

Alternative Medicine and Medico-Historical Semantics

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Why Medical Semantics?

Words became emotional stimuli.
They trailed ever larger cloud
of implicit meaning.¹

Fritz Ringer

WHY SHOULD MEDICAL HISTORIANS STUDY SEMANTICS? First, semantics has been and still is the meeting place of various disciplines (linguistics, semiotics, sociology, history, psychology and philosophy). Semantics is also central to the study of professionalisation in medicine, and as professionalisation becomes more and more a crucial factor in health care provision, the need to understand the meaning of words becomes more and more pressing.

In studying the various forms of alienation from the dominant medical profession, from its beginning in the first half of the nineteenth century to its heyday in present-day western society, historians have made use of different terms to describe this phenomenon. The following dichotomies are among those frequently used: regular vs fringe medicine, orthodox vs unorthodox medicine, regular vs irregular medicine, heterodox vs orthodox medicine, conventional vs unconventional medicine, naturopathic vs scientific medicine and biomedicine vs holistic medicine. Other terms or attributes used in the sociology and historiography of nonconventional forms of healing and health care are alternative, marginal,

fringe, folk, popular or even complementary medicine (see Figure 1). 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, one has to be careful with the semantic values of such terms. For example, in using the term 'alternative medicine', which is highly popular in everyday language, not only in Germany but also in English-speaking countries, we run the risk of approaching nineteenth-century medicine anachronistically. As Roger Cooter has shown, those theories and practices labelled heterodox in the past may not have been seen by contemporaries as alternative medicine in the sense of being completely different ideologically. Rather, they may have been regarded simply as therapies which were different from scientific medicine, which despite its early impressive record as far as methodology, knowledge and technology are concerned, was for a long time far from producing convincing practical results.² Only at the end of the nineteenth and the beginning of the twentieth century did the progress of medical science begin to affect the public attitude, when the discoveries by Robert Koch and Louis Pasteur did more to emphasise the importance of science in medicine than any other single advance in medical research.

There can be no doubt that language has become an important weapon in the long struggle of physicians for medical authority and competence since the nineteenth century. In particular, as they strove to establish their credibility as experts, doctors developed linguistic criteria for defining the boundaries of science and 'official' medicine.³ Being aware of nineteenth-century debates about terminology is important in considering

Figure 1. Terminology for different medical health care systems.

unorthodox medicine	orthodox medicine
unconventional medicine	conventional medicine
irregular medicine	regular medicine
fringe medicine	mainstream medicine
biological medicine	biomedicine
primitive medicine	modern medicine
naturopathic medicine	scientific medicine
alternative medicine	scientific medicine
holistic medicine	scientific medicine
complementary medicine	[scientific medicine]
traditional medicine	[modern medicine]
folk medicine	[scientific medicine]
médecine douce (sanfte Medizin)	[scientific medicine]
quackery	[regular medicine]

modern medical discourse, as standard terminology for describing those who deviated from mainstream medicine is often suffused with ideological assumptions. Taking language in general and semantics in particular as its central theme, this paper explores ways in which physicians and health authorities used linguistic means to police the boundaries of their profession. By investigating various linguistic aspects of this topic, the discussion exposes the power of language to shape disciplinary and professional practices in medicine and health care.

Nowhere is it more true than in medico-political discourse that words are used in a sense that is dependent on the total context rather than having meanings that are fixed and universally valid. Attention will focus on the process of professionalisation in order to illustrate the senses in which certain discriminatory labels are used to describe the competitor or the 'other' in the medical marketplace. The frequency of the negative forms and terms connoting opposition, such as unorthodox or unconventional, irregular or fringe, therefore does not come as a surprise.⁴ It mirrors the mentality of the novice, with a belief in scientific progress and at the same time a constant guard against competitors and medical fraud, real or imagined.

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 hundred homoeopathic physicians backed by a small but efficient lay movement, then by the powerful *Naturheilmovement*,⁵ aggravated the sense of professional instability. 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. Because the German term *Schulmedizin*⁶ assumed such a powerful role as a sort of battle cry, used first by the homoeopathic and later on also by the hydropathic movement, this influence can be seen with exceptional clarity in the discussion of therapeutic unorthodoxy in mainstream medical journals after 1890. The fact that some colleagues and fellow physicians openly questioned the value of scientifically based therapies, invited attacks from leading members of a profession that saw nothing bad in the term *Schulmedizin*. A person like Rudolf Virchow (1821–1902), who had a solid footing in both the scientific and political community of the time, used the word for his own purposes. It was a guarantee of professional legitimacy, a sign of scientific enthusiasm and

an assurance of aims consonant with the interests of the state and the social élite.⁷ It is not unreasonable to assume that the word *Schulmedizin* also had some positive effects on other users. It illustrates a new kind of consciousness in the scientific community that things could change and that a vast system of medical empiricism, sustained by popular credulity and the tolerance shown by authorities, could be eradicated or at least limited and checked by the supporters and friends of science and humanity who flew the flag of academic medicine.

A Matter of Conceptualisation

AS BONNIE BLAIR O'CONNOR HAS POINTED OUT, 'it is difficult to find or forge adequate language in which simply to name and describe, without imposing a connotative judgement',⁸ when it comes to describing health belief systems outside traditional modern scientific medicine. Most terms are based on prejudgements and are extremely value-laden. Pejorative terms such as quackery and *Außenseitermedizin* (the German word for fringe medicine) have sometimes been used as polemical means to denigrate the medical beliefs and practices to which they refer. Other common descriptive terms, such as unorthodox or irregular, are factually misleading, as O'Connor has shown in her study.

The term which seems to be most widely used and which is reasonably unambiguous is unconventional medicine or to use the German equivalent *Unkonventionelle Medizinische Methoden*.⁹ What is special about relational terms like unconventional medicine is that their definitions focus entirely on the relationship between the semantic value and the argument. Linguistically speaking, the value is the word's referent, and the argument is expressed by some accompanying word, often possessive or introduced either by the preposition 'of' or by the prefix 'non-'. The argument does not have to be made explicit by other words, but if it is not, it must be at least implicit. In this case one would have to ask, 'nonconventional compared to what?' The answer implied would be, 'compared to conventional medicine'.

What then is the definition of its semantic opposition, conventional medicine? According to O'Connor, who is one of the few scholars who has tackled the matter of conceptualisation and definitions, this term refers to the officially sanctioned medical system of modern western societies which

enjoys the approval, co-operation, and protection of the country's legal system and other supporting social institutions: government licensing and regulatory boards, third party payment systems, preferred access to federal and private research moneys, high prestige and social status and their concomitant benefits,

including professional associations with substantial lobbying power and professional associations with influential reputations for authority.¹⁰

By contrast all other medical practices and behaviours in western countries are considered 'non- or unconventional', which means they diverge from accepted standards and models of medical care, although many of them at the same time are bound or characterised by certain conventions and customs. Nonconventional medicine can therefore be defined as referring to a heterogeneous set of therapeutical practices that are offered as an 'alternative' to conventional medicine.

Although there is no recognised system of classification for unconventional medicine, its practitioners, who are often referred to as healers, can be divided in categories based on the type of treatment they use (see Figure 2). However, some methods (for example, aromatherapy and iridology) are difficult or impossible to subsume under these four categories. Therefore it might be easier to use other conceptual categories which can be reconciled with similar structures on the semantic level. Conceptualisation involves two complementary processes: 1) generalisation, i.e. extending

Figure 2. Therapeutical categories in unconventional medicine.

unconventional medicine			
spiritual and psychological therapies e.g. healing touch hypnosis	nutritional and life-style therapies e.g. fasting cures special diets	drug and biological therapies e.g. homoeopathy hydrotherapy	physical therapies e.g. chiropractic massage

Figure 3. Common conceptions in unconventional medicine.

distinction drawn between immediate and ultimate causes	definition of health in terms of balance or harmony
concept of blockage or transference of energy in illness etiology and in healing	the concept of vitalism (body has its own "life force")
disease etiology includes buildup of toxin, impurities, or imbalances in the body	recognition of magical, spiritual, metaphysical, or supernatural causes for disease
illness as one subtype of a more general category of misfortune	contagion or transference in many forms

Source: Bonnie Blair O'Connor, *Healing Traditions. Alternative Medicine and the Health Professions* (Philadelphia, 1995), p. 30.

the term one has learned from some referents (therapy 1, therapy 2, therapy 3, etc.) to all phenomena sharing certain attributes of those referents (e.g. nonconventional, popular, cheap, easily available, etc.); and 2) differentiation, i.e. restricting the reference of a word to phenomena sharing certain characteristics, but not others (e.g. not applying the word unconventional medicine to heart surgery, balneology, etc.). The latter feature may be diagrammed as seen in Figure 3.

Using this differentiating ability for the creation of new conceptual categories, it is possible to resist the stereotyping tendency of medico-political and professional discourse. However, one has to keep in mind that, although (theoretically and often in practice) conceptual meanings are the most important element in communication, their importance in some situations and contexts becomes reduced to almost nil. We therefore have to turn to the field of 'strategic semantics' (Geoffrey Leech) in general, and ideologically charged language in particular.

Conceptual Engineering

AT A RECENT GATHERING at the Royal Pharmaceutical Society of Great Britain, one of the strongholds of conventional medicine in the United Kingdom, Brian Ford, a fellow of the Institute of Biology and chairman of the Committee for the History of Biology, commented that the fact that people now speak of complementary medicine rather than fringe medicine is progress in itself.¹¹ Terms like complementary medicine show that the principle of 'conceptual engineering' also works in medical discourse. 'This sort of semantic manipulation works', according to Geoffrey Leech, and 'is possible because the conceptual meaning of most words, and especially of abstract words such as enter, for example, into political discussion, remain to some extent indeterminate.'¹² There is, for instance, always room for disagreement on whether a given feature of meaning (such as the element of alternative associated with those therapies) is a criterial feature, or simply a connotation for which other and more convenient attributes can be substituted. One major rationale for preferring the notion of complementary medicine is that the competing concepts outlined above (e.g. alternative medicine) are focused too heavily on identifying similarities in the actual nature of unorthodox medical practice, placing too much stress on the opposition to conventional medicine and alluding at the same time to its sociopolitically defined marginal standing in the health care system of western countries. The popular label complementary medicine shows the 'ideological capital unorthodox practitioners might derive from co-operating with the medical

establishment',¹³ as Mike Saks has put it. In this case the favourable association ('a thing which, when added, completes or makes up a whole'¹⁴) can be claimed. 'Complementary medicine' also sounds more 'conciliatory', claims Dr jur. Bernhard Firsgau, the chairman of the German Association of Spiritual Healers (*Dachverband Geistiges Heilen, e.V.*), referring to the frequent usage of this term in the minutes of the European Parliament.¹⁵

This view is, of course, refuted by the defenders of pure scientific medicine. They believe that the adjective complementary wrongly suggests that the patient gets 'more' when using methods which are not recognised by the majority of medical practitioners or are not based on modern scientific knowledge. Only recently the Pharmaceutical Commission of the German Medical Association (*Arzneimittelkommission der deutschen Ärzteschaft*) issued a clear statement, arguing that those therapies labelled as complementary are based on personal belief and subjectivity and that because 'two completely different paradigms' exist, one subjectifying, the other objectifying, an 'ecumenical union' is out of the question.¹⁶ A similar argument demonstrating the impossibility of discourse can be found in the Chantilly Report, which, according to Edzard Ernst, states that 'differences in views among groups of people are a reflection of the different scientific paradigms they adhere to'.¹⁷

On the other hand, many healers marginalised by the medical establishment prefer the label 'complementary medicine', as much of the unconventional medicine in western countries today has links with mainstream health practices of centuries past (e.g. phlebotomy and venesection) and may well be on their way to becoming at least part of the new orthodoxy of the future (e.g. dietetics). It is even more striking that the term complementary medicine was evidently coined by a German homoeopathic physician in the 1950s. This is somewhat surprising, as the rather intrinsic therapeutic system that rests on the teachings of Samuel Hahnemann (1755–1843) appears to be based on a theory that fundamentally conflicts with modern science. From an etymological perspective the origins of the term 'complementary medicine' can be traced back to the writings of Professor Hans Ritter who was one of the most outspoken and critically minded German homoeopaths after World War II. In his little book entitled *Homöopathie als Ergänzungstherapie* [Homoeopathy as complementary therapeutics],¹⁸ published in 1954, he discusses quite frankly the limits of homoeopathic treatment in the light of recent medical progress. He also drives home the message to his fellow homoeopaths that they should become more 'scientific' and that they should not directly reject new therapies based on modern pharmaceutical research.

However, it took some time before the new term *Ergänzungstherapie* became popular in its Latinised version *Komplementärmedizin*. England took the lead. According to the online catalogue of the British Library, the term complementary medicine appears for the first time in 1981 on the title page of a report dealing with the status of complementary medicine in the United Kingdom. The first handbook of complementary medicine was published in Britain in 1984. Today there are numerous books on the shelves of the British Library which include complementary medicine in their titles, and at present there are also at least three different English-language periodicals on the market whose titles use this nomenclature. Yet, what about the country in which the term originated? It appears that the term *Komplementärmedizin* was re-imported from Britain into Germany. The first German books with this title were published in 1994, and since then at least 11 monographs have appeared which in their titles allude to the catchword *Komplementärmedizin*.

Associative Engineering

IN MEDICO-POLITICAL DISCOURSE we also find a technique which linguists call 'associative engineering'. According to Geoffrey Leech this technique 'consists of replacing a word which has offensive connotations with another expression, which makes no overt reference to the unpleasant side of the subject, and may even be a positive misnomer'.¹⁹ This is the case with the German word *Biologische Medizin* (biological medicine) which was frequently used during the Third Reich by doctors who were proponents of the holistic Nazi medical practice also known as *Neue Deutsche Heilkunde* (New German Therapy).²⁰ They wanted to free medicine from 'one-sided mechanistic thinking' of Jewish physicians and others, and considered 'health and disease in the context of the Nature-whole'. One of the prominent figures in this movement was Professor Karl Kötschau in Jena who declared, 'Biological medicine does not cast the person out of Nature, does not dissect and anatomise him, but rather always examines the person in his holistic functioning and reacting'.²¹ However, after 1936 the attempt by some Nazi doctors to reorient medicine in holistic directions met with opposition from other medical leaders in the party, and especially within the SS. Anne Harrington has pointed out that nevertheless 'certain fragments of the original holistic medical vision would persist to the end of the Nazi regime, albeit in increasingly perverse forms'.²²

It is no accident that, in search of a new identity after World War II, the former proponents of a synthesis of scientific medicine with various naturopathic and homoeopathic approaches deliberately eschewed the

familiar German term for holism, *Biologische Medizin*, and spoke instead of *Ganzheitsmedizin* (holistic medicine). This rhetorical strategy helped to enhance the impression that the object of concern was in line with holistic approaches in science and medicine, which were a rather unique German phenomenon in the early decades of the twentieth century and therefore not exclusively restricted to the Nazi period. The authority of one of the founders of psychosomatics in Germany, Victor von Weizäcker (1886–1957), helped to further buttress the case for holism as a type of camouflaged Nazi ideology. Of greatest importance for this development was, as Anne Harrington has shown, Weizäcker’s concept of the Gestalt circle, which is among the intellectual roots of not only psychosomatic approaches in conventional medicine, but also some directions in holistic medicine in Germany, and which brings biology and biography together in a dialectic unity.²³ The fashionable term *Ganzheitsmedizin*, which implies a concern to engage both the mind and the body of the individual patient in diagnosis and treatment, thus suited those doctors who found a new sort of political and scientific life after World War II, this time in the ideological backwaters of ecologically oriented groups like the Green Party.

Associative Meaning

SOME WORDS USED TO DESCRIBE nonconventional medical practices lend themselves to semantic analysis in terms of scales or ranges, rather than in distinctive either/or terms. The scales are labelled with contrasting adjective pairs, such as good-bad, soft-strong, active-passive. For example, a patient may record his impression of the word alternative medicine on a

Figure 4. Associative meaning of the term alternative medicine (type a).

	3	2	1	0	1	2	3	
good	x							bad
soft		x						strong
active		x						passive

Figure 5. Associative meaning of the term alternative medicine (type b).

	3	2	1	0	1	2	3	
good							x	bad
soft				x				strong
active			x					passive

form or table, as illustrated in Figure 4. The account of associative meaning for a physician who believes in biomedicine would, of course, look different (see Figure 5). This shows that associative meaning is based upon contiguities of personal experience and preferences, which can be measured in statistical sampling.

Another important observation about the semantic differential in using words such as alternative medicine is that the associative meaning varies with the differing reactions of individuals. While some consider this term to be 'reasonably unambiguous',²⁴ others emphasise its arbitrariness stemming from different shades of interpretation that exist, ranging from complete disapproval to declarations of having a real choice. The picture becomes even more complex as some members of some ethnic groups do not regard their traditional medical practices (e.g. faith healing, herbalism) as an alternative to conventional medicine, while others, particularly influenced by Western culture, may take the contrary view.²⁵

Reflective Meaning

REFLECTIVE MEANING IS THE MEANING in which one sense of a word forms part of our response to another sense. When reading in a medical text the synonymous expressions folk medicine and traditional medicine, both referring to popular unconventional healing practices past and present, reactions to this term are conditioned by everyday meanings of folk and traditional. In the American context those medical practices have been designated as folk practices which are common 'in groups small enough that they can rely largely on oral tradition and apprenticeship for the teaching of tenets and the training of practitioners, and which are sustained largely in specific speech communities or close associative networks.'²⁶ However, underlying assumptions have contributed profoundly to the stereotyping of folk medicine as a largely irrational, atavistic healing system, residing in rural areas or marginal subcultures of society which have no access to conventional medicine. In addition to such connotations in Germany the equivalent term, *Volksmedizin*, has a suggestive historical and political notion, as *Volk* was among the favourite terms used in National Socialist propaganda. Thus today many folklorists and medical historians hesitate to use this somewhat tainted and ideologically 'charged' word.²⁷

Another example of the sheer strength of emotive suggestion evoked by one sense of a word is the term naturopathic medicine. According to a recent definition, naturopathy is 'the combination of nature cure and homoeopathy, spinal manipulation and other natural therapies'.²⁸ Looking

at the 'nature' of naturopathy and the diversity of approaches to health care (including not only the employment of water in various ways, light, fresh air, and dietetics, but also mechanical therapies such as chiropractic or even electrical treatment), the modern meaning of the term naturopathy has been blurred by the dominant suggestive power of the word nature, mainly through its familiarity and positive connotations.²⁹ In order to avoid such semantic confusion two different terms have been created: 'modern' naturopathy and 'classical' naturopathy.³⁰ The term naturopathy, with or without an explanatory adjective such as classical or modern, is also misleading, because it is, as Ted Kaptchuk has shown, only a rhetorical device to demarcate boundaries which are not so clear cut. In his words, 'nature is not so benign in alternative medicine and not so useless in conventional medicine'³¹ as it seems. As an example he cites the side effects of herbal medicine and the surgeon's trust in a basic tenet of the Hippocratic school in medicine, the *vis medicatrix naturae* (healing power of nature), and the self-healing mechanisms of placebo therapy that are recognised in conventional medicine.

Affective Meaning

IT IS NOT ONLY WORDS REFERRING to political ideas or movements (liberty, fascism, trade union, etc.) that have strong connotations and differ in associative meaning. The same applies to medico-political terminology. With a word like scientific, the connotative meaning seems to take over completely, so that supporters of two opposed health care systems, such as biomedicine and unconventional medicine, will claim that their system is scientific and the other unscientific.³²

Furthermore, many health care providers and politicians, as well as patients, tend to resort to what the renowned linguist S.I. Hayakawa calls snarl and purr words.³³ The first expression refers to words whose conceptual meaning, according to Geoffrey Leech, 'becomes irrelevant because whoever is using them is simply capitalising on their unfavourable connotations in order to give forceful expression to his own hostility.'³⁴ The opposite category, the so-called purr words, denotes positive values which can be claimed by both sides.

Anne Harrington gives a striking example of the kind of semantic strategy in which attitudes and emotions are conveyed by the associative meanings of the word. She provides a quote from an article published anonymously in the National Socialist press in November 1936:

The holism that is being advocated in Germany is [...] a new, dogmatic and presumptuous doctrine with multiple close connections to Catholicism. It skilfully uses uncritical and muddle scientists – when possible those who superficially appear close to the Party and had avoided suspicion up to this point – who then theorise away, twist and distort all the solid German natural science, biology, genetics, racial theory that has become dangerous to the Church. In doing so, ‘holism’ and its Jesuitic advocates make full intentional use of words that sound National Socialistic, like ‘wholeness’ [*Ganzheit*], ‘organic’, ‘biologic’, and so on, so as to be able, as long as possible, to practice their mischief under the cover of ‘desired’ National Socialistic [teachings].³⁵

What was the cause of these charges of a Jesuit conspiracy? There were obviously two major factions of scientists and physicians with some influence in Nazi Germany. The first faction was, as Anne Harrington has shown, ideologically driven and sympathetic to holistic thinking and Aryan racial ideas, while their political enemies were often medical ‘technocrats’, propagating scientific medicine together with Social Darwinism and racial biology. For the Nazi ‘mechanists’, the foreign term holism which is used in this context had apparently negative connotations, while its German equivalent *Ganzheit* was by no means a synonym but rather a linguistic symbol of authentic German values.

Snarl words, on the other hand, are terms for extreme or uncompromising views on medical pluralism. Quackery is such a word. Here there seem to be such strong connotations on one side or the other that the dictionary’s meaning of the word has almost been lost. According the *New Shorter Oxford English Dictionary* a quack is someone who either pretends ‘to have medical skill or knowledge’ or who advertises or promotes a medicine ‘with fraudulent or boastful exaggerated terms’.³⁶ In the medico-political discourse of the nineteenth century, however, the label quack was also attached to a variety of nonconventional healers (e.g. homoeopaths), suggesting that these healers were not only incompetent, but also cheating the public.³⁷ Some nineteenth-century authors left the question open as to whether sectarian medical practices such as homoeopathy or naturopathy constituted quackery, for example Caleb Ticknor in his book *A Popular Treatise on Medical Philosophy; or an Exposition of Quackery and Imposture in Medicine* (1838). In the introduction he states:

It is not my purpose to discuss here sectarian divisions in the ranks of the profession. My object is rather to deal with bold quackery, and unblushing quacks, who not only procure a subsistence, but even accumulate fortunes by a species of piracy committed under the flag that ought not to be so disgraced.³⁸

As the medical marketplace has changed considerably since the heydays of quackery in the eighteenth and nineteenth centuries, the word quack now seems an inappropriate label for nonconventional medicine in general. Medical historians should also be on their guard in using this term in a specific historical context. As Roy Porter has put it: 'The association of quacks with vulgarity should not tempt us into romantic fallacy of identifying "quack medicine" as a remnant of traditional folk practice, squeezed to the fringe by the policing power of orthodoxy.'³⁹

Conclusion

WHEN CONSIDERING THE PUBLIC EXPRESSIONS of opinions and attitudes towards nonconventional forms of healing, it is very difficult to recognise a boundary between expressing one's own feelings and personal experience and trying to influence the attitude of others. In medico-political discourse the language is often 'charged' for or against a given set of medical practices. In this paper I have tried to show how our semantic competence is harnessed to various social and political needs in a long-term historical process, which sociologists and medical historians have labelled the professionalisation of medicine.

Notes

- 1 Fritz K. Ringer, *The decline of the German mandarins: The German academic community, 1890–1933* (Cambridge, 1969), p. 402.
- 2 Roger Cooter, 'Alternative Medicine, Alternative Cosmology' in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (London and New York, 1988), pp. 62–77, quotation p. 64.
- 3 Cf. Robert Jütte, 'The Professionalisation of Homoeopathy in the Nineteenth Century' in John Woodward and Robert Jütte (eds.), *Coping with Sickness. Historical Aspects of Health Care in a European Perspective* (Sheffield, 1995), pp. 45–66; 'The Paradox of Professionalisation: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century' in Robert Jütte, Guenter B. Risse and John Woodward (eds.), *Culture, Knowledge and Healing. Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield, 1998), pp. 65–88.
- 4 For a discussion on terminology, see, for example, W.I. Wardwell, 'Alternative Medicine in the United States', *Social Science and Medicine* 38 (1994), 1061–68; Norman Gevitz, 'Alternative Medicine and the Orthodox Canon', *Mount Sinai Journal of Medicine* 62 (1995), 127–31, and Bonnie Blair O'Connor, *Healing Traditions. Alternative Medicine and the Health Care Professions* (Philadelphia, 1995), pp. 2–6.
- 5 Cf. Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889 bis 1914)* (Stuttgart, 1995).
- 6 On the origins of this term in homoeopathic circles during the 1880s, see Achim Wölfing, 'Entstehung und Bedeutung des Begriffes Schulmedizin. Die Auseinandersetzungen zwischen der naturwissenschaftlichen Medizin und Vertretern anderer Heilmethoden im 19. und 20. Jahrhundert' (Medical Dissertation, University of Freiburg/Breisgau, 1974), p. 83.
- 7 See, for example, Rudolf Virchow, 'Zum neuen Jahrhundert. Ein Gruß', *Archiv für pathologische Anatomie und Physiologie und für klinische Medizin* 159 (1900), 1–2.
- 8 O'Connor, *Healing Traditions*, p. 3.
- 9 Cf., for example, *Unkonventionelle medizinische Methoden. Bericht erstellt im Auftrag der Arbeitsgemeinschaft der Leitenden Medizinalbeamteninnen und – beamten der Länder (AGLMB)*, 2nd ed. (Bremen, 1998); *UMK-Konzeption der KTB. Stellenwert und Verwendung unkonventioneller Mittel und Verfahren der Krebsmedizin (UMK) an der Klinik für Tumorbologie Freiburg (KTB)* (Freiburg/Brsg., 1998); 'Programm der Bundesregierung Gesundheitsforschung 2000: Unkonventionelle Medizinischen Richtungen' (unpublished typescript, Statusseminar, 4–6 December 1997).
- 10 O'Connor, *Healing Traditions*, p. 5.
- 11 See Margaret Cooper, 'Complementary medicine in the spotlight', *Health & Homeopathy* (summer 1997), 21–22.
- 12 Geoffrey Leech, *Semantics* (Harmondsworth, 1974), p. 57.

- 13 Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992), p. 3.
- 14 *The New Shorter Oxford English Dictionary on Historical Principles*, ed. Lesley Brown (Oxford, 1993), p. 460.
- 15 Bernhard Fürgau, 'Plädoyer für eine Komplementärmedizin', *Connection* (special issue 1998), 70–71.
- 16 See Knut-Olaf Haustein et al., 'Außerhalb der wissenschaftlichen Medizin stehende Methoden der Arzneitherapie', *Deutsches Ärzteblatt*, 95 (1998), A800–05.
- 17 Edzard Ernst (ed.), *Complementary Medicine, an objective appraisal* (Oxford, 1996), p. 5.
- 18 Hans Ritter, *Homöopathie als Ergänzungstherapie* (Stuttgart, 1954).
- 19 Leech, *Semantics*, p. 53.
- 20 On this episode in German medical history, see, for example, Detlef Bothe, *Neue Deutsche Heilkunde 1933–1945* (Husum, 1991); Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), pp. 42–54.
- 21 Quoted in Anne Harrington, *Reenchanted Science. Holism in German Culture from Wilhelm II to Hitler* (Princeton, 1996), p. 186.
- 22 Harrington, *Reenchanted Science*, p. 187.
- 23 Harrington, *Reenchanted Science*, p. 201.
- 24 Raymond H. Murray and Arthur J. Rubel, 'Physicians and Healers – Unwitting Partners in Health Care', *The New England Journal of Medicine* 326 (1992), 61–64, quotation 61.
- 25 See, for example, J.K. Crellin, R.R. Andersen and J.T.H. Connor (eds.), *Alternative Health Care in Canada. Nineteenth- and Twentieth-Century Perspectives* (Toronto, 1997), p. 4.
- 26 O'Connor, *Healing Traditions*, p. 6.
- 27 See Eberhard Wolff, 'Volksmedizin – Abschied auf Raten. Vom definitorischen zum heuristischen Begriffsverständnis', *Zeitschrift für Volkskunde* 94 (1998), 233–57; Michael Stolberg, 'Probleme und Perspektiven einer Geschichte der Volksmedizin' in Claudia Wiesemann and Thomas Schnalke (eds.), *Die Grenzen des Anderen: Medizingeschichte aus postmoderner Perspektive* (Cologne, 1998), pp. 49–74.
- 28 Friedhelm Kirchfeld and Wade Boyle, *Nature Doctors. Pioneers in Naturopathic Medicine* (Portland, 1994), p. 1.
- 29 For the use and abuse of the word 'nature', see, for example, Eberhard Wolff, 'Kultivierte Natürlichkeit. Zum Naturbegriff der Naturheilbewegung', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1989), 221–36. See also Rosalind Coward, *The Whole Truth. The Myth of Alternative Health* (London, 1989); the German translation bears the appropriate title *Nur Natur? Die Mythen der Alternativmedizin. Eine Streitschrift* (Munich, 1995).
- 30 See, for example, Crellin et al., *Alternative Health*, p. 139.

- 31 Ted Kaptchuk, 'The gap between conventional medicine and alternative medicine', COST Action B4. *Unconventional Medicine. Third Annual Report (1995–96)*, 22–24, quotation 22.
- 32 Cf., for instance, Edzard Ernst, 'Urteile und Vorurteile zur Alternativmedizin', *Deutsches Ärzteblatt* 90 (1993), A2850–51; Frank A. Stebner, 'Wissenschaftsbegriff und Homöopathie', *Therapeutikon* 5:5 (1991), 10–12; Paul Martini, 'Homöopathie und Wissenschaft', *Deutsche Medizinische Wochenschrift* 84 (1959), 633–38.
- 33 S.I. Hayakawa, *Language in Thought and Action*, 2nd ed. (New York, 1964).
- 34 Leech, *Semantics*, pp. 51ff.
- 35 Quoted in Harrington, *Reenchanted Science*, p. 196.
- 36 *New Shorter Oxford Dictionary*, p. 2434.
- 37 The German equivalent is *Pfuscher* or *Kurpfuscher*. For the history of these terms, cf. Jütte, *Alternative Medizin*, pp. 32ff.
- 38 Quoted in Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore and London, 1988), p. 11.
- 39 Roy Porter, 'Before the Fringe: "Quackery" and the Eighteenth-Century Medical Market', in Cooter (ed.), *Alternative Medicine*, pp. 1–27, quotation, p. 19. See also Roy Porter, "'I Think Ye Both Quacks": The Controversy between Dr Theodor Myersbach and Dr John Coakley Lettsom' in W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850* (London, 1987), pp. 56–78.