillsdale, and family matters. Most of the papers relate to University of Michigan affairs, particularly the choosing of successors to James B. Angell, Harry B. Hutchins, Le Roy M. Burton, and Clarence C. Little, and affairs of the Medical School, Homeopathic Medical School, University administration, and the William W. Cook gifts. Correspondents include James B. Angell, James R. Angell, Levi L. Barbour, Junius E. Beal, Stratton D. Brooks, Elmer E. Brown, Julius C. Burrows, Marion L. Burton, William L. Clemts, William W. Cook, Mortimer F. Cooley, J.B. Draper, Livingston Farrand, John H. Finley, Frank W. Fletcher, James A. Garfield, E.F. Gay, Charles Gayley, Claudius B. Grant, James P. Hall, Benjamin S. Hanchett, Beverly D. Harrison, Albert R. Hill, Arthur Hill, David J. Hill, Charles E. Hughes, Walter J. Hunsaker, Harry B. Hutchins, Jeremiah W. Jenks, Frederick P. Keppel, Loyal E. Knappen, Frank Knox, Victor H. Lane, Clarence C. Little, Joseph W. Mauck, Thomas May, James O. Murfin, Chase S. Osborn, Bliss Perry, Alexander G. Ruthven, Wilfred B. Shaw, Charles E. Townsend, Claude H. Van Tyne, and Victor C. Vaughan.

6. *Lucinda Sexton Wilcox (1820–1884). Papers, 1853–1886 (50 items).*

Wilcox was a homeopathic physician, of Louisiana and Detroit, Michigan. His letters relate to personal matters, women's rights, and Wilcox's treatment at women and children. There is also some promotional material concerning her practice and her application of the 'Electro Thermal Bath'.

7. *Shaw family. Papers, 1840–1938 (bulk 1860–1890. 1 linear foot).*

Brackley Shaw of Adrian, Michigan, was a Republican state representative from Lenawee County, Michigan, 1869–1870, later became state senator, 1881–1884. The collection includes personal letters by Shaw, his son Horatio W., and his brother Horatio W., regarding missionary activities, family affairs, and Michigan politics, including legislative activities regarding railroads, prisons and reformatories, dentistry regulation, homeopathic medicine, temperance and prohibition, and the painting career of the younger Horatio W. Shaw.

8. *Flemming Carrow (1852–1928). Papers, 1878–1920 (2 linear feet).*

Carrow was a physician in China and professor at the University of Michigan Medical School. The papers contain addresses and lectures on diseases of the eye, ear, nose and throat; of special interest is a lecture attacking homeopathy.

Minnesota Historical Society Collections

Division of Archives & Manuscripts
1500 Mississippi Street
St. Paul, Minnesota 55101

Records, 1867–1913 (2 volumes and 1 box).

The relevant records include minutes of meetings; constitution, by-laws, membership lists, programs of meetings, convention proceedings, questionnaires, and applications for membership.

The State Historical Society of Missouri

Western Historical Manuscript Division
1020 Lowry Street
Columbia, Missouri 65201

The archives houses papers, letters, diaries, and other handwritten and unpublished material. Some of these records are pertinent to the history of homeopathy.

Montana Historical Society

225 North Roberts
Helena, Montana 59620-1201

Earle Strain and Sara E. Wright Strain family papers, 1896–1950. (A 13:4–5).

The society houses the collection of a Canadian [homeopathic] physician who studied for a year in Berlin (1895–1896) before settling in Great Falls, Montana. This collection has not yet been fully processed.

State University of New York at Binghamton

Glenn G. Bartle Library
Special Collections, Vestal Parway East
Binghamton, New York 13901

Broome County Medical Society (N.Y.). Records, 1806–1965 (5 current feet).

The society was founded in 1806 to license physicians and establish and enforce a code of ethics. The collection includes correspondence, minutes, registers, ledgers, speeches, files on physicians, clippings, slides, and photos; together with records of the society's milk commission, Binghamton Academy of Medicine (1854–1957), and Binghamton Homeopathic

Society (1903–1922). Persons represented include Nathan Smith Davis (1817–1904).

The New York Public Library

Rare Books and Manuscripts Division
Fifth Avenue and 42nd Street
New York, New York 10018

Barlow collection. Correspondence, 1830–1850 (2 linear feet).

Samuel Bancroft Barlow (1798–1876).

The use of this collection requires advance notice.

Barlow was a homeopathic physician of East Granville, Mass., and New York City. The correspondence consists of letters by his family, friends, and colleagues. It includes letters from Nathaniel Jones, a United States Representative from New York, commenting on the political scene in Washington, D.C.

University of North Carolina

Southern Historical Collection
CB# 3926, Wilson Library
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599–3926

William Henry Holcombe, *Diary and Notes, 1855–1857*. Entry for March 3, 1855 and April 4, 1855. William H. Holcombe, *How I Became a Homeopath* (New York and Philadelphia, 1877).

Duke University Library

William R. Perkins Library
Manuscript Departement
Durham, North Carolina 27706

1. *James Otis Moore (1822–1886). Papers, 1850–1888 (241 items).*

Moore was a homeopathic physician, of Saco, York Co., Me. The collection contains the correspondence exchanged between Moore and his wife, Mary Elizabeth (Ross) Moore, during his service in the Civil War with the 22nd Regt., U.S. Colored Troops, the 3d Division Hospital, Petersburg, Va., and with his regiment in Texas in 1865; together with poetry and genealogical

data. Subjects include the Civil War in Virginia, contrabands, medical aspects of the war, Negro troops, and troop movements.

2. *Trent Collection.*

Abraham Howard Okie, Papers.

The Lloyd Library and Museum

917 Plum Street
Cincinnati, Ohio 45202

Lloyd collection

John Uri Lloyd

Although this museum has many books on homeopathy in its historical collection there is only little source material pertaining to individual physicians. Its major holdings pertain to the Lloyd brothers. There is however, some letters by Dr. J.A. Munk to John Uri Lloyd. The archives contain one box of a hundred to two hundred pieces of correspondence from Munk dating 1903–1927. Other items in the box include several miscellaneous photographs and clippings.

The Cleveland Medical Library Association

Historical Division
Dittrick Museum of Medical History
The Archives, The Rare Book Collection
11000 Euclid Avenue
Cleveland, Ohio 44106-1714

There are documents referring to Jakob Schneider and Jakob Homer Schneider. Both father and son were homeopathic physicians, and got their degrees from the Cleveland Homeopathic Hospital College. Jacob, the father, received his degree in 1871, Jakob Homer, the son, in 1898 (the school had changed its name to Cleveland University of Medicine and Surgery by then!). According to the 1897/98 announcement of the school, Dr. Jakob Schneider was Jakob Homer Schneider's preceptor. A manuscript list of graduates in the archives contains the father's name for 1871. The son's name, Jakob Homer Schneider, appears in the list of graduates in the 1899–1900 *Catalog of the Cleveland Homeopathic Medical College* as a graduate of the class of 1898.

Western Reserve Historical Society Collections

History Library

10825 East Boulevard

Cleveland, Ohio 44106

Weisheimer family. Papers, 1874–1929 (ca. 1 foot).

The collection contains letters from Germany to William Weisheimer, of Cleveland, Ohio, school notebooks, diaries (1900–1905 *passim*) of trips to Detroit and other Michigan cities, the West, and a cruise on the St. Lawrence River, and autograph albums, of Marie (Weisheimer) Spencer, including letters from John G. Eberhard, stationed with Company H, 20th U.S. infantry, in Manila during the Spanish American War; and letters of Marie's husband, Henry A. Spencer, primarily from his father, Dr. George Spencer, professor of dermatology at Cleveland Homeopathic Medical College, and Dr. Spencer's notes and articles (ca. 1910) on chemistry.

Ohio Historical Society

Archives/Library Division

1982 Velma Avenue

Columbus, Ohio 43211-2497

Some information on homeopathic physicians will be found in the following records:

1. 'Physicians – Ohio, 1700–1824' (eleven Mss. collections)
2. 'Physicians – Ohio, 1825–1849' (37 Mss. collections)
3. 'Physicians – Ohio, 1850–1874' (43 Mss. collections)
4. 'Physicians – Ohio, 1875–1899' (28 Mss. collections)

Hahnemann University

Library, M.S. 449

245 N. 15th Street

Philadelphia, Philadelphia 19102-1192

The historical collections includes correspondence by homeopathic physicians (filed but not classified). There are many unprocessed and untranslated letters by Constantin Hering (1800–1880), from various periods. Thomas Lindsley Bradford (1847–?), scrapbooks (35 large volumes, arranged alphabetically but not indexed). Occasional letters will be found in Thomas Bradford's biographical scrapbooks. Three letters of August Korndoerfer, including one about a visit to Hahnemann's houses in Leipzig

and Köthen. The scrapbooks are very fragile, often overlapping. Two other personal collections contain relevant correspondence, e.g., those of Adolphus Lippe's letters relating to the quarrel in the Medical college about the importance of science courses (1865–1867); and an interesting collection, in English, of Henry Newell Guernsey, which consists of personal accounts of homeopathic history and biography in Pennsylvania, submitted in preparation for the *World History of Homeopathy* published in 1876. This material refers to the very early history of homeopathic Allentown institutions and to the biographies of some of the founders (George Henry Bute (1792–1876), Henry Detwiller (1795–1887), etc.). The archives also contain a few letters from British homeopaths (e.g. Swan and Skinner, ca. 1882), a letter from Freifrau Sophie von Boenninghausen confirming the offer of Hahnemann's manuscripts and the marble bust made by David d'Angers for \$20,000; and correspondence relating to the college rift, ca. 1867.

William Wesselhoeft (1794–1858) papers include a draft for a letter probably from the year 1836, in which he reports to an unidentified person addressed as "Hofrath", the last 13 years of his medical practice in Pennsylvania, and a biographical scetch of William Wesselhoeft in two letters, written by his son, William P., in Januray 20, 1876, and February 15, 1876.

College of Physicians of Philadelphia

Historical Collections of the Library

19 South 22nd Street

Philadelphia, Philadelphia 19103

Manuscript collection

The records include nine collections pertaining:

1. *John Hatton Marsden (1803–1883). Medical Daybook of J.H. Marsden, M.D., 1847–1851. Ledger, 1847–1881.*

2. *J. W. Porter collection.*

Collection of bills, receipts, and account statements from homeopathic physicians, 1877–1897.

3. *William H. McPherson collection.*

Lectures in *Materia Medica* by Prof. C.J. Hemple, 1857–1858.

4. *Mary C. Cash.*

Autograph letter signed: January 12, 1845.

5. *Lisabeth M. Holloway Collection. Collection of biographical information and physicians, 1663–1997. (15 boxes. 6.5 linear feet)*

Organized into five series:

- I. Lists of Medical Alumni and Matriculants, 1749–1955.
- II. Lists of Local Practitioners and Medical Society Members, 1663–1977.
- III. Lists of Homeopathic Physicians, 1844–1906.
- IV. Lists of Military Physicians and Surgeons, 1775–1928.
- V. Miscellaneous Lists, 1847–1969. Arranged chronologically. There are various series:

Series 1 arranged by state, then numerically according to American medical directory designation.

Collection contains assembled biographical and educational data on physicians and surgeons, 1663–1977; bulk of information concerns regular, homeopathic and eclectic American 19th-century practitioners. Collection includes photocopies of published alumni catalogues and directories, course announcements, membership directories, and miscellaneous sources.

Series 1.1 contains lists of alumni and matriculants, 1749–1955, with folder of information on Americans attending foreign medical schools, 1749–1866, and folder of statistical data of medical education, 1825–1902.

Series 1.2 contains lists of alumni physicians of non-medical schools, 1749–1924.

Series 2 contains local lists of medical practitioners and members of professional associations, 1663–1977, including lists of state board licentiates, membership lists, local directories, and necrologies and obituary lists. Series includes lists of officers and members of county medical societies of Pennsylvania and returns of census of Pennsylvania practitioners in the 1880s.

Series 3 contains lists of homeopathic practitioners, necrologies, biographical indexes, and historical information, 1844–1906.

A list of military physicians and surgeons, 1775–1928, will be found in *Series 4*; bulk of data concerns Civil War medical personnel.

Series 5 contains miscellaneous lists and indexes to biographical compilations, 1847–1969, this includes list of obituaries in *Transactions of the American Medical Association*, 1850–1881.

6. *Homeopathic Medical and Surgical Hospital and Dispensary Association*, Reading, Pa. Minute book.

Miscellany covering the years 1893–1914. 32 ff. and 2 clippings. Various sizes in envelope (37 cm). Hand- and type-written. Folder contains correspondence, 1906–1908; draft of resolution; lists of staff, 1893–1906; financial statements, 1906–1908. List of attending physicians at the Home for Friendless Children, 1914; clippings.

7. *John Michael Weick (1803–1880). Papers. 1 volume (loose-leaf. 35.5 cm).*

Weick came to Philadelphia ca. 1846 to study homeopathy, first settling in Clinton County, Iowa, and returning to Philadelphia where he practiced most of his remaining life. Gift of Clara Ethel Potts.

8. *Hahnemann Medical College and Hospital of Philadelphia. Training School for Nurses. Training School Committee. Minutes, 1915–1921.*

9. *Hahnemannian Medical Institute. Minutes, 1863–1893 (2 volumes).*

Utah State Historical Society, Library

300 Rio Grande

Salt Lake City, Utah 84101

Elias Hicks Blackburn (1827–1908). Papers, 1848–1908.

State Historical Society of Wisconsin, Archives Division

816 State Street

Madison, Wisconsin 53706

Homeopathic Medical Society of Wisconsin. Records, 1865–1953 (4 volumes).

Of special interest are the minutes of annual meetings (1865–1910, 1927–53), a cashbook, and a ledger (1906–52). Minutes include summaries of papers presented at the meeting and information on the Society's efforts to obtain legislation regulating the practice of medicine in Wisconsin.

Archives which did not reply for reasons mentioned above:

Stanford University, Lane Medical Archives (Stanford, California); Connecticut State Library (Hartford, Connecticut); National Center for Homeopathy (Washington, DC); American Medical Association Library and Archives (Chicago, Illinois); The Newberry Library (Chicago, Illinois); University of Kansas Medical Center, Clendening History of Medicine Library (Kansas City, Kansas); Manuscripts Division, Kentucky Library, Western Kentucky University (Bowling Green, Kentucky); Baltimore City Archives (Baltimore, Maryland); Archives of the Commonwealth of Massachusetts, State House (Boston, Massachusetts); Michigan Municipal League Library (Ann Arbor, Michigan); St. Louis Medical Library (St. Louis, Missouri); St. Louis Mercantile Library Association, John N. Hoover, Special Collection (St. Louis, Missouri); St. Louis Society for Medical and Scientific Education Archives (St. Louis, Missouri); Washington University School of Medicine, Archives (St. Louis, Missouri); Nevada Historical Society (Reno, Nevada); New York Hospital-Cornell Medical Center, Medical Archives (New York, New York); New York Medical College; Medical Sciences Library (Valhalla, New York); State Archives and Historical Research Library Division, State Historical Society of North Dakota (Bismarck, North Dakota); Medical College of Ohio, Raymon H. Mulford Library (Toledo, Ohio); Oklahoma Department of Libraries, State Archives Division (Oklahoma City, Oklahoma); Pennsylvania German Society (Birdsboro, Pennsylvania); Chemical Heritage Foundation (Philadelphia, Philadelphia); Rhode Island State Archives (Providence, Rhode Island); South Carolina Library, University of South Carolina (Columbia, South Carolina); National Archives, Fort Worth Branch (Fort Worth, Texas); University of Vermont, Special Collections, Bailey/Howe Library (Burlington, Vermont); Vermont Historical Society (Montpelier, Vermont); Virginia State Library and Archives (Richmond, Virginia); West Virginia and Regional History Collections, West Virginia University (Morgantown, West Virginia); Medical College of Wisconsin, Libraries (Milwaukee, Wisconsin).

Archives which could not be contacted because inquiries were misdirected:

Los Angeles City Archives, 316 Commercial Street (Los Angeles, California 90012); Cincinnati Historical Society, Library, Eden Park (Cincinnati, Ohio 45202); National Center for Homeopathy, 801 North Fairfax Street (Alexandria, Virginia 22314); Washington Division of Archives and Records Management, Office of Secretary of State, Archives and Records Center, 12th and Washington, P.O. Box 9000 (Olympia, Washington 98504-9000).

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