

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.
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- 45 Thos. S. Weston, *Homeopathy* (M.D. thesis, University of Nashville, 1856) Historical Collection, Eskind Biomedical Library, Vanderbilt University, Nashville, Tenn.
- 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).
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- 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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- 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 'vade-mecum', 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 devilry 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 antiseptics 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, hygieo-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, benevens 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 homeopathy include Glynis Rankin, 'Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homeopathy', 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, *Homeopathy and the Medical Profession* (London, 1988); Renate Wittern, 'The Origins of Homeopathy 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 Nette 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 homeopathy. 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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Foreword



THIS BOOK IS BASED on a selection of papers presented at an international seminar on 'The History of Unconventional Medicine – Approaches and Concepts' in Norrköping, Sweden, 11–12 September 1998. The seminar was organised by the Department of Health and Society at Linköping University in co-operation with the Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. More than 30 scholars from 10 different countries were gathered for an interdisciplinary discussion, which also constituted a continuation of the annual seminars held in Denmark between 1993 and 1996 within the framework of the International Network for Research in Alternative Therapies. The Norrköping seminar and this volume have been generously supported by grants from the Swedish Council for Research in Social Science and the Humanities.

The initiative for the seminar was taken by Dr Motzi Eklöf, who with energy and skill has been active in the project from the early planning of the meeting and throughout its organisation, through to the publishing of this book. Professor Robert Jütte and Dr Martin Dinges of the Institut für Geschichte der Medizin have also participated in organising the event, and their contacts and expertise within this field of medical history and their involvement in the preparations for the meeting have been invaluable. Professor Jütte has also played an active role as co-editor of the selected papers in this volume. As a representative of the local organisers I would like to express my gratitude to them. It has been a pleasure working together with the Institute.

My colleague at the Department of Health and Society, Professor Marie Clark Nelson, has carried the burden of corresponding with the authors and the publisher, giving the selected papers a professional linguistic touch, and has also served as one of the co-editors. Professor Jütte and Dr John Woodward, University of Sheffield, have also been of great assistance

as editors of the European Association for the History of Medicine and Health Publications, the series in which this book is published. A special thanks should also be directed to other members of the Department of Health and Society, who in different ways helped organise the seminar and take care of the practical arrangements. I would especially like to mention our administrative secretary Yvonne Blixt who is an unbeatable professional in these kind of arrangements.

Finally, it remains to thank all who presented papers and contributed to the discussions during the meeting. Unconventional medicine is part of the past and present of all societies, but until recently its history has largely been ignored by professional scholars. The roots and functions of unconventional medicine in different times and places comprise a fascinating part of social and cultural history and provide us with indispensable keys to the understanding of today's medical market. This volume will, hopefully, be an inspiration for future comparative research in the field.

Jan Sundin
Professor at the Department of Health and Society

Notes on Contributors



GERDA BONDERUP is Reader at the Department of History at the University of Aarhus, Denmark. Her work includes *Cholera Morbro'r og Danmark* (Aarhus, 1994) and she has published papers on a variety of topics related to social, cultural and medical history.

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MOTZI EKLÖF is Researcher at The Tema Institute, Linköping University and has recently published her thesis on the identity, ideals and ideology of the Swedish medical profession from 1890 to 1960. During the latter half of the 1980s she was an investigator for the Committee for Alternative Medicine of the Ministry of Health and Social Affairs, and has worked in different contexts with issues concerning alternative medicine and quackery both in modern and historical perspectives.

MARIJKE GIJSWIJT-HOFSTRA is Professor of Social and Cultural History at the University of Amsterdam. She has published on the granting of asylum in the Dutch Republic, deviance and tolerance (16th–20th centuries), witchcraft and cultures of misfortune (16th–20th centuries), the reception of homoeopathy in the Netherlands (19th–20th centuries), and on women and

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CLAUDINE HERZLICH is Directeur de recherches émérite au CNRS and Directeur d'études à l'École des Hautes Études en Sciences Sociales. Her fields of interest are sociology of health and illness and sociology of professions. She was a member of the Collège de Direction Scientifique de l'INSERM (National Institute of Health and Medical Research), 1982–91 and 1994–96, and chair of the Société Française de Sociologie, 1992–95. She is a member of the Editorial Board of *Cahiers internationaux de Sociologie*. Her books include *Santé et maladie, analyse d'une représentation sociale* (Paris, 1969; English translation: *Health and Illness, a Social-Psychological analysis*, London, 1973); *Malades d'hier, malades d'aujourd'hui, de la mort collective au devoir de guérison* (Paris, 1984; English translation: *Illness and Self in Society*, Baltimore, 1987; other translations in German, Italian, Japanese); with P. Adam, *Sociologie de la maladie et de la médecine* (Paris, 1994; Italian translation to be published).

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SOFIA LING (BA in History) is a PhD student at the Department of History at Uppsala University, Sweden. She is currently working on her dissertation on the concept of quackery within the medical field in Sweden during the eighteenth and nineteenth centuries.

PHILLIP A. NICHOLLS, born 1950, graduated from Nottingham University in 1977 with first class honours in Sociology. He gained a Postgraduate Certificate of Education in 1978, and his PhD in 1984. He joined Staffordshire University in 1979, and is now Principal Lecturer and Head of the Department of Sociology, teaching comparative social structure, sociological theory and the sociology of health and medicine. Since 1978 he has conducted research on complementary therapies, and especially homoeopathy. More recently, he has been working in the area of disability. The main results of his work on the history of homoeopathy are contained in *Homoeopathy and the Medical Profession* (Croom Helm, 1988).

RIITTA OITTINEN is Lecturer at the Department of Economic and Social History, Faculty of Social Sciences, at the University of Helsinki, Finland. She is completing a PhD thesis on definitions and the market for quackery in Finland at the beginning of the twentieth century. Her publications include articles on the history of the body, especially beauty, ageing and cleanliness. Gendered practices of work is her other main research topic. She has participated in the design of several museum exhibitions in these areas of research, including 'Memory' at the Helsinki City Museum, which received the European Museum of the Year Award Special Commendation in 1995.

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GRY SAGLI graduated from the University of Oslo with an MA in Chinese Studies with the thesis *An introduction to traditional Chinese medicine: the Yixue sanzijing (The Three-character Classic of Medicine)*, and she is now a PhD student at the same university. Her doctoral thesis is about the reception of Chinese acupuncture conceptions and practices in Norway. She has also trained professionally as a physiotherapist.

MICHAEL STOLBERG is Lecturer in Medical History at the Technical University in Munich and currently on a Heisenberg Research Fellowship of the Deutsche Forschungsgemeinschaft. Previous publications have focused on epidemics, public health, environmental hygiene and health care (official, alternative and 'folk') in the nineteenth century. His most recent book is *Geschichte der Homöopathie in Bayern 1800–1914*. He is currently involved in research on illness experience in the seventeenth and eighteenth centuries.

BARBARA WOLF-BRAUN is Research Officer at the Institute for the History of Medicine at the University of Bonn, Germany. A graduate in Psychology and Philosophy at the University of Vienna, Austria, she has conducted research on spiritual healing and the history of hypnotism in Germany with various publications on these topics. She is currently completing research about the history of parapsychology in Germany from 1870 to 1932.

Introduction

Robert Jütte



IN SEPTEMBER 1998 the Department of Health and Society at Linköping University and the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart organised a three-day conference in Norrköping, Sweden that brought together the various contributors to this volume. The aim of the conference organisers in selecting the historical theme was to provoke a general rethinking of the causes and origins of the formation of boundaries between regular and unconventional medicine and marginalisation in medicine. Specific topics were proposed in five thematic sections and workshops: approaches, science, politics, professions and patients. After the meeting the editors faced the difficult task of selecting papers for this volume, which focuses on the historical aspects of unconventional medicine. Inevitably a number of excellent studies on the present situation in alternative medicine had to be excluded, but they are finding their way into print elsewhere.

The objective of the organisers of the meeting in Norrköping was to investigate the rise to power of a unified medical profession which subscribed primarily to a biomedical approach, a development accompanied by the consequent marginalisation of a wide range of medical practices. The intent was also to shed more light on the era prior to the nineteenth century, by which time the medical profession had gained its monopolistic position. The various Scandinavian papers on quackery included here show, for example, how diverse the pre-modern health care system was and what kind of boundaries were drawn to regulate the medical marketplace even before the nineteenth century.

The conceptual framework of this conference was more or less

analogous to what Pierre Bourdieu calls the field of cultural production, which is circumscribed by boundaries under steady attack and thus comprises a site of constant struggle.¹ The application of the concept of such a field of medical history produces the heteronomous principle (which supports the dominant political sphere, i.e. the state) and the autonomous principle (professional, scientific) and other relatively independent interests.

Many essays in this volume show that the 'other' (the 'quack', the homoeopath, the seller of patent medicine, the mesmerist, etc.) was made visible through political and professional control. Some of the papers in this collection provide strikingly fresh insights gained by the coupling of exhaustive archival research with intimate familiarity with current medical sociology. Several studies in this volume also reflect the greater attention medical historians have paid since the 1980s to local or specific contexts, thus representing a definite shift in concern from long-term developments to a focus on events as a means of elucidating those changes.

The Burgeoning Interest in the History of Alternative Medicine

THE SEMANTIC FIELDS OF ALTERNATIVE MEDICINE are polyvalent; the literature on these subjects is dispersed and varies in quality. This introduction is not the place for an extensive discussion of even the most important or the most recent research. Rather, I would like to restrict myself to a brief outline of some of the historiographic 'landmarks' during the past two decades. There can be no doubt about the considerable expansion of interest in the history of the 'medical fringe' since the 1980s. This medico-historical research has been paralleled by the development of strong popular support for the inclusion of unconventional therapies in mainstream public sector medicine. Seen in this light, it is not surprising to note that, although alternative medicine still does not receive significant support from the medical establishment, and, despite that fact, that the legal situation in regard to those alternative healers continues to be precarious in some European countries, growing numbers of medical and social historians are showing an interest in the historical and contemporary dimensions of unconventional medicine.

During the 1980s scholarship on the past and present of alternative medicine was dominated historiographically by Anglo-American researchers. The three books which garnered the most attention and left their imprint on the debate during that decade are collections of essays edited by leading British and American medical historians.² To a certain extent they helped to redress the balance in medical history by developing a kind of revisionist

argument: that professionalisation of medicine seems to have had critical influence on the conceptual boundaries and on the destiny of alternative medicine in many western societies. These studies are a kind of counter-history, pointing out that, until recently, most medical historians and social scientists of medicine have assumed that unorthodox movements such as homoeopathy and naturopathy were of comparatively minor significance in the study of medicine and society.

The first book on this subject, not restricted to a particular country or period of time, was the collection of essays edited by two eminent British medical historians, William Bynum and Roy Porter. Many of the papers in the volume were first presented at a symposium entitled 'Medical Orthodoxy and Medical Fringe' held at the Wellcome Institute for the History of Medicine in 1985. In the words of the editors, the essays 'are not just about the positioning and nature of the divide between medical orthodoxy and medical fringe, but are about its very creation, or at least the crystallisation of it as part of the public domain of medicine' (p. 2). The introduction concludes with an important statement which future historians working on this subject were supposed to keep in mind: 'They [orthodox medicine and alternative therapies] must be studied in their mutual, dynamic relations, as a whole' (p. 4). The volume covers not only the various attempts in British medical history to brand competitors on the medical marketplace as 'quacks', but also deals with rather specific forms of deviation within the official health care system, starting with an essay by Roger Cooter on the practice of bone-setting and ending with an important note by John Harley Warner on the contribution homoeopathy made to the shaping of the American medical profession in the second half of the nineteenth century.

In *Other Healers*, published in 1988, Norman Gevitz and eight other authors investigate the most significant alternatives to orthodox medicine that gained places in American society from the early nineteenth century to the present. They discuss various unconventional therapies, ranging from Thomsonism, the early botanical system that was progenitor of the first native American medical sects, to the faith healing of contemporary pentecostals and charismatics and from hydrotherapy or the water cure movement, which gained support from female patients and reformers, to osteopathy, whose practitioners are now licensed in the United States to offer almost the same range of services as medical doctors.

In contrast the collection entitled *Studies in the History of Alternative Medicine*, edited by Roger Cooter, has a slightly broader geographical focus, including case studies from Great Britain, the United States and Italy. The papers deal with a whole range of therapies which at one time or

another were labelled 'irregular': quackery, medical botany, Paracelsianism, hydropathy, homoeopathy, osteopathy and mesmerism. Most authors focus mainly on the late nineteenth century and use biographies and case studies rather than straightforward accounts of the genesis and organisation of these alternative therapeutical practices. As the editor states quite rightly in his introduction:

... although these studies offer only a sampling of 'the many mansions of irregular medicine', they indicate some of the variety of historical approaches that become possible when concerns with healing and well-being are considered from other than the single perspective of orthodox medicine.

(p. xvii)

The 1990s witnessed not only the first full-fledged monograph and systematic study on the history of alternative medicine in a western country (Germany),³ but also the appearance of some important collections of essays complementing earlier studies. In 1992 Mike Saks⁴ edited an important collection of readings on alternative medicine which draws together both previously published and commissioned original work on historical and contemporary aspects of alternative medicine in Britain, covering therapies such as acupuncture, homoeopathy, osteopathy and spiritual healing. This book prompted three Canadian scholars to produce a similar anthology for Canada, which deals not only with the present status and characteristics of alternative medicine in that country, but also provides some historical perspectives on the evolution of health care in Canada in the nineteenth and twentieth centuries.⁵

In the same year (1997) collaboration among social and medical historians (with one anthropologist thrown in for good measure) resulted in the publication of a stimulating collection of essays which profitably comment on the relationships between healing, magic and religious belief in Europe from the sixteenth to the twentieth century.⁶ A central issue of this book is not professionalisation, but the question concerning the extent to which approaches to illness and healing have become 'disenchanted' (to use a phrase coined by Max Weber) during the past 400 years.

It does not come as a surprise that medical historians thus far have preferred compiling anthologies rather than writing books on the history of alternative medicine. For most countries there is not sufficient research available to contemplate a comprehensive synthesis.

One particular problem is the marked national, regional and cultural differences that compound the extraordinary diversity of alternative practices in Europe. This makes it almost impossible to offer firm

generalisations about the wide array of unconventional therapies which once existed or are still practised in western countries. Therefore, the present collection of essays, which focuses on northern and western Europe, can only constitute another attempt to reveal the complexity of factors both favouring and undermining the roles for alternative medicine in industrialised countries and modern health care systems.

Problems of Definition

IN 1858 THE AMERICAN AUTHOR DAN KING, who wrote a diatribe entitled *Quackery Unmasked*, noted: 'If we search the history of quackery, we shall find that it consists of a multitude of -pathies and -isms – of pretended discoveries and great improvements'.⁷ Indeed, even in the present collection of historical essays we often touch upon those collective nouns (e.g. homoeopathy, mesmerism, hydropathy) which have served both then and now as catchwords for patients and healers alike.

The papers by Eklöf, Bonderup and Ling, for example, explicitly challenge the validity of medico-historical approaches taken from the perspective of the nineteenth- and twentieth-century professionalisation of the medical core. Roy Porter has shown for England that the reality of what was labelled 'quackery' in the *ancien régime* was more in collusion than in collision with regular medicine. Eklöf, for instance, raises the question of how quackery is to be understood and interpreted in the Swedish context, pointing out that therapies formerly labelled 'quackery', such as chiropractics and psychotherapy, have in the meantime become authorised and registered. Sofia Ling provides another fascinating case study, showing how in 1824 the Swedish Medical Board was forced to argue for the rationality of regular medicine and to clarify in what sense a 'quack' (in this case, a certain Abraham Albin, a seller of remedies) differed from the officially endorsed concept of medicine. Gerda Bonderup refers to the famous Danish anti-quackery law of 1794 and analyses its impact on the persecution and tolerance of folk healers in late eighteenth- and early nineteenth-century Denmark.

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. Awareness of nineteenth-century debates on terminology is important when considering modern medical discourses, 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, the essay by Robert Jütte 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.

In her more general essay dealing with the 'multiple logics of caring and healing', the French sociologist and medical historian Claudine Herzlich also refers to semantic strategies. In France, for instance, one finds a rather idiosyncratic terminology for what is normally called alternative or unconventional medicine, such as '*médecines parallèles*' or '*médecines douces*'. Both terms hardly disguise the underlying ideology.

Problems of Concepts

PHILLIP NICHOLLS'S ESSAY entitled 'The Social Construction and Organisation of Medical Marginality – the Case of Homoeopathy in Mid-Nineteenth-Century Britain' offers not only a fascinating case study, but also challenges the view that alternative medical practices are socially and politically marginal. Nicholls argues that 'instead of seeing the social structure of organisation of "fringe" or "marginal" or "irregular" practice as the result of any epistemological break with "conventional" knowledge, it is rather the case that therapeutic deviance is a product of the social organisation of an (occupationally) active orthodoxy.' Barbara Wolf-Braun's essay deals with another example of 'fringe medicine': hypnosis and mesmerism. In her opinion there can be no doubt that, in contrast to the image created by a more traditional history of science, social and cultural factors determined the research and the interest of late nineteenth- and early twentieth-century scientists to differentiate between hypnotism, occultism and mesmerism. This development can be explained with the high public profile and public appearances of professional 'media' and with the foundation of scientific societies for psychological research.

By the beginning of the nineteenth century, treatises on Chinese medicine had been repeatedly published in Europe, mostly by Jesuits who had worked at the Imperial Court in Peking or by travelling doctors of the Dutch East India Company, who witnessed its practice in China and Japan. The essay by Elisabeth Hsu compares the rendering of Chinese pulse diagnostics in works written by these European missionaries and travellers in the seventeenth and eighteenth centuries with the current presentation of

sphygmology in twentieth-century treatises, thereby highlighting different approaches to traditional Chinese pulse diagnostics. That therapeutic practice and personal experience are just as important as an intricate knowledge of texts and concepts is shown by Gry Sagli, who has studied the process of establishing acupuncture in the Norwegian health care system and focuses in particular on the reception of Chinese medical concepts. Among the many questions addressed in these papers is the problem of how alien or traditional concepts of the body and its function are made familiar to western, biomedically trained practitioners.

Problems of Sources

MICHAEL STOLBERG'S CASE STUDY from nineteenth-century Bavaria is a plea for putting medical practice on the agenda of medical historians interested in healing alternatives. He thinks that it is high time to write this counter-history from 'below', focusing on the average patient, his sickness behaviour and his perceptions of illness and health. Writing medical history from the patient's perspective is, of course, a difficult task. Much depends on what the sources can tell us about why patients chose folk medicine, homoeopathy or water cures when sick, instead of consulting the local barber surgeon or physician. Availability and economic considerations are important factors, but they cannot explain all cases of patients looking for 'alternatives'.

In this context one should also take into account the role played by gender in this decision-making. Marijke Gijswijt-Hofstra addresses such questions, probing, for example, the historical validity of current research which indicates that women tend to be more inclined to alternative medicine than men. She comes to the conclusion that 'notions of masculinity and femininity with respect to health care have changed and are still changing'.

The essay by Riitta Oittinen contains a chapter on the reasons why patients used patent medicine in early twentieth-century Finland. Drawing on a number of different sources (advertisements, letters, court records, etc.), this study reaches the conclusion that the demand for patent medicine was motivated by general discontent, resentment and distrust towards regular medicine. The consumers, according to Oittinen, 'did not think they were ignorant or superstitious but rather that they behaved rationally by their own logic'.

The letters written by patients to an Icelandic missionary and homoeopathic practitioner by the name of Arthur Charles Gook (1883–

1959) are the main source for Sigríður Pétursdóttir's study on the practice and status of homoeopathy in late nineteenth- and early twentieth-century Iceland. In assessing this correspondence we gain rare insight into the everyday life of patients searching for the best solution to their health problems.

Problems of Synthesis

HISTORIOGRAPHIC WORK ON ALTERNATIVE MEDICINE in general and homoeopathy in particular still lacks a comparative perspective. A comparative approach has many advantages, as Martin Dinges points out in his evaluation of recent research in the history of homoeopathy:⁸ 'It may and can, first, lead to a sufficient consideration of the necessary contexts, particularly the proportions between alternative medical systems and the dominant system. Secondly, short-sightedness may be avoided in questions concerning the number of actors, the duration of periods under observation and the size of the geographical units.'

Although some of the essays in this book are more or less explicitly comparative (e.g. that by Claudine Herzlich), on the whole the volume does not systematically approach comparative history of alternative or unconventional medicine. The purpose is rather to stimulate further comparative research efforts on the topics discussed: in light of the current state of research in the field, a modest methodological proposal for starting points for further work is probably all that can be offered. As a consequence, this book investigates the cases derived from various national histories rather than comparing them.

However, this volume does not just constitute a prolegomenon for comparative studies. Taken together, the essays in this collection also illustrate the compatibility of cultural studies and the methodologies of traditional medical history, history of science, cultural studies and social history. Most important is that the contributors have employed a variety of theoretical approaches to medico-historical problems, but avoid assuming doctrinaire positions as was, and still is, the case in what may be called a partisan or apologetic medical history.⁹

These brief introductory remarks provide only highlights and can hardly do justice to the richness of the essays that follow, which in fresh and provocative ways suggest the variety of research going on today in the social history of unconventional medicine. As a whole, these essays illustrate the productivity of the recent juncture of medical and social history.

Notes

- 1 See Pierre Bourdieu, 'The Field of Cultural Production, or, The Economic World Reversed' in Randal Johnson (ed.), *The Field of Cultural Production: Essays on Art and Literature* (New York, 1993), pp. 29–73, especially pp. 40–43.
- 2 W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy* (London, 1987); Roger Cooter (ed.), *Studies in the History of Alternative Medicine, 1750–1850* (London and New York, 1988); Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore and London, 1988).
- 3 Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996).
- 4 Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992).
- 5 J.K. Crellin, R.R. Andersen and J.T.H. Connor (eds.), *Alternative Health Care in Canada. Nineteenth- and Twentieth-Century Perspectives* (Toronto, 1997).
- 6 Marijke Gisjwijt-Hofstra, Hilary Marland and Hans de Waardt (eds.), *Illness and Healing Alternatives in Western Europe* (London and New York, 1997).
- 7 Dan King, *Quackery Unmasked* (Boston, 1858), p. 17.
- 8 Cf., for example, Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996); 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).
- 9 Cf., for example, Robert Jütte, 'The Historiography of Nonconventional Medicine in Germany: A Concise Overview', *Medical History* 43 (1999), 342–58.

Alternative Medicine and Medico-Historical Semantics

Robert Jütte



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 Firgau, 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 Wölfling, '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 Medizinalbeamtinnen 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/Brs., 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 Firsau, 'Plädoyer für eine Komplementärmedizin', *Connection* (special issue 1998), 70–71.
- 16 See Knut-Olaf Hausteine 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 Kirckfeld 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.

Patients, Practitioners, Social Scientists and the Multiple Logics of Caring and Healing

Claudine Herzlich



LITTLE SOCIOLOGICAL RESEARCH HAS BEEN DONE in France on the topic of Unconventional medicine, even among those sociologists who are studying the medical field or who are interested in conceptions of and practices dealing with illness. This is surprising, because in many interviews conducted from the late 1960s to the present, patients have described their experiences with various forms of unconventional medicine. The neglect of this field is shared by most French historians.¹ Generally, it seems that the problem of unconventional medicine is considered differently in France than in other European and North American countries. It is therefore interesting to try, first, to reflect on what may be specific about the French case, and, secondly, to elucidate how the problem of unconventional medicine should be approached by sociologists interested in illness and medicine. This perspective can be compared with the emphasis placed in this book on 'approaches and concepts' in the study of unconventional medicine.

First, when looking at the English-language literature (primarily sociological, but also some medical) on the topic of unconventional medicine, one is struck by the growing number of papers published during recent years and by the reiterated assertions of the important social and symbolic meanings of the various forms of 'unorthodox' or 'alternative' or 'complementary' medicine in present-day societies. In formulating the major reasons for studying these alternatives, sociologists usually insist that 'they

are no longer marginal to the total system of health care'.² For instance, 'The topic of unconventional therapies can no longer be ignored or marginalised because, for better or worse, each seriously ill person cannot help but be confronted with choices about their possible usage'.³ It would be much more difficult to find that kind of assertion in the French socio-medical literature and in the few papers or studies on this topic. Of course, it does not mean that unconventional medicine or practitioners are rare in France. A survey published in 1984 suggested that about half of the general population had tried one of these types of alternative medicine (most often homoeopathy) at some time.⁴ Ursula Sharma agrees with these figures in her study of the extent of the use of complementary medicine in nine European countries. According to her comparative data, the recourse to these therapies is highest in Belgium (66–75 per cent) and in Finland (40–60 per cent), with France ranking third.⁵ But this expansion is not very visible socially, and this question does not presently arouse much interest or concern among physicians, politicians, the media or social scientists. Of course, it is obvious that this absence of concern may be interpreted in various ways. Does it mean implicit acceptance? Or does it mean strict rejection by the state and/or by the medical profession? The answer is not clear.

My second point concerns vocabulary and the terms that are used in French and in English. In English the terms most frequently used are 'alternative' and 'complementary' medicine; in each case, a specific but different relationship with biomedicine is implied. Moreover, these medicines are usually qualified as 'holistic'. In France, we speak more often of '*médecines parallèles*'. The insistence is on a constant distance between orthodox and unconventional medicine rather than their complementary or conflicting nature, and we generally consider it as '*médecines douces*' ('soft' rather than 'holistic' medicine). It is risky to speculate too much about such matters; nevertheless, it may be suggested that the attitudes of French researchers (including my own) are probably largely related to this different cultural atmosphere.

In an attempt to clarify the reasons for this situation, it is necessary to look at the history of French medicine and the French medical profession, on the one hand, and at studies of concepts of health and illness in France, on the other. A recent book published in English by Laurence Brockliss and Colin Jones⁶ offers an excellent study of the French 'medical world' between the sixteenth century and French Revolution. Brockliss and Jones reject the classical analytical dichotomy between 'elite-professional' and 'popular' medicine, and they insist on the unitary character of the French medical world, including three categories of trained practitioners – physicians,

surgeons and apothecaries – grouped in a hierarchy of corporate bodies ‘which enjoyed collective rights and responsibilities endorsed by the crown’.⁷ They were the ‘core’ of the medical world and coexisted with a large, diffuse and heterogeneous ‘penumbra’ consisting of a plethora of different types of ‘popular’ medical practitioners, male and female, rich and poor, educated and uneducated, and so on. The relationships between these different groups were complex; the various types of practitioners were partly independent, and they partly overlapped. They sometimes competed and sometimes worked together at the bedside of patients. But Brockliss and Jones insist on two points: 1) the early structuring of the core (the French medical corporative community), its strength and its close relationship with the state (the royal power), and 2) the relative harmony between the core and the penumbra, with only moderate tensions and conflicts. Brockliss and Jones write: ‘[the] quarrels were seldom dramatic or permanent. The medical world, until the end of seventeenth century, remained in some sort of equilibrium’.⁸

It is probably safer for a sociologist not to make historical assumptions. Nevertheless, one may wonder if the present-day indifference of the French medical profession towards ‘les médecines parallèles’ has very ancient roots in French medical history. Moreover, one could perhaps speculate about the fact that the relationships between ‘orthodox’ and ‘unconventional’ medicine became an issue in France mostly during times when the relationships between physicians and the state were difficult. They took various forms: sometimes contemptuous indifference, sometimes explicit tolerance and even acceptance. In other periods such relationships have been nonexistent. I shall provide a few examples.

1. A moment of great conflict between physicians and unorthodox practitioners (then usually called ‘les charlatans’) is found at the end of the nineteenth century, when French physicians were struggling for full recognition of the profession by the state. This recognition was obtained in 1892, thanks to the ‘Loi Chevandier’ which established the modern status of the French medical profession and gave it autonomy and protection. In this context during the last decades of nineteenth century French physicians devoted boundless energy to marginalising their unorthodox competitors and persuading the state and the public that they were the only doctors who were fully legitimate.
2. A few decades later, during the 1930s, unorthodox therapies were no longer feared and, on the contrary, many French physicians were tempted by alternative medicine, especially by homoeopathy.⁹ This attraction is

related to the fact that, in spite of scientific advances, doctors still felt rather powerless in everyday practice, but there were also political reasons. It is well known that this decade was a time of political and social crisis in France: social, professional and political groups were involved in fierce political and ideological debates and struggles. On the other hand, during this same period, French physicians were fighting the state's attempt to introduce national health insurance. They denounced the government's supposed will to bureaucratised medicine and to 'reduce physicians to slavery' and proclaimed that they would 'defend the individual' against these attempts. In this context, the vision of illness and patients expressed in homoeopathy, especially the emphasis on the uniqueness of the individual, appears as a positive philosophical perspective to be used in their battle.

3. It is remarkable that less than 20 years later, at the end of the Second World War, in a totally different social, ideological and scientific context French physicians, then confident of their practices, comfortable in their status and strongly supported by the state, were no longer interested in homoeopathy. Most of them did not feel any particular attraction; nor did they perceive homoeopaths as real competitors. In research that has been conducted on retired French physicians¹⁰ who were professionally active during the 1940s and the 1950s, a quiet indifference or a slightly contemptuous tolerance was clearly the predominant attitude towards all forms of 'popular', 'alternative' or 'unconventional' medicine.
4. Very little is known about the actual situation and strategies of the various kinds of practitioners of unconventional therapies in France today. Nevertheless, the common opinion is that they have not really come out of the 'penumbra'. Physicians have retained control of the 'medical world'. But, one should note that today, especially since the 1980s, as in many other countries, some French physicians (mostly general practitioners who still make up one half of the French medical profession) are introducing various forms of unconventional therapies in their daily practice (homoeopathy, acupuncture, *mésothérapie*, etc.).¹¹ While this is certainly a form of shifting boundaries between orthodox and unorthodox medicine very similar to what exists elsewhere, this incorporation is nevertheless limited. One could speak in this case of 'cautious acceptance'. These therapies are clearly conceived by physicians as complementary (even though the term is seldom used in France). It is more a technical addition to their practical repertoire than a different conception of illness and medicine and a dramatic evolution of the so-

called biomedical model. It constitutes rather an additional kind of therapy that may be offered to clients who are looking for a broader spectrum of services.

Consequently, it is obviously difficult to analyse this historical evolution in very simple terms and dichotomies. If we consider unconventional medicine as a form of challenge to the dominance of biomedicine, it can be said that in France today, as in many western countries, medical dominance and authority are certainly more or less declining and sometimes even threatened. There is obviously a greater awareness of the limits of medicine. In this evolution, however, the competition with unconventional therapies is only one of many factors as varied as economic constraints and the growth of medical information and media coverage.

If we turn now to the patients whom I have studied in my own research, how may we characterise them as clients of unconventional medicine?¹² Is there a noticeable evolution in recent years, and, if so, of what nature? In interviews that have been conducted with patients from the 1960s to the 1990s, many of them said they were willing on some occasions, especially in case of the failure of scientific medicine, to try one kind of unconventional therapy or another. This was as true in the 1960s as it is now. However, it is my interpretation that it was, and still is, rarely a permanent adoption of such an alternative, and it certainly did not imply that people were ready to reject the diagnostic and therapeutic resources of biomedicine. Most often, on the contrary, biomedicine is still the model of reference.

Moreover, I would argue that many people who adopted some form of unorthodox therapy in uncertain and serious cases took a stance similar to their attitude towards orthodox medicine. Conscious of the slim chances they were offered, they felt determined to 'attempt something' and considered this step a gamble. In their situation, the risks were as great with orthodox as with unorthodox medicine. One might add that, when people use some kind of therapies (be it homoeopaths, plant-based therapies, spiritual healers or mesmerisers), they reject others because, to use their own words 'they refuse to do just anything'. For patients, too, the world of unconventional medicine is diverse and heterogeneous.¹³

Many recent studies in other countries show similar results. Gray, for instance, wrote in 1998: 'In practice, patients tend to modify their perspective to meet circumstances, and what is helpful at one stage of illness may be less helpful at another'.¹⁴ It can be argued that the authors of these recent studies observe more or less the same kind of coexistence of classical

medical treatment with the possibility of recourse to 'médecines parallèles'. This contextual and empirical pluralism had appeared by the 1960s and the 1970s.

Indeed, the idea that on some occasions a 'different approach', 'holistic' rather than 'reductionist', is possible and may be positive is certainly largely founded on long-standing health conceptions. It is clear that the importance given to the particularity of individual patients and to 'the whole person', that is, the idea of the participation of the person in resisting illness, which seems to be a common assumption of a number of unconventional therapies, is congruent with the emphasis placed on the individual as the main source of health, for example, the notion of 'reserve of health' as resistance to illness, or the dichotomy between 'nature' and 'society' at the origin of health and illness, that have been described in previous research on lay conceptions of health and illness.¹⁵ These notions are related to the very deeply rooted idea of the body's power to heal itself and the belief that this power is neglected, even destroyed, by scientific medicine, its limited effectiveness stemming from this very fact. Historians have clearly demonstrated that one can repeatedly find similar notions in the history of medical ideas and doctrines, from Hippocratism to Vitalism.¹⁶ As for the idea of autotherapy, for instance, several seventeenth-century treatises focused on the idea that 'everybody is his own best doctor', and we know that Descartes, in spite of his mechanistic vision of the human body, shared some of these views.¹⁷

In bringing to mind these pervasive conceptions and attitudes, I am certainly not trying to say that the recent changes described by so many authors do not exist. It may be suggested, however, that the growing attraction of unconventional therapies among patients is probably less based on a radical change in the metaphysics of illness or in the global relationship with biomedicine, than on a gradual and multifaceted social evolution implying many different factors. Let us just briefly recall some of them.

Even if one does not entirely accept the postmodern view of a world of fragmented discourses, social relations and references, the cultural trend towards a less authoritarian, more reflexive, more pluralistic and 'contestable' society seems obvious. If this is so, the boundaries between 'orthodoxy' and 'unorthodoxy' are necessarily as flexible in science and medicine as elsewhere.

In this context, the growing importance of health in late modern societies, the emphasis put on health promotion and the affirmation that 'your health is your own business' have had complex effects: they have engendered pluralistic behaviors of 'health consumers', involving growing

recourses to a broad spectrum of services including alternative medicine but not necessarily limited to it.

The changes in the epidemiological pattern of late modern societies and the growing importance of chronic illnesses have reduced the importance and frequency of the classical 'passive patient' position. The authority of the physician gives way to more contractual relationships. On the other hand, the chronic patient managing his own illness actively and autonomously feels free to engage in a range of therapies wider than orthodox medicine.

In conclusion, let us consider the ways sociologists working in the health field should approach the problem of unconventional medicine. It must be stressed that they should take this topic seriously, more seriously than has so far been done in France. It should obviously be considered as a topic justifying interest in its own right and because of the general social processes which are involved. In doing so, sociologists should keep in mind a few points:

- we should avoid the too simplistic models of social change that underlie some (not all) of the present sociological studies;
- we should remain constantly aware of the diversity and heterogeneity of the universe of unconventional medicine(s) and undertake comparative studies of these various forms of therapy;
- we should study, more than the discourses and doctrines of unconventional medicine, the actual daily practices of the various practitioners and the diverse concrete, empirical contexts of these practices.

Finally, I should also like to stress my opinion that it is not necessary for a sociologist to identify with any specific medical paradigm (orthodox or unorthodox). It means that we must certainly avoid the kind of normative judgements physicians very often make concerning unconventional medicine. On the other hand, we should not necessarily accept at face value the idea that unconventional medicine is *the* challenge to biomedicine and to professional dominance (as is implied in some, though not all, the studies we read). Moreover, it can be argued that the study of unconventional medicine is important because it opens a large window, first, on the whole world of illness and health care, and, secondly, on biomedicine itself. We address the same basic sociological problems when we study biomedicine and official medical care or when we study the various forms of unconventional medicine. Of course, we should not minimise the differences. Their relationships are often antagonistic, their underlying logic differs, but, in all

cases, we are concerned with the same basic problems of illness, suffering and care, and we are, in both cases, studying the various and complex roles of knowledge and expertise in this enterprise.

Indeed, some of the recent studies show clearly that biomedicine and the various forms of unconventional medicine, rather than constituting radically different realities, often involve the same sociological processes. Many studies show, for instance, that, very often, unconventional practitioners adopt more or less the strategies used by other occupational groups in the pursuit of their autonomy. In some cases (especially when they want to be recognised as 'complementary'), they try to establish connections with scientific knowledge of biomedicine.

The same tensions often run through the respective fields of conventional and unconventional medicine. In terms of social control and power for the patient, several sociologists have rightly argued the shortcomings of the medical approaches of the patient as 'a whole person'; they have shown that a more 'humane' and 'unobtrusive' form of medical power may be still more totalising¹⁸ and can be just another form of social control. However, it also means that biomedicine cannot be reduced to a unique paradigm and we must remain aware of the diversity of daily practice among physicians in their care of patients.

Yet many of the users, practitioners and subscribers to unconventional medicine insist on its 'liberating role' for the patient. Some social scientists share this perspective, and some papers stress the fact that we may presently 'see the rise of complementary medicines as signifying simply a different way of practising power'.¹⁹ If we want to make sense of this complex reality, we should probably carefully describe all these forms of therapy, as well as all the sectors and segments of biomedicine in all their diversity, but keeping in mind that, today, as in the past, they constitute a unified 'medical world'. Finally, the question remains: the study of unconventional medicine is certainly an interesting task, but should it constitute a specific field?

Notes

- 1 A French historian, Olivier Faure, is working on the history of homoeopathy. See 'Un médecin des lumières en quête de lois', *La Recherche* 310 (Juin 1998), 67–69.
- 2 S. Cant and U. Sharma, *Complementary and Alternative Medicines: Knowledge in Practice* (London, 1996).
- 3 R.E. Gray, 'Four perspectives on unconventional therapies', *Health* 1 (1998), 55–74.
- 4 SOFRES, 'L'opinion des Français sur les médecines douces', *Médecines douces* 35 (Décembre 1984).
- 5 U. Sharma, *Complementary Medicine, Practitioners and Patients* (London, 1992), pp. 16–17.
- 6 L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997).
- 7 Brockliss and Jones, *The Medical World*, p. 9.
- 8 Brockliss and Jones, *The Medical World*, pp. 10–11.
- 9 See George Weisz, 'Un temps fort: la crise des années trente', *La recherche* 310 (Juin 1998), 70–74.
- 10 C. Herzlich et al., *Cinquante ans d'exercice de la médecine en France: carrières et pratiques des médecins français* (Paris, 1993).
- 11 F. Chateauraynaud, 'Les médecins et les techniques de soin non allopathiques', *Sciences sociales et santé* 3–4 (1986), 5–49.
- 12 See C. Herzlich and J. Pierret, *Illness and Self in Society* (Baltimore, 1987).
- 13 Herzlich and Pierret, *Illness and Self*, especially, pp. 206–09.
- 14 Gray, 'Four perspectives'.
- 15 C. Herzlich, *Health and Illness, a social-psychological analysis* (London, 1973).
- 16 For twentieth-century medicine, see Christopher Lawrence and George Weisz (eds.), *Greater than the Parts. Holism in Biomedicine: 1920–1950* (New York, 1998).
- 17 See E. Aziza-Shuster, *Le médecin de soi-même* (Paris, 1972).
- 18 See, for instance, W.R. Arney and B.J. Bergen, 'The anomaly, the chronic patient and the play of medical power', *Sociology of Health and Illness* 5:1 (1983), 1–24; D. Armstrong, 'The patient's view', *Social Science and Medicine* 18:9 (1984), 737–44.
- 19 Cant and Sharma, *Complementary and Alternative*, p. 12.

A Sense of Gender: Different Histories of Illness and Healing Alternatives

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COPING WITH ILLNESS IS ONE OF THE TASKS with which people are confronted time and again. However, what people consider to be illness is variable and subject to change. This also applies to the definition of health and the boundaries between health and illness, the experience and interpretation of health and illness, and what people actually do in order to keep healthy or restore their own or other people's health. In other words, health, illness and healing can, at least to a certain extent, be considered as socio-cultural constructions. As such, they are products of people's attribution of meaning and of interaction among people derived from their various roles and positions within society. This implies that the history of medicine, which I use as shorthand for the history of health, illness and healing, is a history of what both doctors and other types of healers, as well as (potential) sufferers, their family and friends, thought, knew, felt and did with respect to health and illness. It is a history of shared, but also of mutually divergent and competing, ideas and practices. The history of 'unconventional medicine' is just one example of this. Moreover, the history of medicine is not just a history of 'people', whether in the role of healer or (potential) sufferer. It is also a history of the young and the old, the married and the unmarried, the wealthy and the poor, the educated and the uneducated, the religious and the nonreligious, city-dwellers and country folk, and any gradations in-between. And last, but not least, it is a history of

men and women, and their possibly different approaches to health, illness and healing.

This essay will place the history of unconventional medicine in a gender perspective. I will first explain what is understood by gender, and what a gender perspective implies or can imply. Secondly, I will briefly pay attention to the term unconventional medicine as compared to other related terms. Thirdly, I will move on to present a brief state of the art, and thereafter concentrate on discussing recent Dutch research on what I have preferred to call the history of healing alternatives from a gender perspective. Finally, I intend to offer some suggestions for future research.

From Women's History to Gender Histories

SINCE WOMEN'S HISTORY MADE ITS APPEARANCE in the late 1960s much has happened, both in the sense of uncovering the past lives of women and also suggesting new ways of approaching women's history.¹ Women's history has developed from a history of women's roles and experiences into a history that also includes or even focuses on gender. Indeed, it has recently been noted that women's history is gradually being displaced by gender history.²

What is gender about? The idea is that there is no such thing as a timeless and essential notion of 'woman' or 'man', female or male, femininity or masculinity. Biological sex may be one thing; notions of female and male identity are another. The concept of gender refers to the socio-cultural construction of female and male identities. A gender perspective implies that questions are asked as to how women and men interpreted the meaning of being female or male, what they considered to be feminine or masculine, and to what extent these notions shaped their lives, as compared, for example, with age, social class, religion or region.³ It also implies that more specific questions are being asked as to which women and which men held which views of femininity and masculinity, as these views may well have varied according to people's position in society.

Let me give just one example that may sound familiar, although it is taken from Dutch medical history. It shows how notions of masculinity and femininity could contribute to excluding women from the medical profession and at the same time including them in the nursing profession. In the Netherlands this only became of topical interest from the 1870s onward, when the first female student, a medical student, had matriculated at a Dutch university. Around 1900, when about a dozen women had taken medical degrees and approximately half of them were practising as doctors, the majority of male doctors was far from happy with this development. For them

the medical profession was a male profession. If women nevertheless practised as doctors, they should certainly not dare to enter the operating room. Surgery was strictly taboo for female doctors. But what did male doctors at that time consider women fit for? Except for midwifery, it was the nursing profession that was recommended as an eminently suitable occupation for women, preferably women with a certain level of culture and special training in nursing. According to these male doctors, women were morally superior to men, a vision that was shared by women as well. Only female nurses were thought to be able to exert a civilising influence in the ward.

In addition to the division of labour between men and women, other aspects of men's and women's beliefs and actions with respect to health, illness and healing could be affected by notions of masculinity and femininity. These notions could be fairly persistent. Thus the first female professor at the University of Amsterdam, the paediatrician Cornelia de Lange, told her audience in 1948 that she believed that with respect to pure science men were superior to women. This was not because women weighed somewhat less than men, but because they had less stamina.⁴

Unconventional Medicine?

IT SHOULD BE POINTED OUT that unconventional medicine and related terms, such as alternative, complementary, non-orthodox, sectarian, fringe or irregular medicine, do not refer to specific types of medicine. Each is defined in terms of what it is not: unconventional medicine as opposed to conventional medicine, alternative and complementary as opposed to mainstream medicine, non-orthodox versus orthodox medicine.⁵ Even if the actual meaning of conventional, mainstream, or orthodox medicine can be ascertained at certain times and places, both in theory and in practice, we are still left with the problem of finding out about the rest. Moreover, it should be realised that these dichotomies have been constructed, named and used by specific groups, at specific times and places. Different groups will have attached different meanings to current dichotomies, under the condition that such dichotomies were experienced as meaningful. It is not merely the case of university-educated doctors attempting to mark the boundary between themselves, the establishment and other healers, the outsiders. Nor is it the case that alternative healers in turn may have presented themselves as different from and superior to both university-educated doctors and healers other than themselves. We should also be alert to the possibility that what counted for sufferers may have differed yet again.

Placing unconventional medicine in opposition to conventional medicine seems to be a fairly recent invention, and so transferring these labels to earlier periods may be problematical. There is another problem as well. 'Conventional' is an ambiguous word. It can mean 'according to convention', and could thus, for our purposes, be considered to refer to the conventions of academic medicine, but conventional can also mean traditional in the sense of popular. Conventional wisdom can mean popular wisdom. So, if we choose to understand conventional medicine as academic medicine, then it would seem very odd if this same label were also applied to traditional or popular medicine. Yet it does not seem sensible to apply the label of unconventional medicine to traditional or popular medicine.

Rather than attempting to solve this or similar dilemmas with regard to other related terms, I propose to approach the subject somewhat differently by using the concept of the medical market as an analytical, but by no means purely economic, device. The concept of the medical market refers to the relationships of exchange between those who demand and those who supply cures, and to the relationships of competition among those who supply cures.⁶ The various types of cures which in certain periods and regions are supplied by various types of healers, whether male or female, can be considered as alternatives or options from the point of view of those who are seeking medical care. Whether the different parties concerned make a clear-cut distinction between academic and other types of medicine is an empirical question.

Historical Research on Illness and Healing Alternatives from a Gender Perspective

THE HISTORIOGRAPHIC HARVEST OF STUDIES on the history of illness and healing alternatives from a gender perspective is still fairly modest.⁷ It is also fairly one-sided, for in most of these studies the focus has been on women, whether in the role of patient, healer or both. This concentration on women is problematical if we want to find out about the impact of gender on past notions and practices with regard to health, illness and healing.⁸ We can hardly expect to resolve whether or not, and to what extent, women's attitudes to health, illness and healing differed from those of men, if there is no research into the attitudes of both, including the ways in which they influenced one another.

Katherine Park's recent article on gender and healing in Renaissance Italy sets a welcome example in this respect.⁹ She discusses which types of healing were used, magical and otherwise, whether particular cures were

offered by male or female healers, and whether their clientele tended to be male or female. She also discusses how her findings can be related to more general notions of gender.

Most historical research on illness and healing alternatives from a gender (or at least a women's) perspective concerns the eighteenth, nineteenth and/or twentieth centuries. Some of the research on women's reproductive health, especially childbirth and abortion, offers valuable information on the experiences of the women themselves and the people they consulted.¹⁰ Cornelia Usborne, for example, has demonstrated why lower-class women in Weimar Germany tended to turn to lay practitioners, most often females, instead of to doctors for terminating their unwanted pregnancies. This was not just a matter of cost, but also, and even primarily, a matter of superior skill on the part of lay practitioners in combination with a shared socioeconomic and cultural background, as well as the clients' preference for female abortionists, many of whom were midwives or former midwives.¹¹

Another strain of research has concentrated on other female irregular or alternative healers from a more or less explicit gender perspective and has dealt mostly with the nineteenth and twentieth centuries. The emphasis has tended to be placed on women's versus men's opportunities to secure a position on the medical market or, more generally, to participate in the public sphere. Thus it has been demonstrated in studies of spiritualism in England and France that the position of medium, whether employed for spiritualist healing or for other purposes, could provide women with just such an opportunity.¹² Women were even considered, both by men and women, to be uniquely qualified to communicate with the spirits of the dead. Actually, this particular notion of femininity and the ensuing practice of female mediums may also have contributed to undermining notions of femininity and masculinity which defined the private sphere as feminine and the public sphere as masculine.

Whether or not women were also considered to be particularly qualified for other types of alternative or irregular healing, it is certainly clear that barriers in the form of medical training requirements tended to be nonexistent or relatively low in comparison with those of regular medical practice. Both women and men could take advantage of this fact. Whether women, and which women, from where, and when, felt specially attracted to practising particular types of healing alternatives, and to what extent this affinity could have been a function of gender identity, is not yet clear. In an article on women and sectarian medicine in the United States in the nineteenth century, Naomi Rogers has rightly stressed the need for detailed

biographical knowledge about female sectarian practitioners such as homoeopaths, osteopaths and hydropaths.¹³ Otherwise, we cannot expect to answer questions as to why they chose to become one type of practitioner rather than another at a time when formal medical training had already become accessible to women.

Whereas Naomi Rogers's female sectarian practitioners tended to be fairly well situated, Willem de Blécourt's substantial research on Dutch irregular female healers from the 1850s to the 1930s includes many women of lower status.¹⁴ Moreover, his research is by no means limited to sectarian forms of irregular medicine. It includes layers-on of hands, wonder-healers, herbal specialists, unlicensed midwives, fortune-tellers, somnambulists, healing mediums and abortionists. Their clients were mostly women (and their children) with a similar social background. De Blécourt points out that all of these female irregular healers somehow functioned as mediators in transition periods such as birth, marriage, illness and death. He states, moreover, that their healing activities reflected contemporary notions of femininity according to which women were seen as guardians of domestic happiness.¹⁵

Finally, research which focuses on the sufferers themselves should be mentioned, and more particularly, on the relative appeal of different healing alternatives for men or women. It is nowadays commonly understood that women tend to be more inclined to turn to 'alternative medicine' than men.¹⁶ Yet, what exactly do we know about this relative preference, both in the present time and in former days? Does and did it include all types of alternative healing, and does or did it apply to all types of women, irrespective of age, class, education or religion? What about the men who feel or felt attracted to alternative healing? And finally, how do the findings tie in with contemporary notions of femininity and masculinity?

Again, I can hardly do more than mention just a few studies of interest. Although it does not primarily focus on illness and healing, Kathryn Sklar's book on Catherine Beecher is of interest because it clearly demonstrates the close connection between a male-dominated evangelical culture, female invalidism and hydropathy in nineteenth-century America.¹⁷ In water-cure establishments, many of them, according to Sklar, 'centers of female-oriented culture', women could freely discuss their problems and find relief for their complaints. Unfortunately, there is little information about the personnel of these water-cure centres. Only one hydropathist is mentioned by name but, since this person was a man, it may be deduced that hydropathic establishments were by no means an exclusively female business. Although it is briefly indicated that it was a major tenet of

hydropathy to treat the whole person, not just single symptoms, this aspect receives no further attention in Sklar's book.

From here it is but a step to the question as to whether particular notions of health and illness as advocated by various types of alternative healing, such as 'holism', especially appealed or appeal to women rather than men. Indeed, holism has become a fashionable term, particularly in New Age circles, indicating that everything is connected with everything. Dualism and reductionism are rejected. Body and mind, man and nature, man and God should not be seen as disunited but as a unity. It is insufficiently clear to what extent and how consistently women as compared to men adhere to 'holistic' notions of health and illness, nor if these notions reflect or are connected with certain notions of femininity rather than masculinity. We do know, however, that a greater number of women than men make use of healing alternatives, including those which have been given the common label of New Age or, more broadly, ritual healing.¹⁸ Writing on ritual healing in present-day suburban America, Meredith McGuire has united quite a number of therapies under this label, all of them attracting a larger female than male clientele. Her list consists of naturopathy, faith healing, Christian Science, psychic healing, transcendental meditation, occult and New Age therapies, human potential therapeutic methods, reflexology, iridology and Native American healing methods. However, the clientele's attitudes with respect to orthodox medicine appear to diverge, varying from complete rejection to partial acceptance. This makes it even more difficult to generalise about the impact of gender notions on the demand for these different types of healing.

Gender and Alternative Options in the Dutch Medical Market in the Nineteenth and Twentieth Centuries

WE HAVE BEEN CONFRONTED WITH THIS SAME PROBLEM in Dutch research on alternative options in the medical market in the nineteenth and twentieth centuries. My own research on the Rotterdam clientele of the homoeopathic practitioner Clemens von Bönninghausen in the 1840s and 1850s is but one example.¹⁹ Practising in Münster, just over the Dutch–German border, and having been brought up in the Netherlands, Bönninghausen attracted nearly 300 patients from the Netherlands, two thirds of whom lived in or near Rotterdam. At this time there were still very few homoeopathic practitioners in the Netherlands, and none in Rotterdam.

Contrary to what might have been expected, there was a significant male predominance among Bönninghausen's Rotterdam patients. Should

the conclusion then be that homoeopathy as such was more popular among men than among women, and that this should be attributed to particular notions of masculinity rather than femininity? I very much doubt it. I rather think that other interpretations are more plausible. It seems to me that the male predominance may be partly attributed to their presumably higher educational level and their occupational contacts: men may well have had more opportunities to be acquainted with homoeopathy in the first place; women may have been more diffident about travelling and consulting a foreign, male doctor, and family duties may have kept them from leaving home. It would therefore be too hasty to conclude that women felt less attracted to homoeopathy than men. Moreover, a substantial number of Bönninghausen's Rotterdam patients may have been shopping around and may even have returned to their old doctor if homoeopathy brought no relief. Consulting a homoeopathic practitioner did not necessarily mean a definite choice for homoeopathy: much may have depended on the success of the cure.

One more example of Dutch research will suffice here. One of many initiatives commemorating the centenary of the National Exhibition of Women's Labour, which was held in 1898 in The Hague, resulted in a book on women and health care in the Netherlands during the past 100 years.²⁰ It is interesting for two reasons. One is that the concept of women's labour has been broadly interpreted, including both the informal sphere of care within the confines of the home and women's participation in public medical and paramedical professions. Secondly, special attention has been paid to healing alternatives from a gender perspective. They include homoeopathy, faith healing within Christian Science, paranormal therapies such as magnetism, types of spiritualism or aura-reading, the more recently developed 'body-directed' therapies such as bio-energetics or stretching, and again fortune-tellers and abortionists.²¹ This is, of course, only a selection of alternative therapies which could have been discussed.

Most of these alternative therapies require no academic medical training. It should be noted, however, that during recent decades non-academic training programmes and professional societies have been established. Only homoeopathy can count a substantial number of academically trained practitioners, but there were also homoeopaths without any medical training, or, especially since the 1970s, with non-academic homoeopathic training. Within all these alternative therapies the share of female healers has been and/or is more or less substantial.

Homoeopathy provides an interesting example. It took a fairly long time before the first academically trained female homoeopathic practitioner

made her entrance. This was not until 1938. Their numbers rose substantially from the 1970s onward, when homoeopathy was on the rise. In 1997, 38 per cent of all academically trained homoeopathic practitioners were female, which is a slightly higher percentage than for all female practitioners on the whole.

Much more impressive is the female share of the postwar 'classic homoeopaths', who have their own homoeopathic training according to what they consider to be original homoeopathic therapy. Most of these classic homoeopaths have not been academically trained. In 1997 three quarters of the total of some 350 were women. Like many other female healers they tend to work part time, often having started practising when they were no longer young. Healing can, as it were, offer them a second chance of self-fulfilment, although not the opportunity of earning more than a modest income.

The majority of clients seeking an alternative cure are also women. For how long this has been the case with respect to particular therapies has yet to be largely established. It appears that a majority of homoeopathy's prewar clientele consisted of women, especially from middle and higher circles. Christian Science faith healing also attracted more women than men. A similar observation can be made with respect to pilgrimages for healing purposes. Especially among women of lower status they were, and are again, fairly popular.

Very little is known about past clients' motives, whether male or female. We are slightly better informed about today's clients. Female clients of homoeopathy gave a variety of reasons for choosing this therapy. They had either been raised with homoeopathy, had made a conscious choice for a healthier lifestyle and natural therapy, and/or were dissatisfied with regular medicine. Their dissatisfaction with regular medicine resulted from all-too-frequent prescriptions of 'chemical medicines', from insufficient time allotted for consultations, or from not having had their complaints (often 'typical women's complaints') or those of their children taken seriously. Interestingly, only a minority of them gave up seeing their regular practitioner, while the others 'made a combination of both' or 'chose the best of the two'. All of them showed considerable initiative. Rather than consulting a doctor or healer too soon, they preferred to medicate themselves and to turn to relatives and medical self-help books. Many of them also remarked that homoeopathy has a much greater appeal for women than for men, mentioning that their husbands scarcely used homoeopathy, if at all. They indicated that their husbands had no interest, were old-fashioned, not much concerned about their bodies, or just could not be bothered.²²

These are interesting findings, but how should they be interpreted from a gender perspective? Can it be concluded that homoeopathic therapy somehow reflects notions of femininity? But which notions of femininity? Surely not the same notions that were advocated a century ago? And how would these present notions of femininity relate to male clients of homoeopathy, and to male homoeopathic practitioners? These are questions to which I cannot give a clear answer.

The conclusions which have been formulated for this book as a whole suggest that notions of femininity and masculinity are no longer as separate or as far apart as they used to be. Formerly female domestic tasks of caring and cleaning tend to be taken on by men as well, however small their share may still be. Formerly male tasks of professional curing are being fulfilled by women as well. These changes reflect the blurring of boundaries between what is considered to be masculine or feminine. They also indicate that notions of masculinity and femininity with respect to health care have changed and are still changing. The notions of what is considered to be masculine or feminine have broadened and what is considered to be unmasculine or unfeminine has become narrowed down.²³

Which Sense of Gender?

IN CONCLUSION I WANT TO INDICATE briefly in which respects gender perspectives – I intentionally use the plural – can be helpful to our understanding of the history of illness and healing alternatives. Notions of masculinity and femininity have been of varying importance for socio-cultural constructions of health, illness and healing. How important, and in what respects, still needs to be more fully researched.

To begin with, notions of illness could and still can be gendered. The history of hysteria, the supposedly female malady, is but one example. However, as Marc Micale has pointed out, hysteria was by no means attributed to women only.²⁴ Nor was hysteria only considered in feminine terms. Alongside the concepts of female hysteria, notions of male hysteria can also be distinguished through the centuries, both within and outside medical circles. It would seem promising to explore the medical and remaining cultural gendering of other disease concepts and, more generally, of various notions of health and illness.

With respect to healing alternatives the impact of gender cannot be specified by simply counting numbers of female and male healers and patients. These numbers are useful as a first indication, but they do not suffice. We do, for example, need to know exactly what happened in the

domestic sphere when particular members of the family fell ill. Who decided what should be done, which healer should be consulted, in which cases and at which stage? It is hardly possible to determine the impact of gender as long as we do not have more detailed knowledge about decision-making processes at the family level, between husbands and wives, men and women. We also need to know more about why these decisions were made in order to be able to establish to what extent notions of masculinity and femininity had an impact on both the demand for and the supply of various healing alternatives. In this context special attention should be paid to the relationships between healers and patients, whether the gender of the healer mattered to male and female patients, and how they communicated with one another.²⁵

Although more information is needed, we do have sufficient indications that gender notions could have an obvious impact on the popularity of healing alternatives. The example of water cures in nineteenth-century America is but one of many. Another example could be mesmerism or animal magnetism, which attracted an exceptionally large female clientele, very much in accordance with notions of female sensitivity and susceptibility.

This all leads to the conclusion that doing the history of health, illness and healing from a gender perspective can contribute much to our understanding of this history, that is, if both men and women, and both notions of masculinity and femininity, are taken into account. After all, a gender perspective should always be a comparative perspective.

Notes

- 1 See, for example, Merry E. Wiesner, *Women and Gender in Early Modern Europe* (Cambridge, 1993); Olwen Hufton, *The Prospect before Her. A History of Women in Western Europe. Vol. One: 1500–1800* (London, 1995).
- 2 Lynn Abrams and Elizabeth Harvey (eds.), *Gender Relations in German History. Power, Agency and Experience from the Sixteenth to the Twentieth Century* (London, 1996), p. 1.
- 3 See the classic article by Joan W. Scott, 'Gender: a useful category of historical analysis', *American Historical Review* 91 (December 1986), 1053–75. See also Ludmilla Jordanova, *Sexual Visions. Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (New York, 1989), and recently, Judith C. Brown, 'Introduction' in Judith C. Brown and Robert C. Davis (eds.), *Gender and Society in Renaissance Italy* (London and New York, 1998), pp. 1–15.
- 4 Godelieve van Heteren, 'De hoogste tijd voor een nieuwe golf? Over de onvoltooid verleden tijd van het medische emancipatie-debat' in Rineke van Daalen and Marijke Gijswijt-Hofstra (eds.), *Gezond en wel. Vrouwen en de zorg voor gezondheid in de twintigste eeuw* (Amsterdam, 1998), pp. 233–52: 246.
- 5 See also Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 'Einleitung'; Willem de Blécourt and Cornelia Usborne, 'Preface: Situating "Alternative Medicine" in the Modern Period', *Medical History* 43:3 (1999), 283–85.
- 6 Marijke Gijswijt-Hofstra, 'Geloven in genezen, beschouwingen over recent onderzoek' in Marijke Gijswijt-Hofstra (ed.), *Geloven in genezen. Bijdragen tot de sociaal-culturele geschiedenis van de geneeskunde in Nederland*, *Volkskundig Bulletin* 17:2 (special issue, 1991), 118–42: 129–31; in the same volume, see also Willem Frijhoff, 'Gods gave afgewezen. Op zoek naar genezing van de pest: Nijmegen, 1635–1636', 143–70. Frijhoff defines the medical market as 'the interactive whole of ideas, actions and relationships by which bigger or smaller groups in society are brought to a collective understanding of health and healing' (p. 145). Willem de Blécourt defines the medical market as 'the healing options available to the sufferer'. See Willem de Blécourt, *Het Amazonenleger. Irreguliere genezeressen in Nederland, ca. 1850–1930* (Amsterdam, 1999).
- 7 See Willem de Blécourt and Cornelia Usborne, 'Women's medicine, women's culture: abortion and fortune-telling in early twentieth-century Germany and the Netherlands', *Medical History* 43:3 (1999), 376–92.
- 8 Johanna Geyer-Kordesch, 'Women and medicine' in W.F. Bynum and Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London and New York, 1997), pp. 888–914. Although Geyer-Kordesch emphasises the importance of gender at the beginning of her article, she further focuses on women. Nor does she pay attention to gender and/or women and healing alternatives.
- 9 Katherine Park, 'Medicine and Magic: The Healing Arts' in Brown and Davis (eds.), *Renaissance Italy*, pp. 129–49.

- 10 See, for example, Barbara Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730* (Stuttgart, 1987); Cornelia Osborne, *The Politics of the Body in Weimar Germany. Women's Reproductive Rights and Duties* (Ann Arbor, 1992); Marita Metz-Becker, *Der verwaltete Körper. Die Medikalisierung schwangerer Frauen in den Gebäuhäusern des frühen 19. Jahrhunderts* (Frankfurt/Main and New York, 1997).
- 11 Cornelia Osborne, *Politics of the Body*; 'Wise women, wise men and abortion in the Weimar Republic: gender, class and medicine' in Abrams and Harvie (eds.), *Gender Relations in German History*, pp. 143–76; 'Abortion for sale! The competition between quacks and doctors in Weimar Germany' in Marijke Gijswijt-Hofstra, Hilary Marland and Hans de Waardt (eds.), *Illness and Healing Alternatives in Western Europe* (London and New York, 1997), pp. 183–204; and de Blécourt and Osborne, 'The other medicine'.
- 12 Alex Owen, *The Darkened Room. Women, Power and Spiritualism in Late Victorian England* (London, 1989); Janet Oppenheim, *The Other World. Spiritualism and Psychical Research in England, 1850–1914* (Cambridge, 1985); Nicole Edelman, *Voyantes, guérisseuses et visionnaires en France 1785–1914* (Paris, 1995).
- 13 Naomi Rogers, 'Women and sectarian medicine' in Rima D. Apple (ed.), *Women, Health, and Medicine in America. A Historical Handbook* (New Brunswick, 1992), pp. 273–302.
- 14 Willem de Blécourt, *Het Amazonenleger*. See also Willem de Blécourt, 'Kaartlegsters, helderzienden en adrijfsters' in Van Daalen and Gijswijt-Hofstra (ed.), *Gezond en wel*, pp. 175–88.
- 15 De Blécourt, *Het Amazonenleger*, ch. 9.
- 16 See, for example, Meredith B. McGuire, *Ritual Healing in Suburban America* (New Brunswick, 1994).
- 17 Kathryn Kish Sklar, *Catharine Beecher. A Study in American Domesticity* (New Haven and London, 1973), ch. 14.
- 18 See, for example, Paul Heelas, *The New Age Movement. The Celebration of the Self and the Sacralization of Modernity* (Oxford, 1996); McGuire, *Ritual Healing in Suburban America*.
- 19 Marijke Gijswijt-Hofstra, 'Homeopathy'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* 51:2 (1996), 155–83.
- 20 Van Daalen and Gijswijt-Hofstra (eds.), *Gezond en wel*.
- 21 See Marijke Gijswijt-Hofstra and Anneke H. van Otterloo, "'Alternatieve geneeswijzen": vrouwelijke genezers en patiënten in de twintigste eeuw' in Van Daalen and Gijswijt-Hofstra (eds.), *Gezond en wel*, pp. 155–74; de Blécourt, 'Kaartlegsters, helderzienden en adrijfsters'.
- 22 See Gijswijt-Hofstra and Van Otterloo, "'Alternatieve geneeswijzen'", pp. 159–60. Resa Flipsen has interviewed 13 female members of the Society for the Advancement of Homoeopathy in the Netherlands.

- 23 Gijswijt-Hofstra and Van Daalen, *Gezond en wel*, p. 12.
- 24 Mark S. Micale, *Approaching Hysteria. Disease and its Interpretations* (Princeton, 1995).
- 25 For a useful article on patients' history which, however, does not pay special attention to gender, see Eberhard Wolff, 'Perspektiven der Patientengeschichtsschreibung' in Norbert Paul and Thomas Schlich (eds.), *Medizingeschichte: Aufgaben, Probleme, Perspektiven* (Frankfurt and New York, 1998), pp. 311–34.

The Contribution of the Comparative Approach to the History of Homoeopathy

Martin Dinges



Introduction: All Historical Writing is Comparative – Towards a Basic Concept of the Benefits of Comparison in the History of Homoeopathy

On August 10, 1929, the German central society of homoeopathic doctors in Leipzig celebrates its hundredth birthday. The situation of homoeopathy on the whole is totally different than 100 years ago. The disdained and marginalised heretical doctrine has in some sense conquered the entire world, although official medical science has not yet declared its support. Millions [of people] around the globe are thankful and devoted followers, and thousands upon thousands of doctors support homoeopathy. Moreover, they testify that it is the most reliable healing method. ... So what had not been successful earlier despite numerous attempts has finally become possible now: namely [to obtain] a chair for homoeopathy at a German university.¹

THIS WAS THE OPINION EXPRESSED by the homoeopathic physician E. Haehl in his centennial jubilee book concerning the German Association of Homoeopathic Physicians. But he was wrong. It was much less than a professorship – it was only a simple lectureship at the university. A case of wishful thinking! Nevertheless, Haehl expressed a recurrent idea of many traditional historians of homoeopathy, that homoeopathy was then – in this case in 1929 – about to flourish. This eternal illusion can be found

repeatedly in this genre of partisan historiography. It is a good starting point for our purpose, which is the contribution of the comparative approach to the history of homoeopathy, because it shows some typical flaws in a certain vision of the history of homoeopathy which can be characterised as follows:

1. It is the insider's view of this alternative method of healing which confuses wishful thinking about the future with historical research. The prognosis is normally based on a small amount of recent evidence in favour of the upswing of homoeopathy – in this example an increasing number of patients or of physicians interested in homoeopathy – or a growing public debate about the role of alternative medicine. This scattered evidence is taken as sufficient proof for a general trend. The reader would probably agree that this is methodologically not a very convincing approach, because it extrapolates from impressionistic personal experience which is often dominated by the professional optimism of the propagators of minority medicine.
2. Secondly, as an insider's view, Haehl's opinion does not sufficiently take into account the context of homoeopathy. Traditional homoeopathic historiography normally uses some elements of a crisis in so-called classical medicine as indicators of a general trend against this dominant healing method. Some examples are the German *Krise der Medizin* (crisis of medicine) in the 1920s or, as an author writing in English termed it for France 'The Crisis of Holism in French Medicine'.² A more recent example would be the critique of the bureaucratic, scientific and technologically oriented medicine formulated by I. Illich in the book *Nemesis of Medicine* or by F. Capra in his *The Turning Point*. No doubt in all of these crises the actors in the dominant healing system themselves possessed a certain consciousness of some serious problems in their domain. However, to derive from this situation the assurance of a resurgence of homoeopathy or even its definitive victory, as in the case of Haehl, is to jump to conclusions. The main deficiency of this view is systematic underestimation of the capacity of dominant systems to recover. To put it even more generally, it is a misperception of the context.
3. The third problem is not the exclusive privilege of historians favourable to homoeopathic treatment of illnesses. One may recall Rothstein's famous history of American medicine with the subtitle *From Sects to Science*, in which he considered the development of academic medicine and its alternatives, mainly homoeopathy and Thomsonism in the USA.³

The basic assumption of Rothstein's book from 1972 is his conviction that the end of all alternative healing methods had come, because only science which showed the medically valid therapies would be the method of choice for all physicians. Again, the extrapolation of historical trends may be observed, although at least in this case on more solid ground, using a longer period of observation. Secondly, there is the underestimation of the context, this time of certain developments in the medical market and of the patients' demands, which are not really considered in the book. Rothstein adds another element to the misunderstandings of traditional historiography: namely, the belief that historical developments are unilinear and lead to a certain aim or teleology. This teleology is already indicated in the subtitle of the book, *From Sects to Science*.

These three major pitfalls of the traditional historiography of homoeopathy are the result of an insufficient conceptualisation of the field.⁴ In each of them one can find a lack of comparative thinking. In the first case homoeopathy is considered too much a solitary entity and the perspective is too short-sighted. The time span of observation is too short and the scrutinised object – only homoeopathy – is too narrow to be able to say anything about its further development. The second deficiency is the failure to take into account more general developments in the context: it lacks a realistic measure of proportions and an appropriate understanding of the power of the medical market. The error of the example last cited is its unilinear vision of history: the observation of the trend may fit the USA between 1800 and 1900 but, because it deals with only one country, it leaves out others which might provide contradictory cases, such as Japan or India.⁵ Moreover, in treating only one kind of actor in the medical market – the physicians – the book underestimates the impact of the non-university-trained healers.

Using these introductory examples as the starting point, the contribution of the comparative approach to the history of homoeopathy may be characterised as follows. This approach may and can lead to a sufficient consideration of the necessary contexts, particularly the proportions between alternative medical systems and the dominant system. Secondly, short-sightedness may be avoided in questions concerning the number of actors, the duration of periods under observation and the size of the geographical units.

In this fundamental sense the comparative approach in itself is a means of avoiding current deficiencies in the historiography of homoeopathy,

which are still found in numerous manuscripts submitted for publication in *Medizin, Gesellschaft und Geschichte*, a journal that contains a section on alternative medicine in each volume. Seen from another point of view, historical writing always uses comparison. Good historiography is only possible when the necessary proportions are kept in mind, that is, through comparison.

Concise Remarks about the Comparative Approach in History in General and in the History of Medicine

A MORE SOPHISTICATED UNDERSTANDING of comparison must go further. There is neither the time nor the space to outline the long history of the comparative approach in historiography.⁶ It started with the first 'historians' of antiquity and held well until the emergence of scientific historicism in the nineteenth century, which stressed the uniqueness and individuality of its objects, periods and nations. Interestingly enough, a new invitation to practical comparative research was launched after World War I on the occasion of the first international meetings of historians in Brussels in 1923 by the Belgian economic historian Henri Pirenne, and in Oslo in 1928 by the founder of the *Annales* school, Marc Bloch. Only since the 1960s, however, has it become a more important priority among at least some historians in economic and social history. The results can be observed, for example, in fields such as research on the welfare state or on different processes of professionalisation.

In medical history this approach was applied even later, but it is developing well with the ongoing professionalisation and internationalisation of this subdiscipline.⁷ This is best illustrated by recent fields of now familiar research: the history of institutions, for example, hospitals,⁸ medical faculties,⁹ town physicians,¹⁰ public health systems,¹¹ plague prevention,¹² professions,¹³ medical discourses¹⁴ or medical movements,¹⁵ to name only those which seem more important for the social history of medicine. However, the comparative approach in the history of alternative medicine¹⁶ and homoeopathy¹⁷ has not really developed beyond some very first steps.

This is partially due to the marginality and the weakness of research activities on this topic in medical history in general. On the other hand, it is somehow astonishing, because research about a minority medical system literally invites comparison. Comparison should be the first step towards self-understanding when studying any relationship to the dominant system. Inherent in this relationship is a certain number of challenges which present specific opportunities for comparison. Comparison should also be a normal

approach when dealing with different alternative medical systems as a means of better placing each of them in their specific context and of defining their common identity or non-identity.¹⁸ Most often it is still business as usual, and a self-centred approach is used without any comparative ambitions.

Some Methodological Aspects of Comparisons in the History of Homoeopathy

LET ME NOW DISCUSS SOME METHODOLOGICAL ISSUES and some specific problems of the comparative approach in the history of homoeopathy. As an example I will take the *Weltgeschichte* (world history of homoeopathy) which I edited in 1996 on the occasion of the bicentenary of the publication of Samuel Hahnemann's article on the 'law of similars'.¹⁹ I will also consider some more recent publications in the field. This is not intended as a public relations activity for this book; I simply prefer writing about the things I know best, in this case the results, the limitations and problems of my own publications.

The world history was conceived as an attempt to transcend the typical limitations of national histories, insofar as only monographs of varying quality on the nineteenth century had appeared dealing with Germany, the USA, France, Great Britain and Italy, as well as Russia and Hungary. With the exception of the two books on English-speaking countries, all the other research was methodologically outdated. Typical for the field, they were written by physicians in the form of apologia and tend to overestimate homoeopathy's period of ascendancy and thus limit themselves to the 'golden age' of the nineteenth century, omitting the very interesting period of decline.²⁰

For the purpose of this world history, not only were countries included where homoeopathy was known to have played an important role, such as Germany and the USA, but also those countries where it was less well known and not widespread, such as Denmark or Canada. This approach made it possible to gain a more precise picture of the importance of the institutional arrangements of the medical market and of the role of medico-cultural interactions between neighbouring countries. I also tried to include Central and Eastern European countries and succeeded in the cases of Poland and Romania. This was important because the conditions for the re-evaluation of homoeopathy in the context of postmodern critique of the actual medical system were different in former communist countries. It was even more important to include 'developing countries' such as Brazil and India. Not only have they become places where homoeopathy has been very successfully

established in the public health scheme since the 1960s, but they also provide interesting evidence of specific cultural conditions for the introduction of homoeopathy into medical cultures quite different from those in Europe. Finally, small countries with a multilingual structure, such as Switzerland and Belgium, are of special interest to gain an idea about the impact of different cultural influences – as manifested in the various linguistic communities – under a medical market within a single legal framework.

Not all wishes could be fulfilled. Important countries, such as Russia, the former Czechoslovakia, Turkey, Mexico and Argentina, had to be omitted for the simple reason that nobody was found to write about them.²¹ It is clear that a number of hypotheses about the value of certain countries as objects of comparison enters already at the level of basic choices and that the availability of scholars limits the possible range of comparison. On the other hand, from an interdisciplinary point of view, it was very enriching that the authors came from various disciplinary horizons; the group included general and medical historians, historians of pharmacy and of science, sociologists, anthropologists and medical practitioners. This interdisciplinarity provided a specific opportunity for internal methodological comparisons in the field of the historiography of alternative medicine.

It made sense to use the nation-state as the unit of comparison for a first attempt at a world history of homoeopathy, because this allowed a broad integrative approach that was necessary with respect to the existing national research capacities and traditions. Different actors from the homoeopathic milieu were chosen for comparison: the patients; various kinds of healing personnel, including lay healers and physicians; their associations, organisations and journals, both scientific and popular; the teaching institutions, including universities and hospitals; and finally the pharmacies and, in the nineteenth century, the pharmaceutical industry. The authors of these articles considered the bodies regulating the medical market as the most important context for defining the more or less marginal status of homoeopathy in these countries. All contributors were asked to inform the reader about any existing research and to provide some basic information for comparison on each of the above-mentioned elements. The contributors were also asked to attempt to construct a periodisation of the history of homoeopathy in his or her own country.

From the choice of these various points of interest and from the very large range of questions it is evident that the aim of this comparison was to provide a description of national histories which did not exist for many of the selected countries. Secondly, the articles provided some basis for comparison in the sense that they considered comparable aspects in

accordance with the chosen outline. This is an advance in the field, but it is not yet comparative analysis.

The collected description of 17 countries allows some general remarks and some observations about the different types of countries. The worldwide development of homoeopathy has been so diverse that the 17 national histories resemble a collection of as many 'specific cases' or *Sonderwege*, as we would call it in German.²² This is important for the methodological question of a model (*tertium comparationis*) or a type to which other countries might be compared. In my opinion, it does not make sense to take the 'forerunner'/pioneer Germany, or any of the other countries, as the foundation for comparison with all the rest.²³ That would mean awarding privileges to one specific case. Germany was not more typical for homoeopathy because it was first, any more than was Britain for industrialisation (something on which everyone now agrees).²⁴ As far as the actual state of research is concerned, I would rather compare specific points without reaching out for a general model. We need to know more about the crucial factors influencing homoeopathy in all these countries first by looking both from the inside and the outside, before we can try to formulate a general theory. In other words, I prefer the heuristic possibilities of comparison to its capacity to construct types or complex models.

The variety of developments in different countries is as immense as the history of these countries is different! Here is one example. Let us consider the initial demand for the introduction of homoeopathy into a country and its long-term effect. This demand could come from a noble sufferer, who was accompanied by his court physician on a sojourn to another country,²⁵ or it could come from the occupying military power such as the Austrians in Naples.²⁶ Homoeopathy could be introduced by lay healers such as Clemens von Bönninghausen (1785–1864) in co-operation with a group of patients, as was the case in Rotterdam,²⁷ or by another lay healer such as the Frenchman Benoît-Jules Mure (1809–58),²⁸ who introduced homoeopathy to Malta in 1835 and to Brazil in 1840. Both lay healers had become convinced of the benefits of homoeopathy, as had many physicians, for example Sebastien Des Guidi (1769–1863), because they or a close family member had been successfully treated by a homoeopathic healer. Another method of diffusion was the emigration of trained physicians, such as Johann M. Honigberger (1794–1869) to the north of India, the German physician Constantin Hering (1800–80) to the USA and Samuel Hahnemann himself to Paris in 1835. This last move provided homoeopathy with a second centre in which to flourish in France. It is evident from the variations in the starting point that very different continuations become possible.

Good relations between innovative homoeopathic physicians and the court or an occupying military power may have been useful in the beginning of the 1830s to have an opportunity for controlled comparative treatment of patients in hospitals or to obtain some hospital wards, as in Naples. Favourable legislation was also useful. All this, however, became very difficult when revolutionary movements overthrew thrones or chased occupying powers out of the country, as was true in Italy during the *Risorgimento*. In this case homoeopathy was too closely linked to hated political powers with the subsequent adverse effects on its supporters.²⁹ Comparison may also reveal the effects of dominant 'coalitions' of homoeopathic medicine with spiritual or ecclesiastic movements or institutions. For example, the Russian Orthodox Church was engaged in the spreading of homoeopathy. After 1917 both experienced a serious backlash, the effect of which may have been more long-lasting for homoeopathy than for the church both during Soviet period and after the Soviet Union's fall.³⁰ The opposite case is also found. Homoeopathy had good prospects in India – alongside Ayurveda and the dominant western medicine – because it both corresponded to some habitual cultural patterns in its descriptions of pain and symptoms, and because it was a kind of medicine linked to Germany, the political opponent of the occupying colonial power Great Britain.³¹ An interesting comparison is the case of Japan, where the renaissance of the *Kanpo* medicine after the 1870s, caused by a reaction to the westernisation of Japanese medicine (primarily by German physicians), has probably worked as an autochthonous cultural barrier against the introduction of homoeopathy.³²

These various examples have a fourfold purpose. First, I want to stress the importance of political bonds – mainly with influential patients – to any alternative healing method from the very beginning of its introduction into a country. These coalitions have been crucial, because they may have definitely strengthened or weakened homoeopathy for a long time in a given national context. As a form of alternative medicine, homoeopathy did not have the same institutional support as academic medicine. Under these conditions much depended on supplementary economic and political resources. This feature is not only specific to alternative medicine in the nineteenth century, but also accounts for the extremely diverse facets of development in every country and is one of the important elements which gives the history of homoeopathy such diversity. At the same time it shows the importance of the sociopolitical context, which has had a decisive influence on the development of homoeopathic medicine. To gain a deeper understanding of the factors involved in the establishment of homoeopathic medicine and their more or less long-term effects on the

status of homoeopathy in each country would be a stimulating subject for comparative research, because it would allow the isolation of the relative impact of various factors. At the same time this would counter the 'sacred' role of enlightened physicians or other national myths about the establishment of homoeopathy current in each of these countries and lead us to a more synthetic view of the real forces at work in the diffusion of homoeopathy.

Secondly, the example provides good evidence of the inherent difficulties in comparison. We only have to consider the question of how the impact of homoeopathy in a given country should be measured. The first problem is the choice of a valuable indicator. Different solutions are possible. The proportion of homoeopathic physicians as a percentage of all physicians is probably the measure that first comes to mind. But what is a homoeopathic physician? Is it a doctor who mainly prescribes homoeopathic medications, somebody who does so from time to time, or is it a person who exclusively prescribes homoeopathic remedies? Is it sufficient that the person has specialised in homoeopathy, whether he or she really practices it or not? Must he or she be a member of the Association of Homoeopathic Physicians and have a distinctive professional identity?³³ Even at this level it is evident that a lot of prudence is needed to obtain a robust indicator.³⁴

What does the proportion of homoeopathic physicians mean in relation to the number of lay healers, who were much more important in the supply of medical aid to patients until the end of the nineteenth century? While these questions have relevance for most European countries, what happens when the rest of the world is included? The medical market there is often fragmented between one mainly for native patients and another primarily aimed at expatriate populations from the 'first' world. For this purpose it is even more mandatory to find complex indicators that consider all the providers of the medical marketplace.

Such an analysis would still not take into account all the forms of self-medication which were (and are) very common. Here, homoeopathy played and plays a specific and important role, because it is often considered a healing method that is not very harmful to the patient. The importance of this segment of the medical market may be only indirectly estimated by considering the sales of pharmaceutical products in a given country and during a given time. The low cost of homoeopathic pharmaceuticals, however, means that any calculation of the percentage of the market share, which is valued only in terms of money, may be misleading. How then can the share be evaluated differently from a patient's perspective – perhaps by ascertaining the number of medications consumed?³⁵

Counting institutions may provide another set of indicators. One example is the number of homoeopathic pharmacies or pharmacies also selling homoeopathic remedies, of homoeopathic hospitals or hospital wards.³⁶ In most countries, however, the legal conditions of the medical market limit homoeopathic medicine in such a way that the information could provide only very specific elements of the institutionalisation of homoeopathy. It is also evident that certain indicators are more valuable than others for obtaining a good overall picture.

Thirdly, research into the relative importance of homoeopathy in different countries requires long-term data. This is true for questions concerning the initial phase of homoeopathy: its decline around 1900 and the renaissance since the 1960s. To fulfil the prerequisites for such series of data is very difficult. This is true in countries with mighty homoeopathic organisations and well-developed (state) administration of the medical market that tend to produce a lot of paper, but the situation becomes even more difficult in countries with a small homoeopathic community or weak administration. It is often fortunate if there is any comparable data at all.

All of these arguments should not be misunderstood as an attempt at deterring comparative research. The warning is rather meant to encourage critical distance and to prevent rapid judgements from being made about the reasons for the development of homoeopathy in a given country at a given time. What little we actually know about the history of homoeopathy in different countries hints at variations in the phases of growth, maturation, decline and renaissance and a lack of understanding of the decisive factors explaining the decline at the turn of the century. In the decades between 1900 and 1960 the development was so different in the USA, Germany, France and India that the renaissance from the 1960s starts from very different levels and under varied legal conditions that still had strong influence. However, there has been a globalised trend towards a larger share of alternative medications – and homoeopathy – in the medical market.³⁷

This leads to a fourth point concerning indicators. A certain frustration about the difficulties of obtaining valuable long-term indicators can be partly allayed by considering the important question of the cultural meaning of homoeopathy in different countries. The remarks about India and Russia have already alluded to the situation. Homoeopathy as the medicine of the colonial power's enemy in India or as linked to the Russian Orthodox Church is far removed from regarding homoeopathy as a last alternative to unsuccessful conventional medical treatment in, for example, Germany in the 1990s. Homoeopathy offered something different to a person on the American frontier than to a Danish peasant. The American

in the 1890s had to rely upon himself under very difficult conditions and turned to Constantine Hering's *The Homoeopathic Domestic Physician*. The Dane lived in a strongly regulated medical market where homoeopathy was forbidden, so that he had to get his pills directly from the Schwabe Company in Leipzig. Homoeopathic treatment had a different meaning during the epoch of heroic therapies in the first quarter of the nineteenth century than it did 50 years later, when most healers had learnt about the necessity of the careful selection and dosage of medications. The meaning of homoeopathy changed again in a context with strong competing 'traditional' medicines, as in Japan or India around 1900, or in countries without such traditions, for example, in France or the Netherlands. All this provides an invitation to use the analytical framework and power of the methods of ethno-medicine and medical sociology, not only for research about India but also for studies of Europe. With the adoption of these methods, another benefit of the comparative approach could be realised: a retreat from the Eurocentric view of history towards a decentralised conceptualisation of the history of homoeopathy.³⁸ Cultural evaluation of homoeopathy may be the most difficult way to come to terms with the project of comparing countries, but it may also be the most direct way to stress the differences between them. On the other hand, it allows the discovery of specific elements in the context which might explain developments in third countries, which have not been previously considered. Again the specific heuristic value of comparison is underscored.

Some Results of Comparative Research in the History of Homoeopathy

THUS FAR I HAVE CONCENTRATED on methodological aspects and have perhaps given the impression of complaining about the difficulties of comparative history. Some results from recent comparative work in the history of homoeopathy will be presented. Once again I would like to raise the warning flag. The best results should lead us to more precise and complex questions.

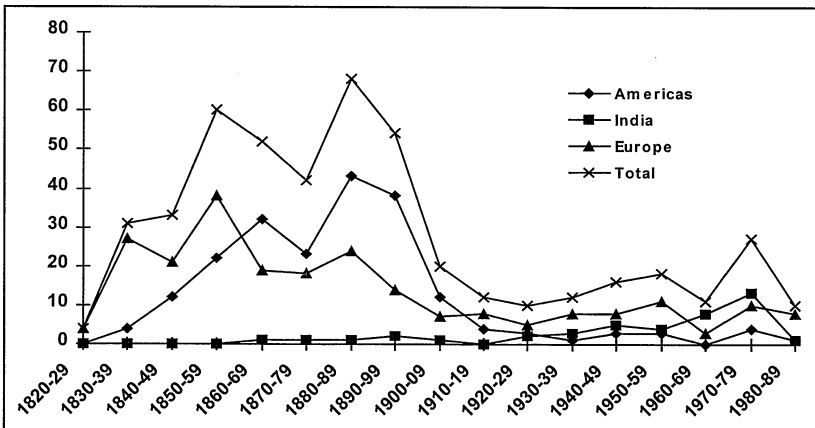
Let us first consider the question of the general impact of homoeopathy in the medical world and then the relative importance of continents in the history of homoeopathy. The only data which are actually available for Europe, India and the Americas for the entire period since the 1820s concern the publication of homoeopathic journals (mainly medical). Information concerning them is provided in an international bibliographical guide covering the period until 1983, which gives the date of foundation

and the period of publication, but unfortunately says nothing about the number of copies sold. The creation of homoeopathic journals in itself relates something about the interest in the new healing method and about the capability of its supporters to organise themselves. Often these journals were edited by organisations of homoeopathic physicians (or later sometimes by other healers), and thus were strongly related to the homoeopathic network that was the prerequisite for the life of the journal. When edited by a single person, for example, a director of a clinic, the publication quite often vanished from the market after some years. The fact that new journals were founded is an indication of the vitality of the local homoeopathic milieu. Thus the publication data reflect a certain degree of institutionalisation.

Within the continents I had to choose countries. Europe is represented by the 11 countries which were treated in the *Weltgeschichte*, while Brazil stands for the southern part of the Americas, being the country with the longest history of homoeopathy in Latin America. The graph indicates the number of newly founded homoeopathic journals during each decade.

Looking at the overall trend, 30 journals were established up to the 1840s. This number doubled in the 1850s, which must be considered as a first peak in homoeopathic publishing, with a second coming in the 1880s. The second half of the nineteenth century saw about 50 new publications per decade, a number which sharply declined to only 10 new publications after

New Publications of Homoeopathic Journals (by continents).



the 1910s. It was not until the 1970s that new growth doubled this number. The figure for the 1980s does not indicate a change in the trend, as it includes only the first three years of this 10-year period, but rather underlines the recent worldwide vitality. The general trend indicates well the first reception and growth, lasting until the 1840s, and the period of maturation from the 1850s to around 1910. The 1880s show the first indications of the turning point and subsequent decline until the end of the 1960s, followed by the renaissance from the 1970s onward.

The relative importance of the continents is most evident when looking at the leading continent decade by decade. Europe stands alone until the 1850s, after which the Americas – and this means mainly the USA – take over until about 1900. During and following the decline, Europe again becomes the first homoeopathic publisher in the world until the 1960s, when India assumes the role.³⁹

The graph shows in an interesting way that the comparative approach is useful from the very beginning of the history of homoeopathy because it shows the internationality of its past. To explain the specific importance of Europe and the USA in the nineteenth century, it is evident that the graph reflects partially the waves of migration to the new world and its specifically open market for alternative medicine. In the case of India the significance of political independence and a development towards a certain welfare are important prerequisites for homoeopathic publishing. Periods of peaking activity may coincide with the phenomenon of ‘take-off’, as the top decades of publication in various countries indicate: the 1830s in Germany (16), the 1840s in France (10), the 1850s in Great Britain (10) and Brazil (3). These dates coincide well with the general reception of homoeopathy in these countries. However, the 1850s for Italy (5) and Austria, the 1870s for Belgium (3), the 1880s in the USA (42) and Spain (4), and the 1890s for Canada (3) are too late. In these cases the specific limitations or opportunities of the market should be considered. This is especially true for the USA. On the other hand, the retardation of the Austrian, Belgian and Canadian markets is easy to explain: the nationals of these countries could easily partake of the German, French and American publications without feeling the need to develop their own.

If space allowed, I would add a few words about ‘small’ homoeopathic countries without the kinds of full-fledged homoeopathic institutions which characterise the ‘large’ homoeopathic countries. At certain periods of time the small countries would include Switzerland, Romania, Denmark, Canada and Malaysia.⁴⁰ These groups of countries provide the methodological opportunity to create typologies from comparative research. The importance

of linguistic communities vs national state boundaries could be tested in regard to the extent to which legal conditions create thresholds in the diffusion of homoeopathy. These countries could also provide examples of the specific conditions contributing to harmony and dispute inside a homoeopathic milieu which develops as a 'dependent' homoeopathic community, which has had to send its students to universities abroad and had to buy its medications from foreign companies or even foreign countries. The rich methodological results generated from this type of multifactorial analysis of political and cultural influences can be imagined.

The number of publications per country is probably also related to the centralism or localism of the medical associations and the medical market in every (sub)continent and country. The comparison of the number of journals in France (68), Germany (55) and Great Britain (only 30) during the entire period poses many questions. Was the number of homoeopaths in these countries, which are comparable in size, decisive, or does the much higher number of journals in France reveal a specially fragmented homoeopathic community? To answer this question, it is useful to consider the life span of these publications. On average it was much shorter in France than in Great Britain or Germany, but those journals that existed longest were also found in France. Does this indicate a stable centre for the homoeopathic community as well as numerous local or sectarian attempts to start new groups of homoeopaths or treatment methods that were short-lived? The need to scrutinise the content of these publications is an invitation for further research. Nevertheless, the quantitative presentation of the market for homoeopathic publications was useful as a base for general ideas about some global trends in the history of homoeopathy. At the same time it indicated where further research could and should begin.

The graph suggests another important idea about the history of homoeopathy, namely that it was not linear. This holds true when one compares the nineteenth century as a time of growth and maturation with the twentieth century as a period of decline and renaissance. This general trend might be explained by the changing state of the competing school medicine oriented towards the natural sciences. Successful steps were being taken to gain public acceptance by stressing more exclusively the scientific character of medicine, which was in line with more general attitudes in most 'modernising' societies. There are still many missing links if one considers, for example, the relatively small effects which all 'scientific' progress had on therapy until about the 1940s. A possible explanation may be that the symbolic value 'of being scientific' took precedence over the practical one, a phenomenon well known from the history of nutrition.⁴¹ The popular

acceptance of scientifically oriented medicine has its limitations, which is demonstrated by the growing criticism of this type of medicine and the actual resurgence of alternative medicine around the globe.

The lack of linearity in the history of homoeopathy also holds true in relation to the significant differences between countries. The most important growth and the most successful institutionalisation of homoeopathy during the nineteenth century took place in the USA, and it was noted and admired by contemporaries.⁴² The American success is normally explained by the very open American medical market, just developing during the nineteenth century, which provided good conditions for fair competition for the homoeopathic healers. On the other hand, why did homoeopathy not gain the same role in other comparable markets in developing countries like Australia or New Zealand? German immigration to the USA may be an additional factor necessary for the explanation of the American success, compared to the relatively small importance of homoeopathy in British-dominated Australia. The medico-cultural transfer from Great Britain apparently did not strongly support homoeopathy.⁴³

Even more dazzling than the comparison in space is the comparison in time. During the twentieth century the most important successes of homoeopathy occurred in India and Brazil from the 1970s onward. In both countries homoeopathy is now an integral part of the national health scheme, and homoeopathic treatment is fully covered by the national health insurance. What is striking in these cases is that after World War II homoeopathy seems to have fared best in countries where state policies that initially were ambiguous or antipathetical were converted into affirmative legislation. Often the economic argument for homoeopathy as a less costly medical alternative played a certain role. In India for example, most homoeopathic healers have a shorter training period than physicians at the university (existing homoeopathic and others), and their clientele comes more from the lower classes and the countryside.

Romania is an even more extreme case for the decisive role of state politics. In that country the dictator's spouse, Mrs Ceaucescu, was responsible for public health politics. Suddenly, after the German president's wife spoke about the benefits of alternative medicine in general and homoeopathy in particular in Bucharest in 1981, Mrs Ceaucescu became convinced that homoeopathy was a valuable medical alternative. Consequently, facultative training courses for physicians were introduced by the public health administration, and paper was supplied for printing the results of these annual meetings. All this served to help spread homoeopathy and finally led to the reintroduction of homoeopathy into Romania.⁴⁴

From these observations about three recent homoeopathic successes, which need more detailed explanation, one might deduce the hypothesis that in the second half of the twentieth century homoeopathy has the best prognosis in 'third world' countries and under restrictive, not to say, dictatorial political conditions which can make sudden switches to affirmative legislation. The dominant scientifically-oriented medical system seems to have allowed major homoeopathic intrusions mainly under these specific conditions.

Yet the economic argument is also becoming more and more important in the 'first world'. If one takes into account recent debates in Germany, Great Britain or the European Union, it seems that a more important role is being assigned to homoeopathy in the national health schemes of these countries. It is interesting to observe how interested the German health insurance companies actually are in basic information about the cost/benefit relations of long-term homoeopathic treatments. Since the majority of the associations and representatives of physicians in all these countries are definitely hostile to homoeopathy, it could well be the state administration which may take the decisive steps towards better conditions for homoeopathy.

From this comparative view of the factors supporting and hindering the spread of homoeopathy in a given country, the conclusion must be drawn that the American case of an open market as the optimal condition in the nineteenth century has no value as generalisation. Secondly, it is not necessarily an effective model for the twentieth century. It seems rather that the opposite condition, a more strongly regulated national medical market, may provide the better framework for homoeopathy in the completely changed conditions of medicine and public health at the end of the twentieth century. This may reflect the current decisive role of public health schemes for any politics in the medical field, but it is also an interesting element of long-term change that might better be explained in a comparative vision including 'first' and 'third world' countries as different types of countries, while at the same time taking into account market forces and state politics. This comparative approach would have another benefit for our knowledge about homoeopathy, in that it would avoid simplistic explanations which do not consider a sufficient number of elements for a serious analysis.

Conclusion

I HAVE TRIED TO SHOW THAT a comparative approach is necessary to improve the history of alternative medicine and homoeopathy. Otherwise, we will continue a traditionalist, apologetic historiography which is partially blind. The comparative approach is obviously not an easy one, but heuristically it is probably the most interesting way to write the history of alternative medicine. Thanks to its methodological possibilities, it is also an enormously rich provider of conceptualisations and results, as well as a generator of new and more precise questions. To finish with a statement made recently by Dorothy Porter at a conference in Stuttgart: 'It is impossible to write history without a comparative approach.'

- are given in Julian Winston, *The Faces of Homoeopathy. An Illustrated History of the First 200 Years* (Tawa, New Zealand, 1999).
- 18 This is the conceptual aim of Jütte, *Alternativen Medizin*, pp. 17 ff.
 - 19 Dinges (ed.), *Weltgeschichte*.
 - 20 A more modern interpretation is found in Gabriele Mengen, 'Übersicht über die Entwicklung der Homöopathie in der Bundesrepublik Deutschland von 1945 bis 1988' (PhD dissertation, Münster, 1991); Hoehn, 'Indien'; Borgholte, *Indien*; Marc Haffen, *Structures de l'homéopathie en France (1919–1982)* (Paris, 1982).
 - 21 On Russia, cf. Alexander Kotok, 'Homeopathy and the Russian Orthodox Clergy: Russian Homeopathy in Search of Allies in the Second Part of the 19th and Beginning of the 20th Centuries', *Medizin, Gesellschaft und Geschichte* 16 (1998), 171–93.
 - 22 The following draws on Martin Dinges, 'Die Internationalität der Homöopathie: Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne' in Dinges (ed.), *Weltgeschichte*, pp. 382–425.
 - 23 Concerning this methodological proposal, cf. Christiane Eisenberg, 'Die Arbeiterbewegung der Welt im Vergleich. Methodenkritische Bemerkungen zu einem Projekt des Internationalen Instituts für Sozialgeschichte in Amsterdam', *Archiv für Sozialgeschichte* 34 (1994), 397–410.
 - 24 Toni Pierenkemper, *Umstrittene Revolutionen. Die Industrialisierung im 19. Jahrhundert* (Frankfurt M., 1996); Gary Herrigel, *Industrial Constructions. The Sources of German Industrial Power* (Cambridge, 1996).
 - 25 Jütte, 'Indien', p. 355.
 - 26 Emanuela Rizza, 'Vom polyzentrischen Beginn zur Einheit: Italien' in Dinges (ed.), *Weltgeschichte*, pp. 240–55, 240.
 - 27 Marijke Gijswijt-Hofstra, 'Vroege veroveringen van de homeopathie in Nederland: de Rotterdams patienten van Clemens van Bönninghausen halverwege de negentiende eeuw', *Tijdschrift voor sociale geschiedenis* 21 (1995), 406–28.
 - 28 It is not certain whether he was a lay healer or a trained physician, cf. Olivier Faure, 'Eine zweite Heimat für die Homöopathie: Frankreich' in Dinges (ed.), *Weltgeschichte*, pp. 48–73, 54; concerning his homoeopathic healing (Schwindsucht) in Sicily, cf. Rizza, 'Italien', p. 243; concerning the introduction to Brazil, cf. Lore Fortes, 'Homöopathie auf dem Weg in das staatliche Gesundheitssystem: Brasilien' in Dinges (ed.), *Weltgeschichte*, pp. 331–54, 332 ff.
 - 29 This may have had long-lasting effects which even concern the current historiography. Compare the evaluation of Christoph Hartung (1779–1835) by the Italian and the Austrian contributors to Dinges (ed.), *Weltgeschichte*, pp. 81 and 247. Erhard Hartung, *Kaiserlich-Königlicher Rath und Dirigierender Stabsarzt Dr Christoph Hartung. Ein bedeutender Homöopath der ersten Stunde* (Nuremberg, 1998). For the historiography of alternative medicine, cf. Robert Jütte, 'The Historiography of Nonconventional Medicine in Germany: A Concise Overview', *Medical History* 43 (1999), 342–58.

- 30 Cf. Kotok, 'Homeopathy'.
- 31 Ute Schumann, 'Vom "lärmenden Herzen" und anderen volksmedizinischen Ansichten in der indischen Homöopathie' in Martin Dinges (ed.), *Homöopathie*, pp. 68–85.
- 32 On Malaysia, cf. Heinz Eppenich, 'Malaische Identität und Islamisierung der Homöopathie in Malaysia', *Medizin, Gesellschaft und Geschichte* 17 (1999), 149–75.
- 33 John H. Warner, 'Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, pp. 5–29.
- 34 Thomas Schlich and Reinhard Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von der Schwierigkeit, die Verbreitung der Homöopathie unter Ärzten festzustellen' in Dinges (ed.), *Homöopathie*, pp. 210–27; Jütte, 'Professionalization', gives a comparative picture of the number of homoeopathic physicians in Germany and the US in 1860.
- 35 David M. Eisenberg, Ronald C. Kessler et al., 'Unconventional Medicine in the United States', *The New England Journal of Medicine* 328 (1993), 246–83. Ulrich Schwabe and Dieter Paffrath (eds.), *Arzneiverordnungs-Report '96* (Stuttgart, 1996) contains no information about homoeopathic medications. Concerning an 'alternative' segment of the German market, cf. Wolfgang Schwabe, *Marktbedingungen und Absatzwirtschaft der biologischen Heilmittel* (Leipzig, 1939). Patient's interviews are crucial for knowing something about these practices.
- 36 On homoeopathic hospitals, cf. Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser. Von den Anfängen bis zum Ende des Ersten Weltkrieges*. Quellen und Studien zur Homöopathiegeschichte, vol. 1 (Heidelberg, 1995).
- 37 Gunnar Stollberg (University of Bielefeld) has recently started a project to study alternative medicine and globalisation.
- 38 Christof Conrad and Martina Kessel, *Geschichte schreiben in der Postmoderne. Beiträge zur aktuellen Diskussion* (Stuttgart, 1994). About problems with this proposition in German historiography, cf. Martin Dinges, 'The Reception of Michel Foucault's Ideas on Social Discipline, Mental Asylums, Hospitals and the Medical Profession in German Historiography' in Colin Jones and Roy Porter (eds.), *Reassessing Foucault: Power, Medicine and the Body* (London, 1994), pp. 181–212, 187.
- 39 Homoeopathic apologists who like to write success stories may deduce from the graph which continent and decade to choose for an optimistic view of the history of homoeopathy; its detractors can do the same for polemics by choosing the periods of decline.
- 40 Tsutani, 'Homeopathy'; cf. Christian Oberländer, *Zwischen Tradition und Moderne: Die Bewegung für den Fortbestand der Kanpō-Medizin in Japan* (Stuttgart, 1995). For the different case of Malaysia, cf. Heinz Eppenich, 'Malaiische Identität', 149–75.

- 41 Roy James Squires, 'Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States' (Univ. Diss. Leeds, 1985); Warner, 'Orthodoxy', p. 16, hints at this explanation; cf. Frank Scholz, 'Andere Macht, anderes Wissen: eine wissenssoziologische Untersuchung der Marginalisierung der US-amerikanischen Homöopathie als Beitrag zur politischen Anatomie des Körpers' (MA thesis, Heidelberg, 1995), p. 65 ff.; Jean-Louis Flandrin and Massimi Montanari (eds.), *Histoire de l'alimentation* (Paris, 1996), for example pp. 45, 105 and passim.
- 42 The USA is the country most regularly reported about in the journal of the German Homeopathic physicians *Allgemeine Homöopathische Zeitung*.
- 43 This holds true even when considering the fact that the British introduced homoeopathy to South India and to many other countries of their Empire. For information about the Commonwealth, cf. *British, Colonial and Continental Homeopathic Medical Directory* (London, 1898), later under the title *International Homeopathic Medical Directory* (London, 1901).
- 44 Michael Neagu, 'Von der Ethnohomöopathie zur postkommunistischen Vielfalt: Rumänien' in Dinges (ed.), *Weltgeschichte*, pp. 256–68, 265.

Danish Society and Folk Healers 1780–1825

Gerda Bonderup



FOLK HEALERS ARE PRESENTED in this chapter in the context of their society, in relation to the population, medical doctors and the government. The general discussion is illustrated by three examples.

The Population

AROUND 1800 DENMARK had a population of approximately one million people. Eighty per cent of the population lived in the rural districts, the remainder being evenly divided between the cities and towns and the capital of Copenhagen. Five to 10 per cent of the population was comfortably well-off, another 10 per cent had reasonable living conditions, while the rest lived more or less with the threat of starvation. What was life like for all these people? What was their state of health? We can find some of the answers to these questions from the questionnaire which was sent out to all doctors in Denmark in the beginning of the nineteenth century,¹ as well as in the medical topography of Copenhagen written at the same time.²

Food was often adulterated. Grain could be wet, partially rotten or mouldy, and it was frequently found to be polluted with grass, weeds or stones, not to mention something worse. Flour might be mixed with other ingredients in order to give it more bulk. Even the flour used by bakeries was sometimes filled with mites. Meat was a rare commodity, although lard was sometimes available, while in the cities the meat people could buy was 'inflated' or 'touched up' in other ways. Poisonous food colouring was commonly used, and pots were either glazed with mixtures containing lead

and other metallic poisons. Above all, food storage was inadequate, especially in the summertime.

The water supply was considered basically good, but in the cities the water was extremely contaminated. The public health officer from the third largest Danish city described the problem in this way:

We have creeks with pure and fresh water, however, a lot of women use this water to wash their dirty clothes in, many tanners clean their skins in it and many sewers flow into the creeks. Consequently, our water is extremely contaminated.

Homes were often very unclean – from our point of view. A family of six to 10 members might live together in one room, sometimes together with animals and items associated with their occupations, such as sour hemp in the rope-maker's home or the urine-soaked materials at the tanner's. Houses and apartments were not cleaned regularly. The smell was awful, as the windows generally did not open. Even the new buildings which followed in the wake of agricultural reforms were too small, damp and generally inadequate. Urbanisation had led to the emergence of slum areas in the cities and especially in the capital of Copenhagen, and the construction of houses outside the city ramparts was forbidden, in accordance with military rules which required a zone of clear land beyond the city limits. In order to house all the families as well as the taverns for the common people, houses had to be built both higher and deeper with humid cellars.

In the eyes of a Copenhagen doctor, people were little concerned with their personal hygiene, and he cited the example of a coachman. The coachman neglected everything else except for currying, washing and cleaning his horses, and, when the horses got weak and thin, his first thought was to give them a bath and rub them. However, when his child became ill, thin or weak – often as a result of a lack of cleanliness – the coachman used poor household medicine or took the child to a quack instead of attending to the child's hygiene.³

The medical surveys of the day were characterised by the new and profound hygienic demands of the bourgeoisie, later adopted by the society of today. Therefore, we must be careful not to view these sources from a modern standpoint. On the other hand, it is clear that the conditions described, even if we subtract a little from the account of the odours, could support a broad range of diseases, even though conditions may have made the population more hardy. In their annual medical surveys, however, the doctors talked about the 'gastric period' in the summertime. In death certificates, medical surveys and lists over causes of death from the church

records the following diseases can be found. Minor ailments such as coughs, colds, inflammations, diarrhoea, catarrh, open wounds and scabies were frequent, and more severe diseases such as asthma, spitting blood, rheumatism and cancer were also listed. Frequently, epidemics of typhus, smallpox, jaundice, yellow fever, tuberculosis or venereal diseases broke out. Accidents were common, but who could help that?

The Authorised Healers

IN THE MID-EIGHTEENTH CENTURY the healers in the professional sector were either physicians or surgeons. The physicians (about 20 in all) received a very theoretical education at the University of Copenhagen and had no practical experience. Yet, they were the only persons authorised to practise and prescribe medicine. The majority lived in the capital city, taught at the university or were employed by the king, nobles or wealthy patricians. Only a handful of them were spread across the country as public health officers. After the Reformation the public health officers took over health care from the Church, and long received financial support from that quarter.

The surgeons were artisans trained in surgery. Often they were specially trained barbers who were only allowed to render external medical treatment (i.e. treat wounds and fractures). Even though they outnumbered the physicians, they were still numerically few. Barber surgeons were primarily employed by the military and in the merchant fleet, and in their rare spare time they worked as surgeons in private practice.

In the mid-eighteenth century the government, influenced by mercantilist theories, encouraged the growth of a large and healthy population. Therefore, a number of institutions were founded, for example therapeutic hospitals and a maternity hospital for unwed girls, the purpose of which was to save the unborn children as well as the reputation and health of the mothers. A surgeon's academy that taught anatomy and internal medicine was founded in 1785. Its new scholars actually had a much better knowledge of medicine than the theoretically educated upper-class doctors. Both groups attempted to combine the two educational traditions, and this proved successful in 1838. Since the need for healers was great, this homogenisation process was not problematical. The supervisory General Board of Health was founded, whose members were all doctors. A network consisting of 50 additional public health officers with the status of surgeons was spread all over Denmark, which had a population of 900,000 living outside the capital of Copenhagen.⁴ These health officers lived in the towns, whose population they attended, in addition to the people in the

surrounding area. This task was virtually impossible because of the long distances and the poor road conditions. Furthermore, the population did not display very much enthusiasm over this new phenomenon. They were not accustomed to consulting authorised healers, and hence continued to turn to unauthorised folk healers when the advice of their friends and family did not suffice.

The Folk Healers

WHO WERE THESE FOLK HEALERS? This third group of healers can be divided into subgroups. Some had an outdated education or had learned a little about medicine and received a royal commission allowing them to treat certain ailments, such as eye injuries and hernias. Some of the folk healers were common people from the local community, although no sharp distinction can be made; this is also suggested by the fact that folk healers could be found in every parish.⁵ We do not know their exact number, but we do know that there were approximately 2,000 parishes. The folk healers were a motley lot, including smallholders, farmers, blacksmiths, priests, chemists, old women, travelling men who castrated horses and pigs, gypsies and bankrupt artisans. Their education was not 'authorised', but the folk healers had been taught their skills by masters in the art of folk healing, often their fathers or mothers, as folk medicine was frequently practised by certain families for generations.⁶ They extended the knowledge and customs of their predecessors with their own experiences and general knowledge of the local folk beliefs. However, they naturally lacked any theoretical connection. As most knowledge in agricultural society was handed down through the generations, a folk healer was considered to be just as good as a 'professional' surgeon. Furthermore, the folk healers came from the same social class as their patients.

In principle, the folk healers could also be divided into (folk) physicians and (folk) surgeons, according to their 'official' skills. However, this distinction would be more confusing than beneficial. While most folk healers preferred to profile themselves as fracture or wound doctors, that is (folk) surgeons, we know that they also practised internal medicine, not to mention the fact that many of them also used magic in their treatments.⁷ Furthermore, a clear division into groups is only possible in analyses; in 'reality' the two authorised groups, as well as the authorised and unauthorised groups, often overlapped.

The term folk healer has always had clear undertones. Therefore, both their contemporaries and researchers have found it difficult to come up

with a uniform term for the phenomenon. The doctors called them ‘quacks’ or ‘the so-called wise people’.⁸ In addition to ‘quacks’, law texts use the terms ‘empirici’, ‘chemists’ or ‘whatever name they may have’.⁹ Nor have contemporary historians succeeded in finding a suitable term. Roy Porter has given up on the problem and consequently writes ‘quacks’ whenever he refers to the folk healers in his work *Health for Sale ...* from 1989. Folklorists, anthropologists and medical historians use the more neutral term ‘folk physicians’. In her book *Kloge folk og skidtfolk* Birgitte Rørbye has chosen to use the terms ‘folk healers’ and ‘quacks’ indiscriminately, after having pointed out that both terms can be pronounced either with awe or with deep contempt and bitter irony. I have decided to use the term ‘folk healers’ for all unauthorised healers, including the (barber) surgeons who did not meet formal educational demands. This means that anyone who could be charged according to the Quackery Law of 1794 is referred to as a folk healer. This law contains six articles, only two of which deal with quacks: article 5 states that quacks are to be fined or imprisoned, and article 6 introduces the possibility of a partial authorisation of those who can convince the public health officer and the county prefect (a kind of county chief officer) of their skills.¹⁰

The genesis of the above-mentioned law sheds light on the public health situation at that time. Due to the erroneous diagnosis of a folk healer, a group of officials, including the doctors on the General Board of Health, was so upset that they tried to force through a quackery law with severe punishment for both the quack and his patient. However, this was opposed by the Danish Chancellery, a superior body during absolutist rule. First of all, the patient had already been punished enough, they reasoned, and the folk healer had to pay a fine of 20 *rigsdaler*, corresponding to a day labourer’s salary for 120 days of work, a punishment that was certainly considered hard. Should the accused not be able to pay the fine, he/she was to be imprisoned for eight days on bread and water. In this context, however, the most important aspect of the proposal is that the Danish Chancellery managed to include a clause for exemption of all folk healers who were able to convince the health inspector and the county prefect about his or her skills. The Danish Chancellery was well aware of the lack of doctors throughout the country, but also that there were many skilled folk healers. Therefore, this study includes those among the group designated as folk healers who obtained partial authorisation to practise medicine according to article 6 in the law. Their number was surprisingly low – a fact we will return to later.

The Activities of the Folk Healers

THOROUGH STUDY OF THE SOURCE MATERIAL has revealed approximately 130 folk healers.¹¹ Most of them were mentioned by name, while the rest were clearly identified in other ways, such as 'the blacksmith in Vedum'. Immediately following the implementation of the law in 1794 the first folk healers applied for a dispensation to practise quackery. The first two were granted permission, but after that the General Board of Health denied such exemptions to practically all applicants. On rare occasions they would say, 'Maybe'. Consequently, the folk healers simply stopped applying and continued to practise without authorisation. I have selected three cases to illustrate how the folk healers functioned in their surroundings and how they were viewed by the authorities and the authorised doctors.

A Folk Healer and Various Groups in a Local Community

The inhabitants of four villages in the county of Svendborg on the island of Funen sent a petition to the Danish Chancellery via the county prefect recommending a pardon for Friederich Jørgensen, who had been accused by the public health officer of allegedly having performed acts of quackery on two patients. Friederich Jørgensen was subjected to an official investigation, and when the matter was brought to the attention of the villagers, they submitted a petition to the county prefect with a total of 18 signatures. The county prefect was soon convinced of the competence of Friederich Jørgensen, but to be absolutely certain he wrote to the parish priests and the landlord Count Bille Brahe and asked them to express their opinions in the case. They were also very positive, and the county prefect gave the following account:

They agreed that farmer Friederich Jørgensen was a very sensible and decent man, with abilities in curing even the most complicated fractures, and the priests emphasised that there was no evidence of any of his patients having left without treatment, therefore many people in the district would miss him if he were forbidden to treat fractures and other similar ailments. Therefore the villagers and everybody else wanted him to keep his authorisation.

The county prefect himself supplemented the case with a long letter stating that there was a great need for doctors. The few available doctors saw to the more well-off patients first, whereas the less privileged often became crippled because they had to lie with a broken leg for several days without medical attention. He suggested adopting the ideas from Sweden where the doctors taught the sextons and other knowledgeable people from the peasantry how to perform minor operations.¹² Something similar should be

introduced in Denmark, and decent and knowledgeable men such as Friederich Jørgensen should certainly not be punished, continued the local official. Since everyone praised the character and decency of Friederich Jørgensen, as well as his experience and capabilities in certain treatments, the county prefect concluded by stating that he supported the villagers in their petition to let him practise and that his punishment should be remitted.

The Danish Chancellery sent the application on to the General Board of Health, which turned it down in distinct terms with one exception: the folk healer was allowed to treat the sick when the public health officer could not be sent for, and later, under his supervision.

It appears that Friederich kept on practising. But five years later one of his patients died, and this caused the public health officer to submit yet another complaint. The course of events is somewhat obscure, but the essence of the case is that the public health officer had treated the patient in question for cancer at an advanced stage. As this treatment did not help, the patient had turned to Friederich Jørgensen. The patient died under his care a few days later. This set the whole official machinery working again, and Friederich was convicted of quackery and sentenced to pay a fine of 20 *rigsdaler* to the 'poor box'. The whole process repeated itself, though on a larger scale, not just because someone had died, but also because this time entire villages in the district demonstrated their confidence in the defendant, even on stamped paper. The General Board of Health was unrelenting, but the Danish Chancellery intervened and lowered the punishment for quackery to a fine of two *rigsdaler*.¹³

A Folk Healer and the Authorities

In 1795 a smallholder by the name of Jørgen Hansen applied for permission to continue to treat arm and leg fractures. He obtained recommendations from the priest, the public health officer and the county prefect. They all vouched for his skills and agreed that he only had to consult the district medical officer in exceptionally complicated cases. His case was sent to the Surgeons' Academy, which refused his petition in very distinct terms, as this was the kind of folk healer who was prone to make serious mistakes because of his limited knowledge of medicine. Their next argument, which does not appear to be uncommon, was that article 6 concerned the middle class 'but not simple and unskilled common people. Granting such permits would also have a damaging effect on the properly authorised healers'. Furthermore, the applicant had not demonstrated his skills to the public health officer, who had merely spoken to him. Therefore the Surgeons' Academy could not grant him permission, but was of the opinion that he should still be allowed

to help the poor until the authorised doctor could be sent for. The next step taken by the Danish Chancellery was significant. As was often the case, they withdrew from the decision-making process by deciding to 'inform the county prefect about the decisions of the Surgeons' Academy'.¹⁴ It thus became the responsibility of the county prefect to inform Jørgen Hansen of the Academy's decision,¹⁵ meaning that it was left to the county prefect alone to either directly forbid Jørgen Hansen to practise medicine or, in effect, to grant him permission to treat the entire population of the county, for who could not be considered poor in the society of that day?

The county prefect's reaction to this order is astonishing, as he never made the information available to Jørgen Hansen in writing. He simply allowed him to continue his practice. In other words the county prefect alone had been left to decide what was best in the local community. After all, he was the one who had the best understanding of local conditions.

A Folk Healer and the Authorised Doctors

Approximately 100,000 people lived in the capital and, if we sum up all the authorised healers such as physicians, surgeons and private practitioners, we reach a total of almost 100. However, this astonishing result does not mean that there was a doctor for every 1,000 citizens. Half of the doctors worked for the military, and more than 20 were private doctors serving the king and court or were professors at the university or other institutions. Only 12 public health officers were therefore left to care for the remaining 55,000 citizens. As a result, people obviously turned to folk healers. The archives of the General Board of Health contain a lot of material concerning folk healers, including requests for permission to practise, quackery charges from doctors and numerous letters of support from ordinary people. One of the most long, drawn-out cases with abundant source material concerns a female folk healer by the name of Ane Larsen who performed midwifery. Her dispute with the board continued for almost 20 years.¹⁶ In the country a midwife was usually considered to be a semi-authorised healer working as a kind of assistant to the doctor. But in the capital city, where the General Board of Health, the government and a large number of private practitioners resided, she was subjected to accusations at a very early stage in her career. Not only was she a very competent midwife, she was also a competent surgeon and had healed fractures and open wounds caused by accidents, gangrene, cancer or venereal diseases. At that particular time, from 1810 to 1830, a long-lasting syphilis epidemic raged. When it became known that Ane Larsen had treated a woman with this disease, she was charged and sentenced to prison or to pay a high fine. Numerous people immediately wrote letters to the chief constable

supporting her. The chief constable was deeply impressed and petitioned the king for a pardon. The General Board of Health was consulted and obviously said 'no', but under pressure their decision was changed to 'perhaps'. Their response was interpreted by the government to be an affirmative answer, at least for one year. Each year the midwife had to apply for renewed permission and the General Board of Health spent much time and energy on refuting it, leaving it up to the government to intervene and grant the permit. In short, this midwife had more than 100 patients every year and gave an undocumented amount of advice. Finally, she even started a sort of private hospital where she could also treat the mentally ill.

In addition to expanding her practice Ane Larsen succeeded in converting some of her most vigorous opponents on the General Board of Health. In the beginning the chief public health officer in Copenhagen spoke about her in slanderous tones. According to him, she could 'not even write her own name. And generally displays very little intelligence'. Approximately 10 years later, when the General Board of Health was about to send another damaging letter to the Danish Chancellery concerning Ane Larsen, the same man refused to sign it, as he did not believe her to be a quack. This shift in opinion was motivated by the fact that, when the ailment in question was not one that she was licensed to treat, she asked the Danish Chancellery for permission before treating the patient who had come to her for help. Even when patients came to her with open wounds and other ailments that her licence did allow her to treat, she still consulted the doctor in charge of the procedure. 'Thus her work seems to be much more limited than required in the law of 1794'.¹⁷ The chief public health officer was not the only one who came to appreciate her skills. Two other members of the General Board of Health became her adherents, but they were still in the minority and the harsh replies continued. The radical change came when His Majesty himself expressed his approval after having visited a relative who was being treated in Ane Larsen's hospital. After this incident Ane Larsen was more or less free to treat anyone and the source material concerning her case stops.

We also have Ane Larsen to thank for one of the clearest definitions of quacks, which was given by one of the members of the General Board of Health:

They occupy themselves with treating ordinary ailments for payment, although they have no knowledge of medicine. Even though they confine themselves only to treating certain diseases, they still attempt to treat diseases that cannot always be cured without some scientific training and general knowledge of medicine.

Then he mentioned seven points that made it incomprehensible for people to understand why quackery should be prohibited. The two main points were that many people either considered the quacks to be more skilled than the authorised doctors or that they would rather take the advice of a semi-professional healer than receive no medical attention at all. He refuted every single point on nine closely written folio sheets. In short, he was of the opinion that the quacks had merely been lucky to be consulted when the disease was nearly cured. With regard to the semi-professionals, it was far better to turn to a sensible and cultivated person such as a priest, a master (landlord or farmer) or mistress, who out of compassion helped their neighbours, often on the basis of popular medical journals, while he considered the quacks were unwise and often non-thinking common persons.¹⁸

When the General Board of Health very occasionally yielded in cases concerning partial authorisations, a number of demands had to be met. The folk healer was only allowed to treat a patient under the supervision of an authorised healer. This authorised healer was to examine the patient. He also had to approve the suggested cure, keep an eye on the treatment, and finally make a report to the General Board of Health. It was hard enough for the folk healer to abide by these rules, but the precondition for being allowed to treat a patient at all was documented proof that an authorised healer had already attempted to cure the patient in vain. This documentation proved almost impossible to procure. Obviously, no doctor in his right mind would be willing to admit that his treatment had not worked on a disease which a folk healer claimed to be able to cure. The potential patients therefore resorted to giving an account of the poor authorised help which they had received and even stated the name of the doctor in question. The General Board of Health spent much time and energy on investigating and evaluating these treatments. However, the Danish Chancellery sometimes intervened and granted permission to a folk healer. This was laconically reported in the minutes of the General Board of Health as 'noted'.

Conclusion

IN THE TOWNS AS WELL AS IN THE COUNTRY, and even right before the eyes of the General Board of Health, the population turned to the folk healers even though this was prohibited from 1794 onward. The folk healers continued their work and took no heed. They only turn up in our archival material if they were caught in the claws of a very determined public health

officer or when one of their patients died. At the trial which followed, they often succeeded in winning the approval of the population, and, especially if they were good, they also obtained the approval of the priest and the county prefect. In my material the priest often served as an indicator of the seriousness of the folk healers. However, if the healer made use of the occult, the priest would be the first to level accusations. Numerous examples of this exist, but only one case, that of Christen Thorstensen, will be mentioned here. A priest from the island of Mors in the Liim Fiord area said: 'It would be desirable to condemn this person to a punishment for which he has long been qualified by performing disgraceful quackery and corroboration of superstition'. The district medical officer supported this by stating that Thorstensen was

a true *studiosus philosophiæ occultæ*. He has many skills. For a consideration he bewitches and cures bewitchment, produces expensive ointments, plasters, powders, pills and drops. In short his practice is both surgical and medicinal. He prepares his medicine himself as the chemist will not prepare it for him. He has been charged with quackery, has been fined to pay 20 *rigsdaler* – yet his practice is more successful than ever. His reputation even seems to have benefited from these charges.¹⁹

From the subsequent interrogation in court it became clear that Thorstensen indeed did not have a clear conscience.

Generally, however, there were many reasons for the goodwill of the priests and county prefects towards the skilled folk healers. There was a widespread lack of doctors, and the district medical officer normally treated the more privileged patients first. I have found numerous complaints in the source material from patients who had not been able to reach the doctor because he was attending to someone more privileged, such as a farmer. The services of the folk healers were cheap, and they often even treated the poor (under poor relief) free of charge. As the priest and the county prefect were members of the Board of Guardians in the parish and the county, this was a weighty argument.

In the examples cited the opinions of the doctors have only been illustrated in part. Many public health officers in the country considered the folk healers helpful. Others were indifferent, but only a few complained about them. In the capital, however, we clearly see the burgeoning elitism and the encouragement of the monopoly by the doctors on the part of the General Board of Health. Actually the General Board of Health was only obstinate towards the folk healers as persons. When the folk healers found a promising cure which was not yet known, the doctors were always willing to

try it out. Usually this ended with a refusal of approval accompanied by a statement that the cure had been known for a long time or that it was useless. When a new wave of healers using so-called animal magnetism or mesmerism swept the country in 1810, the General Board of Health attempted to reserve the treatment for the authorised healers. They encouraged their doctors to try out the method and report on it. It could be argued that the doctors, despite their generally negative attitude, always kept an eye on what happened within the area of medical treatment. In other contexts, such as investigations concerning clandestine births and infanticide, they left a degree of uncertainty, allowing the defendant the benefit of the doubt.

As the superior body of the absolutist state, the Danish Chancellery had generally been positive towards the folk healers. However, they showed a tendency to delegate the responsibility to local authorities. This was also done in the case of Ane Larsen, as the magistrate in Copenhagen dared not assume the responsibility. Commenting in favour of Ane Larsen, they passed the case on to the General Board of Health. This left the Danish Chancellery back where it started, and therefore the actual application procedure was sometimes shortened by granting Ane Larsen permission to practice.

From this study I have concluded that the absolutist state and its central government preferred to stay in the background, leaving it up to the local authorities to settle the cases. Sometimes they even gave their support when the issue concerned the general well being of the population, even though this was not in accordance with their own laws. It seems to have been characteristic for Danish absolutism not to confine Danish society within rigid and narrow limits. The county prefect had an important role in dispensation cases. He alone had the authority in the local community to decide what was best, because he best understood local conditions, and in 1801 the ruling classes accepted the consequences of this development when they formalised the practice by allowing the county prefect to administer a number of prohibitions and rules.

Notes

- 1 This questionnaire was sent by a commission which was created in 1802 to prepare a proposal for legislation on medical policy. Danish National Archives (*Rigsarkivet-RA*), Copenhagen, DK G 125, 1802–14.
- 2 Heinrich Callisen, *Physisk medicinske Betragtninger over Kjøbenhavn*, vols. I–III, (1807–09). Callisen was a member of the General Board of Health and was very well informed.
- 3 Callisen, *Betragtninger*, vol. I, pp. 149 ff.
- 4 The first 20 to 30 of them took office prior to the new examination requirement.
- 5 The folklorist Birgitte Rørbye has coined the phrase ‘integrated folk healers’. See Birgitte Rørbye, ‘Den illegale sygdomsbehandling som folkloristisk problem’, *Fataburen* (1976).
- 6 Folklorists refer to this as the principle of apprenticeship. Only the final examination was lacking.
- 7 This ‘magic’ was the root of numerous problems, and I shall describe one example later.
- 8 In Danish these people are called *kloge folk* (wise people).
- 9 Law on Medicis and Pharmacists, 4 December 1672.
- 10 The other articles sum up some general public health measures such as encouragement of the population by priests and other officials to keep houses and clothes clean and not to use too much salt in their food.
- 11 The sources, found in the National Archives, are ‘Suppliques’ to the king for the years 1794–98, the records of Collegium Medicum and Academy of Surgery after 1794 and the material from The General Board of Health from 1803–25, including the doctors’ annual reports for 1803–25. Nr. 8 of these reports refers to quackery.
- 12 In Norway some soldiers received instruction in surgery in the 1790s. RA, DK F 54 Supplik 2379-1796, Apr. 7.
- 13 RA, DK G 20 Brevsag 1436-1806 General Board of Health jnr. 362 and 363-1805; General Board of Health jnr. 381-1811, copy book 30/1-1812 and DK K 6 Registrantsag 731-1812.
- 14 RA, DK F 54 Supplik 2185 9/4; 28/7-1795.
- 15 District Archives for Funen, Odense (LAF), Odense Amt. Assens og Hindsgavls amter, Journal 1793–98. Danish Chancellery, letter from 1 August 1795.
- 16 RA, DK I Brevsag 4253/1811 and Registrantsag 1204-1812. General Board of Health jnr. 300-1814, 387-1821, and 412-1822.
- 17 RA, General Board of Health jnr. 412-1822.
- 18 RA, General Board of Health jnr. 251-1817.
- 19 RA, The public health officers’ report General Board of Health jnr. 146-1821.

Physicians, Quacks and the Field of Medicine: a Case Study of Quackery in Nineteenth-Century Sweden

Sofia Ling



Introduction

The undersigned, who with his Royal Highness' most gracious permission, heals external complaints such as Gout, Pain, severe Swellings, all kinds of open Wounds to the head, Rashes on the body, contracted joints, like knees, and so on, would hereby inform those who are troubled by the mentioned complaints and therefore would like to seek my help, that they the sooner the better ought to be in attendance in person at my lodgings.¹

A 'DOCTOR FROM STOCKHOLM' signed this notice of medical services, printed in 1834. But, according to the records of the Medical Board, this doctor, named Abraham Larsson Alvin, was not a true physician. He was a former farm hand and a 'quack'.²

How is the concept of 'quackery' to be understood? The word itself implies some kind of dishonest behaviour within the medical field.³ Quackery cannot exist unless there is something that is not supposed to be quackery.⁴ Implicitly it refers to its antithesis, placing proper behaviour in contrast to improper. Nevertheless, it is not possible, or even desirable, to define such a vague and rhetorical term as quackery in general. It has to be defined in its own context.

Characteristic for Sweden is that from the sixteenth century onward the state had great impact on the health care system.⁵ A legal framework for control of unauthorised healers was early established which gave supremacy to licensed physicians educated at the universities. Legislation and formal education are criteria commonly used to define professional groups.⁶ However, no systematic investigation has yet been made of what these frameworks really meant in early modern times, that is, the period preceding the scientific establishment of scholarly medicine.⁷ Until 1915 Swedish legislation against quackery or the unauthorised practice of medicine was primarily found in late seventeenth-century Royal decrees. The most important principle in the Medical Act of 1688 was the confirmation of the physicians' exclusive right to practise internal medicine.⁸ However, exceptions to this principle were made.⁹ Even when the act was proclaimed, it declared that pharmacists, barbers and surgeons were allowed to treat internal injuries when required. Pharmacists were also permitted to prescribe medicines, if a sick person requested, under the condition that the customer in question was not also consulting a physician. This was especially the case in the countryside where there was a lack of physicians. The central subordinated instance responsible for preventing quackery was the Medical Board, located in Stockholm, and their Ombudsman, together with the authorities of the police.¹⁰ The Medical Board, originally a guild corporation (*Collegium Medicum*) created by the physicians themselves, was also made responsible for all medically authorised practitioners, that is both surgeons and pharmacists as well as midwives.¹¹ A national system of District Medical Officers was also established.¹² The District Medical Officers were given the responsibility of supervision, and one of their duties was to report on the state of quackery to the Medical Board.¹³

The medical profession has been regarded as the prototype for what constitutes a modern profession, and there is therefore comprehensive international literature on this subject.¹⁴ However, the practitioners who in the legal sense of the word were omitted when an officially approved national system of health care was established have seldom been put in focus.¹⁵ Although lacking the sanctioned professional criteria, these persons were of significance for professional practitioners as well as for their clients.¹⁶

How is quackery to be understood within this process of ongoing professionalisation? What did quackery mean in practice? As a result of their professional ambitions, it is clear that physicians made rhetorical use of the expression quackery in an instructional context.¹⁷ The concept thus served them as a means of stressing the distance from other practitioners within the medical field, while arguing for its exclusiveness and knowledge-based

skills.¹⁸ The treatment of quackery in practice was another thing.

To what extent did physicians use the law to prevent competition? To what extent was the relationship between authorised and unauthorised practitioners characterised by conflict? Is it possible to trace co-operation? What was the response by those lacking formal medical education? What significance did this relationship have for the establishment of the scholarly medical profession, and how did the relationship change over time?

The question of what people and what kind of healing the concept of quackery has been aimed at, as well as how the historical struggle over definitions has changed, is an empirical one. This is one reason why I have chosen to make use of the derogatory expression 'quack'. It does not mean that I judge persons accused of quackery as incompetent frauds.¹⁹ My purpose is rather to use this expression as a term of analysis and to interpret its meaning when used by different actors and in different situations.

If one considers the encounter between those called quacks and the medical authorities, the relationship seems more complex than first might be assumed. Between 1776 and 1858 48 persons, 14 women and 34 men, were listed under the heading 'quacks' in the records of the Medical Board.²⁰ Some of them had turned to the King with complaints of being legally accused of quackery; others had applied for permission to practise or to sell a remedy or, alternatively, had asked for financial support or a reward. These kinds of applications and complaints were remitted to the Medical Board before a final decision was made.²¹ The majority did not receive what they had requested. On the other hand, the Medical Board did not automatically initiate legal actions against them. Some of the so-called quacks were even granted their requests.²² The system was thus not as closed as it might seem. A channel for communication between the Medical Board and healers of different sorts existed as well as the possibility of receiving a special licence to practise or to sell a remedy.²³

The case of Abraham Alvin can illustrate important aspects of the actual relationship between the different parties involved. Of course, Alvin is not representative of all those regarded as quacks. In order to illuminate the complex relationship, the communication between Alvin and the authorities is analysed in detail and compared with other relevant cases.

The Authorities' View of Quacks

IN 1824 THE COUNTY GOVERNOR OF GOTLAND asked the Medical Board for its opinion on the remedies used by Abraham Alvin to treat external complaints.²⁴ The Medical Board replied that there was no reason to forbid

him from practising or using his remedies. On the contrary, he could be allowed to help those who sought his services. The decision was based on the conclusion that his remedies did not contain any dangerous ingredients if used for the stated diseases.²⁵ It was also regarded as important that Alvin had the confidence of the inhabitants in his village and that no one who had used his remedies became worse. A restriction was added, however. When required, Alvin should direct his patients to a proper physician and not prevent them from seeking skilful help.²⁶ Five years later Alvin applied for an extended permit which the Medical Board denied, but the King confirmed the validity of his previous approval.²⁷

There are examples similar to that of Alvin that are worth mentioning. For instance, in 1847 the Medical Board approved an application from a woman who 'owned' a remedy, which, according to her, was useful, both for external and internal treatments. The Medical Board concluded that, although the internal medicine was harmless, it was not suitable for treatment of the diseases specified by the woman, but it could be useful in treating other internal illnesses. However, a physician ought to decide when it should be used. The external remedies, the diet and the regime prescribed by the woman could, on the other hand, be left to her. One reason for this decision was that this female quack, by means of several testimonies, had convinced the Medical Board of her capability and her splendid care.²⁸ Four years later her daughter applied for the same kind of permission, which was also granted.²⁹

Instead of questioning quacks' competence to diagnose what their patients suffered from, it seems as though the Medical Board took their knowledge seriously and judged each case individually. Accordingly, opinions could vary about healers of different sorts who were collectively listed under the quackery heading in the records. This flexible attitude is expressed by the Ombudsman when replying to a complaint from a former applicant who argued for the usefulness of his practice. The healer questioned how persons like Abraham Alvin and the renowned female quack 'Kisa-Mor' could be authorised to practise their art of healing while he was condemned for quackery.³⁰ In response to this remark the Ombudsman replied that, although he did not want to defend Kisa-Mor, it should be said that she did not use such drastic cures, nor did she distribute her remedies in an 'arrogant' manner. Concerning Alvin's measures as a physician, the Ombudsman stressed that they were restricted to external complaints.³¹

Obviously, it was believed that the skills of a quack could be valuable. Accordingly, they could be allowed a limited practice. As we have seen, this was evident in the case of Alvin whose statement in his notice of medical

services was in a sense true; he did have a kind of licence to practise. In rare cases a kind of formally accepted co-operation between authorised physicians and so-called quacks did exist, but it was certainly a co-operation on the conditions of the Medical Board.

In 1835 Alvin's permission to practice was withdrawn, a decision which this time was also confirmed by the King.³² Repeated attempts to forbid him from practising and to have him convicted for quackery were made upon request of the Medical Board. According to the Medical Board, Alvin misused the confidence he had been shown. He had not confined his practice to the province of Gotland, which was the Medical Board's intention due to the possible lack of skilled physicians. The Medical Board argued that this had been implied in their response to the County Governor in 1824.³³

However, Alvin had practised both in the provinces of Östergötland and Kalmar as well as in the capital, Stockholm.³⁴ The impression is that he practised his skills on a wide scale and that he rather aggressively marketed his services while travelling around. The notice of medical services cited above, for instance, was read aloud in churches.³⁵ He also advertised in newspapers, thereby offering his 'useless', though not 'fatal', assistance to the public.³⁶ Nor did the Medical Board approve of the fact that he addressed himself as 'Doctor'.³⁷

Alvin had geographically transgressed his allocated rights, but it was his manner and his way of practising medicine that were the main reasons for the Medical Board putting an end to his business.³⁸ In his advertisement he promised cures for suffering not only from external but also from internal injuries. From the perspective of the Medical Board he then tried to seduce the public and obtain unworthy trust. His transgression of the professional borderline between internal and external medicine was thus regarded as much more serious than his spatial trespassing over geographical borders. He had not yet harmed anyone, but the Medical Board thought it might happen in the future.

One particular motive of the Medical Board for its repeated requests for legal intervention was that Alvin carried on with quackery with notable arrogance. Although forbidden to practise, he did not heed the warnings he received. Under the Medical Act, when suspicion of quackery was at hand, the person in question was to first receive a warning to discontinue his or her medical practice. Thereafter, a fine was to be levied upon those who continued their violations of the act. For a second violation the fine would be doubled.³⁹

The general impression is that the persons who came into conflict

with the legal system were those whose practice was considered to be dangerous and those who practised medicine, usually internal medicine, on a wide scale, thereby challenging the livelihood of physicians. This was what Alvin had done. On several occasions he himself pointed out that he had no other way to support himself and no other income than the one he received from his art of healing.⁴⁰ This was not an unusual statement. In several complaints from people accused of quackery, as well as in applications for permission to practise or to sell a remedy, both men and women claimed that this was the case.⁴¹

Alvin's Response

OBVIOUSLY, IT WAS IMPORTANT FOR ALVIN to have a permit to practise his skills. On several occasions he petitioned the King to have his permit returned.⁴² According to his own arguments, his practice was, however, primarily based on the confidence he received from his patients and not on the permit, although legal action interfered with his work. When the County Governor issued a warning to Alvin and had it proclaimed in church (thereby using the same channel of communication as Alvin), Alvin feared that opinion might turn against him and that his business would be harmed.

Besides requesting permission to practise without interference, another argument was also put forward in Alvin's complaints. He wanted to have his honour restored, to receive redress. Although not all his patients had recovered completely, many of them had, 'with the help of God', received relief. Point by point he repeatedly replied to the accusations made by the Medical Board, arguing for his honour and for the usefulness of his practice.

His arguments can be structured along two different, even opposing, lines. On the one hand he stressed that he did not compete with true physicians and argued that he had never violated the rights that had been given him. The purpose of his notice of medical services had been to make clear what he was entrusted to do. The reason why he had used the title of Doctor was that it had been awarded him as a result of what he was doing: doctoring was his profession.⁴³ However, he had never prevented anyone from turning to a skilled and licensed physician.

In his other line of argument, Alvin challenged the Medical Board. The people who had sought his help were those who had been diagnosed by physicians as incurable.⁴⁴ Even physicians had sent him patients whom they themselves could not help. In defence of his medical skills, which, according to a district medical officer, he had partly received from a 'wise man' and

partly from medical literature, Alvin argued that scholarly medicine and the progress of science was dependent on knowledge acquired by experience.⁴⁵

His focal point was to show the incompetence of the Medical Board by pointing out the weak points in its scientific reasoning. How was it possible, he asked, that these authorities first explained that he could be allowed to treat certain external diseases only, some years later, to say that just a few of these were external? Or that they even claimed that it could be dangerous to treat such conditions without internal remedies? Instead, in his eyes, the Medical Board should admit that the diseases he treated often required external remedies. They should thoroughly investigate whether his remedies were useful or not for this purpose, instead of claiming that his 'measures as a physician' would necessarily bring about harmful consequences. If it were true after all that his remedies were of no value, was it because he was an ignorant and careless quack who acted only with his own self-interest in mind, or was it due to the impotence of the art of science? In the latter case, he ought to be excused, because this was something even the most skilled physician experienced. If his remedies were effective, they should either be considered of the same value as those used by physicians or regarded as unknown to science. Anyhow, he reasoned, the Medical Board ought to be grateful because humanity had benefited from his business, even if the physicians had not received any monetary advantage.⁴⁶

In this manner Alvin also questioned the aim of the Medical Board, implying the existence of self-interest among physicians. He compared his own behaviour with theirs and defined what it meant to behave as a quack. He had always rejected the patients he could not help, while skilled physicians, irrespective of whether their patients received sufficient help or not, could charge their patients even double the amount that he did. Still, he noted, it was his creditability and reputation that were questioned, not those of the physicians.

As in similar cases, to strengthen his arguments Alvin attached several written testimonies in support of him and his skills.⁴⁷ His ability to cure was of course described positively. They testified that with his help, and by means of his remedies, his curing methods and his daily, sincere, and persevering care, patients had received lasting improvement. Or, as some of them testified, they had been completely restored to their former health. He was respected for his competence in treating and curing – always behaving with decency and in a Christian manner. He had also been shown confidence and trust because he treated the poor at no cost, and because his services were generally inexpensive.⁴⁸

Several of Alvin's patients confirmed that, before turning to Alvin, they had suffered from diseases for several years despite repeated attempts of proper physicians to cure them, and these physicians had often concluded that their illnesses were incurable.⁴⁹ It is interesting that both Alvin and his witnesses, as in similar cases, claimed that the patients had first turned to physicians, while physicians, on the other hand, complained that people did not turn to them until it was too late to cure them.⁵⁰ Historical research has shown that, even after the firm establishment of the medical profession, common people often chose to turn to other healers rather than to skilled physicians, as they felt the healers understood them and shared their values.⁵¹ Judging from these testimonies the contradiction rather mirrors the frequent difficulty in receiving sufficient help. The reputation of the healer was of importance, not scientific claims based on formal education.

It is obvious that it was easier for Alvin to practise when he could refer to official approval. It is also clear that he wanted to call himself a doctor. However, whether the title 'Doctor' facilitated his practice in the eyes of the local authorities, or whether it helped him receive confidence from patients is difficult to judge. In the testimonies, Alvin is sometimes referred to as a doctor. We will probably never know whether people thought he was a licensed physician or not. On the other hand, there were others, including a vicar, who referred to his practically acquired skills in the art of healing external injuries. As far as this clergyman was concerned, Alvin had not treated illnesses that would have required scientific knowledge.⁵² The clergyman made a clear distinction between the medical knowledge held by physicians and that of Alvin – a distinction coloured by the accepted view of surgery as a handicraft, encompassing external treatments, in contrast to scientifically-based internal medicine.⁵³

Concluding Discussion

THE RELATIONSHIP BETWEEN THE MEDICAL BOARD and people singled out by the expression 'quack' can be described in several different ways. A well-known theme, especially in the older literature, is the description of physicians heroically fighting against charlatans and humbug medicine, trying to replace ignorance and superstition with the rational reasoning of scholarly medicine. In accordance, the law against quackery has been described as lame and ineffective, and indeed the Medical Board complained on numerous occasions that it did not receive sufficient help from the police or local authorities in implementing the law.⁵⁴ However, in practice, it seems too simple to conclude that the main purpose of the Medical Board was to

combat different kinds of so-called folk healers. The focus was rather on what grounds laymen should be permitted to practice medicine and what medical knowledge laymen would mediate. The Medical Board was aware of that there was a possibility of gaining new knowledge even from unauthorised practitioners. It was also aware of the need for medical assistance, especially in provinces that lacked skilled physicians. Occasionally, it let formally unauthorised persons remain in the system but only on certain conditions.

How, then, is quackery to be understood during the first half of the nineteenth century, a period preceding the firm establishment of scholarly medicine? It does not seem as though the expression primarily referred to medical incompetence, but rather to the practice of medicine in competition with authorised healers. This is indicated in the arguments of the Medical Board as well as in the arguments of the so-called quacks. On the other hand, being accused of quackery was experienced as insulting, implying medical incompetence as well as dishonest behaviour. It is evident that, when a situation of conflict was at hand, the controversies between the Medical Board and quacks sharpened. Even though the different parties may have used their arguments purely rhetorically, they do tell us something about their views and expectations of what it was possible to achieve.

Both parties argued for their right to practise medicine – for its need and use – emphasising that this would also be the most favourable solution, and in accordance with the nation's economic interests. They also implied that nature needed a helping hand and that good health was both important and possible to achieve. They defended people's rights to some kind of health care, honestly contending their wish to relieve sufferers of their pain without endangering anyone, and argued that the possibility existed of receiving sufficient help. Arguments that people should only put their trust in God and accept their destinies are absent, even in the testimonies of the witnesses, although reference was often made to Christian values in order to strengthen a person's credibility.⁵⁵ Nor are accusations of superstitious beliefs or methods in the art of healing advanced in the arguments presented by the Medical Board. Legal accusations of quackery were primarily based on interference in the business of physicians. The accusations were then complemented with medical arguments that were questionable according to the accused quacks, as in the case of Alvin. Both parties argued for their medical competence within the framework of the existing medical field. The quacks and their methods were not considered an alternative to physicians; nor did they claim this was the case. Rather, they were considered as a possible complement.

Within the given context, physicians and the so-called quacks in a sense spoke the same language. Even these quacks tried to participate in the same discourse and acted within the given framework of the system, while at the same time questioning it and expecting that their arguments would be considered. When quacks argued against the Medical Board and about the preposterousness of the legal actions taken against them, the Medical Board was forced to formulate its view and defend its competence. In the long term this served to shape a professional attitude among physicians. When the Medical Board was challenged, it was also forced to argue for the rationality of scholarly medicine and to clarify in what sense a quack lacked the necessary knowledge. Thus, a stereotype of a 'quack' was formed and, as we have seen, quacks were not afraid of answering with the same rhetoric.

The difference between the actors whose arguments are related in this paper was due to the fact that there was an imbalance of power. The quacks lacked the formal authorisation and the organisational strength which physicians had already received, even if it sometimes must have been an advantage to be able to adapt their behaviour to their patients' needs, unencumbered by a uniform standard. After all, it was the representatives of the Medical Board who possessed the officially approved theoretical medical knowledge and who were authorised to determine what kind of healing and which healers should be officially approved. The Medical Board had the opportunity of understanding the nature of the cures by examining the ingredients and observing the effects. Those accused of quackery, on the other hand, put their trust in experience, arguing that they possessed a harmless remedy or a healing method which obviously improved the health of sick and suffering people. Instead of arguing by means of reference to scientific observations and claiming that they had discovered the secrets of nature, they offered proof in the form of written testimonies wherein confidence in their skills was expressed – testimonies in which sometimes even the Medical Board put its trust.

Notes

Abbreviations used in the notes:

CM: Collegium Medicum (The Medical Board, 1663–1812)

CM t. KM: Collegium Medicum to Kunglig Maj:t

Ekldep.: Ecklesiastikdepartementet

JR: Justitierevisionen

Ka.: Konseljakt

RA: Riksarkivet (Swedish National Archives, Stockholm)

SK: Sundhetskollegium (The Medical Board, 1813–77)

- 1 (My translation.) The announcement is kept at the RA, enclosed 28 September 1835, CM t. KM, RA.
- 2 See Alvin, Abraham under the heading quacks (*kvacksalvare*), Register, Kungliga brev (1800–84), SK, RA.
- 3 According to a Swedish dictionary a quack is, in short, a derogatory term for persons who practise the profession of a physician without necessary knowledge and without legal permission to do so (see also ‘charlatan’, ‘impostor’ and ‘cheater’). See the word *kvacksalvare* and *kvacksalva* in *Ordbok över Svenska språket* (SAOB), published by the Swedish Academy, Lund.
- 4 Roy Porter, ‘The language of quackery in England, 1660–1800’ in Peter Burke and Roy Porter (eds.), *The Social History of Language* (Cambridge, 1987), p. 94.
- 5 Karin Johannisson, *Medicinens Öga. Sjukdom, medicin och samhälle – Historiska erfarenheter* (Stockholm, 1990), pp. 53–56, 62–64; Rolf Å. Gustafsson, *Traditionernas Ok – Den Svenska hälso- och sjukvårdens organisering i historie-sociologiskt perspektiv* (Solna, 1987), pp. 72, 83–85, 124–25, 302.
- 6 See e.g. Magali Sarfatti Larson, *The Rise of Professionalism. A Sociological Analysis* (Berkeley, 1979), p. 208; Ingemar Nilsson, ‘Om läkarens yrke’, *Socialmedicinsk tidskrift* 65:7–8 (1988), 311–14; Staffan Selander, ‘Förvetenskapligande av yrken och professionaliseringsstrategier’ in Staffan Selander (ed.), *Kampen om yrkesutövning, status och kunskap – Professionaliseringens sociala grund* (Lund, 1989), pp. 11–18.
- 7 At certain periods during the second half of the nineteenth century the border between scientific and folk medicine was closed. See Karin Johannisson, *Kroppens tunna skal – sex essäer om kropp, historia och kultur* (Stockholm, 1997), p. 183; Alf Sagnér, *Livets tjänare.- en bok om läkekonstens historia* (Malmö, 1980), pp. 337, 418–43, who dates the turning point to 1860 as a consequence of important scientific discoveries within the medical field; Nilsson, ‘Om läkarens yrke’, p. 311.
- 8 A physician who wanted to receive permission to practice had to prove that he possessed the necessary knowledge, which included having a medical degree from a university and swearing an oath before the Medical Board. For the Medical Act of 1688, see A. Hilarion Wistrand, *Författningar angående medicinalväsendet i Sverige* (Stockholm, 1860), pp. 2–18; ‘Lag om behörighet att utöva läkarkonsten den 21 september 1915’, *Svensk författningssamling* (1915:362), p. 895.

- 9 Exceptions from this main principle have led to different interpretations of the sanctioned role of laymen in carrying out health care measures, e.g. bloodletting, inoculation and vaccination. See e.g. Peter Sköld, *The Two Faces of Smallpox – A Disease and its Prevention in Eighteenth- and Nineteenth-Century Sweden* (Umeå, 1996), pp. 318–19, 401–05; Johannisson, *Medicinens Öga*, p. 49. Concerning the medical care provided by priests, see also Christina Romlid, *Makt, motstånd och förändring – Vårdens historia speglad genom det svenska barnmorskeväsendet 1663–1908* (Stockholm, 1998), pp. 131–41, 148–66.
- 10 Otto E.A. Hjelt, *Svenska och Finska Medicinalverkets historia, 1663–1812*, vol. I (Helsinki, 1891), p. 11. The first Ombudsman was appointed in 1739, Wistrand, *Författningar angående*, p. 4.
- 11 Collegium Medicum is generally viewed as the origin of the Swedish National Medical Board. In 1813 it was altered into a civil service department, named Sundhetskollegium. In 1877/78 it changed its name to Medicinalstyrelsen and in 1968 to Socialstyrelsen.
- 12 Gustafsson, *Traditionernas Ok*, p. 232; Karl Ahlberg, *Den Svenska farmaciens historia* (Stockholm, 1908), p. 115; Romlid, *Makt, motstånd*, pp. 42, 100. From 1797 both surgeons and physicians were represented in the Medical Board. In the same year Collegium Medicum also received the right to condemn authorised practitioners within their supervision in accordance with the Medical Act. Hjelt, *Svenska och Finska*, vol. I, p. 39.
- 13 In 1773 the system of District Medical Officers was nationalised and they received an annual wage from the state. The medical officers were obliged to give reports about the state of health in their districts, including the state of quackery. Successive instructions for the format of the report (the first one being issued in 1744) became more formalised. From 1851 the medical officers were required to report about 'quackery' under a special heading. Hilding Bergstrand, 'Läkarekåren och provinsialläkarväsendet' in Wolfram Kock (ed.), *Medicinalväsendet i Sverige 1813–1962* (Stockholm, 1963), pp. 121–22; Hjelt, *Svenska och Finska*, vol. II (Helsinki, 1892), p. 61; Sten Landahl, 'Provinsialläkarnas årsberättelser i Medicinalstyrelsens arkiv' in *Archivistica et mediaevistica Ernesto Nygren oblata*, Samlingar och studier utgivna av svenskt arkivsamfund (Stockholm, 1956), pp. 244–45. See also 'Kungliga Sundhetskollegii cirkulär 5 juni 1851' in Wistrand, *Författningar angående*, pp. 437–38, 441.
- 14 Larson, *The Rise of Professionalism*, p. XI; Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore, 1996), p. 75. See also Lisa Öberg, *Barnmorskan och läkaren – kompetens och konfliktområde i svensk förlösningssvård 1870–1920* (Stockholm, 1996), p. 78.
- 15 An exception is Eva Palmblad, *Sanningens gränser – Kvacksalveriet, läkarna och samhället, Sverige 1890–1990* (Stockholm, 1997), concerning alternative medicine and its relation to physicians during the twentieth century. The concept of quackery has also been related to the Swedish development of midwifery. See Romlid, *Makt, motstånd*, pp. 114–24, 197–200, 213–23; Öberg, *Barnmorskan och*

- läkaren*, pp. 256–59, 263–66. In studies where the main focus is on either authorised healers, such as physicians, or unauthorised healers, the relationship has been touched upon, although these cannot be taken up here.
- 16 See e.g. Carl-Herman Tillhagen, *Folklig läkekonst* (Stockholm, 1977), pp. 3–4, 46–47; Roy Porter, *Health for Sale – Quackery in England 1660–1850* (Manchester, 1989), pp. 31–34.
- 17 Sofia Ling, 'Kvacksalvare och medicinska "snillen" – synen på kvacksalveri i medicinska tidskrifter utgivna i 1700- och 1800-talets Sverige' (unpublished paper, Department of History, Uppsala University, 1997). For other examples on how the concept of quackery has been rhetorically used in published writings by physicians, see also Romlid, *Makt, motstånd*, pp. 129–32; Palmblad, *Sanningens gränser*, pp. 71–90; Porter, 'The language', p. 74.
- 18 Concerning occupational and knowledge-based groups in professionalisation theories, see e.g. Rolf Torstendahl, 'Professionalisering, stat och kunskapsbas. Förutsättningar för en teoribildning' in Selander (ed.), *Kampen om yrkesutövning*, pp. 31–32; Staffan Selander, 'Associate strategies in the process of professionalization: professional strategies and scientific occupations' in Rolf Torstendahl and Michael Burrage (eds.), *Professions in Theory and History – rethinking the study of the professions* (London, 1990), pp. 140–42.
- 19 For definitions of what the expression 'quack' usually implies in contrast to terms such as folk healer and physician, see e.g. Mathew Ramsey, *Professional and Popular Medicine in France, 1770–1830 – the social world of medical practice* (Cambridge, 1988), p. 129; Birgitte Rörbye, 'Allmän etnomedicinsk översikt', *Botare – en bok om etnomedicin i Norden* (Stockholm, 1980), pp. 155–56, 160–62. There will be no extended discussion here about quackery in relation to the terms such as folk, scholarly, orthodox, traditional or alternative medicine, etc., as well as conventional and unconventional medicine. For further reading, see e.g. W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London, 1987); Johannisson, *Kroppens tunna skal*, pp. 183–84; Lindemann, *Health and Healing*, pp. 12–15.
- 20 Register, Kungliga Brev, CM/SK, RA; Kungliga Brev CM/SK, RA.
- 21 This procedure began when Collegium Medicum was given instructions, according to Hjelt, *Svenska och Finska*, vol. I, p. 130.
- 22 The majority (29) of the applicants were denied what they asked for and 14 of them had their requests more or less granted. Information is lacking concerning the remaining five. Register, Kungliga Brev CM/SK, RA; Kungliga Brev CM/SK, RA. During the second half of the nineteenth century the possibility of receiving a special permit from the Medical Board seems to have disappeared. According to a list made by the Ombudsman, none of the applications for similar kinds of permission were granted between 1858 and 1905, Ombudsmannens övriga register och liggare 1808–1905, SK, RA.

- 23 However, to my knowledge, it was not stated that persons who were not true physicians, but distinguished by their excellent knowledge in the art of healing, could receive a permit to practise within the district where they lived. By way of comparison, this was the case in Denmark, as can be seen in the quackery regulations of 1794. Gerda Bonderup, 'De kloke folk og det danske samfund – Kvaksalverforordningen af 5/9-1794 og de första 30 år derefter', *Historisk tidskrift* (1997), 281.
- 24 According to a letter from Sundhetskollégium to the King, Alvin had been accused of unsanctioned practice of 'physicians' measures' (*läkare åtgärder*) by the local court on the island of Gotland, 6 July 1829, CM t. KM, RA.
- 25 Investigations of remedies were conducted by the Medical Board, based upon a written prescription or on a sample of the remedy concerned. In the 1815 instructions for Sundhetskollégium it was clearly stated that this authority was responsible for the prevention of all kinds of quackery and the sale of useless drugs. See Kungliga Sundhetskollégii Instruktion år 1815, Wistrand, *Författningar angående*, pp. 132–33, 137–38.
- 26 See the Medical Board's statement on Alvin's remedies (25 November 1824) and a letter to the County Governor in Visby, Gotland (20 January), enclosed 28 September 1835, CM t. KM, RA. See also Konseljakt. (Ka.) 6 May 1843, Ecklesiastikdepartementet (Ekldp), RA.
- 27 Royal letter to Sundhetskollégium, 15 August 1829, SK, RA.
- 28 Royal letter to Sundhetskollégium, 23 or 28 December 1847, SK, RA.
- 29 Royal letter to Sundhetskollégium, 8 April 1851, SK, RA.
- 30 According to a biography, Kisa-Mor was a famous Swedish folk healer in her time. Her civilian name was Maria Jansson (1788–1842). Pia Höjeberg, *Kisa-Mor – en läkekvinnas levnadshistoria* (Hedemora, 1990).
- 31 Letter by the Ombudsman to the Court of Appeal (Svea Hovrätt), 18 February 1832, enclosed Besvärs- och ansökningsmål 1836, Utslagshandlingar Justitie-revisionen (JR), RA.
- 32 Royal letter to Sundhetskollégium, 6 October 1835, SK, RA.
- 33 See remarks made by Sundhetskollégium, 28 September 1835, CM t. KM, RA; 7 March 1836, CM t. KM, RA; 16 March 1843, enclosed Ka. 6 May 1843, Ekldp, RA.
- 34 This is confirmed in several letters. The correspondence between the County Governor in Linköping, the police authorities in Stockholm (*Överståthållarämbetet*), Sundhetskollégium and the King are a result of this. See e.g. letters from the County Governor of Linköping, 4 July, 26 August, enclosed 28 September 1835, CM t. KM, RA; and an excerpt from a protocol by the police authorities in Stockholm (Protokollsutdrag Överståthållarämbetet för Polisärenden), 1842, enclosed Ka. 6 May 1843, Ekldp, RA.

- 35 Sundhetskollegium, 28 September 1835, CM t. KM, RA. The churches were used for communicating different health services, which for instance the District Medical Officer reports bear witness to. See e.g. Årsberättelser från provinsialläkare (30 March) 1801 CM, RA; (16 March 1801) *Läkaren och Naturforskaren*, vol. XIV, 1805, 308. This way of spreading knowledge of unauthorised practitioners' services was not appreciated by the Medical Board. In 1799, for example, the consistory in Växjö was informed by the Medical Board that it was improper to allow such announcements, Koncept 18 February 1799 CM, RA.
- 36 Sundhetskollegium, 20 October 1842, enclosed Ka. 6 May 1843 Ekldep, RA. According to the Ombudsman Alvin advertised in such papers as *Gefle Weckoblad* and *Stockholms Dagblad*, 4 June 1835, enclosed 28 September 1835, CM t. KM, RA; 15 August, 12 September 1842, enclosed Ka. 6 May 1843, Ekldep, RA.
- 37 Sundhetskollegium, 16 March 1843, enclosed Ka. 6 May 1843, Ekldep, RA. See also 28 September 1835, CM t. KM, RA, where a certificate from 1831, confirming that Alvin had paid his taxes, shows that he was titled 'Practical Physician' (praktisk läkare).
- 38 On request of the Medical Board, through their Ombudsman, actions were taken against Alvin and his practice several times. In 1835 he was accused of quackery in Linköping. In 1837, 1839 and 1842 the police authorities (*Översthällarämbetet*) took actions against him in Stockholm, and in 1851 he was fined. The last year he is mentioned in the records of the Medical Board was 1861, see e.g. Ombudsmannens korrespondens, SK, RA.
- 39 Hjelt, *Svenska och Finska*, vol. I, pp. 11, 14.
- 40 See for example a letter from Alvin to the King (undated, enclosed 7 March 1836, CM t. KM, RA), and the answer Alvin gave the police authorities in Stockholm, 20 October 1842, enclosed Ka. 6 May 1843, Ekldep, RA.
- 41 Sofia Ling, 'I dialog med "kvacksalvare" – en analys av ansökningar och besvär underställda Collegium Medicum och Sundhetskollegium 1773–1858' (unpublished paper, Department of History, Uppsala University 1998), pp. 29–31.
- 42 See e.g. Besvärskarier 1835, 1842, JR., RA; 7 March 1836, CM t. KM, RA; Ingående diarium 1843, Ekldep, RA.
- 43 Letter from Alvin, 17 July 1835, enclosed 28 September 1835, CM t. KM, RA.
- 44 Other 'quacks' also often made similar statements, which was confirmed in written testimonies on their behalf. For such an example, see also Ingegerd Wedin, *En benbrottsläkarläkt – Lundakvinnan Elna Hansson – femte generationen* (Stockholm, 1991), p. 107.
- 45 Report from a District Medical Officer in Visby, province of Gotland, 15 March 1825, Årsberättelser från provinsialläkare 1824, SK, RA. The medical literature referred to is said to be about parish pharmacies (*socken-apotek*). *Socken-Apothek och några Hus-Curer* (1760), written by Joh. Andr. Darelius and distributed by Collegium Medicum, was for example one of the most famous books on medicine.

- See Sten Lindroth, *Svensk Lärdomshistoria – Frihetstiden* (Stockholm, 1978), pp. 444–46; Tillhagen, *Folklig*, pp. 15–16.
- 46 Letter from Alvin (undated, enclosed 7 March 1836, CM t. KM, RA).
 - 47 Not all of the testimonies remain. According to a note made in the margin of a letter from Alvin, some of them were returned to him (undated, enclosed 7 March 1836, CM t. KM, RA). Along with the written testimonies, Alvin also attached letters to show that he had not travelled without a valid passport and that he had paid his taxes, assuming that it would serve the purpose of showing that he was a trustworthy citizen. See the letter from Alvin with an attached passport (undated, enclosed 28 September 1835, CM t. KM, RA). For similar cases, see e.g. Wedin, *En benbrottsläkarsläkt*, pp. 63, 66–68, 108; Bonderup, 'De kloke folk', pp. 282, 284.
 - 48 Testimony signed in Stockholm, 2 February 1836, enclosed Ka. 6 May 1843, Ekldep, RA.
 - 49 Diseases mentioned included different fevers, wounds and damages, gout and toothache.
 - 50 For one such statement made by Alvin, see letter (undated), enclosed 7 March 1836, CM t. KM, RA; for similar statements made by his witnesses see following transcriptions, 18 November 1835, 1 February 1836, 15 August 1839, enclosed Ka. 6 May 1843, Ekldep, RA.
 - 51 See e.g. Tillhagen, *Folklig*, pp. 3–4, 18, 88; Bengt af Klintberg, 'Hejnumkärigen', *Botare – en bok om etnomedicin i Norden* (Stockholm, 1980), p. 46. See also Sköld, *The Two Faces*, p. 294, about district medical officers not having the same prestige among peasants.
 - 52 Testimony signed in Motala, 24 November 1835, enclosed Ka. 6 May 1843, Ekldep, RA.
 - 53 Hjelt, *Svenska och Finska*, vol. I, pp. 326, 335; Sten Lindroth, *Svensk Lärdomshistoria. Stormaktstiden* (Stockholm, 1975), p. 383; Romlid, *Makt, motstånd*, pp. 97–100. The decision (in 1810) to establish the Karolinska institute was an important step towards integrating the education of surgeons and physicians, even though that education remained partly separate until the late nineteenth century, Gustafsson, *Traditionernas Ok*, p. 240; Bergstrand, 'Läkarekåren och', pp. 107–10; Hjalmar Sjövall, 'Vem skulle få vårda vad? Fackliga strider i 1600-talets Sverige', *Nordisk Medicinhistorisk Årsbok* (1980), 69.
 - 54 Sofia Ling, 'Medicinskt möte – kvacksalveriets villkor åren kring sekelskiftet 1800' (unpublished paper, Department of History, Uppsala University 1995), pp. 36–38. See also Hjelt, *Svenska och Finska*, vol. I, p. 146.
 - 55 See also Linda Oja, *Varken Gud eller Natur – Synen på magi i 1600- och 1700-talets Sverige* (Eslöv, 1999), pp. 189–92, 224, 228–29, who shows that healers of different sorts often referred to Christian values when accused of magical healing methods.

Doctor or Quack: Legal and Lexical Definitions in Twentieth-Century Sweden

Motzi Eklöf



Introduction

THE MEDICAL PROFESSION HAS ALWAYS been subjected to open competition from those who have claimed that they can make diagnoses and treat and cure patients at least as well as formally educated and authorised doctors. Doctors have been placed in opposition to quacks in the battle for the good graces of patients. However, the aspiration for social recognition on the part of Swedish doctors, which arose during the 1890s, did not receive support in all respects. For example, in 1915 doctors lost their previous monopoly on the art of doctoring, and it was not until 1960 that they obtained a protected professional title. Political, legal and rhetorical contention has prevailed throughout the twentieth century concerning authorisation, licensing and, last but not least, legitimacy, in the area of health care. Discussions have dealt not only with who has the right to call himself/herself 'doctor', but also with what distinguishes a doctor's activities from those of a quack, and what the criteria are for the legitimate practice of the art of medicine. What is it then that distinguishes the doctor from the quack? What characterises a doctor and a quack?¹

It should be possible to answer these questions easily by referring to a dictionary, a reference book, or legislation concerning authorisation in the health care sector. The problem, however, is that neither the lexical nor the legal definitions of the concepts of doctor and quack can be used as definitive

categories. The purport of the concepts has been the topic of discussions and deliberations in differing contexts during the course of centuries, and no consensus has ever been reached concerning this issue. The terminology itself can change, but shifts also occur in the meaning of the concepts, depending on the context in which they are used and who is presiding. The application of modern terminology to past phenomena can be hazardous, and the concepts are of both relative and normative character.

In jurisprudence a distinction is made between lexical definitions, which are said to describe actual usage, and definitions in legal texts, which prescribe how a certain expression should be given a particular meaning.² These two types of definitions do not simply involve different explanations of the meaning of the concepts. Definitions also change with time, which even applies to the possible connection between what is written in dictionaries and law books, respectively. Furthermore, the lexical definitions are not objective descriptions of a reality; someone writes the text in dictionaries and in reference books, and does so within a particular frame of reference.

The fact that the legal definitions are of stipulative character is a clearer point of departure. Like all other legislation, the laws about authorisation in the health care sector do not constitute a precisely formulated and unambiguous set of regulations concerning actual circumstances that the courts need only apply directly; instead they are generally rules that are drawn up and then subjected to negotiations, interpretations and judgements in applications of the law. Laws result from political negotiations in the *Riksdag* and the Ministry and are not only aimed at regulating circumstances in reality. They also express a political will that at times can actually signify a wish not to establish strict limitations lasting far into the future, but instead to create room for changing categories. As Toby Gelfand has pointed out, they have not only a functional significance but also a symbolic significance.³

A recurrent theme in the history of the medical profession has been the endeavours to define who is a member of the profession and who is not. The medical profession's specific structure, its relationship to the state and its legal right to a monopoly vary according to the political culture of each country. National differences in how the doctor and the quack are defined, both legally and lexically, are prevalent, as well as whether they are defined at all in the legal texts or only through legal usage, depending, among other things, on different legal traditions, the variations in which result in differences in the application of the law and the significance attached to different sources of law. In the culture of civil law which prevails in Sweden, the popularly elected legislative bodies formulate the laws and regulations

that constitute the decisive sources of law.⁴ Variations in legal systems imply diverse possibilities for the organised medical profession to influence definitions and decision-making in both the political and legal arenas. In Sweden laws in the health care sector during the twentieth century have reflected a significantly more tolerant position toward unauthorised practitioners than the medical profession has considered proper. Lastly, different perceptions can prevail among different actors and groups in society about whether the legal definitions and the boundary line drawn between the doctor and the quack are legitimate. What is legally correct does not have to be in accord with what is considered morally correct.

Researchers studying professions point out that a debate about the power of the medical profession must begin with the jurisdictional discourse. According to Andrew Abbot, it is 'the history of jurisdictional disputes that is the real, the determining history of the professions'.⁵ This article will deal with the issue of the doctor and the quack in their political-legal and lexical contexts in twentieth-century Sweden, with difficulties concerning the different definitions and with the relationship between the legal and lexical definitions. Consequently, it deals not only with the doctor and the quack *per se*, but also with the involvement of legislative and legal authorities in the definitions. Via the different legal sources – studies made to prepare the law, the text of the law, legal usage and doctrine, that is, the jurisprudential examinations of the possible interpretations of the law – the actors are discussed to varying extents. An overview of the legislation concerning authorisation that regulated the activities of doctors and quacks during the twentieth century will be followed by a number of examples of the lexical definitions during the same time period. The question of who is speaking through the definitions applies to both the legal definitions and the lexical definitions. Changes in the law and in reality have left their traces in dictionaries and reference books throughout the century. A comparison of Swedish, British and German terminology and explanations of the concepts also reveals national differences and similarities, and provides an idea of the importance of legislation with respect to the stated meanings of the concepts.

Early Regulations concerning the Medical Profession and Quackery

UNTIL THE TWENTIETH CENTURY the doctor has been differentiated from the quack in Sweden by formal authorisation to practise medicine. This circumstance can be traced back to the Medical Act of 1688, which stipulated that only doctors who had formal academic medical training and

were organised in Collegium Medicum were entitled to work as doctors. According to these regulations, doctors alone had the right to supervise those engaged in other occupations within the health care field and to control quackery. In practice, however, these regulations did not have the deterrent effect that was intended. The fines for engaging in undesirable professional quackery were considered too light. Unauthorised medical practices flourished in spite of the regulations. Doctors with medical education were especially critical of homoeopaths and vendors of so-called patent and humbug panaceas. The state also found ways to sidestep the monopoly held by qualified doctors by authorising skilled medical practitioners who lacked formal medical training.

In both 1895 and 1896 proposals were submitted to the Swedish *Riksdag* demanding stronger restrictions concerning quackery and more effective protection for the work of authorised doctors. On both occasions the proposals were rejected. In 1907 a new bill was submitted that proposed means for protecting the public from unauthorised medical practices, but it also demanded the enactment of laws that would make it possible to revoke the licence of an unsuitable doctor, a measure for which no provision had been made in the old regulations. The first part of the bill was rejected, just as the previous ones had been, but the proposal to create means for revoking the licence of an unsuitable doctor was taken up by the *Riksdag*. It requested that the proposal be studied, and thus the bill actually resulted in demands for stricter measures against authorised doctors, and not against unauthorised medical practitioners.

This development aroused the doctors. They wrote articles and official letters to push their claims and arguments for stronger restrictions against quackery. The Board of Medicine drafted its own bill proposing the prohibition of all professional quackery and claiming that only authorised doctors could call themselves physicians or doctors. However, the act that was finally passed by the *Riksdag* contained no such regulations.⁶

The Authorisation Act of 1915

IN JANUARY 1916 THE SEVENTEENTH-CENTURY ACT which regulated medical affairs was replaced by what could be translated as the 'Act Regarding Authorisation to Practise the Art of Doctoring' (*Lag om behörighet att utöva läkarkonsten*), or the Authorisation Act, as it was more commonly called. It was in force for 45 years before new laws in the field of health care took its place.

In the beginning of the twentieth century, the breakthrough of

parliamentarism meant that the majority in the *Riksdag* obtained more power over government and thereby also over legislative matters.⁷ The legislators, the Ministry and the *Riksdag* expressed the view that even unauthorised practitioners of the art of doctoring were doing a lot of good, especially in sparsely populated areas of the country where authorised doctors were rare. Therefore it was considered unwise to prohibit all professional quackery. One member of the *Riksdag* also pleaded for the right of foreign doctors educated in homoeopathy to practise in the country, but this idea was not accepted by the majority.⁸

With the new act, the medical profession actually lost the monopoly it previously had enjoyed, at least theoretically. The unauthorised practice of medicine became legal, with only a few restrictions. Unauthorised treatment of venereal disease, tuberculosis and cancer was made punishable, as was the unauthorised treatment of contagious diseases, which were subject to special regulations. Treatment by hypnosis or under general anaesthesia was also included in the latter category of offences, and fines could be imposed if unauthorised treatment endangered the patient's health or life. If the risky treatment was given professionally – the criterion being in return for payment – the practitioner could be sentenced to imprisonment. If damage to health or life had occurred, criminal law was applicable. The text of the law did not use the word quackery at all, but spoke of 'unauthorised practices in the field of the art of doctoring', which could create the impression that the only factor that distinguished a doctor's practice from a quack's was formal authorisation. The act also listed the conditions for authorisation and revocation of a doctor's licence.⁹

Thus, until 1960 the Authorisation Act regulated both authorised and unauthorised medical practices in Sweden. The boundary line between the two seemed to be clear: formal authorisation. In practice, however, the law caused a great deal of concern and indignation in the medical profession.

The Authorisation Act of 1915 made a distinction among four different variants of authorisation, the licentiate of medicine and a doctor's licence (*legitimation*) being the highest form. The government was free to authorise a doctor and so was the Board of Medicine. Most interestingly, the government could give a person special permission to work within certain limits as an authorised practitioner; theoretically, even a layman could be granted this kind of authorisation. Several persons who were engaged in practising the healing arts applied for such authorisation, but none of them received such permission, as this particular clause of the act was applied very restrictively. After 1943 it dealt with foreign doctors, who were then granted the right to provide care to other foreigners in Sweden, and later even to

Swedish citizens.¹⁰ But the mere idea that even a layman and a quack, without medical education, could, by means of a simple resolution, be made an authorised practitioner was most unsatisfactory to those who had formal medical training.

Furthermore, difficulties arose in the application of the law. In order to know what constituted unauthorised practice of the art of doctoring, it was necessary to have a clear definition of what the 'practice of the art of doctoring' really meant. Likewise, it was important to have a clear definition of 'treatment' in order to decide whether or not a punishable offence had been committed. Neither the 'art of doctoring' nor 'treatment' were defined in the draft of the act or in the act itself. The expression 'the art of doctoring' came from *Instructions for Physicians*, published in 1911 and in 1930, but the term was not defined there either. The legislators were of the opinion that 'treatment' was synonymous with the 'practice of the art of doctoring' and that such practice included diagnosis, even if its result was that no disease could be detected. The failure to take necessary action was also to be included in the concept 'treatment'. According to the act, the work of dentists, physiotherapists and nurses was not the 'practice of the art of doctoring', but what quacks did was.¹¹

Doctors, jurists and the quacks themselves discussed the courts' interpretations of the law in articles in their respective journals. While doctors demanded clear and unambiguous definitions of the concepts 'treatment' and 'practice of the art of doctoring',¹² juridical experts thought that, in the application of the law, the courts should remain free to interpret these expressions in each individual case. As legal definitions could lead to difficulties,¹³ doctors were also unhappy about the fact that nothing except formal authorisation differentiated the practice of qualified medicine from quackery. But what then was considered to be treatment and the practice of the art of doctoring?

Quacks before the Supreme Court

DURING THE PERIOD 1916 TO 1960, when the Authorisation Act was in force, several persons were indicted, sentenced or acquitted for offences with respect to different articles in the act. Nine of these cases were brought before the Supreme Court, whose decisions created precedents in the application of the law. Three of the quacks who were sentenced to fines for different violations of the act will serve as examples.

The first example concerns a preacher, Mr Åhlén, who in 1918 was charged with having treated people suffering from lung tuberculosis. He said

his treatment consisted of prayer, the laying on of hands, and ointment, which proved to be ordinary cooking oil. He also claimed that he had not asked for payment but had accepted what was freely given. He described his treatment as religious missionary activity and referred to Jesus and the apostle Jacob. Mr Åhlén's solicitor claimed that 'treatment' must involve prescription or administration of some kind of remedy or the use of hypnosis, none of which Mr Åhlén had done. Furthermore, the solicitor said it would defy all reason if Swedish law punished the practice of healing, which was recommended in the Bible, while in other instances it punished any utterance of disrespect towards the Word of God or disrespect during a religious service.

The town's physician was of the opinion that Mr Åhlén was guilty of unauthorised medical treatment. The patient had subsequently thought it unnecessary to consult a doctor, and the treatment had therefore endangered the patient's health and life. He also claimed that the 'exaltation' caused by the treatment was a danger to the patient's emotional balance and even to his mental health. Mr Åhlén was sentenced to fines in the court of first instance. The Court of Appeal and the Supreme Court both confirmed the sentence.¹⁴

A second case concerned a cottager, Mr Jonasson, born in 1847 and known as 'the Hamneda doctor', who in 1925 was accused of practising the art of doctoring without being authorised. He claimed he was born under a planet that gave him the power to heal, and that he was not responsible for the fact that many people came to him for help. According to witnesses, he did not examine the persons who went to his home, but prescribed the same thing to each and every one of them, even to those who suffered from diseases whose treatment was prohibited by unauthorised practitioners according to the Authorisation Act. His one and only prescription was water from a brook that ran near his cottage and sweet cream for those who suffered pains in their legs. He did not ask for payment, but accepted gifts.

The local police superintendent claimed that Mr Jonasson's treatment was dangerous to the patients' health and life, while Mr Jonasson's representative in court said there had been no treatment at all. Nor had his prescriptions been paid for, which were in any case completely harmless.

The court sentenced Mr Jonasson to heavy fines for having practised the art of doctoring. As a result, the court contended, he had caused patients to postpone consultation with a doctor or to discontinue their doctor's orders, which in turn had jeopardised their health and lives. Mr Jonasson appealed against the court's decision, and the Court of Appeal subsequently confirmed the sentence but reduced the fines by half. Mr Jonasson appealed

again, but in 1927 the Supreme Court confirmed the sentence.¹⁵

The third example from the Supreme Court concerns a healer, Mrs Wallin, who had once been a Salvation Army officer. In 1932 she was prosecuted for giving unauthorised treatment and for using hypnosis in several cases. She said that when she was still a child she had discovered that a special energy flowed through her body and her hands and that sick people were healed when she touched them. She saw herself as a tool in the hands of a mightier power.

The first court acquitted her, stating that it could not be proved that she had used hypnosis and thus committed a punishable offence. The prosecutor appealed the court's decision. The Court of Appeal asked the Board of Medicine to decide whether or not hypnosis had been involved in the treatment. According to the law, unauthorised practitioners were prohibited from using hypnosis in their treatment, while religious healing, according to the wording in the drafting of the Act, was not considered a punishable offence. The Board of Medicine stated that the method practised by Mrs Wallin could be used to induce a hypnotic state in the patient, and therefore the treatment should be regarded as involving hypnosis, whether or not the process of healing had resulted in a real hypnotic state. The board consequently considered her practice to be the kind of hypnotic treatment referred to in the law texts. Taking into consideration the board's statement, the Court of Appeal sentenced Mrs Wallin to fines. She filed an appeal, but in 1934 the Supreme Court confirmed the sentence.¹⁶

It was obvious that Christian love and the personal obligation to help one's neighbour, if one thought that possible, could not hold its own against the reason and rationality that dominated the application of the law. As pointed out by Max Weber, in modern society the state has monopolised the sources of law and established for itself the absolute right of determination over the 'valid state of affairs', and traditions and beliefs no longer constitute legitimate instruments of power.¹⁷ Nor could modern medical authorities accept the legitimacy of carrying out the practice of the art of doctoring on the basis of traditions and belief; formal education and then subsequent legal authorisation were the criteria not only for a legitimate practitioner of the art of doctoring, but also for the legitimate art of doctoring. The religious legitimacy claimed by these quacks for their activities was not accepted by the medical profession nor by worldly justice.

New Laws and Regulations and Fundamental Changes in 1960

AS A POLITICAL LOBBY GROUP, the organised medical profession has not been very successful during the twentieth century.¹⁸ This lack of power has also affected doctors' chances of influencing legislation concerning quackery. The more stringent regulations that, with time, have been introduced concerning unauthorised activities in the area of health care, cannot be unequivocally attributed to the demands of the medical profession. The investigations and demands on the part of the organised medical profession and the Board of Medicine for more stringent measures against quackery during the period between the two world wars and during the 1940s did not result in any measures. A parliamentary investigation whose report was delivered in 1956 finally resulted in an official government report, including a legislative proposal that was presented to the *Riksdag* in 1960.¹⁹

In 1961 the Authorisation Act of 1915 was replaced by two new acts: one that regulated the authorisation of physicians, and another, named the 'Act Concerning Unauthorised Practices in the Health Care Sector' but commonly known as the Quackery Act, which established that certain practices in the health care sector were subject to penalty under the law. By subdividing the legislation into two separate acts, the legislators stressed the differences between authorised and unauthorised practices.

However, the structure of the Quackery Act was essentially the same as in the articles of the Authorisation Act of 1915, although the new law contained a few more restrictions. The term 'quackery' was invested with new meaning in the legislative proposal. Previously it had denoted treatment by unauthorised practitioners in general; now the word was used in a more derogatory sense, meaning unqualified treatment of the sick. Any treatment that violated the regulations of the act was called 'health-endangering quackery'. Furthermore, the concept of 'the art of doctoring' was abolished in the new law texts – instead, a physician practised 'the profession of medicine' (*läkaryrket*). These changes were motivated in the legislative proposal by the Minister of Public Administration:

In older times the term 'the art of doctoring' was clearly a relevant description of the practice of a physician, as his treatment of the sick was based not only on intuition, the skilful use of his hands and factual knowledge, but also on a fair number of superstitious beliefs; in our time, however, when treatment is based on science and proven experience, the terms the 'art of doctoring' (*läkarkonst*) and the 'art of healing' (*läkekonst*) are no longer relevant denominations for what the medical profession is all about. Nor can those who devote themselves to practices within health care be said to practice the art of doctoring or of

healing without making use of accepted methods of treatment. In many cases their methods are obviously completely useless or even harmful. Their activities should therefore not be called the 'practice of the healing art' in the law texts.²⁰

At long last the protected occupational title for professional doctors was introduced. From then on, no one but a qualified doctor was allowed to call himself physician or doctor. But as the proper name of the 1960 Quackery Act reveals, the standard against which unauthorised practices were measured was no longer the authorised doctor; it was authorised health care as a whole. This field had grown to encompass a number of different occupations, several of which had also been granted licences against the wishes of the medical profession. A law proposed in 1989 regarding what was called 'the practice of alternative medicine' was never passed.²¹ Instead, in January 1999 a new act dealing with professional activity in the field of health care – the Act concerning the Practice of Medical and Health Care Professions – replaced the various earlier regulations, including the latest versions of the Authorisation Act and the Quackery Act, which had undergone only minor changes since 1960. This new act still made it possible for the National Board of Health and Welfare (*Socialstyrelsen*) to grant a doctor's licence to a person if he or she had obtained comparable competence in some way other than through education and practical training.²²

Lexical Definitions

BY WAY OF INTRODUCTION, it was pointed out that lexical definitions are not objective descriptions of either the actual state of affairs or of real linguistic usage. They can be normative and change over time, and there are national differences in the definitions. Examples from English, German and Swedish reference books show that the law is of importance in defining the concepts used and the meaning of the terms doctor, quack, proper medicine and quackery, but with different results.

The 1911 edition of *Encyclopaedia Britannica* states that a quack is 'one who pretends to knowledge of which he is ignorant, a charlatan, particularly a medical impostor'. To further explain the word it is stated:

The often-quoted legal definition of a 'quack' is 'boastful pretender to medical skill', but a 'quack' may have great skill, and it is the claim to cure by remedies which he knows have no efficacy which makes him a 'quack'.

It is also pointed out that English law does not allow any medical practitioner to be called a quack, whether he can be proved to have caused

damage to a patient's health or not. In addition, according to the more contemporary *Oxford Reference Dictionary* from 1986, printed in 1990, a quack is a 'person who falsely claims to have medical skill or to provide remedies which will cure disease, a charlatan'.

This explanation of a quack is not the one given in German dictionaries. The 1893 *Meyers Konversations-Lexikon*, printed in 1896, states that a quack (*Quacksalber*) is a *Kurpfuscher*, anyone who practises as a doctor without authorisation. There is a reference to the word *Charlatan*. A doctor (*ein Arzt*) was 'originally a man professionally engaged in treating disease'. At that time, the German *Gewerbeordnung* allowed anyone to practise medicine without having to prove his or her competence; the earlier prohibition against quackery no longer existed. Ninety years later things had changed. According to the *Brockhaus Enzyklopädie* from 1987, the term doctor is now the denomination for the profession of men or women who, after medical education, practise the profession of healing (*Heilberuf*), and who are entitled to use this title following licensure. The word quack is no longer listed in the encyclopaedia, whereas 'alternative medicine' is.

The British definition of a quack as a person who is ignorant, who falsely pretends to have knowledge he does not have, and who engages in fraudulent activities, did not find its way into Swedish reference books until very recently. Instead, they seem to have utilised the terminology found in German reference works, where the decisive question has been whether or not a person is formally authorised to work within the medical profession.

In the 1880s neither the doctor nor the quack was mentioned in the Swedish encyclopaedia *Nordisk familjebok*. In the 1911 edition – the same year as the above-mentioned edition of the *Encyclopaedia Britannica* – the Swedish encyclopaedia briefly explains the word 'quack' as a person who practises medicine without authorisation to do so, and who sells medicines without permission. Following this, there are complaints about the old-fashioned and ineffective legislation concerning quackery. This text is signed with the initials of two persons, one of whom was a medical advisor at the Board of Medicine. The issue of quackery had not yet landed in the political agenda during the 1880s, but in 1911 it was of great interest, as doctors and the Board of Medicine had gone on the offensive so that legislators would set about working with the issue of quackery.

The word 'doctor', on the other hand, is not mentioned at all during the 1880s, nor is it mentioned three decades later. This silence can be interpreted in light of the legislation. At this point in time the authorised doctors still had a monopoly on their professional branch, and the border line between them and quackery was in a way clearer than after 1915, when

unauthorised medical activities were permitted with certain restrictions. At the beginning of the century, the concept of doctor did not need a more precise definition. The problem was quackery, and this was what needed to be defined in more detail.

The 1937 edition of *Svenska Akademiens Ordbok* explains that the word 'quack' originally referred to 'a person travelling around selling medicines and practising as a doctor', but that 'nowadays' it is used as a disparaging term applied to a person who works as a medical practitioner without the necessary knowledge and without legal authorisation. According to a later edition of the same dictionary published in 1942, the word 'doctor' (*läkare*) applies to 'a person who engages professionally in treating the sick, the wounded or the injured', but that 'nowadays' the term is 'particularly' used to indicate a person who has had specialised training, obtained his degree and thereafter been authorised to engage in such activities.

Today there is less doubt about how doctor is to be defined. The 1993 edition of *Nationalencyklopedin* states that physician or doctor (*läkare*) is a 'denomination of the occupation of a person who is authorised to practice the medical profession, that is, a person who had been granted a licence to practise the profession or who is especially authorised to practise it.' Quackery is said to be an 'old-fashioned and popular denomination for practising the art of healing without medical training and without authorisation to engage in such practice.' Furthermore, the word 'quack' is no longer commonly used, and is said to be an 'earlier denomination for practitioners of folk medicine and alternative medicine'. The encyclopaedia goes on to say that, in common parlance today, the word 'quack' also applies to a bad physician as well as to anyone in general who dabbles in something he or she does not master. As is the case in German reference books, 'alternative medicine' has instead become an established concept. In the Swedish *Nationalencyklopedin* the concept is explained in a longer article written by a medical doctor whose thesis dealt with unconventional types of therapy.

New Laws, New Concepts, New Meanings – Old Discussions?

THUS, BOTH THE DOCTOR AND THE QUACK are types of medical practitioners. 'Licensed doctor' (*legitimerad läkare*) is a distinguishing characteristic in the meaning of the word doctor that has been added in later years. A doctor might be considered a quack in the derogatory sense of the word, and a quack can be a doctor in the positive sense of the word. The 'art of doctoring' no longer exists as a lexical or a juridical concept; the

new concept now found in dictionaries is the 'science of doctoring' (*läkarvetenskap*). Furthermore, since the 1980s new concepts such as 'alternative medicine' have replaced the 'old-fashioned' term quackery in Swedish dictionaries and reference books – although not in medical dictionaries – as a denomination for practices in the health care field that have not gained official recognition or authorisation by the state. Today these practices are defined not only by being located outside the official health care sector, but also by their non-scientific nature. Previous discussions about what constitutes 'the art of doctoring' have been replaced by a differentiation between medical practices that are scientific and those that are not scientific.

But this scientific criterion is not definitive, and opinions differ as to how it should be applied. Several occupational categories that were previously defined as quacks – unauthorised practitioners such as psychotherapists, chiropractors and naprapaths – are today able to obtain authorisation and be licensed as a result of political decisions made contrary to the will of the organised medical profession. Authorisation today has been officially recognised as being equivalent to competence: the formal English translation of the latest Authorisation Act is the Competence Act. Nevertheless, formal authorisation and licensing are not unambiguous criteria for competent and legitimate medical practice as far as official representatives of the medical profession are concerned. Laws in the health care sector have not simply followed the demands of the medical profession, but reflect instead a more open attitude among legislators regarding what practices should be included in official health care, and also in relation to practices that are still unauthorised, but to a great extent tolerated. The medical profession has not had the power to define the concepts that are used, and the borderline between a doctor and a quack is still not very clear cut.

The question of what constitutes a doctor or a quack can be answered in many different ways, depending on the point of departure and the social context. The conceptual apparatus has a normative function that must be heeded from both a historical as well as a modern perspective. This study of the legal and lexical definitions of the concepts doctor and quack in twentieth-century Sweden provides a picture of how semantics is culturally determined and subject to continual renegotiation.

Notes

- 1 The literal translation of the Swedish word *läkare* is actually 'healer', which in a way would provide the correct association to the topic under discussion. However, I have chosen to use the English word 'doctor', which is also used in Swedish, instead of 'physician'.
- 2 Stig Strömholm, *Allmän rättslära. En första introduktion*, 5th edn. (Stockholm, 1984), pp. 26–30.
- 3 Toby Gelfand, 'The History of the Medical Profession' in W.F. Bynum and Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London and New York, 1997), pp. 1119–50.
- 4 Kjell Å. Modéer, *Historiska rättskällor. En introduktion i rättshistoria*, 2nd edn. (Stockholm, 1997), pp. 17–18.
- 5 D.M. Frankford, 'Professions and the Law' in Bynum and Porter (eds.), *Companion Encyclopedia*; Andrew Abbott, *The System of Professions. An Essay on the Division of Expert Labor* (Chicago, 1988), p. 2.
- 6 *Bihang till Riksdagens Protokoll*. 1915 Första Samlingen, Fjärde Bandet, Proposition No. 85. 'Förslag till förordning om behörighet att utöva läkarkonsten'.
- 7 Modéer, *Historiska rättskällor*, pp. 170–80.
- 8 'Riksdagsdebatten om kvacksalverilagen', *Allmänna Svenska Läkartidningen* 12 (1915), 837.
- 9 *Svensk Författningssamling* 1915:362, 'Lag om behörighet att utöva läkarkonsten'.
- 10 Georg Engstrand, 'Om kvacksalverilagen', *Svenska Läkartidningen* 21 (1924), 905–10, 936–42, especially 936–37; *Bihang till Riksdagens protokoll*. 1960. Första samlingen, Fjortonde bandet. 'Proposition nr 141 med förslag till lag om behörighet att utöva läkaryrket', p. 38.
- 11 Gunnar Hedrén, 'Obehörigt utövande av läkarkonsten jämlikt lagen den 21 september 1915 om behörighet att utöva läkarkonsten', *Svenska Läkartidningen* 30 (1933), 609–20.
- 12 Hedrén, 'Obehörigt utövande', p. 616; Georg Engstrand, 'Historik över kvacksalverilagstiftningen i Sverige samt lagstiftningens ståndpunkt å nämnda område speciellt hos grannländerna', *Svenska Läkartidningen* 32 (1935), 1223–34, especially 1230.
- 13 Sture Brück, 'Tillämpningen av straffbudet mot lekmäns utövning av läkarkonsten', *Svensk Juristtidning* (1935), 336–49.
- 14 'Obehörigt utövande av läkarkonsten?', *Nytt Juridiskt Arkiv, Avd. 1 Tidskrift för lagskipning* (1919), 500–04.
- 15 'X., som ej förvärvat behörighet till läkarkonstens utövande men yrkesmässigt utövar denna konst (...)', *Nytt Juridiskt Arkiv, Avd. 1 Tidskrift för lagskipning* (1927), 343–47.

- 16 'Åtal mot kvinna, som ej är eller varit behörig till läkarkonstens utövning, för hypnotisk behandling', *Nytt Juridiskt Arkiv, Avd. 1 Tidskrift för lagskipning* (1934), 273–75.
- 17 Margareta Bertilsson, 'Om legitimitet' in Ulla Bergryd (ed.), *Den sociologiska fantasin – teorier om samhället* (Stockholm, 1989), pp. 333–35.
- 18 Ellen M. Immergut, *Health Politics. Interests and institutions in Western Europe* (Cambridge, 1992), ch. 5: 'The Swedish case: Executive dominance'.
- 19 'Proposition Nr 141', *Bihang till Riksdagens protokoll*. 1960.
- 20 'Proposition Nr 141', *Bihang till Riksdagens protokoll*. 1960, p. 34.
- 21 *Statens Offentliga Utredningar* 1989:60, *Huvudbetänkande från alternativmedicinkommittén, Socialdepartementet*.
- 22 *Bihang till Riksdagens protokoll. Regeringens proposition 1997/98:109, Yrkesverksamhet på hälso- och sjukvårdens område*, p. 13.

Health, Horror and Dreams for Sale: Patent Medicine and Quackery in Prewar Finland

Riitta Oittinen



THIS ARTICLE FOCUSES ON INDUSTRIALLY PRODUCED and prepackaged preparations that were called patent medicine in Finland.¹ Secret nostrums had been on sale before the industrial era.² Still, trade on a large scale took off only with the growth of the techno-chemical industry.³ While the divide between regular and irregular doctors was clearly demarcated by law, the legal distinction between 'deceptive' and 'real' medicine was only made in the 1930s. Until then, 'hope in a bottle' could be sold in any way. Due to increasingly aggressive marketing, the spread of prepackaged preparations implied changes even in the most remote areas of Finland. This paper analyses the marketing of patent medicine and the struggle against it in order to shed light on the complicated health market of the day.

The Field of Health Care

UNDER A FINNISH LAW DATING FROM 1688 only 'scientifically taught' regular practitioners were allowed into the medical profession. Irregular practice was forbidden and punishable by fines, and the principle was upheld through the centuries despite changes in legislation.⁴ Nevertheless, the distinction between orthodox and unorthodox medicine was blurred in 'former times', as noted in 1933 by the obstetrician Erkki Pelkonen, who was sympathetic to folk healing.⁵ By the end of the nineteenth century medical help in and knowledge about health care was supplied by a motley crew, whose skills, practices, and conceptions of curing varied greatly.⁶ These

operators filled a vacuum that was brought about by the small number of regular practitioners in Finland (one medical doctor per 6,500 inhabitants in 1901), long distances in the countryside (Finland is roughly the size of France), and mistrust of medical doctors.⁷

When the government initiated the drafting of a new bill on the medical profession in 1920, the National Board of Health sent a survey on quackery to all district, municipal and town doctors (237) who were employed by the local authorities. Almost all of them (90 per cent) submitted a reply. Eino Suolahti MD analysed the results of the survey in a medical journal, where he estimated that some sort of 'quackery' took place in roughly every third city or town and in every fourth rural municipality. To him this showed that 'compared to foreign countries, quackery is relatively rare in Finland'.⁸

What did the respondents call quackery? Some felt obliged to report on almost all incidences of irregular practice, such as that by 'educated Russian ladies who had read books on popular medicine'. Suolahti ignored these when classifying 'quackery' under three headings. The first he distinguished was bone-setting. The second group comprised the so-called empiricists, 'who had acquired the craft of healing by experience'. The empiricists dealt either with external conditions such as eye or skin diseases and abscesses or with special chronic internal diseases. The latter were treated with home-made preparations or drugs bought in an apothecary, which Suolahti found, generally speaking, harmless. Their cures turned dangerous if they prevented recourse to adequate care or caused direct harm to the patient.⁹ All in all, there were even positive reactions by the respondents, especially towards folk healers.¹⁰

The third group, consisting of professionals seeking private gain, was severely criticised. It included both itinerant and sedentary full-time and part-time quacks: 'professional quacks are, for the most part, morally inferior people who have not succeeded in life by other means and have resorted to quackery to cheat gullible people out of considerable sums of money'.¹¹ For example, one medical doctor reported the case of a mountebank who in one-and-a-half days had earned as much with his concoctions as a medical doctor who examined 300 patients.¹²

The social status of professional quacks varied according to the survey. They included 'former students and pharmacists, former midwives, nurses, army surgeons, apprentices to apothecaries and a sundry group of women, who have hardly had any profession earlier'. Clergymen and lay preachers involved in quackery were singled out as even more condemnable than professional quacks. Hydrotherapists and 'those pushing homoeopathic

pills according to the Swedish model' were also included in this group.¹³ What Suolahti did not discuss was whether these healers came from outside the community and were working in an unknown and impersonal market, where no relationship with the patients existed.

The new law governing the medical profession that was passed in 1925 continued to proscribe the activities of professional quackery. However, occasional treatment for which payment was received was allowed, except for tuberculosis, venereal diseases and other contagious infections, but only on the condition that the patient was not harmed. Yet the law maintained tensions in the regulation of health care, just as the legislation it superseded, since it avoided taking a stand on the abuse or misuse of medicinal preparations.¹⁴

Trade in medical drugs was regulated by separate legislative decrees on apothecary shops and drugstores,¹⁵ and the debate on their regulation intensified towards the turn of the century.¹⁶ A parliamentary commission on drugstores was set up, and, according to its report (1910), Finnish drugstores 'had infinitely larger rights and powers than comparable traders in any other European country'. The statement referred to the right of drugstores to sell industrially produced patent medicines, 'the whole notion of which was hardly known at the time of the earlier decree in 1888'. In order to clarify the situation, the report proposed confining to apothecary shops

all goods, which by labelling, indications for use, references to medical histories, public advertisements, or other means are presented as preventing, alleviating, or curing illnesses in man or animals, or which are made available for such purposes, independently of whether they have the acclaimed effect.¹⁷

Nevertheless, drug legislation was not revised until the 1930s.¹⁸ Until then, there were no restrictions on the sale or purchase of non-prescription industrially produced goods as described above. The district doctor of a small community recounted the situation in the 1920s in the following manner:

Among the half-educated population, who have attended primary school, there is an almost superstitious belief in the printed word, however ludicrous the message. This paves the way for dangerous quacks, such as the American James Kidd, who operates by mail, the apostles of Kuhne and so forth. They 'cure' everything and charge accordingly.¹⁹

Health for Sale

SEVERAL STUDIES HAVE ALREADY SHOWN the variations in the patterns of explanation of diseases, the experiences and the survival strategies of patients.²⁰ The replies of district and municipal doctors to the quackery

survey repeatedly emphasised the prevalence of superstition, especially in the countryside, whether or not it was believed that diseases were contagious. The survey told of frustration at the vagueness of the general public's conception of health and health care.

Since the late 1800s general ignorance had been diligently fought by educators and researchers. The campaign for a healthy life was taken to the pages of newspapers and booklets, and to the meetings of educational associations around the country.²¹ The morally coached educational message of adequate clothing, diet, cleanliness and housing conditions was targeted at the common people and the working class. Cleanliness and health were presented as obligations of the good citizen.²² The fact that advertisements competed with education and reached a much larger audience has generally been ignored by Finnish research on medical and expert advice. Advertisements related to health and healthy appearance were abundant in both newspapers and in leaflets. The most appealing promises were circulated in booklets and in direct mailing campaigns. Sometimes the advertisements were peppered with claims that 'we are not selling patent medicine'. This alone reflects the problematic nature of the term, since its content has varied with its user.²³

That the concept is ambivalent and that the understanding of the drug industry was vague is evidenced by the fact that some writings on the medical industry at the beginning of the century referred to the products of the entire drug trade as patent medicine. On the other hand, the term was also used disparagingly about the concoctions made by apothecaries, healers and tradesmen.²⁴ In the discourse of Finnish specialists, 'arcane', 'humbug', 'secret', 'deceptive' and 'alleged' medicine were umbrella terms which were used to refer not only to home-made concoctions but especially to 'patent medicine'. The latter term was usually reserved for proprietary products whose effects were publicly praised, while the contents remained secret. Medical counter-propaganda, however, also counted a mixed bag of gadgets such as 'an electromagnetic belt' or 'Saabye's galvanic suspensory' as patent medicine.²⁵ In a pharmaceutical trade journal in 1915, an apothecary defined 'humbug medicine' as:

A substance that is supposed to have its effect with certainty, usually for several conditions ranging from baldness to diphtheria and consumption to corns. It costs far more than its ingredients according to official apothecary rates. Moreover, the recipe and the contents are secret, and the vigorously advertised product is distributed directly to the consumers.²⁶

As a result, self-medication was closely linked to the use of patent medicine.

The market was segmented. Ready-made drugs were sold by private individuals. The easy availability of patent drugs in several types of shops was more important, however. In addition to apothecary shops, patent medicines were sold in shops dealing in sundries, as well as in barbershops and even in cigar and fruit shops. Sometimes, however, claims of widespread availability were only a marketing gimmick. Some drugs were claimed to be available 'in all better apothecary shops and drugstores', even when this statement was patently untrue.

Products promising health were intricately linked to the emergence of modern advertising, and Finland was a meeting place for East and West. Mail order catalogues for patent medicine came to Finland from Stockholm, Copenhagen and Warsaw. Both Americans and Russians set up mail order networks in the country. Foreign enterprises had agencies in Finland, supplying additional information and samples on request. It is a sign of the globalisation of the trade that one product for toothaches had directions for use in 10 languages.²⁷

Unfortunately, it is impossible to collate comprehensive data on production and sales. No exact estimates of the imports of patent medicine can be made although, at the beginning of the twentieth century, the National Board of Health suggested that the trade amounted to 'millions of *markka*'.²⁸ Domestic industry contributed to the expansion of the market as well. The volume of advertising and, to an extent, the vociferous opposition, give indications of the success of patent medicine.

The press had an ambivalent attitude towards promoting health-related information. On the one hand, the press provided health education with a voice and reported the latest progress in medical research. On the other hand, lucrative advertisement income was an incentive to publish any kind of copy. For example, Doctor Kidd, who had been identified as a charlatan at the turn of the century, managed to get the editors of a newspaper in Helsinki to vouch for his integrity. His advertisements were regularly printed on its pages. Yet, the same paper also disapproved of the fact that 'there is hardly a newspaper, however small, which does not publish advertisements for Kidd's medicine, Volta corsets, Williams' pills, electric belts and the like'.²⁹ The apparent contradiction between advertising and editorial copy cannot but have confused the readers, all the more so, since the advertisements were frequently fashioned after news items on the latest discoveries of regular medicine.

Mail-order Cures

WHAT DID PATENT MEDICINE PROMISE? Let me point out at the outset that there was no uniform pattern. The archives of K.H. Wiik, an active opponent of patent medicine and a Social Democratic MP, give us an overview of the marketing strategies. Believing that the working class was especially vulnerable to exploitative patent medicine sellers, he studied the market and organised his findings in a collection of newspaper clippings and direct mailing letters which included the following:³⁰

- The Indux electric belt: for rheumatism, neurasthenia, back pain, palpitations, insomnia, stomach catarrh, toothache, headache. Strengthens the muscles and increases overall well-being.
- Myogen: for the sick and ailing.
- Cascarine Lepringe: migraine, indigestion, prenatal complications.
- Doctor Cinn's Electric Life Belt: general weakness, melancholy, hysteria, rheumatism, cramps.
- Nokah II: beard and moustache growth.
- Lecital: sins of the youth, abnormal lifestyle and degenerated nervous system leading to sexual insufficiency.
- Kubenal: gonorrhea – the disease of the twentieth century.
- Spirosiini: consumption and other conditions of the respiratory system.
- Kneipp's medicinal herbs and pills: stomach problems, cough, weak nerves.

The advertisements were not always intended as isolated messages. There were series of advertisements complemented with correspondence, product samples and contacts by representatives. To understand better how the potential consumer was induced to purchase patent medicine, let us trace the sequence of the marketing campaign of the famous American mail-order business named Doctor Kidd, which was operating across Europe. According to Wiik, who had collected the documents related to this campaign, in 1900 the firm Doctor Kidd had started an advertising campaign promising to treat 'sexual insufficiency' in Swedish language newspapers (Swedish was Wiik's mother tongue) published in Finland. The campaign was expanded in 1910 by adding direct mailing to support the advertisements and leaflets.

How did the sequence progress? There were several ways to take the first step. For example, the potential client may have noticed an advertisement

in the newspapers for the book *The Pains of Mankind, the Reasons and the Cure*. A coupon for ordering the book requested information on the client's age and the duration of the condition, and asked the question, 'What is the main problem of the correspondent'? A contact led to the mailing of the book and 'as many kinds of medication as deemed necessary, there being such drugs as affect the condition directly by removing the causes of disease from the body'. The advertisement contained a list of 30 ailments for the reader's self-diagnosis. These included rheumatism, dropsy, chronic coughing, indigestion, headaches, heart disease, impure blood, feminine weakness, partial paralysis, weak nerves, malaria, boils and asthma.³¹

Representatives were recruited with the booklet 'A Simple Way to Earn Money', which asked the question, 'Would you not want to earn some money by selling medicines, when doing so also provides an invaluable service to your friends and fellow creatures?' Should the representative not have enough prospective clients, the booklet suggested that the best way to get leads was by contacting a priest, a teacher, a midwife or a life insurance agent, who knew people with health problems. The representative was to pass on the data concerning contacts with their friends and neighbours to Doctor Kidd as well, which earned the representative a rebate on personal mail-order purchases, or a commission on the orders of new clients.³² Old clients were made use of at several stages of the marketing strategy.

Independently of the way in which the contact was established, the prospective clients on the direct mailing list were sent the 100-page book entitled *The Pains of Mankind* ... with lists of symptoms, diseases, suggested cures and order forms. The idea seems to have been that, having read the descriptions of the various conditions, the client would diagnose himself or herself on a separate form. The 67 questions on the form inquired, for example, as to whether the respondent felt poorly, unhappy or had a 'secret', that is, venereal disease. It also asked what the patient believed to be the cause, and what diagnosis had been received from a doctor. There were also questions on the functioning of the body and the respondent's mental state, including melancholy and poor memory. This was only the first stage.

When the contact with the prospective client was established, the serious correspondence started. Our client (Wiik or his collaborator) was first contacted by the enterprise 'Doctor Kidd' in June 1910, when he received free samples. The Wiik collections include the boxes containing their yellow and maroon pills, which were indicated as suitable for rheumatism, neurasthenia, stomach pains and general weakness, probably the conditions indicated by the client's self-diagnosis. The pills were to be administered once daily, with a different pill for a different condition at a different time of

the day (before breakfast, dinner, supper and going to sleep). 'All pills exactly the same', commented Wiik in his notes, although he did not sample a single one.

The client was left to digest the information, the book and the pills in July. In late August 1910 he found a new letter in the mailbox, now in an accusatory tone. It reminded the client of all the free goods already received, emphasising the trouble to which Doctor Kidd had gone in diagnosing the patient. The respondent was ill and in need of medical aid, as had been numerous patients Doctor Kidd had cured. The patient was assured of the particular interest felt towards his case and was admonished that a quick response was expected. Because the letter was used for a mass mailing, it was written in vague terms.

Although the client never replied, a third letter followed. It started with a syrupy wish from Doctor Kidd for the best of health, happiness and joy. Then the tone of the letter suddenly changed: 'Had you but responded to my first offer, your illness and your worries would be gone by now'. As evidence of this, the letter told of testimonies of satisfied customers and a flood of letters thanking Doctor Kidd. In order to bolster the authority of the letter, it was signed by four 'consulting medical doctors'. This time Doctor Kidd's title was head physician.

The client still did not order anything, and a letter dated November 1910 arrived. It said that, although Doctor Kidd did not wish to frighten the patient, it was his duty as an honest doctor to warn the patient of the consequences of neglecting treatment. The letter, which was a form letter, made no reference to the patient's particular condition. Instead, it merely said that there was no disease that could not be cured in time and with adequate treatment. Should the patient refuse help, he would face a ghastly future as an incapacitated wage labourer dumped by his employer. As its last trump card, the letter offered a price reduction.

Despite the best efforts of Doctor Kidd, the client remained unenthusiastic. Doctor Kidd and his assistants did not give up yet. In January 1911 the client received another proposal (the fifth letter). If he ordered the drugs now, he was offered, at no extra cost, an electronic belt to improve the absorption of the medication. 'Electro-medical treatment is exactly what you need, and you will make A BIG MISTAKE if you do not take advantage of this offer RIGHT NOW'. After this six months' long process, the direct marketing efforts tapered off. Either Doctor Kidd ran out of resources or the prospective client was deemed hopelessly obstinate.

Unfortunately, we do not know how many Finnish clients were subjected to Doctor Kidd's marketing press, let alone how often it worked.

According to counter propaganda, the frightened patient 'completely submits to doctor Kidd's deception until he has been made to depart with all his money'.³³

The Means and Contents of Marketing

DOCTOR KIDD'S MARKETING METHODS were not unique, although they were singularly aggressive and versatile. I have compiled a list of typical marketing arguments from a wide variety of advertising copy for patent medicine (including Wiik's collection) and from the counter propaganda, which may be characterised as follows:

1. Appeals to authority and expertise (of a professor, the most famous foreign doctors, a royal judge, the directorate of the Red Cross in St Petersburg, recommendations by famous personalities).
2. Appeals to the latest discoveries and science (tested by clinical laboratories, produced by a technical laboratory, based on scientific research, distributed by a government medical institute).
3. Appeals to ideas from folk healing and folk traditions (theories of the humours, e.g. curing poisonous blood).
4. References to the effects of modernity and industrialisation (e.g. conditions of the nervous system).
5. References to co-sufferers (thankful letters and testimonials from cured patients; most letters were from the Nordic countries, but some from as far afield as Argentina).
6. Appeals to the patient's judgement by having them diagnose their own condition (the separate self-diagnostic form).
7. Appeals to the patient's sense of guilt and reciprocity (sending free samples, booklets and direct mail, recruiting representatives).
8. Giving hope and making promises (curing illnesses that regular medicine found incurable, curing 'all' diseases, prevention).
9. Scare tactics ('Your health will decline unless you order our products').
10. Raising health concerns (listing names of diseases, describing symptoms).
11. Offering an opportunity to correct a dysfunction or a blemish (avoiding ageing, increasing hair growth, restoring sexual functionality).
12. Arousing curiosity (Would it be possible to feel better?).

Some product advertisements focused on symptoms or problems, while others named the conditions to be cured. In addition, the adverts might promise either instant or imminent 'increased strength' and 'well-being'. The effects ranged from preventing death (curing the incurable) to improving looks (e.g. increasing hair growth and alleviating headaches with the same product). The pattern of use conformed to that of modern medicine at its most mechanic: diagnosis – treatment (medicine) – outcome (cured/not cured).

All in all, advertising was eclectic. It sought influences from different countries and cultures, the oldest as well as the latest in medicine. Clever entrepreneurs tapped into folk beliefs and life style counselling and, more generally, into current social debates on so-called diseases of civilisation.

In appealing to emotions, patent medicine marketing created both positive and negative images. It raised fear and concern as well as hope.³⁴ Its rhetoric was a blend of the binary opposition of the modern and the traditional. The promises offered something to everyone. The advertisements contained both detailed lists of diseases and appealed to a traditional notion of the common source of all ailments. There were products (such as an amulet curing consumption) for those who believed in magic, something also associated with secretiveness about ingredients. Yet, clients who sought scientific evidence could find explanations in medical terms of 'new inventions' and 'distinguished practitioners' who backed the products.

There may have been motives other than purely pecuniary ones involved in the marketing process: a desire to help, an offer of opportunities for self-improvement or, simply, an alternative conception of health. It is not possible, however, to discuss the relationship of patent medicine to alternative medicine within the confines of this article.³⁵

The Struggle against Humbug

MEDICAL DOCTORS AND APOTHECARIES took a stand on what they called humbug products. Such wares undermined their authority and professionalism, neither of which could be taken for granted during the period concerned. In suggesting that 'foreign doctors' (who recommended patent medicine) were better than Finnish ones, the competence of the domestic profession was called into question. Moreover, the style of the 'doctors' in advertisements inadvertently ridiculed the smugness of the regular professionals. The bottom line was that the money put into patent medicine did not come into the hands of doctors and apothecaries, unless the latter sold the product in question.

In addition to economic considerations and prestige, the physicians were undoubtedly sincerely concerned about the health of the users of patent medicine. The Finnish counterattack was partly modelled after the Swedish Office for Information on Medical Advertisements. The Swedes also had a laboratory in Uppsala for analysing the ingredients in patent medicines, and Finns, too, could send queries there.³⁶ A Finnish society was set up on lines similar to the Swedish one, and numerous doctors, apothecaries and social luminaries joined its ranks.³⁷ The society classified patent medicine available in Finland as 'inefficient, dangerous or of unknown effect'. The last-mentioned attribute belies some uncertainty about the nature of the products.

Booklets warning against patent medicine were distributed free of charge to apothecary shops and folk high schools, the latter an important source of popular education. Thousands of leaflets were printed. The key arguments of the counterattack were:

1. Dismissing the authority and expertise of patent medicine marketing. 'Famous doctors' were exposed as charlatans. One famous doctor turned out to be a butcher's apprentice recently released from solitary confinement. In another case, Pestalozzi's photograph was being used. Another way of misusing photographic material was to present a Swedish post office box as the headquarters of a 'medical company'.
2. Demystification: the ingredients of patent medicine were revealed: casein, iron salts, egg white, sugar, sulphur, rubber, perfume, turpentine, lactic sugar, camphor, asafoetida, grease, oil, aromatic spirits, strychnine, arsenic, etc.
3. Economic arguments: comparing apothecary shop rates to prices of patent medicine.
4. Rebutting claims of efficiency and revealing the true effects: the products were classified according to their active ingredients – or lack thereof – and had effects such as 'causes heartburn' or 'does not have the advertised effect'.

Over and above the informative function, quite a different objective emerges from the texts countering patent medicine and, at times, all quackery, namely, an attempt by the regular professions to define their own identity. Although medical doctors and the pharmacists were by no means a monolithic group, a dichotomy does emerge from the texts. Ethically motivated medical doctors or – depending on the author – apothecaries guided by their honest desire to help and cure were the exponents of modern

science. What patent medicine producers, drugstore owners, 'irregular' doctors and itinerant traders were, regular professionals believed themselves not to be. The professionals were opposing, on the one hand, 'superstitions of the past' and, on the other hand, the 'filthy deception' of the day carried out by unethical entrepreneurs in their greed. Humbug made a good enemy. Attacking it provided an opportunity for defining one's own identity and bolstering claims to usefulness.

In practice, the situation was more complicated and less clear cut than the dichotomy allows. For example, trade journals repeatedly accused apothecaries, especially those in the countryside, of selling patent medicine or even setting up shops for that purpose.³⁸ In the 1920s some doctors still complained that apothecaries were the 'worst quacks', because they abused their clients' confidence by selling them worthless drugs that were either home-made or purchased.³⁹ In the same vein, medical journals accepted advertisements for products identified by the publicists as patent medicine.⁴⁰ An activist in the association against patent medicine, the apothecary Walter Karsten, summarised the uncertainties of the period by noting that 'doctors found it increasingly difficult to tell the harmful from the purely harmless or worthless among imported drugs'.⁴¹ If the medical profession faced such difficulties, the enlightened customer must have had an even more difficult time sorting out the contradictory flood of information and advice. It is not at all certain that novelties were always readily approved of. The frustrated letter of a Swedish woman to the Uppsala doctors investigating patent medicine epitomises the confusion that health and, more generally, beauty advertisements created:

Since I have read reports that the English mineral water is humbug, I would like to know if your office is acquainted with Miss Harriet's anti-wrinkle product called 'Meta Smith's Triplex System'. According to an ad in Bonnier's monthly magazine, it 'removes wrinkles over night'. I have not received the product but neither have I been refunded despite numerous letters to the effect.⁴²

Reasons for Using Patent Medicine

IT IS EXCEEDINGLY DIFFICULT TO FULLY CAPTURE the process of consumption of patent medicine. No single explanation captures its popularity. Was 'the patient childish enough to allow himself to be carried away by the showy labelling, distinctive bottle, and the classy name of the product', as one medical doctor arrogantly suggested? Did they throw away their money to con men, thinking that 'the more expensive, the better', or did they 'continuously look for novelties'?⁴³

The consumers did not look at themselves through the spectacles of the health educator. They did not think they were ignorant or superstitious, but rather that they behaved rationally according to their own logic. High prices or vague descriptions of contents hardly put off someone in pain when promised a cure, freedom from pain, or merely an improvement in their condition. Patent medicine was in all likelihood a more pleasant prospect than the surgeon's scalpel.

Counter propaganda was difficult to sell as long as advertisements appealed more to the world view and needs of the buyer. The consumers of patent medicine thought that these cures were the best solution available. They might reason that patent medicine prevented illness or, at least, was not harmful. Consumers who were fed up with the demands of health enthusiasts perhaps jumped at the chance of an easier solution. The easy way out is epitomised by a letter of testimony from 1926, according to which the limbs of a man of 70 had become as supple as those of a 20-year-old. Thanks to Fredriksson's radium bandages, the old man could 'race with anyone'.

It is paradoxical that the demand for patent medicine was fuelled by the progress of regular medicine. At the turn of the century, medicine had made headway in identifying and diagnosing diseases, but the capacity to cure them lagged behind. This created a market niche presciently noted by a newspaper article in 1884: 'The flamboyant doctors in the advertisements [for patent medicine] list the most vicious of illnesses that modern medicine still has to struggle against'.⁴⁴ But what was it that made the marketing of a soap promising to 'get rid of tens of years' more acceptable than that of an electronic belt promising 'that the veins beat again at the pace of youth'?

The impulses to buy were many, and the purchasers were a heterogeneous group. Illiteracy alone meant that some would get their information as well as the medicine from others. The decision to buy was sometimes made together with others in the peer group. The importance of collectivity is underscored by marketing stories and letters, where the miraculously cured created a peer group for the suffering. If the health of Mister X had gone 'down the drain', but was now improved by using an iron elixir, why would it not work for me?

Demand for patent medicine was motivated by general discontent, resentment and distrust towards regular medicine. Folk healers and other irregulars were considered as a viable alternative. Regular doctors were not always available, let alone able to offer a cure. They did not necessarily listen to or understand the patient. They withheld information and were difficult to comprehend.⁴⁵ In the survey on quackery a self-critical doctor expressed the belief that ordinary people would stop seeing quacks if medical doctors

were more open and willing to explain the causes of the patient's illness.⁴⁶

There was advertising copy for patent drugs that exploited the incomprehensibility of medicine by, as it were, popularising it. For example, Doctor Kidd pointed out that, in addition to causing fatigue and apathy, neurasthenia 'feels as though cold water had been poured on the head. When you comb your hair, it hurts'. The description undoubtedly rang true to many of Doctor Kidd's readers. Nevertheless, some attempts to make sense failed spectacularly. Or how should we understand this statement made in 1912?

Note, that the English Mineral drink is never claimed to cure deafness although, as the above testimony evidences, it may so happen that deafness is cured by taking the Mineral drink, but only in those cases where the causes of deafness are such that the Mineral drink affects them.⁴⁷

An old adage says that a sickness named is a sickness half cured.⁴⁸ It can be put the other way round, too. Less serious symptoms became classified as diseases at the turn of the century. The debate on diseases of civilisation caused by modernity was launched. I believe that with increasing health information, more attention was paid to the state of the body, which may have brought about a novel type of anxiety and confusion. Many people did not necessarily have a clue about the conditions about which they had read. A modicum of introspection could reveal some sort of trouble. It was easy to interpret all sorts of moods or, more broadly, norm-breaking behaviour as signs of 'nervosity'. Products that defined ageing itself as something in need of prevention and medication formed a class of their own.⁴⁹

What were the effects of patent medicine? At worst, they were, as claimed by their opponents, unhealthy or, in extreme cases, lethal.⁵⁰ The ingredients could be directly harmful or their consumption could delay or be completely substituted for an effective regular treatment. Even if not physically harmful, the consumption of patent medicine advertisements combined with general health advice of the time may have contributed to feelings of anxiety, guilt or unfounded hopes.

The significance of patent medicine was not entirely negative. As noted, part of the copy – such as that encouraging a healthy life or illustrating human anatomy – was no different than regular health education. Moreover, the thick books distributed by patent medicine companies contained information on subjects⁵¹ – such as sexuality – which were largely ignored by official health advisers. In terms of efficaciousness, given the relatively underdeveloped state of regular medicine, patent drugs were no less efficient than their inefficient competitors. Sugar pills may have had a placebo effect as well.

There were products that were in demand for their effects, even if not for their advertised ones. For example, Hoffman's drops were sold in the apothecary shops in the Nordic countries. The product had a high alcohol content and was recommended for fainting, hysteria and shortness of breath. In practice, it was used for terminating pregnancies⁵² and, more commonly, for getting drunk.⁵³ Together with comparable products, such as 'Doctor Fromme's antimorphine', which contained morphine, it probably redeemed its promise of 'well-being', if only temporarily.

The history of patent medicines is contradictory and ambivalent. Their consumption can be read as a sign of distrust of the medical profession and of a desire to do one's own doctoring and to control one's own body. It can be reasonably claimed that it betrays a belief in authority and a desire to give the power to cure to an outside partner. From this perspective, it made no difference whether the title of the doctor was fake or earned.

It seems that the 'doctors' who promoted patent drugs and gave written directions for their use to a degree supplanted or complemented the work of folk healers. Some of the latter did adjust to the new situation by combining natural remedies and patent medicine.⁵⁴ During the period at hand, heavenly and magical power was reallocated both to the regular practitioners and the purely commercial-minded irregulars. At the same time, individuals were to bear greater responsibility for their health. Patent drugs came with information that enabled the consumers to process the state of their body and mind. Advertising copy guided the consumer to brood over exotic sounding diseases, inspect their bodies, and make choices.

Many patients opted for a plurality of means. According to the doctors in the survey we have discussed, some patients had already consulted 'a quack, a folk healer, an apothecary or a friend' before consulting a medical doctor. Some had bought drugs at an auction or swapped pills with their friends. All of the medicine might be consumed at once or the treatment swiftly abandoned. Their health status, knowledge and expectations decided how the patients would be motivated, if at all, to improve their health. So it was with patent medicine, too. If the patient ran out of money or the promises of the drug were not fulfilled, the patient's mind could quickly change.

Notes

- 1 An earlier version of this article has been published as 'Terveyttä, kauhua ja unelmia kaupan. Patenttilääkkeiden markkinat 1900-luvun taitteen Suomessa' in Timo Joutsivuo and Heikki Mikkeli (eds.), *Terveysten lähteillä. Länsimaisten terveyskäsitteiden kulttuurihistoriaa* (Helsinki, 1995), pp. 169–203, where the sources and references are discussed in more detail.
- 2 See e.g. Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830 – the social world of medical practice* (Cambridge, 1988); Frank Huisman, 'Itinerant medical practitioners in the Dutch republic. The Case of Groningen', *Tractrix. Yearbook for the History of Science, Medicine, Technology and Mathematics*, 1 (1989), 63–83.
- 3 On the genealogy of modern advertising and patent medicine, see Pasi Falk, *The Consuming Body* (London, 1994), pp. 151–85.
- 4 The most important laws and decrees on the regulation of the medical profession date from 1688, 1816, 1823, 1830, 1890 and 1925.
- 5 Erkki Pelkonen, 'Lääkintätaidon varhaisemmasta kehityksestä', *Duodecim* 5 (1933), 431–47. See also Roger Cooter, 'Introduction. The Alternations of Past and Present' in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (London and New York, 1988), pp. x–xx.
- 6 The key archival sources for health care and healers are The Annual Reports of the District Medical Officers 1891–1893 and 1910 and 1903–04, Lääkintöhallituksen arkisto, Kansallisarkisto (The National Board of Medicine, National Archives of Finland). The Finnish National Board of Medicine conducted a survey on quackery in 1920, in which district, municipal and town doctors were required to participate. The primary data provide a unique opportunity to appreciate the range of responses of the medical profession to quackery in varied circumstances during the first decades of the century. Kysely puoskaroinnista 1920, Lääkintöhallituksen arkisto, Kansallisarkisto (The National Board of Medicine, National Archives of Finland). There are large collections on the oral and folk history of folk healing in Finnish archives, e.g. at the Suomalaisen kirjallisuuden seura (Finnish Literature Society), which I have used.
 I have used the following periodicals that focus on health issues: *Duodecim* 1885–1914, *Farmaceutiskt Notisblad* 1892–1920, *Finska Apotekareföreningens Tidskrift* 1912–20, *Finska Läkaresällskapets Handlingar* 1885–1914 and *Terveidenhoitolehti* 1889–1920. *Farmaceutiskt Notisblad* in particular has numerous features on the trade in medicines, and it would be pointless to refer to each article separately. Until 1890 newspaper articles were collected on the basis of the thematically organised index at the Helsingin yliopiston kirjasto (Helsinki University Library). In addition to newspaper advertisements, I have used the handbill archives (title: pharmacy) at the Helsinki University Library.
- 7 As in many other countries, medical history in Finland has 'typically been written as the history of orthodox medicine' as Roy Porter writes in his article 'Before the

- Fringe: "Quackery" and the Eighteenth-Century Medical Market' in Cooter (ed.), *Alternative Medicine*, pp. 1–27. This attitude is evident, for example, in Bertel von Bonsdorff, *The History of Medicine in Finland 1828–1918* (Helsinki, 1975); Niilo Pesonen, *Terveyden puolesta – sairautta vastaan. Terveyden- ja sairaanhoito Suomessa 1800- ja 1900-luvulla* (Porvoo, 1980); Markku Peltonen, *Apteekki suomalaisessa yhteiskunnassa. Keskustelu Suomen apteekkilaitoksesta 1900-luvulla* (Helsinki, 1987); Kerttu Peldan, *Suomen farmasian historia* (Helsinki, 1967). For the most recent Finnish work in social and cultural history of medicine, see Joutsivuo and Mikkeli (eds.), *Terveyden lähteillä* and in ethnomedicine, more precisely tapeworms, Mervi Naakka-Korhonen, *Vaivasta taudiksi. Lapamatoon liittyvä kansanparannus erityisesti pohjoiskarjalaisen aineiston valossa* (Helsinki, 1997).
- 8 Eino Suolahti, 'Puoskaritoiminnasta Suomessa', *Duodecim* 37 (1921), 253, 246–63.
 - 9 Suolahti, 'Puoskaritoiminnasta Suomessa', 256–57.
 - 10 Kysely puoskaroinnista 1920 (A survey on quackery 1920), e.g. the municipal doctor of Iisalmi.
 - 11 Suolahti, 'Puoskaritoiminnasta Suomessa', 257.
 - 12 Kysely puoskaroinnista 1920 (A survey on quackery 1920), the municipal doctor of Heinävesi.
 - 13 Suolahti, 'Puoskaritoiminnasta Suomessa', 253.
 - 14 Laki lääkitöiminnasta Suomessa 1925:20 (The Law on Medical Practice 1925:20); on the background to the legislation, see Komiteamietintö 1921:11 (Committee Report 1921:11).
 - 15 Legislation on apothecaries was passed in 1688, 1698, 1756 and 1799 and the decree on drugstores dates from 1888; The Parliamentary committee reports on the trade in medicines are Committee Reports 1907:10, 1910:3 and 1912:6.
 - 16 See Peltonen, *Apteekki suomalaisessa yhteiskunnassa*, pp. 108–24; e.g. 'Selostus Suomen lääkäriseuran neljännessätoista kokouksesta', *Duodecim* 9 (1893), 180–81.
 - 17 Komiteamietintö 1910:3 (Committee Report 1910:3).
 - 18 On the trade in medicine, see laws 1888:9, 1928:4; 1931:5 and 1934:184; 1935:374 and 1936:139.
 - 19 Kysely puoskaroinnista 1920 (A survey on quackery 1920), the municipal doctor of Impilahti.
 - 20 See e.g. W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London, 1987); Ramsey, *Professional and popular medicine in France*.
 - 21 For a survey, see Antti Karisto, *Sosiaalilääketiede ja yhteiskunta. Katsaus suomalaisen terveyden sosiaalisia eroja koskevaan tutkimustoimintaan autonomian ajalta 1930-luvulle* (Helsinki, 1981).
 - 22 See e.g. Turo-Kimmo Lehtonen, 'Bakteerit ja henkisten ruttotautien siemenet. Puhdas elämä suomalaisessa terveysvalistuksessa 1890-luvulla' in Joutsivuo and Mikkeli (eds.), *Terveyden lähteillä*, pp. 205–52; Anssi Halmesvirta, 'Kansallisen

- vastustuskyvyn puolesta: Konrad Reijo Waara ja degeneraation idea 1880–1918' in Merja Lahtinen (ed.), *Historiallinen arkisto* 105 (Helsinki, 1995), 13–69.
- 23 On patent medicine, see e.g. Steward H. Holbrook, *The Golden Age of Quackery* (New York, 1959); James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicine in America before Federal Regulation* (Princeton, 1961); James Harvey Young, *The Medical Messiahs. A Social History of Health Quackery in Twentieth Century America* (Princeton, 1969); Bosse Sundin, 'Universalsmörjelse, kvacksalveri, patentmedicin och drömmen om ett naturenligt levnadssätt i slutet av 1800-talet', *Lychnos* (1987), 91–112; Roy Porter, *Health for Sale – Quackery in England 1660–1850* (Manchester, 1989), pp. 21–59; Eva Palmblad, *Sanningens gränser – Kvacksalveriet, läkarna och samhället, Sverige 1890–1990* (Stockholm, 1997).
 - 24 John Åkerman, 'Tilasto patenttiläkkeiden menekistä reseptuurissa', *Farmaceutiskt Notisblad* 4 (1926), 77–81.
 - 25 John Hämäläinen, *Petollisista lääkkeistä ja lääkitsemistavoista* (Helsinki, 1913), p. 12.
 - 26 Onni Turpeinen, 'Taistelu humpuukilääkkeitä vastaan', *Farmaceutiskt Notisblad* 6 (1915), 88–90.
 - 27 Varoitus, *Helsingfors Dagblad*, 5 October 1867.
 - 28 See e.g. John Åkerman, 'Tilasto patenttiläkkeiden menekistä reseptuurissa', *Farmaceutiskt notisblad*, 4 (1926), 77–81; 'Handeln med hemliga läkemedel', *Farmaceutiskt notisblad* 6 (1912), 82–83.
 - 29 *Hufvudstadsbladet*, 18 December 1903.
 - 30 In addition to advertisements, the collection entitled 'The struggle against humbug cures 1901–1911' includes other related material. K.H. Wiik's personal collection, Kansallisarkisto (National Archives of Finland).
 - 31 James Kidd, *Ihmiskunnan kivut* (Fort Wayne, undated).
 - 32 James Kidd, *Yksinkertainen keino rahanansioon* (Fort Wayne, undated).
 - 33 Hämäläinen, *Petollisista lääkkeistä*, p. 8.
 - 34 Pasi Falk has pointed out that advertisement copy bears some resemblance to religious discourse. Falk, *The Consuming Body*, p. 163.
 - 35 On the natural way of life and patent medicine, see Sundin, 'Universalsmörjelse'.
 - 36 Letter dated 27 April 1910 from F. Claeson at the Uppsala office investigating patent medicine, K.H. Wiik's personal collection, Kansallisarkisto (National Archives of Finland); Byrån för upplysning om läkemedelsannonser (The Office for Information on Medical Advertisements), collection of letters, manuscript department, Uppsala universitetsbibliotek (Uppsala University Library).
 - 37 Hämäläinen, *Petollisista lääkkeistä*; see Peltonen, *Apteekki Suomalaisessa yhteiskunnassa*, p. 110.
 - 38 See e.g. Emil Wekman, 'I drogerifrågan', *Farmaceutiskt Notisblad* 4 (1892), 61–64; 'Humbug!', *Farmaceutiskt Notisblad* 4 (1908), 41–43; 'Moral', *Farmaceutiskt Notisblad* 7 (1914), 173.

- 39 An indication of the way the subject is avoided or belittled is that histories of apothecaries in particular ignore patent medicine or interpret their sales as 'an isolated aberration from the path of professional pride' as in Esko Järvelin, *Summarohdoista erikoisvalmisteisiin. Joensuun vanha apteekki 1834–1984* (Joensuu, 1984), p. 89.
- 40 See e.g. 'Om handeln med patentmedicin', *Farmaceutiskt Notisblad* 10 (1893). For example. how should one classify the bromine product Poly-Brom Elixir-Yvon: 'A sure product for epilepsy, hysteria, neurasthenia and other disorders of the nervous system such as neuralgia, spermatorrea, diabetes, gastralgia etc.' which was advertised in the medical journal *Duodecim* in 1905?
- 41 Walter Karsten, 'Den fabrikmässiga tillverkningen af läkemedel och läkemedelsreklamen', *Finska Läkaresällskapets Handlingar* oktober (1912), 430–34.
- 42 Byrån för upplysning om läkemedelsannonser (The Office for Information on Medical Advertisements), Collection of letters, Manuscript department, Uppsala universitetsbibliotek (Uppsala University Library).
- 43 John Grönberg, *Om bedrägliga läkemedel* (Helsingfors, 1914), p. 15.
- 44 'Rahalääkärit', *Laatokka*, 9 September 1884.
- 45 See e.g. Konrad ReijoWaara, 'Mitä voisi ja mitä tulisi Duodecim seuran tehdä käytännöllisen terveydenhoitotyön edistämiseksi maassamme', *Duodecim* 5 (1910), 153–63.
- 46 Kysely puoskaroinnista 1920 (The survey on quackery 1920), the district doctor of Tyrvää.
- 47 *Avaimen terveyteen ja voimaan löydätte tästä kirjasta* (1912, no place of publication indicated). In his letter of testimony, Mr Karlsson, a labourer, tells that in addition to deafness he was cured of hernia and a poor appetite. The complicated sentence structure may be the result of a poor translation.
- 48 Roy Porter, 'Expressing Yourself Ill. The Language of Sickness in Georgian England' in Peter Burke and Roy Porter (eds.), *Language, Self, and Society. A Social History of Language* (Cambridge, 1991), p. 277.
- 49 On products 'avoiding ageing', see Riitta Oittinen, 'Gender and Aging in Finland. The Sources of Youth from the late nineteenth Century until the Second World War' in Leila Simonen (ed.), *Finnish Debates on Women's Studies* (Tampere, 1990), pp. 128–48; Riitta Oittinen, 'Vanhuuden "välttäminen" viime vuosisadan lopulta toiseen maailmansotaan' in Antti Uutela and Jan-Erik Ruth (eds.), *Muuttuva vanhuus* (Helsinki, 1994), pp. 201–20.
- 50 See e.g. Grönberg, *Om bedrägliga läkemedel*, p. 5.
- 51 See e.g. E.B. Foote, *Kotilääkärikirja perheille ja yksityisille* (first English edition in 1858 and first Finnish edition in 1908). It sells 'standard special medication' on its almost one thousand pages.
- 52 Erkki Pelkonen, *Über folkstümliche Geburtshilfe in Finnland* (Helsinki, 1931), pp. 59–69.

- 53 See e.g. 'Korrespondense', *Wiborgs Tidning*, 22 March 1877; 'Alkohooli-ja eetteripitoisten lääkkeiden ja pulituurin sekä lakkavernissan käytöstä nautintoaineina', *Finska Apotekareföreningens Tidskrift* (1914), 197–99.
- 54 See e.g. Antti Pänkäläinen, *Kansanparantajia* (Porvoo, 1938), pp. 39, 46, 103, 122, 151.

Alternative Medicine, Irregular Healers and the Medical Market in Nineteenth-Century Bavaria

Michael Stolberg



Introduction

UNDER THE IMPACT of the new social history of medicine, the range of topics and approaches in the history of homoeopathy and other types of 'alternative' medicine has widened greatly in recent years. Professionalisation and institutionalisation, conflict and identity, and the markets for books and remedies are just some of the issues which have come to complement traditional (and sometimes rather partisan) research on the founders and major protagonists of individual alternative healing systems, their works and ideas, and their struggles with the medical establishment.¹ Somewhat ironically, however, just like their conventional counterparts, histories of alternative medicine have largely neglected ordinary practice, the everyday reality of the majority of healers and sufferers who put their trust in one particular healing system. Thus, we still know very little about the relative importance and the uses of the various alternative healing systems in the health care of the general population.

These are the kinds of issues I want to approach in this paper. It is based primarily on a series of statistical surveys of all irregular healers in late nineteenth-century Bavaria. This somewhat unusual source owes its existence to a new law, which removed almost all medical licensing

regulations throughout the German Empire.² From 1873 onward, any man or woman in Bavaria, whatever his or her medical training and with or without a licence, could undertake any kind of medical cure for a fee. Previously, the Bavarian health administration had acted even against those unauthorised healers who cured patients free of charge. Now, for the first time in Bavarian history, the medical market was essentially free, subject to the forces of supply and demand. Only the distribution of medicines remained the privilege of licensed pharmacists.³

The law had the support of the leading physicians in the new imperial capital, Berlin. But in Bavaria many physicians complained about the new, undesirable competition, which they feared would threaten their very professional existence. In this situation, the Bavarian government, which preserved a large degree of political and administrative autonomy within the German Empire, did what most governments would do today: it ordered a survey.⁴ From 1873 until 1895,⁵ year after year, every district physician in each of the about 250 administrative districts in the kingdom was required to collect data on the medical activities of all irregular healers in his district, including those licensed barber surgeons, midwives and pharmacists who overstepped the very narrow limits of authorised practice which had previously been in force. Based on their personal knowledge and on the information of other local physicians, the state-employed district physicians compiled lists which generally included the name, age, place of residence and profession of the healers, as well as the kind of medical activity they undertook. Additional information was sometimes added on their popularity, the profitability of their practice or on court proceedings against them.

A summary of the major statistical results from these surveys was published annually in the leading Bavarian medical journal.⁶ Fortunately, the original statistics have also almost completely survived with only a few losses, and they can be consulted today in seven large volumes containing about 32,000 entries on individual healers and some supplementary documentation.⁷ Undoubtedly these surveys, and especially the statistical figures extracted from them, should be treated with caution. Not all district physicians were equally conscientious in their task, and in some cases the figures for a specific district dropped or rose sharply when a new incumbent took over. In addition, the extent to which individual healers practised medicine varied widely from very occasional help among friends and neighbours to a highly profitable practice, and the physicians lacked specific instructions as to how extensive the unlicensed medical practice had to be to warrant an entry. The central health authorities were convinced, especially during the first years, that the actual number of irregular healers was much

higher than was reported. And later, when the more active healers were generally well known, there still must have been countless others who treated patients only occasionally and/or took no money and were thus not reported.

Due particularly to the additional qualitative information on individual healers, these surveys nonetheless offer some unique insights into the role of alternative medicine in the ordinary health care of the wider population beyond the narrow realm of the educated elites. And, in a largely free medical market, the relative importance of the various alternative healing systems in the medical market can serve in turn as a rough measure of their respective appeal to the wider population, though it should be added that the various healing systems differed in the degree to which they allowed easy self-medication without any need for a healer, as well as in the way in which they were affected by the laws against distributing drugs, which remained in force.

The Medical Market in Bavaria before 1873

UNTIL GERMAN UNIFICATION IN 1870/71, Bavaria was an independent kingdom, second in size only to Prussia among the German states. Throughout the nineteenth century, its economy was largely based on agriculture. The population grew relatively slowly, from 3.7 million in 1818 to 4.8 million in 1864 and 6.1 million in 1900.⁸ Industrialisation on a wider scale took off only gradually in the late nineteenth century and was largely limited to a few major centres such as Nuremberg, Augsburg and Munich. Urbanisation was slow, too, and by 1900 the population was still predominantly rural. The majority of the population was Catholic, and Catholicism remained a dominant political and cultural force, except for a brief spell of enlightened radicalism and anticlericalism in the early nineteenth century.⁹

The Bavarian health care system underwent profound changes in the course of the nineteenth century. In 1807 the 106 academic physicians in the kingdom made up only a small and largely urban minority among all healers.¹⁰ Responsibility for the provision of official health care rested primarily with the barber surgeons, who had acquired their knowledge in an apprenticeship or, from 1808, in schools especially designed to train semi-academic healers for the medical care of the less affluent. In addition, an unspecified but, according to many contemporary accounts, very large number of lay healers offered their services – some occasionally to relatives and friends, others more or less professionally – sometimes attracting clients from far away.

Academic physicians, barber surgeons and many lay healers alike relied on blood-letting, laxatives and emetics and various herbal, animal and mineral drugs. The therapeutic range among non-academic healers was wider, however, than among physicians. Many of them administered secret remedies and alleged 'specifics', which they obtained from drug peddlers, shops or pharmacies. Indeed, for all we know, the Königseer water, Kiesow's essence, Redlinger's, Lang's and Morison's pills, Schau's, Schmidhammer's and Kriegshaber's balsam, and the like may have played a much more important role in the treatment of diseases than all the physicians' prescriptions taken together.¹¹ In addition, there were hundreds, if not thousands, of 'wise' men and women, who used sympathetic or magical healing. They 'prayed', 'stroked' or 'blew' diseases away. They handed out amulets and so-called *Gichtzettel*, pieces of paper with sacred inscriptions against convulsions, to be hung around the neck or swallowed. They undertook complex healing rituals like the *Kopfmessen*, the repeated measuring of the head and its circumference as a cure against headache, or the magical transfer of diseases on animals and plants, and they exorcized demons.¹²

In the course of the nineteenth century, thanks primarily to their dominant position in the Bavarian health administration, the academic physicians increasingly succeeded in driving their competitors out of the medical market. New legislation severely limited the medical activities of the barber surgeons, restricting them essentially to shaving, cupping, blood-letting and the treatment of simple, external diseases, and making their economic survival increasingly difficult. At the same time, the number of academic physicians began to grow, and the government took measures to distribute them more evenly across the territory. In 1803 and 1806, some 250 salaried positions as district physicians were created and gradually filled. Their incumbents had various forensic and administrative duties, but they were also expected to practice privately. From 1834, in an attempt to further improve rural health care, newly licensed physicians could no longer freely choose their place of residence, but had to apply for a vacant seat wherever a physician was needed. In the process the medical services of academic physicians came more and more within reach of the rural majority. At the same time, the illegal medical activities or transgressions of local lay healers and barber surgeons were subject to increasingly tighter local control, even though a wall of silence and solidarity often made successful prosecution difficult, according to the complaints of many physicians.

Among the new, alternative systems of medicine, homoeopathy first began to attract attention in the 1820s, and it turned into a serious challenge

in the 1830s, especially after the first cholera wave.¹³ Leading members of the medical profession, including Franz Nepomuk von Ringseis, the most powerful man in the health administration, were sympathetic or outright enthusiastic. From the 1830s to the late 1860s, homoeopathy was continually taught by at least one member of the the medical faculty in Munich. In 1851, Joseph Benedict Buchner was even granted an honorary professorship in homoeopathy.¹⁴ A government survey in 1833 already listed 18 homoeopathic physicians in 13 Bavarian towns.¹⁵ Their number peaked at about 60 in the late 1850s, when approximately four per cent of all academic physicians in Bavaria practiced homoeopathy. Initially, some barber surgeons also began to resort to homoeopathic treatments, but in 1837 this was forbidden.¹⁶ The extent of homoeopathic lay healing is more difficult to establish, but it seems to have been fairly limited in this period. In the area around Osterwarngau, south of Munich, Max von Schenk, a priest, established a very extensive homoeopathic practice,¹⁷ but there are only occasional references to homoeopathic lay healers in other places, usually among members of the clergy.¹⁸

Other types of alternative medicine were less successful than homoeopathy although, at first sight, conditions seemed equally favourable. In 1832 a Bavarian high school teacher, Eucharius Ferdinand Christian Oertel, founded the first hydropathic lay organisation in Germany, the *Hydropathischer Gesundheitsverein für ganz Deutschland*. In the 1840s Vincenz Prießnitz's cures in Gräfenberg aroused considerable interest among the medical profession in Bavaria.¹⁹ Several physicians travelled to Gräfenberg to acquaint themselves personally with Prießnitz's system, which was based primarily on cold water and diet.²⁰ In the 1850s, Dr Lorenz Gleich in Munich coined the German term *Naturheilkunde*, which is still widely used today to denote natural healing.²¹ But, in the end, few academic physicians adopted the new approaches, and even fewer were prepared to rely exclusively on them – except for those who owned one of the few hydropathic or naturopathic establishments or were employed there.²² Homoeopathic physicians, above all, seem to have perceived hydropathy and natural healing as useful supplements to their own method. But, as Gleich complained bitterly, they still relied primarily on their homoeopathic remedies.²³

The *Erfahrungsheilkunde* or 'experiential medicine' propagated by Johann Gottfried Rademacher in the 1840s and 1850s did not, for all we know, fare much better. Like Hahnemann, Rademacher campaigned against what he saw as a harmful abuse of blood-letting, laxatives and emetics. From experience and drawing on Paracelsian ideas, he claimed to have found drugs

Table 1. Irregular healers in Bavaria (1874–94)

	Irregular healers	Lay healers	Baun- scheidt	Electro- homoeop.	Homoeo- pathy	Hydropathy nat. healing	Magnetic healing	Sympathy secret remedies
1874	1156	681	5	-	106	2	3	117
1875	1262	755	7	-	125	2	3	127
1876	1396	858	6	-	137	2	3	152
1877	1563	946	10	-	153	3	3	164
1878	1814	1130	14	1	161	3	2	201
1879	1639	1034	7	-	148	2	1	194
1880	1630	969	9	-	164	-	2	187
1881	1499	950	6	9	151	1	4	173
1882	1477	947	8	14	163	1	2	152
1883	1485	938	5	13	142	1	8	176
1884	1356	839	3	11	124	3	7	236
1885	1406	834	3	7	121	1	4	274
1886	1349	783	3	9	122	2	2	270
1887	1313	745	5	12	90	7	-	262
1888	1271	754	3	9	90	4	3	133
1889	1216	692	3	8	84	6	2	127
1890	1170	684	2	9	71	8	12	117
1891	1129	708	2	12	79	7	4	141
1892	1184	748	1	11	79	18	5	126
1893	1152	738	2	12	87	23	6	118
1894	1168	729	2	12	84	38	10	129

Sources: AIB 22–26 (1875–79), AIB/MMW 27 (1880), MMW 28–41 (1881–94).

instead which possessed specific curative properties, some against the diseases of the individual organs and others against the universal diseases, which, according to Rademacher, affected the organism as a whole. Rademacher's *Rechtfertigung der von den Gelehrten mißkanten, verstandesrechten Erfahrungslehre der alten scheidekünstigen Gelehrten* (1843) went through several editions and was translated into Dutch and Russian.²⁴ There are hints that a few Bavarian physicians may occasionally have used Rademacher's remedies,²⁵ and at least one leading Bavarian homoeopath, Eduard von Grauvogl, sought to adapt some of Rademacher's ideas to his own system.²⁶ I have found no Bavarian physician, however, who relied exclusively on it. Similarly, among physicians and lay healers alike, there are only very isolated references to any practitioners of magnetic healing, galvanism or Baunscheidtism (see below) before 1870.

A Free Field: the Bavarian Medical Market after 1873

AMONG THE BAVARIAN MEDICAL PROFESSION, the appeal of alternative healing and of homoeopathy in particular declined in the late nineteenth century. Based on more sophisticated statistical and experimental approaches and a rapid expansion of empirical, physiological and pathological knowledge, the medical profession successfully fashioned itself as a vanguard of scientific progress. Although, in hindsight, there was little therapeutic progress, previous scepticism and doubts within the profession as to the validity of accepted concepts and therapies gave way to a new mood of confidence. Especially among younger physicians, even homoeopathy, the most successful alternative healing system to date, lost much of its already limited appeal. By 1875 there were only 36 homoeopathic physicians left, many of them in the larger cities and most of them elderly.²⁷ In the following years, their number declined further, and there is no indication that the other alternative healing systems found any significant following among the medical profession either.

If we look at the activities of irregular healers, however, a rather different picture emerges.²⁸ According to the national survey of irregular healers, by 1877, six years after the lifting of licensing regulations, 169 (10.8 per cent) of 1,563 irregular healers used one of the new alternative healing systems (see Table 1). The figure includes some barber surgeons, midwives and pharmacists who before 1873 had generally not been allowed to treat internal diseases. Since only a small minority of them practised alternative medicine, the proportion of alternative healers among the 946 lay healers in the strict sense of the word, was even higher, at about 14 per cent.²⁹ The

irregular healers far outnumbered the approximately 40 to 50 followers of alternative healing systems among the 1,547 academic physicians. In numerical terms the irregular healers, and not the physicians, were the main suppliers of alternative medical treatment in the kingdom.

The number of irregular healers listed in the surveys reached a maximum of 1,814 (including 1,130 lay healers) in 1878 and then gradually fell to about 1,350 in the late 1880s and to 1,150 in the early 1890s.³⁰ Whether this decline was due primarily to the further increasing number of academic physicians and to the establishment of a national health insurance scheme in 1883, which favoured academic physicians, or to a deeper, cultural change, can not at present be determined. The number of irregular healers practising alternative healing systems peaked slightly later at 188 (12.7 per cent) in 1882 and then also declined, when a 50 per cent decrease among the homoeopathic healers was only in part compensated by the rise of other healing systems. Still, due to the decline in overall numbers, the proportion of alternative healers among all irregular healers remained about 10 per cent and rose to 12.6 per cent again in 1894. The proportion among the lay healers without any formal medical training was correspondingly higher.

Among the new alternative healing systems, homoeopathy was by far the most important throughout the whole period from 1873 to 1895. The number of irregular healers who treated patients with homoeopathic remedies rose from 106 in 1874 to a maximum of 164, 19 of whom were

Table 2. Occupational background of irregular homeopathic healers in Bavaria, 1873–95 (n = 420)*

clergy	131	foresters	5
farmers	70	factory workers	4
craftsmen	55	railway employees	4
barber surgeons	52	vets	4
teachers	19	pharmacists	2
privateers etc.	17	knackers	2
merchants, shop owners	10	others	16
midwives	6	no information given	23

*The tables are derived from the manuscript lists (based on *HStAM MInn* 61355–61) for six selected sample years (1873, 1878, 1882, 1886, 1893 and 1895). Since some healers who were active only for a short time between two of these years may thus have been overlooked, the absolute figures for the whole period presumably would be slightly higher. Wives, widows and daughters (of craftsmen etc.) have been assigned to the respective profession of their husband or father; 'privateers' includes members of the aristocracy, house and estate owners as well as one factory owner; 'merchants' includes small shop owners.

women, in 1879.³¹ By 1883 the figure had declined to 142, and decreased dramatically in the late 1880s to 90 in 1888 and 84 in 1894. They were spread fairly evenly across the territory. Differences in their density in the various *Kreise* were largely parallel to differences in the overall numbers of irregular healers, with Swabia and Upper Bavaria quite consistently on the higher side and Upper and Lower Franconia on the lower. A few local clusters can be found, however. They were due, it seems, to the activities of particularly successful or charismatic healers. In the single district of Miesbach, for example, there were 10 homoeopathic healers in 1877. This was the area where Max von Schenk had established a very successful homoeopathic practice as early as the 1850s.³²

The most important professional group among the irregular homoeopathic healers consisted of priests and other members of the clergy. Of 420 irregular homoeopathic healers identified on the basis of six sample years between 1873 and 1895,³³ 131 were members of the clergy (see Table 2). In 1873, they made up more than half of all irregular homoeopathic healers and about two thirds of the homoeopathic lay healers in the strict sense.³⁴ Over the following years, that proportion declined, presumably due to the massive campaign which, supported by the health administration, Catholic and Protestant church authorities mounted against the medical activities of the clergy and which partially helps explain the overall decline of homoeopathy among lay healers. Farmers were the second most important group, with 70 out of 420, including six farmer's wives. Most of them were in their 50s and 60s. Several of them were described as the most sought-after healers in their district, and one Abraham Wild in the district of Kusel was even said to have become a rich man thanks to his healing activities. Craftsmen like millers and blacksmiths and their wives or widows were the next big group (55). Some of them lived and worked in larger towns, such as Nördlingen, Günzburg or Kemnath, but most were found in rural areas. They were followed by the relatively small group (52) of homoeopathic healers among the many barber surgeons who treated internal diseases without formal training, and by teachers (19).

Before 1880 the second most popular alternative healing system among the irregular healers was *Baunscheidtism*. The method was created in 1848 by Carl Baunscheidt (1809–73), a mechanic and inventor in Endenich near Bonn. Baunscheidt's method relied primarily on the curative effects of the so-called *Dermabioticon* or *Lebenswecker* ('vitaliser'), which Baunscheidt had designed. This was a long-handled tool with about two dozen thin needles on its tip. It was applied to the skin in such a way that the needles penetrated the skin only superficially. The site was then rubbed with a

mixture of irritating oils designed to produce a strong rash. Baunscheidt developed his method after a personal experience with the curative effects of multiple mosquito bites on his arthritic hand and, according to family legend, after a missionary from the Far East had told him about acupuncture.³⁵ Along with homoeopathy and natural healing, Baunscheidtism shared a strong aversion to the prevailing 'mechanist' trends in contemporary academic medicine and a reliance on the life force and natural healing power of the living human body. According to Baunscheidt, the curative effect of the *Lebenswecker* was based primarily on the attraction and consequent evacuation of morbid matter towards the skin. In some diseases the *Lebenswecker*, as its name implied, was said to work by stimulating the vital force in the body.

In Northern Germany and Prussia Baunscheidtism seems to have gained considerable popularity in the 1850s and 1860s, and Baunscheidt died a rich man. First published in 1851, his book was in its sixth edition in 1858, enriched with innumerable case histories and testimonials.³⁶ A periodical, the *Archiv für Baunscheidtismus* was also published.³⁷ In France Dr Sermet propagated a very similar system under the name *stylopathie*.³⁸ According to the Bavarian surveys, Baunscheidtism did not achieve the popularity of homoeopathy among Bavarian lay healers. The number of irregular Baunscheidtists in Bavaria peaked at 14 in 1878 and fell to just a handful after 1883, although it should be added that the system was particularly amenable to self-medication, once a *Lebenswecker* had been acquired for the rather substantial sum of four *taler*.³⁹

As in the case of homoeopathy, a couple of clergymen adopted the new method, and one of them even provided in-patient treatment in his own home.⁴⁰ A Methodist missionary of the United Brethren in Christ also resorted to the method after his return from the United States, claiming he was moved only by Christian love and humanitarianism.⁴¹ By far the largest professional group among irregular *Baunscheidtists* consisted of craftsmen, however, suggesting that *Baunscheidtism* had a somewhat different social base than homoeopathy. Seven out of 22 irregular *Baunscheidtist* practitioners documented in selected years during the period (1873, 1878, 1882, 1886, 1892 and 1895) were millers, blacksmiths, carpenters and other craftsmen or their wives, many of them living in middle-sized towns. There were only two farmers.

In the medical market of the 1880s, Baunscheidtism was rapidly eclipsed by *electro-homoeopathy*. Founded by Count Cesare Mattei in Bologna, the method was based on fairly simple pathological principles. All diseases had their ultimate roots in a morbid alteration of blood or lymph,

and 25 different kinds of globuli and five kinds of fluids of different colour, the so-called *elettricità*, were considered sufficient for their treatment. The drugs were said to act specifically on certain organs, such as the chest and the vessels, or against certain diseases, such as fever, syphilis or cancer. From homoeopathy Mattei adapted the use of diluted medicines and globuli, but the medicines were not applied according to the principle of simile. They were directed against diseases, not chosen according to the characteristic symptoms they produced. Mattei never revealed the composition of his drugs. The term *elettricità* presumably served primarily to stress the modernity and the scientific status of Mattei's approach. It was variously said to refer either to the rapid curative effects of the drugs, or to some kind of electricity which was supposed to be 'fixed' in them.⁴²

After some initial interest, homoeopathic physicians quickly denounced the new system as just another fraudulent scheme to sell secret remedies.⁴³ But the new method spread rapidly in the 1880s, especially in the southern parts of Germany, and by 1885 was described as 'very popular'.⁴⁴ In Regensburg, an electro-homoeopathic lay association, the Consortium for Electro-homoeopathy, was founded under the auspices of the Countess Ernestine von Aufseß, and was reported to have more than 7,000 members by 1883.⁴⁵ Translations of Mattei's treatises were published. The consortium helped make the electro-homoeopathic remedies accessible through a pharmacy in Regensburg and, with the support of the only known avowed electro-homoeopathic physician, a Dr Bachhammer in Regensburg, a little hospital was opened. The consortium also issued a biweekly journal, the *Elektrohömöopathische Blätter*, which spread news about the newest spectacular cures that had been performed. In Munich Peter Natili, a former monk, also established a flourishing business by selling Mattei's remedies, apparently at a huge profit. When Mattei withdrew his support, Natili declared himself the founder of a 'new electro-homoeopathy' and sold drugs of his own making. As the founder of an electro-homoeopathic women's association, Natili seems to have been particularly successful in gathering the support of upper-class ladies, and his 'St Joseph's Verein', an electro-homoeopathic home-visiting scheme, attracted women from all over Bavaria who wanted to help Natili without receiving any salary.⁴⁶

From 1881 onward, the number of irregular electro-homoeopaths reported in the annual surveys remained fairly constant at about a dozen, with a maximum of 14 in 1882. Their professional background was similar to that of the homoeopathic healers. Again the clergy played a dominant role, with nine out of 36 electro-homoeopaths identified at some time in the period from 1873 to 1895, but there were also four farmers, three teachers,

two barber surgeons, two craftsmen and two ladies from the aristocracy, the Countess of Aufseß and a Swiss baroness, Louise de Rougement, who had patients come to her castle and treated them personally with electro-homoeopathic remedies.⁴⁷

From about 1890 hydropathy and natural healing became increasingly popular among irregular healers in Bavaria. Previously only a couple of healers had resorted to these methods. The new healing system created by Sebastian Kneipp, a priest in Wörishofen (Swabia), played an important part in this change. Kneipp eclectically combined hydropathy, natural healing, herbal medicine and homoeopathy. As early as the 1870s, the local physician reported a steady influx of patients. At first, most patients were said to be members of the clergy who stayed in the local monastery,⁴⁸ while the *propheta in patria* found little esteem among the local villagers.⁴⁹ In the 1890s, however, Kneipp attracted increasing numbers of patients, his method spread, and a virtual Kneipp movement arose.⁵⁰ Today, Kneipp is still a household name in Germany, although one now primarily associated with cold water applications.

According to the 1894 survey, 38 out of 147 irregular healers in Bavaria used hydropathy, natural healing or Kneipp's system. But the figure, up from 18 in 1892, may reflect only the beginning of a further expansion in the early twentieth century. By 1907 there were 14 natural healers in Nuremberg alone,⁵¹ and in the socially and economically more dynamic Bavarian Palatinate, natural healing and Kneipp's system dominated almost totally by the mid-1890s.⁵² Naturopathic lay associations were formed in Ludwigshafen, Erlangen and other, mostly industrial, towns. By 1900 there were 12 associations, comprising more than 1,300 members, and others followed suit.⁵³ Even members of the working class were reported to be avid readers of Bilz's classic on natural healing.⁵⁴

The occupational background of irregular practitioners of natural healing, Kneippianism or hydropathy was more varied than that of the homoeopaths. For 19 out of 56 members of this group identified in the period between 1873 and 1895, no profession was given at all, suggesting in some cases a full-time commitment to their healing activities; some of them, in fact, figure explicitly as owners of a hydropathic establishment. Nine of the remaining 37 healers were members of the clergy, including Sebastian Kneipp himself. Only one was a farmer, or rather an *Ökonom*, which may suggest a fairly wealthy landowner. Eight had been trained in the crafts, among them Johann Braun, a former glass worker, who practised naturopathy as an itinerant healer. In addition, we find four barber surgeons, four merchants or shop-owners, a physician's widow, a former medical student

and a former construction designer.

On a smaller scale, mesmerism or magnetic healing seems to have encountered a fate similar to natural healing and hydropathy.⁵⁵ There was little interest in the method among irregular healers before 1880, and the number who practised it only briefly rose to a maximum of 12 in 1892. Among them were Wilhelm Liebhaber, who founded a *heil magnetische Anstalt* in Upper Franconia, and Paul Schröder, the first president of the 'Association of German Magnetopaths', who then moved from Nuremberg to Leipzig.⁵⁶ In the following years, magnetism's appeal seems to have grown considerably. By 1907 there were 13 unlicensed magnetopaths in Nuremberg alone.⁵⁷

Conclusions

FIGURES ON THE NUMBER OF IRREGULAR HEALERS are undoubtedly only a poor measure of the overall popularity of individual alternative healing systems in nineteenth-century health care, although possibly still one of the best available. Nevertheless the comprehensive quantitative and qualitative data from the Bavarian surveys allow some conclusions which could be of more general relevance to other European states as well and might even offer a provisional research agenda.

1. In a largely liberalised medical market, lay healers (supported by a much smaller number of barber surgeons, midwives and pharmacists) became significant suppliers of the various new alternative healing systems. Clearly, these groups deserve much greater attention than they have thus far been granted in the history of alternative healing.⁵⁸ They were instrumental in making the new alternative healing systems accessible to the large majority of the population which, at least in nineteenth-century Bavaria, lived outside the few larger cities. Thanks to their social and cultural position in the parishes, the clerical lay healers in particular may well have played a major role in the dissemination of the new alternative concepts and practices among the population.
2. Much writing on the history of alternative medicine is based on the explicit or implicit assumption that there was a profound dichotomic opposition between the medical establishment, on the one hand, and the various types of alternative medicine on the other. The Bavarian case suggests that this may be too simple a view. Not only were there massive conflicts among the leading representatives of the various alternative healing systems, in particular homoeopathy and electro-homoeopathy, but also between different professional groups advocating the same

healing system. Some homoeopathic physicians were even accused of helping the police bring homoeopathic lay healers to court.⁵⁹ More importantly, in the ordinary health care of the population at large, the new alternative healing systems also seem to have faced an equally intense competition from another quarter. So-called 'wise' men and women, scores of healers who used sympathetic healing rituals, sacred or blessed objects, magical words and healing prayers, provided important healing alternatives to official medicine and the new alternative healing systems alike.⁶⁰ In 1874 the survey registered 116 healers of this kind, matching exactly that of all irregular alternative healers taken together,⁶¹ but, as contemporary health officials emphasised, physicians were especially unlikely to learn about such practices and the figure may well greatly underestimate their real extent.⁶² The number of sympathetic healers grew in the years that followed. Thus, in 1880 we find 187 healers who worked with 'sympathy and secret remedies', the latter usually, it seems, of their own making. Among them were 70 women. In 1885 the 274 representatives of this group were more than double the number of irregular alternative healers (132). From then on, their number decreased dramatically, reaching 126 in 1893, but in the early twentieth century health officials still complained vehemently about 'the wide diffusion' of sympathetic cures, healing prayers and the like, especially among the rural population.⁶³ There was no dichotomy then, but, if anything, a trichotomy.⁶⁴

3. The assumption of a dichotomic opposition between official medicine and alternative healing systems is also misleading in regard to the application and appropriation of the various healing methods in the ordinary health care of the wider population. Rather than relying on a single method, many healers took great liberties in combining various approaches, as incompatible as they may seem to us. Some homoeopathic physicians and almost all of the barber surgeons who used homoeopathy frequently resorted to conventional, allopathic treatment as well,⁶⁵ or they supplemented the use of homoeopathic remedies with hydropathy and natural healing,⁶⁶ galvanism, gymnastics or spiritual healing.⁶⁷ This trend towards therapeutic syncretism is even more striking in the case of lay healers. The farmer Sauerwein treated his patients with 'blessings and magnetism',⁶⁸ while Josef Anton Böck, a former butcher near Memmingen, combined magnetism, sympathetic cures and household remedies.⁶⁹ Franz Michael Bandorf, a barber surgeon, treated his patients alternatively by sympathetic means or with electro-homoeopathic

remedies.⁷⁰ Farmer Johann Zimmer was an expert in blessings and 'prayed away' diseases, but he also resorted to Baunscheidt's *Lebenswecker*.⁷¹ Other healers combined electro-homoeopathic remedies with Kneipp's method or sympathetic healing with massages.⁷² In this respect, the traditional historiographic focus on the major protagonists and most fervent followers of the various alternative healing methods proves particularly problematic. While for the ardent adept, conversion to one of the new healing systems frequently assumed quasi-religious connotations,⁷³ many ordinary healers seem to have taken a much more pragmatic approach, adopting whichever method they found useful and/or profitable.

4. Finally, such patterns of syncretism, as well as the specific characteristics of the more successful alternative healing systems, offer some hints as to which factors were decisive for their respective appeal to the patients. This appeal apparently depended largely on the degree to which the healing systems relied on concepts or practices that were in some way familiar, that ordinary men and women could identify with or that they could at least reinterpret in ways that suited their own ideas and preferences.⁷⁴

In this respect, homoeopathy and electro-homoeopathy clearly stood out. Both healing systems relied primarily on taking drugs, a very familiar – if not routinely expected – part of conventional therapy. Compared to conventional remedies, homoeopathic and electro-homoeopathic remedies had a severe drawback which may have been a major obstacle to their further dissemination. They lacked the visible, drastic, evacuating effects, which many patients, especially in the countryside, were still said to expect.⁷⁵ They fitted neatly, however, into a second, well-established therapeutic concept, which also underlay the great popularity of specifics and patent drugs: namely the idea that there were special remedies or herbs with unique curative properties against the various diseases. They did not work by attracting and evacuating morbid matter, but rather thanks to some intrinsic, occult, spirit-like healing power. In this sense homoeopathic and electro-homoeopathic remedies may have seemed particularly appropriate to the practice of the professional experts in the realm of the spiritual and supernatural, the clergy. A look at the characteristic forms of therapeutic syncretism among the clergy is quite revealing. Joseph Lindner, for example, a priest in Erbsdorf and president of the *Homöopathische Verein für Bayern*, used homoeopathy as well as the sympathetic 'blowing away' of toothaches. Similarly, Martin Wittmann, who ran a very extensive homoeopathic practice in Strahlfeld, strengthened the curative virtues of his globuli with

prayers or benedictions.⁷⁶ Pietl, another priest, also cured by 'praying and homoeopathy',⁷⁷ and a similar combination of homoeopathy with 'benediction and exorcism' made patients throng to Franz Anton Stiegeler in Swabia.⁷⁸ Hasenwehrl, in the lower Bavarian district of Griesbach, found blessed water from Lourdes a useful supplement to the homoeopathic pharmacopoeia, and in the same manner Josef Eckert used 'sacred objects' together with his homoeopathic remedies.⁷⁹

Baunscheidtism also fitted fairly neatly into a well-established therapeutic paradigm. The manual application of the *Lebenswecker* resembled other forms of somewhat painful therapeutic penetration of the skin, like cupping, scarification and blood-letting. Its main rationale was almost the same as well: it was to draw the *Ungesund*, the morbid matter, the 'poison' towards the skin and rid the body of it. The success was tangible in the local inflammation and swelling, which Baunscheidt's mixture of irritating oils helped promote. Irregular healers and patients alike may have wondered, however, why a costly instrument should be needed, when blood-letting, purgatives or cauterisation produced an even more copious evacuation of morbid matter.

Until the late nineteenth century, the impact of hydropathy, natural healing, magnetism, hypnosis and galvanism on general health care remained very limited, and the growing popularity of natural healing around 1900 was primarily an urban phenomenon. It was largely restricted to cities such as Augsburg, Ludwigshafen, Nuremberg, Munich, Regensburg or Erlangen,⁸⁰ and their major social basis seems to have been among the typically urban classes. In fact, the signatures which the naturopathic lay associations in various Bavarian towns collected in 1903 against the threat of new licensing regulations came almost exclusively from members of the urban middle class: printers, postmen, railway engineers, teachers, painters, shoemakers, blacksmiths, state employees, merchants, etc.⁸¹ Maybe their openness to the methods reflected a growing appreciation for 'the natural' in the increasingly polluted urban centres. It could also have expressed a protest against the monopolistic attitudes of the medical profession by people who, in contrast to the rural majority, already had considerable personal experience with academic medicine and the ways physicians treated their less affluent patients.

Only Kneippianism from the 1880s also found some followers among rural healers, presumably a reflection of a certain demand among their patients. It is a revealing exception. In contrast to hydropathy and natural healing, Kneipp's system also relied on herbal medicines, again a very familiar form of therapy, at a time when some rural lay healers still treated

their patients exclusively with the help of an old herbal.⁸² There was also a market for new drugs of unknown composition and, in the Palatinate, Kneipp's herbal medicines for a while even became serious competition for the most popular patent drug of the time, the 'Swiss pills'.⁸³

The growing importance of magnetic healing from the late nineteenth century was primarily an urban phenomenon. Five out of 10 magnetopaths reported in 1895 were active in the Bavarian capital,⁸⁴ and later Nuremberg emerged as a centre. There was a minority of rural magnetopaths, however, with a couple of farmers among them, and the therapeutic syncretism they practised is once again revealing. In contrast to their urban counterparts, they did not exclusively rely on magnetic healing, but combined it with praying, the use of blessed water or sympathetic healing. Jacob Jacob, a former farmer, for example, cured 'gouts', 'rheums' and diseases from 'bewitchment' with magnetism, as well as with blessed water from Lourdes.⁸⁵ In other words, a handful of rural magnetopaths seem to have found the method in some way congenial to more traditional religious or magical healing practices.

In a persuasive plea for an anthropologically informed history of early modern mentalities the late Bob Scribner has argued that, 'Cross-contamination between competing belief-systems seems a more common phenomenon than the reverse.' Scribner stressed in particular the 'phenomenon of syncretism', people's ability 'in many situations to appropriate (or rather misappropriate) cultural goods or practices' and an

underlying pragmatism or 'practical rationality' in most people's attitudes to life, by means of which they accepted what seemed to work and did not question too far if this conflicted with the underlying ideological principles on which their 'world-view' was built.⁸⁶

From what has emerged in this paper, Scribner's remarks appear equally pertinent to nineteenth-century medical culture. Medical historians, and historians of alternative medicine in particular, should find it well worthwhile to pay as much attention to the complex processes of appropriation and syncretism in the everyday practice of ordinary healers and patients, as to their theories and works, and to the struggles of the founders and principal protagonists of the various alternative healing systems.

Notes

- 1 Only a few major volumes will be cited here: Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (London and New York, 1988); Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800–1940)* (Lyon, 1992); Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996); Robert Jütte, *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996).
- 2 Karl Weber, *Neue Gesetz- und Verordnungsammlung für das Königreich Bayern mit Einschluß der Reichsgesetzgebung*, vol. 9 (Nördlingen 1888), pp. 413–14; this law which extended the principle of economic liberalism to the realm of healing was originally introduced in the *Norddeutscher Bund* in 1869; only titles like 'physician' or 'surgeon' remained the prerogative of regular state-approved healers.
- 3 For a short time, Bavarian homoeopaths were awarded a somewhat unflattering exemption when the courts confirmed that their pills were nothing but sugar pills. Later the therapeutic intention was established as the crucial criterion, regardless of the presumed efficacy (cf. *Homöopathische Monatsblätter für volksthümliche Gesundheitspflege und Heilkunde* (henceforth HMvGH) 6 (1880), 17–19, 25–29, 33–36 and 49–52).
- 4 Ordinance n. 6600, 12 July 1873, copy in *Bayerisches Hauptstaatsarchiv München* (henceforth: HStAM) MInn 61351.
- 5 Ordinance n. 1386, 10 March 1896, put an end to the survey, claiming that the data had shown a fairly constant picture in the preceding years (copy in HStAM MInn 61351).
- 6 *Aerztliches Intelligenz-Blatt* (AIB) 22 (1875), 503–05; AIB 23 (1876), 365–68; AIB 24 (1877), 349–53; AIB 25 (1878), 405–10; AIB 26 (1879), 387–91; *Aerztliches Intelligenz-Blatt. Münchener Medicinische Wochenschrift* (MMW) 27 (1880), 358–61; MMW 28 (1881), 565–67; MMW 28 (1881), 565–67; MMW 29 (1882), 362–64; MMW 30 (1883), 293–95; MMW 31 (1884), 407–09; MMW 32 (1885), 722–24; MMW 33 (1886), 705–07; MMW 34 (1887), 434–36; MMW 35 (1888), 401–04; MMW 36 (1889), 586–89; MMW 37 (1890), 592–95; MMW 38 (1891), 579–82; MMW 39 (1892), 573–75; MMW 40 (1893), 478–80; MMW 41 (1894), 708–11.
- 7 HStAM MInn 61355–61; the lists were first transmitted to the eight *Kreisregierungen* or area governments (Upper Bavaria, Swabia, etc.) where statistics for the respective *Kreis* were compiled and sent to the central health administration, usually accompanied by a letter which outlined the major results. Some of the original lists sent by the district physicians have also come down to us.
- 8 Andreas Kraus, *Geschichte Bayerns. Von den Anfängen bis zur Gegenwart* (Munich, 1983), pp. 463–64.
- 9 Max Spindler (ed.), *Handbuch der bayerischen Geschichte*, vol. 2, 2nd ed. (Munich, 1979); there was also a considerable protestant minority of about 25 per cent.

- 10 HStAM MInn 23780/I; for a more thorough analysis of the pre-1870 Bavarian health care system, see Christian Probst, 'Die Reform des Medizinalwesens in Bayern zwischen 1799–1808' in Eberhard Weis (ed.), *Reformen im rheinbündischen Deutschland* (Munich, 1984), pp. 195–212; Michael Stolberg, *Heilkunde zwischen Staat und Bevölkerung. Angebot und Annahme medizinischer Versorgung in Oberfranken im frühen 19. Jahrhundert* (med. diss., Munich, 1986).
- 11 Cf. Christian Probst, *Fahrende Heiler und Heilmittelhändler. Medizin von Marktplatz und Landstraße* (Rosenheim, 1992), pp. 113–27, and for the later period Elmar Ernst, *Das 'industrielle' Geheimmittel und seine Werbung. Arzneifertigwaren in der zweiten Hälfte des 19. Jahrhunderts in Deutschland* (Würzburg, 1975), pp. 73–112.
- 12 Stolberg, *Heilkunde*, pp. 88–108 and 127–58.
- 13 For the history of homoeopathy in Bavaria see Michael Stolberg, 'Die Homöopathie im Königreich Bayern', *Medizin, Gesellschaft und Geschichte* 14 (1996), 173–94; Michael Stolberg, *Die Homöopathie im Königreich Bayern (1800–1914)* (Heidelberg, 1999).
- 14 University Archives Munich, Senat E II 428, letter from the Ministry of the Interior, 21 October 1851.
- 15 HStAM MInn 15403; at least one more, Friedrich Mosthaff in Dirmstein, was overlooked.
- 16 Ministerial ordinance, 5 February 1837 (Georg Döllinger, *Das Medicinalwesen in Bayern*, part 1 (Erlangen, 1847), p. 204); the activities of a few homoeopathic barber surgeons are documented in HStAM MInn 61964.
- 17 *HMvGH* 5 (1879), 82–83 (obituary).
- 18 *General-Bericht über die Sanitäts-Verwaltung im Königreiche Bayern* 7 (1868/1869) (Munich, 1872), 106.
- 19 For the general history of hydropathy and natural healing in Germany see Alfred Brauchle, *Naturheilkunde in Lebensbildern* (Leipzig, 1937); Karl Eduard Roths Schuh, *Naturheilbewegung – Reformbewegung – Alternativbewegung* (Stuttgart, 1983); Jütte, *Geschichte*, pp. 114–78.
- 20 Dr Röder, 'Die Wasserheilkunde in Bayern mit besonderer Berücksichtigung des Auszugs aus dem Commissionsberichte des Hrn Professor Dr Horner', *Medicinisches Correspondenzblatt* 2 (1841), 65–76.
- 21 Roths Schuh, *Naturheilbewegung*, pp. 16–17; Gleich developed his approach from hydropathy; see his *Nur im Wasser ist Heil! Beiträge zur Begründung der Wasserheillehre* (Augsburg, 1847); Sabine Ludyga, Munich, is currently completing a thesis about the history of natural healing in Bavaria.
- 22 Hydropathic and naturopathic establishments are documented for Munich, Wunsiedel, Schallernhof near Erlangen, Erlenstegen near Nuremberg, Schäftlarn and Brunnthal (Röder, 'Wasserheilkunde').
- 23 Lorenz Gleich, *Doctor Joseph Buchner und die Homöopathie* (Munich, 1853), p. 9; a synthesis of homoeopathy, hydropathy and natural healing was attempted by Franz

- Andreas Ott in his *Populäre Darstellung meiner mit dem Namen Panjatrik bezeichneten Heilmethode als der vollkommensten und sichersten von allen* (Kempten, 1863).
- 24 On Rademacher, see Matthias J. Bohnenberger, *Die Erfahrungsheillehre Johann Gottfried Rademachers (1772–1850) und ihre Auswirkungen* (med. diss., Munich, 1985); Niels Krack, *Dr Johann Gottfried Rademacher. Sein Leben, seine Lehre, seine Heilmittel und wir* (Heidelberg, 1984); Hermann Paal, *Johann Gottfried Rademacher (1772–1850), Arzt in Goch, und seine Erfahrungsheillehre* (Jena, 1932).
 - 25 *General-Bericht 1* (1857/58–1858/59) (Munich, 1868), 42.
 - 26 Bohnenberger, *Rademacher*, p. 53.
 - 27 *HMuGH 1* (1875), 73.
 - 28 If not otherwise indicated the following data are from the published statistical summaries.
 - 29 The published figures on the types of medical activities of the healers include professional healers like barber surgeons, who practiced internal medicine or other types of therapy, which would have been forbidden to them before the new law of 1873.
 - 30 The figures always refer to the end of the respective year.
 - 31 The figure includes healers who did not exclusively rely on homoeopathy.
 - 32 *HStAM MInn 61355*, Upper Bavaria 1877.
 - 33 Unfortunately, the published data on occupations do not also make a distinction according to the various healing systems. I have undertaken an analysis on the basis of the manuscript sources for selected years only, namely 1873, 1878, 1882, 1886, 1893 and 1895. A systematic analysis of all the 32,000 or so entries would have been too time consuming without promising much additional information. The manuscript lists for 1878 and 1895 are not quite complete; I had to substitute the 1878 figures for the Upper Palatinate and Lower Franconia for 1879, and the 1895 figures for Lower Franconia for 1893.
 - 34 *HStAM MInn 61355*, figures for December 1873; in absolute terms 45 out of 86 irregular healers, 17 of which were barber surgeons. For the important role of the clergy in the history of homoeopathy, see my article 'Homöopathie und Klerus. Zur Geschichte einer besonderen Beziehung', *Medizin, Gesellschaft und Geschichte* 18 (1999), 78–90.
 - 35 Georg Alfred Tienes, *Der Baunscheidtismus. Das Baunscheidtsche Naturheilverfahren durch künstlichen Heilausschlag oder Exanthemation* (Stuttgart, 1955), pp. 11–12; to my knowledge there is no modern, non-partisan study of the history of Baunscheidtism.
 - 36 Carl Baunscheidt, *Der Baunscheidtismus oder die Baunscheidt'sche Heilmethode im Gebiete der Gicht, des Rheumatismus u. s. w. mittels des für dieselbe construirten Instruments, genannt: der 'Lebenswecker'*, 2nd ed. (Bonn, 1853); Carl Baunscheidt, *Der Baunscheidtismus*, 6th ed. (Bonn, 1858).

- 37 *Archiv für das Baunscheidt'sche Heilverfahren. Eine Monatsschrift für Baunscheidtismus und Volksmedizin*, 2nd ed. (Bonn, 1860).
- 38 *Archiv für das Baunscheidt'sche Heilverfahren*, p. 8.
- 39 Baunscheidt, *Baunscheidtismus*, 6th ed., p. 539.
- 40 HStAM MInn 61355, Swabia and Neuburg 1874.
- 41 HStAM MInn 61355, Upper Franconia 1878, entry on 48-year-old Christian Bischoff, a former butcher.
- 42 *Der Ärztliche Rathgeber der Electro-homöopathischen Heilmethode des Entdeckers Grafen Cesare Mattei* (Munich, 1883); Cesare Mattei, *Elektro-Homoeopathie. Grundsätze einer neuen Wissenschaft* (Regensburg, 1884); see also Jütte, *Geschichte*, pp. 229–34; Alberto Lodispoto, *Storia della omeopatia in Italia. Storia di una terapia moderna* (Rome, 1987), pp. 106–13; Axel Helmstädter, *Spagyrische Arzneimittel: Pharmazie und Alchemie in der Neuzeit* (Stuttgart, 1990).
- 43 Karl Köck, *Was ist Elektro-Homöopathie. Das Heilsystem des Grafen Cesare Mattei in Bologna* (Leipzig, 1883).
- 44 MMW 32 (1885), 723.
- 45 *Die Geschichte des Consortiums für Electro-Homoeopathie in Regensburg* (Regensburg, 1900); *Die Reorganisation des Consortiums für Elektro-Homöopathie in Regensburg* (Regensburg, [1899]); Jütte, *Geschichte*, pp. 233–34.
- 46 Natili's activities are amply documented in HStAM MInn 66438, 'Das Treiben des früheren Ordenspriesters Natili in München, 1886–1909'; see also Axel Helmstädter, 'Dr Peter Natilis Elektrophysiopathie. Ein Mönch als Nachahmer Cesare Matteis', *Beiträge zur Geschichte der Pharmazie* 45 (1993), 9–13.
- 47 Among others we find Dr Bachhammer's wife, a post official, a railway engineer, a writer, a former merchant, a seamstress, a haberdasher, a housekeeper, a publisher, an agent and a farm inspector.
- 48 HStAM MInn 61358, Swabia and Neuburg 1886.
- 49 HStAM MInn 61358, Swabia and Neuburg 1887.
- 50 Florian Kramer, *Beiträge zur Ausbreitung des Kneipp'schen Heilverfahrens in Deutschland zwischen 1920 und 1933* (med. diss., Munich, 1981).
- 51 *General-Bericht* 37 (1907) (Munich, 1911), 292–93.
- 52 HStAM MInn 61361, Palatinate 1894.
- 53 Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889 bis 1914)* (Stuttgart, 1995), p. 63.
- 54 *General-Bericht* 35 (1904) (Munich, 1907), 292–93.
- 55 For an overview on the fate of mesmerism in Europe and the United States, see Heinz Schott (ed.), *Franz Anton Mesmer und die Geschichte des Mesmerismus* (Stuttgart, 1985); Gereon Wolters (ed.), *Franz Anton Mesmer und der Mesmerismus. Wissenschaft, Scharlatanerie, Poesie* (Konstanz, 1988); Jütte, *Geschichte*, pp. 103–14; according to the surveys, electrical or galvanic healing, massages, hypnosis and

- Rademacher's 'Erfahrungsheilkunde' were never practised by more than a couple of irregular healers in Bavaria.
- 56 HStAM Minn 62670, 'Vereinigung deutscher Magnetopathen'; H.R. Paul Schröder, *Die Heilmethode des Lebensmagnetismus nebst einer Untersuchung über den Unterschied zwischen Hypnotismus und Heilmagnetismus*, 3rd ed. (Leipzig, 1895).
 - 57 *General-Bericht* 37 (1907) (Munich, 1911), 249.
 - 58 Exceptions are Thomas Faltin, "Kranke Menschen zum Lichte des Lebens zurückführen". Der Laienheilkundige Eugen Wenz (1856–1945) und die Stellung der homöopathischen Laienheiler um 1900' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkunde, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), pp. 185–209; Ingeborg Streuber, 'Ein Macher: Arthur Lutze (1813–1870). "Der Mensch kann, was er will, doch muß er glauben und vertrauen"' in Dinges (ed.), *Homöopathie*, pp. 160–84.
 - 59 *Populäre homöopathische Zeitung* 7 (1876), 150.
 - 60 In her analysis of the little Protestant state of Braunschweig-Wolfenbüttel, Mary Lindemann has come to a very different conclusion for the preceding period (see her *Health and Healing in Eighteenth-Century Germany* (Baltimore, 1996)). Since in protestant areas of Bavaria and also in Prussia (see e.g. *Fränkische Tagespost*, 26 November 1904) sympathetic and magical healing were reported as still quite widespread around 1900, confessional differences can hardly account for this absence. It remains to be seen whether it reflects a regional cultural difference, tighter control or, much more likely, a simple lack of archival documentation.
 - 61 The figure includes some healers who treated their patients with secret remedies, but it does not include the big group of those who were reported simply for selling drugs in general. According to Carl Majer, 'Statistik der zur Ausübung der Heilkunde in Bayern nicht approbirten Personen', *AIB* 24 (1877), 349–53, here p. 351, a combination of sympathetic healing and the use of home-made remedies was frequent, but in the survey itself brief indications like 'sympathy' or 'spells against rickets' are prevalent.
 - 62 *MMW* 28 (1881), 565; the boundaries between a healing ritual and an ordinary prayer begging for divine assistance were blurred. Physicians were well known to disparage these kinds of practices as 'superstitious'. But massive side effects or even fatal consequences were probably not as common as in the case of blood-letting, drastic purgatives or surgical interventions, on which conventional therapy was based.
 - 63 *General-Bericht* 37 (1907) (Munich, 1911), 249.
 - 64 Jütte, *Geschichte*, subsumes 'folk medicine', sympathetic healing etc. under the term 'alternative' healing.
 - 65 This was even true for quite popular homoeopathic physicians like Franz Andreas Ott; see his 'Praktische Randbemerkungen zu Siebert's, G. Gerson's und Milieus Abhandlungen in Bd. II H. 2 des med. Argos, als Beitrag zur Versöhnung der

- Partheien und zur Verbesserung der Heilkunst', *Medicinisches Correspondenzblatt* 3 (1842), 426–32, 439–48, 459–64, 475–82 and 533–44, here p. 460.
- 66 E.g. G. Ludwig Ditterich, *Klinische Balneologie*, 2 vols., 2nd ed. (Munich, 1867).
- 67 One of them was Karl Gerster, a well-known and influential homoeopath; see his *Das Universum und dessen Geheimnisse; oder Die Natur, dargestellt in ihrer wechselseitigen Anziehung, und die geheimsten Wirkungen ihrer Kraft. Eine Anleitung und Erklärung des Tischklopfens und der Geister-Manifestationen, nebst Mittheilungen aus der Geisterwelt* (Leipzig, 1854); Karl Gerster, *Odisch-magnetische (hypnotische) Heilwirkungen. Ungläubigen zur Belehrung und Kranken zum Heile*, 2nd ed. (Regensburg, 1889).
- 68 HStAM MInn 61358, Lower Franconia 1886.
- 69 HStAM MInn 61358, Swabia and Neuburg 1886.
- 70 HStAM MInn 61358, Lower Franconia 1886.
- 71 HStAM MInn 61358, Lower Franconia 1886.
- 72 HStAM MInn 61361, Lower Bavaria 1895, referring to Karl Bayer, a teacher, and Lower Franconia 1893, referring to a tailor's wife by the name of Endres.
- 73 Cf. Marijke Gijswijt-Hofstra, 'Conversions to homoeopathy in the nineteenth century. The rationality of medical deviance' in Marijke Gijswijt-Hofstra, Hilary Marland and Hans de Waardt (eds.), *Illness and Healing Alternatives in Western Europe* (London and New York, 1997), pp. 161–82.
- 74 Of course, there were other factors too: the special appeal to individual groups like the clergy, for example, financial considerations, or the kinds of investments (say, the purchase of a Lebenswecker or the construction of a sweating hut) needed before a specific kind of treatment could be offered.
- 75 This is, for example, a recurrent topic in scores of medical topographies which local physicians wrote on individual Bavarian districts around 1860 (*Bayerische Staatsbibliothek München*, manuscripts department Cgm 6874; *Stadtarchiv München*, Historischer Verein, Ms. 401/1–40).
- 76 HStAM MInn 61355, Regensburg and Upper Palatinate 1873; Carl Majer, 'Statistik der zur Ausübung der Heilkunde in Bayern nicht approbirten Personen', *AIB* 23 (1876), 365–68, here note on 367.
- 77 HStAM MInn 61357, Regensburg and Upper Palatinate 1882.
- 78 HStAM MInn 61356, Swabia and Neuburg 1878.
- 79 HStAM MInn 61356, Lower Franconia 1879 and 61357, Lower Bavaria 1882.
- 80 *General-Bericht* 34 (1903) (Munich, 1906), 254.
- 81 HStAM MInn 61351, petitions from naturopathic lay associations in Augsburg, Bamberg, Frankenthal, Mehrlauken, Munich, Regensburg, Schweinfurt and Würzburg, 1903; not all the lists include the signers' profession.
- 82 HStAM MInn 61355–61.

- 83 HStAM MInn 61361, Palatinate 1895, accompanying letter from the 'Kreis' government.
- 84 HStAM MInn 61361, Upper Bavaria 1895.
- 85 HStAM MInn 61358, Lower Franconia 1886, entry on 65-year-old Jacob Jacob (sic), a retired farmer in the district of Obernburg.
- 86 Bob Scribner, 'Reformation and desacralization: from sacramental world to moralised universe' in Bob Scribner and Ronnie Po-Chia Hsia (eds.), *Problems in the historical anthropology of early modern Europe* (= *Wolfenbütteler Forschungen*, vol. 78) (Wiesbaden, 1997), pp. 75–92, here p. 90.

The Social Construction and Organisation of Medical Marginality: the Case of Homoeopathy in Mid-Nineteenth-Century Britain

Phillip Nicholls



THE THEME OF THIS BOOK was first articulated to potential contributors as ‘approaches and concepts’ or, more generally, by posing the question: ‘how can the subject of unconventional medicine be studied in an historical perspective?’

A variety of responses to this problem – as this book makes clear – are, of course, possible. Most, however, probably fall into either of two broad (but not unrelated) categories: one emphasising methodological issues – the techniques of gathering data – and the other, theoretical or conceptual concerns, or what in more general terms might be called the problems of determining *what* data is important or relevant to begin with, and of its *meaning*.

The argument in this paper falls into the second of these broad categories. It begins, then, with the proposal that ‘the subject of unconventional medicine’ can only be studied in an historical perspective, if ‘conventionality’ or ‘orthodoxy’ is seen as a ‘social construct’, as the outcome of social and political processes, or of the mobilisation of power by particular (usually occupational) groups in a way which allows the successful marginalisation of rival knowledge claims, practices and practitioners.

This, in fact, is a fairly conventional claim in the sociology (or social construction) of knowledge. Few practising sociologists, especially in this era

of postmodern scepticism about claims to knowledge in general, would probably find much trouble in agreeing with it. But the consequences for a programme of research into subjects like the history of unconventional medicine are quite radical. To begin with, it immediately follows that the social and political divisions between 'orthodox' and 'unorthodox' groups of practitioners cannot be explained as the product of a process of epistemological discrimination which separates 'truth' from 'falsity' or of what is 'effective' from the 'innocuous' or 'dangerous'.

Indeed, to put the argument in its boldest form, there is nothing in any particular therapeutic theory, approach or technique *itself* that determines its status as orthodox or otherwise. What does matter in this regard is the ability of a particular set of social actors to render their account of reality credible and legitimate. Alison Winter's revealing study of the introduction of inhalation anaesthesia in the 1840s is a good illustration of this phenomenon.¹ Here mesmerists, despite some promising beginnings, were quickly marginalised by the ensuing 'etheral epidemic', not because their work was really any less convincing in terms of pain relief compared to the results achieved in early demonstrations of etherisation, but because the latter, by leaving the surgeon more fully in control of the theatre and his patient, was more congenial to the occupational interests of surgeons in general.

Similarly, Fox suggests that Listerism was not the antiseptic triumph of conventional history, but an approach introduced in *opposition* to a rival and co-existing set of principles – those of asepsis.² For many practitioners, asepsis was the approach of choice based not (primarily) on evidential grounds, but because Listerism seemed to recast the surgeon as a potential and dangerous pollutant in a Victorian society which prized physical and moral cleanliness. Indeed, the aseptic environment of the modern surgical theatre, usually credited as the natural product of ideas first pioneered by Lister, can actually be traced to a rival therapeutic tradition which also, and rather importantly, had more congenial implications for the status of medical men than Listerism.

A third example, which brings me closer to the substantive material comprising the bulk of the remaining discussion, concerns the development of homoeopathic theory and practice in the last century. By the 1870s, homoeopathic principles regarding the size and frequency of dose and the indications on which particular remedies should be prescribed, together with research designed to expand the pharmacopoeia, all began to manifest themselves in regular theory and practice.³ Leading homoeopaths of the time were quick to draw attention in both print and speech to the existence of

this therapeutic traffic. Leading allopaths (such as Sydney Ringer, Professor of Therapeutics at University College, London; Charles D.F. Phillips, Lecturer in Materia Medica and Therapeutics at the Westminster Hospital Medical School; Lauder Brunton, Physician to the St Bartholomew's Hospital; and John Harley, Fellow of the Royal College of Physicians) were among the more prominent of regular medical men who were taken to task by homoeopaths for writing, teaching and practice which reflected a closet acquaintance with homoeopathic literature.

While homoeopaths welcomed the fact that they had been able to 'leaven the loaf' of allopathic medicine, they were, however, furious that regular practitioners (with one or two honourable exceptions) were coy about acknowledging the sources of their new therapeutic recommendations. As John Drysdale, a prominent Liverpool homoeopath, observed at the British Homoeopathic Congress (28 September 1870) in Birmingham:

... no expensive medical work could at present be published if it contained anything favourable to homoeopathy: accordingly the subject is entirely ignored, or, if alluded to must be mentioned with reprobation. These books abound in plagiarisms from our school, and its influence may be seen in every page almost, yet the subject must not be named. The private and hospital practice of a physician may display in almost every prescription the fruits of knowledge gathered by our school, and yet he does not honourably acknowledge their source ...⁴

This 'acknowledgement' could not be given for the simple reason that, at the beginning of the 1850s, regular doctors had already decided that homoeopaths were no longer colleagues worthy of professional recognition. They had been ostracised from normal professional life and so, while their therapeutic initiatives could be grafted on to regular practice, any real recognition of the origins of this new growth could not be forthcoming.

The point of this third example is, hopefully, clear enough. There was nothing in the practice of minute doses, their frequency, or the indications on which they were prescribed which, in themselves, signalled medical heresy at the time. It all depended on who was using them, and on which group of practitioners had the power to draw the boundaries of orthodoxy. Homoeopaths – who never numbered more than a few hundred doctors in Britain – were labelled as either 'fools' or 'knaves' for advocating a particular therapeutic approach. In the hands of regular medical men, on the other hand, these same techniques were simply seen as following the latest advice of their own leading authorities.

These examples are meant to illustrate what I would argue is an

important consideration in beginning a study of unconventional medicine in historical perspective. Instead of seeing the social structure or organisation of 'fringe' or 'marginal' or 'irregular' practice as the result of any epistemological break with 'conventional' knowledge, it is rather the case that therapeutic deviance is a product of the social organisation of an (occupationally) active orthodoxy. Irregular practice, then, in this perspective, is less a product of simple theoretical difference than the outcome of political struggle and the mobilisation of occupational power by certain groups of doctors. It further follows, as Roy Porter's work on the eighteenth-century medical market shows, that it makes little sense to talk about any clear division between 'irregular' and 'regular' practice during a period when medical men in general lacked organisation and the ability to exercise the occupational control associated with professionalisation.⁵

Using this perspective to understand the development of homoeopathy in Britain in the nineteenth century – which I want specifically to address here – it becomes apparent that the conventional wisdom, whereby strategic theoretical differences led to the founding of exclusive occupational organisations by homoeopaths (an exclusivity that invited a subsequent policy of ostracism by erstwhile regular colleagues), needs to be re-examined. Instead, what seems to have happened is that the strategy of exclusion adopted by the emerging profession stimulated and strengthened the formation of homoeopathic organisations which, once developed, institutionalised the very epistemological differences of which the regular school complained. In short, the social and political organisations developed by homoeopaths were not the reason for their exclusion from normal professional relations, but rather their response to it. Therapeutic difference was thus the end product of a political struggle rather than its cause.

It is true that the foundation of the British Homoeopathic Society (BHS) by the doctors Frederic Foster Quin, Samuel Partridge, Victor Massol and Mr Hugh Cameron on 10 April 1844 predated by some seven years the development of strategies by the Provincial Medical and Surgical Association (PMSA) which were intended to ostracise homoeopathic doctors from contact with their regular colleagues (the PMSA became the British Medical Association in 1856). But a number of points need to be noted about this period. First, in the 1840s, it is clear that Quin, under whose initiative the BHS had been formed, was a jealous guardian of the professional integrity of homoeopathy and the doctors who practised it. He was quick to take firm action to distance the society from any connection with lay populists, like the Rev. Thomas Everest, who had tended to 'preach homoeopathy from the pulpit', and the wealthy silk merchant William Leaf,

who had helped to arrange exhibitions of thankful patients 'dramatically cured' by homoeopathic treatment.

An editorial in the *British Journal of Homoeopathy* (the official voice of the BHS) in 1846 is revealing in this regard. The previous year had seen the formation of the English Homoeopathic Association (EHA), a mixed body of medical and lay enthusiasts, whose aim was to promote and publicise homoeopathy, and to found and fund hospitals (like that in Hanover Square, and later, in 1850, the Hahnemann Hospital in Bloomsbury, at which both Leaf and Everest happened to hold positions as vice-presidents). The editorial address – the voice is almost certainly that of Quin himself – observed of these developments that 'the experience of other countries has taught us that the only way to secure the progress of homoeopathy is by rigid exclusiveness in all matters connected with its scientific development ...'.⁶

This 'exclusiveness' was clearly being threatened by the EHA and, by 1847, things had deteriorated still further. Stung by the activities of doctors like Paul Curie, one of the medical officers at the Hahnemann Hospital, and supporters like Leaf, who Quin argued '... had done so much to compromise Homoeopathy, and to reflect discredit, in the estimation of the profession and the public, upon Homoeopathic practitioners in England ...',⁷ he insisted that any future connection between the BHS and lay supporters would have to be one in which the latter confined themselves to fund raising activities only. Quin's arguments and his reputation were sufficiently convincing to cause a split in the EHA: some members left to form the (still existing) British Homoeopathic Association (BHA). This conducted itself on principles much more in accord with those insisted upon by Quin and, having helped to raise sufficient funds to realise his ambition of founding the London Homoeopathic Hospital, which opened on 10 April 1850, the BHA disbanded (until 1902) on 22 August 1849.

Clearly, Quin's early efforts to establish an institutional framework for those doctors interested in homoeopathy was not designed to antagonise 'regular' colleagues. On the contrary, his scrupulous concern for the reputation of homoeopathy in general and the BHS in particular demonstrates a commitment to gain and sustain the respect and recognition of the bulk of the profession. Quin's ambition was to win friends, not to make enemies – a disposition which characterised his personal relations with orthodox colleagues as much as it did his work for the BHS.

Secondly, it is also clear that most homoeopaths in the 1840s were not radicals in terms of their therapeutic allegiances. Instead, eclectic practice was preferred. It is not easy to find examples of British homoeopaths during this period who were prepared to observe, or declare, that

homoeopathy was, as it were, 'the whole truth, and nothing but the truth'. Instead, the prevailing orientation was more akin to that favoured by William Henderson, Professor of Medicine and General Pathology at the University of Edinburgh, who argued that:

If any are still so prejudiced against the ordinary practice, as to deny its possession of many palliative, and not a few, curative expedients, which render it, with all its imperfections, of eminent service to mankind, when administered with discrimination and ability, I must avow my hearty dissent from their opinion.⁸

This willingness to see merit in both homoeopathic and allopathic approaches was also, in these early years, reciprocated in some regular literature. Even editorial comment in *The Lancet* was moved to acknowledge that:

A world of mischief has been produced before now by long protracted doses of powerful medicines in chronic cases, many of which would, on the contrary, have been benefited by non-interference with medicine, or – which comes to the same thing – by homoeopathic treatment.⁹

Such sentiments may not have been that frequent, but they were by no means uncommon. Sir John Forbes was prepared to endorse them still further. In an extended reply to Henderson's *An Inquiry in to the Homoeopathic Practice of Medicine*,¹⁰ Forbes drew the uncomfortable conclusion that:

If it is nature that cures in homoeopathy, and if homoeopathy (as we have admitted) does thus cure, in certain cases, as well as allopathy, do we not by this admission, inevitably expose ourselves defenceless to the shock of the tremendous inference – that the treatment of many diseases on the ordinary plan must, at the very best, be useless; while it inflicts on our own patients some serious evils that homoeopathy is free from, such as the swallowing of disagreeable and expensive drugs ...?¹¹

Forbes was soon to pay dearly for sentiments which came to be interpreted as too sympathetic to homoeopathy. But, at the time, they were symptomatic of a willingness by practitioners of whatever therapeutic persuasion to concede that both homoeopathy and allopathy had something of value to contribute to doctoring. Homoeopathy had still to be constructed as a threat to all rational thought; and homoeopaths had not yet been fully stigmatised as 'fools or knaves' who were not worthy of professional respect or recognition. By now, however, this fate was imminent.

The third point to make about the period *prior* to the progressive

implementation of the policy of professional ostracism of homoeopaths, which began in 1851, is that the majority of such doctors had not felt it necessary to join organisations like the BHS. Atkin's Homoeopathic Medical Directory gives details of the 177 doctors practising in England, Scotland, Ireland and the Channel Islands by the end of 1852 (there were none in Wales). Of these, only 42 (24 per cent) had felt it important to join the BHS.¹²

Two decades later, however, by the end of 1873, the number of doctors listed in the Homoeopathic Directory had risen to 279. (There were still none in Wales, and this total also excludes six doctors whose overseas qualifications did not entitle them to registration under the Medical Act of 1858.) By then, 149 (53 per cent) of these belonged to the BHS. Furthermore, most of this increase in membership had come in the 1850s and 1860s: 106 doctors had decided to join the ranks of the society during this period. Of the remaining 130 doctors (i.e. those practising homoeopaths listed in the directory for 1873 whose names do not feature on the BHS membership list), most are shown as having developed alternative solidarities among the new provincial homoeopathic associations and societies.¹³

As indicated, the PMSA's campaign to ostracise homoeopaths had begun in 1851. Its August meeting of that year had appointed a committee to consider what action might be taken. The resulting resolutions were that homoeopathy was absurd; that no reputable medical practitioner should consort with it; that homoeopaths were guilty of heaping abuse on the regular profession (a partial truth at best – Thomas Wakley, editor of the reform minded *Lancet*, heaped far more abuse on the heads of leading medical figures than was ever done by Quin's colleagues); that no member of the PMSA should entertain professional contact with homoeopaths; and that homoeopaths, together with any regular doctors who consulted with them, should cease to be members of the association.¹⁴ These resolutions were endorsed, in some cases strengthened, and adopted at the PMSA's meeting in Oxford the following year. Moves were made to incorporate the resulting bylaws into the established legal framework of the BMA in 1858. In 1861, the BMA reaffirmed its general support for all these policies.

The effect of this political campaign, however, was rather the reverse of its apparent intention. It served to construct and sharpen a professional and therapeutic divide which many of those affected had not previously contemplated. Quin's whole enterprise for homoeopathy had been designed to win acceptance, respect and recognition for this form of treatment and the doctors who employed it. Most homoeopaths were of an eclectic persuasion, using a variety of approaches, and only a minority felt the need to

wrap themselves in the protective clothing of a specialised professional association. But the PMSA's actions changed all this: the policy of exclusion and ostracism forged a homoeopathic identity which was largely foreign to many earlier exponents. In short, before the 1850s, there were merely doctors who practised homoeopathy; afterwards, there were homoeopaths who, as far as the regular profession was concerned, could no longer claim to be doctors. The result was a strengthening of the institutional apparatus of homoeopathy and a hardening of professional and therapeutic distinctions.

What, then, motivated the rank and file of regular practitioners, represented by the PMSA, to launch the campaign against homoeopathy? Much of the answer is bound up with the long movement for medical reform in Britain which began in the first half of the nineteenth century.¹⁵

This period saw the accelerating demise of the traditional distinctions between physician, surgeon and apothecary, and the emergence of the general practitioner with licences from more than one college. In part, this was a response to the rapid reconfiguration of demand for medical services which accompanied urbanisation and industrialisation. In part, too, it was a response to the fact that medical practice was a highly competitive affair. There were too many doctors, and most barely managed to maintain the outward appearance of a gentlemanly lifestyle without which more affluent patients could not be attracted. The ordinary general practitioner suffered, too, from the fact that medicine was not generally regarded as a 'profession' which merited the same public regard as the law, the church or the army. Moreover, the average doctor was also besieged by competition from untrained, unlicensed healers and sellers of nostrums and cure-alls.

The only groups of practitioners who were unaffected by these problems were the elites of the royal colleges in London (the Royal College of Physicians, the Royal College of Surgeons and the Society of Apothecaries). The colleges also represented, in effect, the governing bodies of the profession. These facts combined help to explain the frustrations of most medical men: they had no say in the running of their profession, and the fellows of the colleges had little interest in reform. It was thus with the support of campaigning editors like Thomas Wakley of *The Lancet* that movements like the PMSA were born. The ordinary general practitioner was looking for a vehicle through which he could argue for a more democratic voice in the running of the profession, and through which claims for the reform of education and, eventually, of the remuneration and status of medical men could be pressed.

Opposition to reform from the colleges meant that the campaign was

a long one and that many of the proposals presented to parliament failed. Eventually, however, a compromise of sorts was reached, and the Medical Act of 1858 was approved. Among its variety of provisions was the establishment of the Medical Register. This register did not make unqualified practice illegal, but it did establish a national register of practitioners possessing qualifications recognised by the new governing body of the profession – the General Medical Council – and so enabled the public to distinguish between bona fide doctors and other kinds of healers.

Homoeopathic doctors who had qualified in Britain, of course, all possessed accreditation which allowed them a perfectly legitimate place on the Medical Register. This was a disappointment to the advocates of reform. Homoeopathy's friends in parliament, notably Lord Grosvenor, had managed to stave off attempts to extinguish the therapy by legislative fiat. But the socioeconomic environment of the ordinary practitioner that underpinned the movement for medical reform also helps to explain the rising antipathy to homoeopathy which resulted in the exclusionary policies of the PMSA/BMA in the 1850s.¹⁶ It was a difficult period for medical men. Doctors were anxious about incomes, social status, public reputation and the credibility of medicine as a discipline, and they were conscious of the need to distance themselves from the variety of unlicensed practitioners. And homoeopaths appeared, at the time, to strike at most of these sensitive issues.

As far as profitable practice was concerned, it was well recognised that there was money to be made from homoeopathy. Homoeopathy's fee-paying clientele (excluding the many thousands of working class poor treated on a charitable basis at hospitals and dispensaries) came to a significant extent from the wealthy, and from the new, as well as more traditional, social elites. This is indicated by several pieces of evidence.

First, the geographical distribution of doctors mirrors the developing centres of wealth and fashion associated with Victorian society. Of the 177 homoeopaths practising in Britain at the end of 1852, 66 were based in London, with other significant concentrations in burgeoning merchant and industrial centres such as Liverpool (doctors Drysdale, Hilbers, Moore, Roche and Stokes), Manchester (doctors Harrison, Dowal, Matthews, Phillips and Walker), Birmingham (doctors Fearon, Galloway, Johnson, Lawrence and Parsons), Leeds (doctors Booth, Craig, Cresswell and Irvine), Edinburgh (doctors Allshorn, Henderson, Laurie, Lyschinski, Paisley and Wielobycki) and Dublin (doctors Blyth, Luther, Scriven and Walker). Fashionable spa towns, such as Bath, Cheltenham and Leamington, also supported numbers of homoeopaths, as did the newly emerging coastal resorts – like Torquay, Weston-super-Mare, Brighton, Hastings

and Scarborough – which were increasingly patronised by the ranks of respectable society.¹⁷

Homoeopathy's links with wealth and status are, secondly, also clear from those who supported its institutions. As early as 1853, there were three homoeopathic hospitals in Britain (two in London and one in Manchester) and, including Ireland and the Channel Islands, a total of 57 dispensaries.¹⁸ These, of course, were charitable foundations, whose main rationale was to provide care for the sick poor. But, as further research begins to show, the particular pattern of patronage which underpinned the work of hospitals and dispensaries gave the homoeopaths who worked in them strong links to networks of social elites whose wealth and recommendations could form the basis of flourishing private practices. The London Homoeopathic Hospital, for example, could list Her Royal Highness the Duchess of Cambridge, His Grace the Duke of Beaufort, Field Marshall the Marquis of Anglesey, His Grace the Archbishop of Dublin, the Marquis of Worcestor, the Earl of Essex, Viscount Sydney, Lord Gray, Viscount Maldon, Lord Francis Gordon, Lord C. Paget MP, Lord A. Paget MP, Lord G. Paget MP, Colonel Wyndham and, notably, Quin himself among its officers and patrons.¹⁹

This pattern of support might not be unexpected in London – but the alliance of aristocratic, clerical and military patronage is one that is repeated in much humbler institutions. A further (unexceptional) case is the Wolverhampton and South Staffordshire Homoeopathic Dispensary. By the 1870s this institution had developed three branches (in Dudley, Wellington and Walsall), and could list among its patrons the Duchess of Sutherland, the Earl of Lichfield, Sir William Biddulph-Parker (baronet), the Honourable and Reverend Adelbert Anson, Sir John Morris (knight and ex-mayor), the Reverend Henry G. De Bunsen and the Reverend George Fisk.²⁰

Homoeopathy's connections with social elites was something which first developed, of course, in its European homelands. But it was (and remains) a therapy which has had enduring appeal for people of rank. In the 1930s, for example, the BHS and the BHA were still being talked about as nothing more than 'rich men's talking shops', mainly by those who were irritated at the perceived complacency of these organisations in the face of decline.²¹ Members of the British royal family continue even today as active patrons and supporters of homoeopathy. The connection is one which is sociologically interesting and can perhaps be explained in terms of the ways in which certain 'styles of life' or patterns of consumption can be used to signal, in Max Weber's terms, status group membership. Homoeopathy was something that could easily function as a symbol of social status.²² In

contrast to regular practice, it appeared to be refined, having subtle and complex rather than 'gross' effects; it appeared to act at a spiritual rather than a material level; and it certainly appeared that only the wealthy could afford to pay so much for so little. Alternative therapeutic options, like mesmerism, were, on the other hand, tarnished by stronger ties with popular culture and other disreputable activities.²³

Homoeopathy, then, was clearly tapping into some lucrative medical markets. In an overcrowded profession, where most medical men were struggling to sustain a living, homoeopaths were almost certain of being able to attract customers of wealth and rank and of quickly developing a flourishing practice. As Robert Dudgeon, one of London's most eminent homoeopaths (who, in the 1870s, was practising at 53 Montagu Square) remarked:

... any practitioner who declared himself a follower of Hahnemann was sure of getting rapidly in to large practice. The mere material inducements to avow oneself a homoeopathist were of the most tempting character.²⁴

These sentiments were echoed on the allopathic side by writers such as the editor of the *London Medical Review* who ruefully remarked that, 'I venture to say, there is scarcely a medical man in the kingdom who has not felt the influence of this "delusion" on his professional income.'²⁵

Needless to say, in such circumstances the ordinary general practitioner was keen to find ways of capping and controlling what was clearly perceived to be a piece of unprincipled commercial opportunism by his homoeopathic rivals, and the consultation ban, and the ostracism of those who broke it, looked correspondingly appealing as ways of securing this objective.

The erosion of remunerative opportunities for regular practitioners may have been even greater than that suggested by the evidence above, for this period also saw an explosion of publications aimed at the domestic market. By the 1870s there were at least 40 titles from which the interested lay person could choose. Among the most popular available from British authors were Dr Chepmell's *Domestic Homoeopathy* (eighth edition), Dr Allshorn's *Handy Book of Domestic Homoeopathic Practice* (fourth edition), Dr John Epps's *Domestic Homoeopathy* (sixth edition), Dr Richard Epps's *Family Practice* (sixth edition), Dr Newman's *Homoeopathic Family Assistant* (third edition), Dr Pope's *Popular Guide to Homoeopathy for Families* (third edition) and Dr Ruddock's *Lady's Manual of Homoeopathic Treatment* (fifth edition). The prize for the most popular text of all, however, went to Dr Laurie; his *Homoeopathic Domestic Medicine* had run to its twenty-first edition by 1874

and his *Epitome of the Homoeopathic Domestic Medicine* to its twenty-seventh.²⁶

These texts could be obtained from one of the big homoeopathic publishing houses, such as Henry Turner & Co., who had offices in London and Manchester, or, more commonly, from one of the many chemists specialising in the supply of homoeopathic remedies. There were 117 of these chemists throughout England, Scotland, Ireland and the Channel Islands by the middle of the 1870s.²⁷ Typically these establishments would also supply customised medicine chests which were specifically designed to accompany the most popular of the domestic treatises. One of a batch of advertisements appended to the back pages of the Atkin's 1853 *Directory* is typical of what was offered. Charles Lane, Homoeopathic Chemist, of 146 Sloane Street, Chelsea, London advertised 'The latest editions of all the Treatises on Homoeopathic Domestic Medicine ...' together with 'A large supply of Medicine Chests and Cases for Professional or Domestic Use ...' which were arranged '... to accompany any of the various treatises on Domestic Medicines.'²⁸

The consumers of these products were almost certainly middle-class families, and the purchasers probably wives and mothers who served as the traditional health keepers of spouses and children. Given the scale of the activity involved, however, the ordinary practitioner could not have looked on these developments with any degree of approbation. Every child treated on the home front by its mother represented a lost fee, and every mother gaining confidence in the management of domestic illness seemed to suggest that a degree of professional expertise in medical matters could be developed by the amateur. In an era when the public's regard for the reputation of medical knowledge was fragile, and when efforts were being extended to hound quacks from practice and to improve the standards of medical education and training, homoeopaths' deliberate encouragement of self-diagnosis and self-treatment, even by the educated sections of the public, must have seemed like an act of deliberate betrayal of professional solidarity.

Indeed, in the difficult circumstances leading up to the Medical Act of 1858, the general impression which many medical men formed of homoeopaths tended to be that of a group of unscrupulous doctors whose main interest was in turning a quick pound, and who were cynically promoting a palpable – albeit popular – absurdity in a way which brought disrepute to the profession. Homoeopaths, after all, seemed to be pandering to fashionable affectation in a way which siphoned important fees away from regular doctors; they seemed to be more interested in exploiting and promoting commercial opportunities among Britain's social elites and the

educated middle classes than in serving the public interest; and they seemed to undermine the status of medical expertise by teaching the public to practise upon themselves. In short, they seemed to offend in quite radical ways both good sense and good manners.

Although homoeopaths were, on the whole, innocent of these charges and were certainly not quacks, it was not difficult for most doctors to perceive them as sharing sufficient characteristics with the charlatan to put them in the same camp as the imposter, the rogue and the scoundrel. This, at least, was the view of Thomas Wakley who, from the pages of *The Lancet*, thundered the case for medical reform, for the protection of the interests of the ordinary practitioner, and for the exposure and excision of quackery in all its forms:

We propose to extirpate unsparingly everything that openly or secretly lowers the dignity or rank of medical science and its professors. The IDEA of a Profession, of a Faculty, in the maintenance of which all, the highest and the lowest, are alike interested, and which the elder medical men held in such reverence, has well nigh disappeared from us. This must be restored. Every offence, every injury done to the profession thus embodied, whether by members of the profession or by interlopers, is *quackery* to our code [emphasis in the original].²⁹

It was the strength of sentiments such as these, and the real material interests which underpinned them, which led to the campaign to exclude homoeopaths from the ranks of the recognised profession. But the result was not what was intended. Homoeopathy flourished in the 1850s and 1860s, and in the face of medical hostility homoeopaths closed ranks. The result was not the demise of homoeopathy, but the creation of a distinct homoeopathic identity and an array of institutions which nurtured and promoted it.

It is worth noting that this process was not confined to Britain. As Robert Jütte shows, the elaboration of an apparatus of distinctive homoeopathic colleges, societies, journals and hospitals in Germany and the USA constituted, in effect, a process of professionalisation.³⁰ This process, he argues, was first initiated as a specific strategy to secure the survival of homoeopathy in the face of increasing medical hostility (and was successful not least because of the links between homoeopathy's aristocratic supporters and the levers of political power which are also familiar features of the British case). The 'paradox of professionalisation' which resulted, Jütte suggests, was that just as the institutional identity of homoeopathy hardened as a product of regular hostility, the very presence of organised sectarian dissent within medicine also served to remind regulars of their own

therapeutic commonalities, and helped to forge a new sense of professional solidarity and identity during a period of heightened occupational insecurity.³¹

What, then, comprised the particular array of institutions in Britain which developed in response to regular hostility, and who were the doctors who worked within them? The evidence suggests that, in terms of background and education, homoeopaths were, in the 1850s, not dissimilar to the mass of general practitioners. The great majority held more than one qualification, the most frequently listed being the MD degree, the LSA (Licentiate of the Society of Apothecaries) and the L or MRCS (Licentiate or Member of the Royal College of Surgeons).³² The great majority of practitioners thus possessed qualifications in both medicine and surgery, which was the usual pattern at the time, although few seem to have been Licentiates or Members of the Royal College of Physicians.

The first institution which doctors could have joined was, as described above, the British Homoeopathic Society. Formed in 1844, its objective was the advancement and extension of homoeopathy and, to this effect, meetings for the reading and discussion of papers and communications were held on the first Thursday of every month and an Annual Assembly in May or June. Quin remained its president for many years, supported by a council whose officers were elected annually. Doctors could belong as fellows or as ordinary, honorary, corresponding or inceptive members. Ordinary members had to be medical men residing in the United Kingdom and members of a recognised university, college of surgeons or licensing body whose knowledge of homoeopathy and experience of its principles and practice enabled them to treat patients using homoeopathic methods. New candidates had to be proposed by two existing members, and they were elected by ballot. Significantly, in terms of hardening a distinctive homoeopathic identity, the society's major increase in membership came, as already argued, in the 1850s and 1860s after the exclusionary tactics of the PMSA had begun to bite.

The following year (in May 1845) saw the institution of the English Homoeopathic Association.³³ Its president was Lord Grosvenor MP, and its committee of 22 comprised both doctors and members of the public. It was this group's activities in promoting and publicising homoeopathy which had caused some disquiet on the part of Quin. This was probably the first of the internal divisions within homoeopathy itself in Britain. Quin allied the London Homoeopathic Hospital to the BHS and the short-lived BHA, preferring to keep the EHA and the hospitals with which it was associated (first in Hanover Square, and then in Bloomsbury) at arm's length.

Four years after the formation of the BHS, on 10 April 1848, the Hahnemann Publishing Society was instituted. Its rationale was to promote the publication and circulation of practical works on homoeopathy, a new materia medica and a pharmacopoeia. By 1853 it had 28 members, drawn from across England and Ireland, with a committee composed of the doctors Black, Drysdale, Dudgeon, Ker and Madden.³⁴

This was followed in 1850 by the development of the Hahnemann Medical Society, which met at 39 Bloomsbury Square in London on the first Tuesday of each month, and by the founding of The Homoeopathic Congress, which formalised the opportunity for all the homoeopathic practitioners in Britain to meet on an annual basis.

As the prevailing medical mood continued to swing against homoeopathy, further groups and associations were formed to provide support and solidarity for beleaguered colleagues. In July 1851, following a meeting of doctors in London, the Association for the Protection of Homoeopathic Students and Practitioners was formed.³⁵ This development had been stimulated by the action of the medical faculty at the University of Edinburgh, which had refused the degree of Doctor of Medicine to a candidate (Mr Alfred Pope), not because of academic failure, but because he refused to pledge that he would never practise homoeopathy. The association passed a series of resolutions designed to publicise the injustice, reverse the decision and organise future resistance.

In 1852 the Northern Homoeopathic Medical Association was instituted.³⁶ Its objective was to promote the advancement of medical and surgical science among members of the profession who were using homoeopathy. The annual subscription was five shillings (25p). At the end of 1873 the association had 34 members. Although a few of the doctors also belonged to the BHS, the great majority were practitioners whose work lay in the northern counties and who would have found regular travel to London difficult.

The Liverpool Homoeopathic Medico-Chirurgical Society, which had been founded in 1857, was also in this part of the country.³⁷ This group held its meetings at the Liverpool Homoeopathic Dispensary on the first Wednesday in each month from October to May. It numbered 12 members; again, most did not have dual affiliation, though one or two, like Dr Drysdale, were also associated with the BHS.

A further grouping for doctors in more distant regions was the Northumberland and Durham Homoeopathic Medical Association. Unfortunately, the relevant directory does not provide a membership list or give the date of formation, but the association must have been founded

sometime after 1853.³⁸ It met on the first Tuesday of each alternate month.

A similar lack of detail is available for the remaining traceable association in the 1870s, the Midland Homoeopathic Medical Society. This was centred on Birmingham, where meetings occurred in April and November. Eighteen doctors belonged to this group and, as before, only a minority were also members of the BHS.

By the 1870s, as already noted, there were well over 100 homoeopathic chemists practising in England, Scotland, Ireland and the Channel Islands. Often, pharmaceutical firms would be explicitly associated with particular hospitals or dispensaries. The chemists, however, had also grouped together, forming the Homoeopathic Pharmaceutical Association of Great Britain.³⁹ The objectives of the society were the development and improvement of homoeopathic pharmacy, the protection of members, the establishment of a library and the exchange of ideas between members.

Professional communication and identity, of course, were forged not merely through the meetings of associations and societies, but also through journals. In 1874 homoeopaths could subscribe to any of three major publications: the *British Journal of Homoeopathy*, a five shilling (25p) quarterly representing the official voice of the BHS, whose first number had appeared in 1843; the *Monthly Homoeopathic Review* at one shilling (5p); and the *Homoeopathic World*, which was also a monthly serial priced at four old pennies (roughly 1.5p). The *British Journal of Homoeopathy* was edited by doctors Drysdale, Dudgeon and Hughes, the *Review* by doctors Ryan, Pope and Nankivell, and the *World* by Dr Ruddock. In addition, doctors could buy the *Annals of the British Homoeopathic Society* for an annual price of five shillings and use the yearly *Homoeopathic Directory* as a useful reference work.⁴⁰

The development of homoeopathy's dispensaries and hospitals played an important role in giving doctors an institutional focus for their identity, as well as access to a wealthy and prestigious clientele. They had helped, too, to provide education for aspiring homoeopaths. More or less formal programmes of lectures had always been offered at the Hanover Square, Hahnemann and London Homoeopathic hospitals, but it was not until 1876 that instruction was institutionalised when Dr Bayes founded the London School of Homoeopathy.⁴¹ By that time the network of care offered by homoeopaths had been extended. Although the Hanover Square and Hahnemann hospitals had been closed for some time by the 1870s, the London Homoeopathic Hospital was still flourishing, and new hospitals had opened in Bath, Birmingham, Doncaster, Hastings, Manchester and Southport.⁴² In addition the number of dispensaries had grown to 112, with

37 of these designated as 'public' (i.e. charitable) institutions and 75 as private (i.e. where some fees were charged and where management was undertaken by the medical officer rather than a committee of patrons).⁴³

The growth and increasing density of this network of institutions was certainly a reflection of homoeopathy's burgeoning popularity in the middle decades of the nineteenth century, but, in some large measure too, it was the result of the raft of policies first instituted by the PMSA in 1851. Prior to that, homoeopaths would have been pleased to be regarded as legitimate and properly qualified practitioners offering a therapeutic speciality; afterwards, they were regarded as traitors who had forsaken the right to be part of the profession. The product of this ostracism, however, was a hardening of homoeopathic identities and solidarities. Concerted political action by regular doctors in the pursuit of specific occupational interests had thus succeeded in constructing new theoretical and institutional boundaries which had never been part of the original project of the BHS.

As homoeopathy's popularity began to wane towards the end of the century, however, regular opposition also began to relax. But by then professional isolation had become a way of life. The dwindling band of homoeopaths in the BHS seemed content to talk merely to each other – and, of course, to relax in the warm glow of the fees flowing from residual upper class patronage.

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Homoeopathy in Iceland

Sigríður Svana Pétursdóttir



The Introduction of Homoeopathy

Background

HOMOEOPATHY CAME TO ICELAND around 1850, first introduced and practised by the clergyman Magnús Jónsson (1807–89). In his annual report to the General Director of Public Health, the district physician in the area where Jónsson lived was rather displeased, if not irritated. He noted that Jónsson was responsible for introducing ‘homoeopathic quackery’ into the country, and that his practice was steadily increasing.¹ As were other physicians in Iceland, however, the good doctor was not unaccustomed to having folk healers available who could lend a hand.

In 1850 there were 59,157 people living scattered around the island, which at that time was fundamentally agricultural. Towns were just starting to develop, the biggest being Reykjavík on the south-western coast with 1,149 inhabitants.² Communication was difficult with no roads to speak of and not a single bridge over the many difficult rivers that were a constant hinder, and even a threat, to travellers. Eight doctors were supposed to provide care for the whole country; that is, there were nearly 7,400 people to every doctor. By contrast, at the same time 625 doctors (one doctor per 2,334 inhabitants) were found in Denmark,³ a country two-and-a-half times the size of Iceland geographically. Iceland’s population was also more scattered and, as mentioned before, travelling was much more arduous.

Still, having a doctor somewhere in the vicinity did not necessarily make a lot of difference in people’s behaviour. As in many other parts of the world, people were used to dealing with sickness in their own way, as they

had done for centuries, calling upon the expertise of family members and so-called 'wise' people who, to some degree, possessed knowledge of curing the various ailments that were constantly harassing people. The doctors tried to make use of some of these 'wise' people by testing their knowledge and giving those that met their requirements a licence, a *veniam practicandi*. This procedure had worked very well and was possible under existing law.

It should be remembered that, until 1918, Iceland was part of Denmark, and laws and decrees from the Danish King were also in force in Iceland, insofar as they applied to Icelandic society. The law from 1672,⁴ which gave doctors and pharmacists the sole right to doctoring and distribution of medicines, became valid in Iceland soon after the first doctor's post was established in 1760, as did the law against quackery from 1794.⁵ In both laws concessions were made and those who had shown their ability to cure the sick and ailing were given an opportunity to prove their skills. Thus, from 1760, the few doctors who bore responsibility for guarding the nation's health, for the most part, kept their peace with the folk healers that existed.

Legal Limitations

From Magnús Jónsson knowledge spread, first to a few clergymen, from them to their families, and then further to folk healers in general. What is special about Iceland is that there is no evidence that any licensed medical doctor used the method. This development stands in contrast to Denmark, where knowledge of homoeopathy spread from a small group, consisting of doctors and other intellectuals, to the general population.⁶ From 1824 onward Icelandic doctors were educated in Copenhagen,⁷ and as homoeopathy had come to Denmark in 1822,⁸ at least some of the Icelandic students of medicine must have heard of this new method and even had some knowledge of it.⁹

There may have been a doctor or two who secretly did not oppose homoeopathy. The General Director of Public Health until 1855, Dr Jón Thorstensen (1794–1855), finished his medical degree in Copenhagen in 1819, before homoeopathy became known there. Whether or not he had heard of homoeopathy, he voiced the opinion that '... if homoeopathy is of men it will fail by itself, but if it is of the Lord you will not be able to stop it.'¹⁰ His successor in office was Dr Jón Hjaltalín (1807–82) and he, by contrast, was not about to let God decide whether or not homoeopathy was useful. He opposed the method of treatment in every way possible, first in newspapers and booklets, and then from 1859 to 1881 from his seat in the *Althing* (the Icelandic Parliament),¹¹ from which he could protect the rights and interests of his profession. His efforts were very much in vain. The

authorities were clear that there were not nearly enough doctors in the country to meet more than a small part of the demand and that people would have to rely on folk healers to a greater or lesser extent. The cost of establishing more doctors in office would have been greater than the authorities were ready to consent to at that time.

In 1873 a petition was submitted to the *Althing*, asking for a doctor in a county in south-eastern Iceland. A clause was added to the petition whereby the members of the *Althing* were asked to put in a good word with the Danish government, so that persons who had knowledge of homoeopathy would be allowed to practice. Dr Hjaltalín spoke up, voicing the opinion that it was about time to pass laws governing homoeopathy, since anyone was able to call himself a homoeopath. He felt there should be at least some sort of assurance that they knew something about medicine.¹² Nothing came out of his attempts, but in 1879 a new bill was put before the *Althing*, suggesting that homoeopathy should be allowed. The members of the *Althing* were nearly unanimous, agreeing that the only requirements for those seeking a licence to practice homoeopathy should be the ability to read Danish and the approval of the district governors of each county, who were deemed capable of judging whether or not the applicants were qualified.¹³

This actually suggests that the level of knowledge in homoeopathy was not very high. Dr Hjaltalín then changed his tactics and became a spokesman for the education of homoeopaths. Earlier in 1879 he wrote that he thought it strange that self-proclaimed homoeopathic quacks in Iceland were equated with real homoeopathic doctors abroad, without anyone knowing whether the Icelandic practitioners knew anything at all. If people wanted to remain true to homoeopathy, the subject should be properly taught and regulated by law. He argued that, considering the current state of affairs, such a proposal would be best for all involved.¹⁴ Dr Hjaltalín was outnumbered. The *Althing* agreed to allow homoeopathy. The applicants for a licence were required to be able to read Danish. The homoeopaths would be allowed to buy their medicines from abroad, and fines would be levied on those who practised without a license. However, the decisions of the *Althing* had to be submitted to the King of Denmark for approval. Usually the King agreed to whatever was in line with the resolutions of the Danish parliament, all other matters being left to his discretion. He had the last say and, in this case, he did not give his consent.

The topic of legalising homoeopathy was raised time and again in the *Althing*, but with little results. The matter remained dormant until 1909 when General Director of Public Health Dr Guðmundur Björnsson (1864–1937) submitted a bill concerning the licensing of doctors, but no

mention was made of homoeopaths. In the *Althing* the adherents of homoeopathy amended the bill so as to allow homoeopaths to practise, and the bill became law in 1911. These laws were in effect, broadly speaking, until 1932, after which no one was allowed to practice medicine without a licence. All who practised without licences were considered quacks, and quackery was forbidden.

Acceptance of Homoeopathy

It is easy enough to follow what was happening in the public sector. To find out how people regarded homoeopathy is another matter altogether. Did people prefer a doctor or a lay healer, or did they simply turn to the one nearest to them? Did they see any difference between the two? In the years between 1850 and 1900 it is possible to take a look at the patient by 'reading between the lines' and drawing some conclusions from various sources.

The patient registers of a few folk healers still survive, and it is possible to see that many sought their help. In the registers it is possible to discern whole families as well as individuals, and people from every level of society, from both near and afar; even the diagnoses of the healers are found. The patients' ailments included everything from heart diseases, cancer, typhus and various other serious illnesses to less serious maladies, which could still cause grievances, such as the man who had a difficult time over his loss of hair.¹⁵ Comparisons with doctors' records show the same ailments and the same kind of people, that is, representatives of all levels of society. Thus, it would seem that patients did not choose healers according to the seriousness of their ailments, but rather, they turned to the practitioner they had access to and/or believed in.

Official investigations are difficult sources, and it is not easy to differentiate the usual from the unusual.¹⁶ Still, by reading between the lines, such sources can give us a glimpse of how people dealt with those laws and regulations they were supposed to follow. As an example, the 1672 laws dealing with doctors and pharmacists were clear on the point that only pharmacists were allowed to sell medicines; however, people could have medicines for their own use. Thus, when a healer was accused of selling medicines to a patient, all involved would swear that no money had changed hands; the healer had given the medicines to the patient. Iceland was a small community, and in some cases there should not have been any need for the healer to worry about the outcome of investigations. In one case involving a homoeopath, the name of the judge looked familiar.¹⁷ A closer look into the homoeopath's register¹⁸ revealed the judge's name; he had been a patient the year before the interrogation. Not surprisingly, the homoeopath was

acquitted of all charges but reminded not to practise medicine.

Thus it would appear that in the years between 1850 and 1900 people might not have seen a lot of difference between the doctor and the layman. Not so obvious, but discernible, is the fact that people did not regard homoeopathy as a new theory in healing, but rather an addition to the folk healers' knowledge and repertoire. Perhaps some of the strongest evidence comes from the fact that today very few people in Iceland know what homoeopathy is. Most think it is another word for quack, while those who 'know a little better' will probably say that it has something to do with herbs. Out of some 220 responses from people, born around 1900, to a questionnaire, the results of which are found in the National Museum,¹⁹ no one was able to describe a homoeopath. The few who came nearest noted that there was some difference between homoeopaths and quacks, and that this difference meant that the homoeopath knew a little more than the quack!

The conclusion is that the method of homoeopathy was *introduced* into Iceland in 1850, and the majority of those called homoeopaths did use homoeopathic medicines but usually combined with other methods that either originated in the medical profession or remedies related to, or from, folk medicine. The word homoeopathy had a nice scientific ring to it and, as homoeopathic medicines were unlikely to do any harm, they were a good addition to other methods folk healers used. With no proper way to check on how these healers were operating, as Dr Hjaltalín had repeatedly pointed out, many folk healers started curing patients with homoeopathic medicines without any education in homoeopathy. Although some did learn as much as possible and might even have been quite good at homoeopathy, there were also many who professed to cure people homoeopathically but knew very little.

The Case of Arthur Gook, Homoeopath

AROUND THE TURN OF THE CENTURY, progress was at a fast pace where medicine was concerned. In 1899 there were 42 doctors in the country,²⁰ hospitals were on the rise, and medicine and health care in general was getting better and safer. At the same time folk healers were steadily declining. In his report on health and health care, the General Director of Public Health Dr Guðmundur Björnsson reported that there were 53 quacks in the country in 1907, a number that had declined to 43 in 1909 and 37 in 1910.²¹ Dr Björnsson also listed their occupations, and in 1907 the list included one missionary.²²

Preparations for Iceland

This missionary was one Arthur Charles Gook who moved to Iceland in 1905. A closer look into his affairs unearthed the sources which form the basis for this study: his diary, letters he wrote and letters that were sent to him from people all over the country, as well as interviews with people that were close to him.²³

Arthur Gook was born in London on 11 June 1883. Around the turn of the century he decided to become a missionary and started preparing himself for the task. Besides the preparations directly associated with missionary work, Arthur Gook studied homoeopathy. No written evidence has yet been found as to when or where he learned homoeopathy, but it seems most likely that he entered the newly established Missionary School of Medicine²⁴ and would then have been one of the first students there, as the school started in 1903.²⁵ Another of his preparations was to learn Icelandic. This proved no easy task; he could find no one anywhere in England who could help him. This did not stop him and, as he had heard that Danish was closely related to Icelandic, he went to Denmark and learned Danish.²⁶

In 1897 a missionary by the name of Frederic H. Jones (1873–1905) had set up a mission in Akureyri, in the north of Iceland. Mr Jones went back to Britain in 1904 and in the following year Arthur Gook came to Akureyri, as he said himself, ‘... to take up the threads’.²⁷ Akureyri was then a growing town with 1,400–1,500 inhabitants (in 1901, 1,370 inhabitants),²⁸ and it had a history of being positive towards homoeopaths.²⁹ Although the town was small, Arthur Gook was soon up to his ears in work, both as a missionary and as a homoeopath, in addition to running a quite extensive publishing enterprise.

On 1 July 1907 Arthur Gook took leave of the mission and sailed for England to join his fiancée, Florence Ethel Palmer. While waiting for Arthur, Florence had entered the Missionary School of Medicine and finished her studies in homoeopathy.³⁰ The couple then took a course in dentistry at the Dental Dispensary in Waterloo Road³¹ and on 21 August they were married. On 9 September they embarked on a ship bound for Iceland, stopping in the Faeroes and then finally in Reykjavík.³²

The Extent of Arthur Gook’s Practice

His homoeopathic practice grew fast, and in 1912 Arthur Gook was compelled to put a notice in his monthly magazine, *Norðurljósið*, stating that those seeking medical help ‘... are especially asked to consider that it is not convenient, because of other engagements, to meet patients except on

Wednesdays and Saturdays between 11 AM and 5 PM.³³ The announcement of specific visiting hours is understandable considering that, by the end of 1913, he wrote in his diary that he had treated 775 patients during the year.³⁴ Later on in life, he wrote of his homoeopathic work in Iceland: 'Extensive medical work is carried on, both locally and by correspondence all over the island. This has sometimes almost pressed us beyond measure and threatened to swamp the other work, there are so many calls for help.'³⁵

It seems that a large part of Arthur Gook's homoeopathic practice took place by correspondence. Even though he was 'swamped with work', as he so aptly put it, he found time to travel to virtually every corner of the country to preach and, while on those trips, he met and became acquainted with a lot of people. He seems to have elicited a very positive response, and the letters started pouring in. There is no way now to try to assess the magnitude of this correspondence. One indication though is to be found in his diary. At the end of 1919 he wrote that he had received 760 letters, and he himself had written 568.³⁶ Even though only part of the letters survived, they provide a good indication of Arthur Gook's work in Iceland and rare insight into the patients' world.

The Man Arthur Gook

What was he like, this man who found such a response among the Icelanders? Arthur Gook was, by all accounts, written and oral, of very strong character, handsome and outgoing, gentle but firm. He was very well respected and resourceful, and, if asked for something, he would usually respond immediately, always finding some way of helping out. He might best be described by the words one young woman wrote: 'Dear friend. Forgive me for this constant begging, but I always feel I can ask you in the same way as I do my father ...'.³⁷ The trust in God and in Arthur Gook is transparent in these letters, and sometimes the two are closely associated. A good illustration is found in the words of one old woman, who wrote frequently and discussed various things, often ordering medicines both for herself and others. A young man had come to her with his problem. He loved to sing but could not keep a tune. Then he remembered some medicine Gook had given to the old woman for her throat, and now he wanted to get some of it in order to cure his voice. The old woman wrote to Gook's assistant:

I'm afraid that he is simply not musical but he himself thinks it is his voice that is out of order! Now he wants me to mention this to you in the hope that Mr Gook will be able to cure him. I told him that it might not be possible, but he had such childish belief that it could be done, that I told him it could not hurt to bring it up. So I thought of asking you to bring the matter up with our Lord,

if his Grace would allow him this wish. I would like you, or rather you both [e.g. Gook and his assistant], to talk to the Lord about this young man ...³⁸

The Experience of Individuals

One question is whether these letter writers can be taken as typical for patients in general. Not all of the writers asked Gook for medicines, but the majority did, and they were not just asking for themselves but also for other people, family, friends and neighbours. Assuredly, most of the writers were very religious, but so were many people at that time. Only very few might be considered fanatics, and these did not consider man-made remedies to be the right thing. Such was the case with one man who wrote, trying to explain why he had advised a fellow who had had an accident not to consult any doctor or Mr Gook. He said in his own defence: 'Why do we then preach the Lord as the perfect saviour if we ourselves don't show that we believe that he is?'³⁹ But most people simply asked for medicines: they were not feeling well and felt sure, or hoped, that Gook, the homoeopath, could help them. Some even addressed their letters as one young woman did: 'Mr Arthur Gook, my dear doctor and mentor.'⁴⁰ In assessing the letters it might be said that they give insight into what was happening in Gook's homoeopathic practice and provide a rare glimpse into the patients' world.

When Arthur Gook came to Iceland the medical setting was such that people were used to seeking out folk healers. Homoeopathy had been introduced more than 50 years earlier and had gained instant success. This success is seen mostly in the dealings of the Director General of Public Health with the homoeopaths and in discussions on homoeopathy in the *Althing*. Only rarely can the patient's view be discerned and then by reading between the lines of sick-journals and in official interrogations. The letters Gook received from patients during his stay in Iceland have only recently been discovered, but hopefully they will be a source that can amend this and bring us nearer to the patient himself.

Of course, dealing with personal sources, such as letters is difficult, and some would argue that an individual's opinion and thoughts about the society in which he is living should not be used to describe his own time. 'However ... An individual's experience of ill-health reflects a great deal about contemporary living conditions and the methods society provided to deal with illness.'⁴¹ In a way, I would like to argue there is no better measure of a society than the individual's experience and how he deals with it, on an everyday basis or when problems arise.

Notes

- 1 Þjóðskjalasafn Íslands (National Archives, hereafter ÞÍ), Skjalasafn landlæknis, D. Ársskýrslur lækna. Austara vesturhérað norður- og austuramts 1854.
- 2 Guðmundur Jónsson and Magnús S. Magnússon (eds.), *Hagskinna. Iceland Historical Statistics*, (Reykjavík, 1997), p. 74, table 2.3 and p. 66, table 2.3.
- 3 Signild Vallgärda, 'Læger, sundhedsvæsen og befolkning i det 19. Århundrede', *Ugeskrift for Læger Særnummer*, mai (1988), 19.
- 4 *Lovsamling for Island*, vol. I (Copenhagen, 1853), pp. 340–50.
- 5 *Lovsamling for Island*, vol. VI (Copenhagen, 1856), pp. 190–92.
- 6 Anna-Elisabeth Brade, 'Die Welt der Medizin und die Haltung der Legislative: Dänemark' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), p. 133.
- 7 Lárus H. Blöndal and Vilmundur Jónsson, *Læknar á Íslandi I* (Reykjavík, 1970), p. 52.
- 8 Brade, 'Die welt der Medizin', p. 136.
- 9 In 1879 Dr Jón Hjaltalín wrote that, while in Copenhagen, or in 1836, he had attended a lecture about homoeopathy given by Professor Callisen. *Heilbrigðistíðindi* (Sept. 1879), 67.
- 10 *Norðri* (August 1856), 62.
- 11 *Alþingismannatal 1845–1975* (Reykjavík, 1978), pp. 218–19.
- 12 Sigurjón Jónsson, *Alþingi og heilbrigðismálin* (Reykjavík, 1950), p. 26. See also *Alþingistíðindi* (1873).
- 13 Jónsson, *Alþingi*, p. 27. See also *Alþingistíðindi* (1879).
- 14 *Heilbrigðistíðindi* (February 1879), 16.
- 15 *Lbs. 950 fol. Sjúkdómabók séra Magnúsar Andréssonar*.
- 16 See Lawrence Stone, *The Past and the Present Revisited* (London, 1987), p. 94. See also Peter Burke, 'Overture: the New History, its Past and its Future' in Peter Burke (ed.), *New Perspectives on Historical Writing* (Cambridge, 1991), p. 12.
- 17 ÞÍ, Skjalasafn sýslumanna og sveitastjórna, VI. 19, aukadómismálab. bæjarfólg. R. 1876–78, 16 júlí 1877.
- 18 *Lbs. 950 fol. Sjúkdómabók Magnúsar Andréssonar*.
- 19 *National Museum*, Questionnaire list no. 85, 'Old healing remedies'. A study of the replies to the questionnaire list was completed by me in 1996 (unpublished).
- 20 Vilmundur Jónsson, *Skipun heilbrigðismála á Íslandi* (Reykjavík 1942), p. 23.
- 21 Guðmundur Björnsson landlæknir, *Skýrslur um heilsufar og heilbrigðismálefni á Íslandi 1909 og 1910* (Reykjavík), p. 6.
- 22 Guðmundur Björnsson landlæknir, *Skýrslur um heilsufar og heilbrigðismálefni á Íslandi 1907 og 1908* (Reykjavík), p. 3.

- 23 The sources on Arthur C. Gook are privately owned and kept.
- 24 Interview (SSP, live). Irene Gook, Akureyri 1998.
- 25 Bernard Leary, Maria Lorentzon and Anna Bosanquet, 'It Won't Do Any Harm: Practice and People at the London Homoeopathic Hospital, 1889–1923' 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), p. 255.
- 26 *Norðurljósið* (Sept.–Oct. 1959), 33–35.
- 27 A.C. Gook. 'Notes re Missionary work in Iceland for a Young People's missionary meeting at Grace Chapel, Westmount, Montreal. June 1953.'
- 28 Jónsson and Magnússon (eds.), *Hagskinna. Iceland Historical Statistics*, pp. 72–73, table 2.3.
- 29 See Sigríður Svana Pétursdóttir, 'Smáskammtar. Smáskammtalækningar á Íslandi 1850–1880' (*Small doses. Homeopathy in Iceland 1850–1880*) (Námsritg, 1995; unpublished, the National and University Library of Iceland).
- 30 Interview. Irene Gook, Akureyri 1998.
- 31 Diary of A.C. Gook, 1907. According to the diary they entered the 'course' on 23 July and finished on 17 August.
- 32 Diary, 1907.
- 33 *Norðurljósið* (1912), 29.
- 34 Diary, 1913.
- 35 A.C. Gook. 'Notes re Missionary Work'.
- 36 Diary, 1919.
- 37 Letter to A.C. Gook, 15/003, 1934.
- 38 Letter. 83/005. 1943.
- 39 Letter. 56/006, 1932.
- 40 Letter. 56/009, 1944.
- 41 Lucinda McCray Beier, 'In sickness and in health: A seventeenth century family's experience' in Roy Porter (ed.), *Patients and Practitioners: Lay perceptions of medicine in pre-industrial society* (Cambridge, 1985), pp. 101–02.

Figuratively Speaking of 'Danger of Death' in Chinese Pulse Diagnostics

Elisabeth Hsu



THIS CONTRIBUTION TO THE HISTORY of unconventional medicine takes an anthropological perspective. By focusing on the 'Seven sorts of Pulses which indicate danger of Death' in a Chinese treatise translated into English in the mid-eighteenth century and on the emotions in anticipation of death expressed there, it highlights problems which any researcher interested in understanding other 'life worlds' and world-views is bound to encounter. As is well known, the conceptions and experiences of body and nature, self and other, and life and death in unconventional medicine differ from those in the dominating models of contemporary biomedical sciences; and it is sometimes precisely the altered conception of self which these medicines offer that provides the basis for successful therapy.¹

The sense of 'pulse' used in Chinese diagnostics differs from that used in Western medicine, where the pulses reflect the heart beat, systole and diastole. The Chinese 'pulses' have qualities indicative of the patient's condition which only the initiated can recognise. Chinese physicians distinguish between many different pulses, but this article is not about the rationale of Chinese pulse diagnostics,² and discusses only a few. They are mentioned in one of the first publications of early modern Europe which contained translations of Chinese medical writings, Jean Baptiste Du Halde's *A Description of the Empire of China and Chinese-Tartary* ([1735] 1741).³ Among these Chinese treatises there is one called 'The Secret of the Pulse'⁴

and, in its first part, there is a section on 'Seven sorts of Pulses which indicate danger of Death'. This article examines the ways in which these 'pulses indicative of death' are described and explores the feelings in the face of death thereby communicated. It also highlights the difficulties one encounters in undertaking such an interpretive task.⁵

'Pulses indicative of death' were presumably already known to physicians of Chinese antiquity. In the fifth chapter of the *Pulse Canon* (*Maijing*) of the third century AD, they are attributed to Bian Que, a legendary figure who practised medicine in feudal times, before the canonical medicine of the elite, generally known as the 'medicine of systematic correspondences',⁶ became predominant with the consolidation of the Chinese empire in the last centuries BC. Prediction of whether a patient's condition was terminal or not was crucial for doctors in antiquity. In the former case they would refuse to render treatment,⁷ probably in order to retain their credibility. This may explain the importance of the 'pulses indicative of death'.

This article is divided into three parts. Part One presents the 'data': first, excerpts from the main text (which describes the quality of the 'pulses' with 'similes'), and secondly, excerpts from the commentary to the main text (which assesses the same 'pulses' with verbs of motion and various adjectives). Part Two presents some of the (scant) evidence about the complicated history of these text excerpts. Part Three, by far the longest, discusses obstacles that any attempt to gain an understanding of the 'life worlds' contained in such a multi-layered text presents to the anthropologist-historian.

Definitions

The term 'simile', mentioned above, is a term that is often contrasted with 'metaphor'. A 'metaphor' is generally defined as 'a figure of speech in which a word or expression normally used for one kind of object, action, etc. is extended to another',⁸ while a 'simile' provides a more explicit or 'literal' account. However, Robert Fogelin,⁹ among others, has proposed that we do away with the idea that metaphors have 'figurative meaning' and with the distinction between metaphors as 'figures of speech' and similes as 'literal comparisons'. There are different 'ways of speaking', he says, and regardless of whether one makes use of a metaphor or a simile, one is then 'figuratively speaking' about the world. The meaning of such 'figurative comparisons' is established through co-operation between speaker and addressee and can be established through contextualisation of the utterance. This approach, explained in more detail below, is used in investigating this material.

The Data

IN THE TREATISE ON THE 'THE SECRET OF THE PULSE', the 'Seven sorts of Pulses which indicate danger of Death' are described in two ways: in the main text by a 'figurative comparison' (a so-called 'simile') and in the commentary (given in smaller script) by verbs of motion and various adjectives. These descriptions of the 'pulses', although contained in only two short text excerpts, shed light on several attitudes towards imminent death.

'Pulses' in the Main Text assessed by 'Figurative Comparison'

The 'pulses' in the main text are assessed by figurative comparisons (italicised words are my emphasis):

1. When the Pulse, being felt in the Morning, seems to bubble under the Fingers irregularly *like Water over a great Fire*, one may be assured that the Patient will die in the Evening; that is, has very little Time to live.
2. It is a sign Death is equally near if the Pulse seems *like a Fish, whose Head is stopped, and cannot move, but frisks with its Tail not very regularly*. The cause of the Distemper lies in the Kidneys.
3. When the Pulse, after beating in a hurry, changes all of a sudden, and becomes very slow and sluggish, there is likewise danger of Death, but it is not altogether so near.
4. If the Pulse, by the Hardness of its Beats, *resembles in some sort a Bullet of Stone or dried [sic] Earth shot out of a Cross-Bow*, both the Lungs and Stomach want Spirits: Nor is this a transient Failure, but a rooted Distemper.
5. In like manner, if the Pulse seems *like Drops of Water that fall into a House, through some Crack or little Hole in the Roof*, and in its return is scattered and disordered, *much like the Twists of a Cord which is unravelled*, the Bones are dried up even to the very Marrow.
6. Also, if the Motion of the Pulse, at the Extremity of the Cubitus in both Arms, *resembles the Pace of a Frog embarrassed in the Weeds, or that of a Toad*, Death in all these Cases is certain.
7. If the Motion of the Pulse *resembles the hasty pecking of the Beak of a Bird*, there is a failure of Spirits in the Stomach: one may also conclude that the Heart performs its Functions but ill, and that the Blood is in no good Condition.¹⁰

The figurative comparisons describe these 'pulses' by invoking specific episodes (with the exception of case 5, which mentions two such episodes in a sequence, and of case 3, where the 'pulse' is described with verbs and

adjectives). One may therefore be inclined to speak of each episode as drawing on 'metaphorical imagery'. But in the above examples the notions of 'metaphor' and 'imagery' are more misleading than revealing. In particular the etymology of the term 'imagery' alludes to a visual experience, while most of the above episodes are meant to communicate a tactile one.

Having said this, the text refers to a primarily tactile perception only once: the *hardness* of the beat from a bullet of stone (in case 4). In the other cases, the figurative comparison might relate a synaesthetic description of the 'pulse'. Thus, the 'Fish, whose Head is stopped, and cannot move, but frisks with its Tail not very regularly' may be taken as a visual image used to describe a tactile perception. But it could also refer to the distinctive tactile experience of, say, a fisherman who has just caught a fish and, as it still flips with its tail, tries to hold it in his hands. Such indeterminacy is increased by the observation that, while the figurative comparison may indeed refer to the tactile experience of sensing distinctive 'pulses', the episode described appears to relate an emotion too, which, as we will see, might be one that patient and doctor experience in anticipation of imminent death. Such indeterminacy between sensory and emotional experience is well documented in the literature.¹¹

'Pulses' in the Commentary assessed with Verbs and Adjectives

The commentary on the above seven 'pulses' is given in smaller typescript and must have been of a later date than the text itself. In the commentary, each of the above episodes is contained in the name, to which is added a description with verbs of motion and various adjectives. It seems as though the commentator found it necessary to elucidate the meaning of the name by providing a description of these 'pulses' with specific verbs and adjectives. He asserts that there are many more than seven 'pulses' which indicate 'danger of Death'; he enumerates 17, to which he adds some more. We, however, will limit ourselves to those mentioned first. With the exception of the second 'pulse', they are the same as those encountered in the main text (*italicised words are my emphasis*).

The first of these Pulses is call'd Fu fwe, the bubbling of the Kettle ... (the name is then explained without further comments) (cf. case 1)

The second is called Few ho, the Union, or Continuity of Waves ... (not discussed previously)

The third is call'd Tan she, the Stone or Bullet of a Cross-Bow: That is, *when the Pulse, coming, as it were, from between the Bones, beats hard and dry against the Fingers* (cf. case 4)

The fourth is call'd Chyo-tso, the pecking of a Bird; and is *when the Pulse beats three or four times in a hard and sharp manner against the Fingers, then ceasing a little returns after the same Fashion like a Bird picking up Grain.* (cf. case 7)

The fifth is called Vu lew, a Crack, by which the Water drops into a House: That is, *when the Pulse, after it has ceased for some time, beats freely again, like a small Drop that slips thro' a Chink ...* (cf. case 5)

The sixth is call'd Kyay so, a String that is untwisted: And is, *when the Pulse dispersing is so disorder'd that one cannot perceive it return to any regular Motion ...* (cf. case 5)

The seventh is call'd Yu Tsyang; the Frisking of Fish: This is, *when the Beatings of the Pulse, being mostly superficial, are mixed with deep ones; it is felt, and then goes away, nor can one tell what is become of it ...* (cf. case 2)

The eighth is call'd Hya yew, the Pace of a Toad: That is, *when feeling the Pulse gently, 'tis not perceiv'd for some while, because it is deep (Chin), and of a sudden there is felt a deep superficial Beating (Few) but weak, which presently ceases, and after a considerable time returns in the same manner again ...* (cf. case 6)¹²

Among these eight 'pulses', seven have a name that alludes to one of the previously given episodes in the main text, but the commentator describes only six of them with verbs of motion and various adjectives, namely the third to the eighth 'pulse', and discussion will be limited to these. The verbs indicate that if the 'pulse' is discontinuous – there being a coming and going, a ceasing and returning – death is indicated. Adjectives expressing a mixing of categories (for instance of superficial and deep 'pulses') and verbs referring to a dispersal of the 'pulse' also seem to be indicative of death, a suggestion which will be corroborated by adjectives discussed in more detail in Part Three.

An Archaeology of the History of the Text

IN ORDER TO MAKE SENSE OF THE ABOVE OBSERVATIONS, one has to place the translations published by Du Halde in their historical context. Du Halde mentions P. Hervieu, 'an ancient Missionary in China', as translator of the text. Hervieu attributes the treatise on 'The Secret of the Pulse' to Wang shu ho,¹³ whom he incorrectly presents as having 'lived under Tsin shi whang' and as 'the most antient [sic] Author on this Subject'.¹⁴ (However, Wang Shuhe lived in fact in the third century AD and Qin shi Huangdi ruled the Chinese empire, after having unified it, between 221–07 BC). Moreover the translated treatise, known as *Wang Shuhe maijue*, was certainly not composed by Wang Shuhe but probably compiled by a certain Gao Yangsheng of the tenth century.¹⁵ This treatise was one of the many versions of the *Maijue*

(*Rhymed Pulse Lore*) that were then in circulation¹⁶ but have now lost significance. Much, but not all, of its contents are related to Wang Shuhe's *Pulse Canon* (*Maijing*) (third century AD) and also with the *Canon of Difficult Issues* (*Nanjing*) (second century AD).¹⁷

The Chinese text on which the modern European translation is based is not known. However, given that the *Pulse Canon* records verbatim six of the above figurative comparisons (as the comparison of the transliteration in Du Halde with the Chinese graphs in the *Pulse Canon* suggests), it is reasonable to assume that they were also contained in the *Rhymed Pulse Lore* on which the translation is based. These are the 'Crack by which the Water drops into a House' (*wu lou*) and the 'pecking of a Bird' (*que zhao*), 'the coming of the Pulse like a Bullet of Stone shot out of a Cross-Bow' (*lai ru tan she*) and its 'going like [an untwisted or, rather,] a loose Cord' (*qu ru jie suo*), the 'Pace of a Toad [or a shrimp]' (*ha* [or *xia*] *zhi you*)¹⁸ and the 'Frisking of Fish' (*yu zhi xiang*).¹⁹ These 'pulses' have been listed here in the same sequence and combination as they are recorded in the *Pulse Canon*. It obviously differs from that given in Du Halde's main text and also from that in the commentary. It is possible that the sequence in the *Pulse Canon* may have described a progression of increasingly serious conditions of illness, i.e. that the 'pulse' likened to dripping water is least alarming and that likened to the flipping tail of a fish most dangerous. However, it is difficult to provide conclusive evidence for this interpretation.

The idiom *jie suo*, which is rendered as 'Twists of a Cord which is unravelled' in the main text and as 'a String that is untwisted' in the commentary, requires attention. In Du Halde's main text it is related to falling water drops (in case 5); in the commentary it is mentioned on its own (as sixth 'pulse'), and in the *Pulse Canon* it describes a 'pulse' that 'comes like a Bullet of Stone shot out of a Cross-Bow and goes like a loose Cord'. The question is which of these three versions was the original one. While the complicated histories of textual editions preclude certainty, it makes sense to assume that the earliest record, i.e. that in the *Pulse Canon*, is closer to the original. Although the semantics of a sentence cannot always provide convincing evidence, here they offer at least some support. First, in the description of the 'pulse' as one that 'comes like a Bullet of Stone shot out of a Cross-Bow and goes like a loose Cord' it is easy to see the hardness of its coming as being opposed to the looseness of its going. This interpretation would give a certain internal coherence to the description of the movement of the 'pulse'. (Such internal coherence cannot be attributed to the 'pulse' of case 5 in the main text, which mentions the water droplets in the same sentence as the unravelled cord.) Secondly, most episodes in the main text

of the translation refer to observations – in our understanding – of nature. The two exceptions concern precisely those which in the *Pulse Canon* describe a single movement of the 'pulse': the 'Bullet of Stone or dried Earth shot out of a Cross-Bow' (in case 4) and 'the Twists of a Cord which is unravelled' (in case 5). These two episodes refer to an experience with cultural artefacts in social practice. They differ from the others in that they are assembled in a composite sentence and in that they are derived from experiences with the social rather than the natural world.

There is evidence that the 'pulses indicative of death' were among the first that Chinese physicians became interested in, because one of the earliest extant documents of practices precursory to those of canonical medicine (a manuscript unearthed from a tomb closed in 168 BC) refers in a text passage to such 'pulses' (*mai*).²⁰ These conditions are described in the same stylistic manner as those in the main text, by means of a figurative comparison which alludes to experience with cultural artefacts in daily life (italicised words are my emphasis): 'If, when stroking the vessel-pulse it is *as if three persons together were triply pounding [millet]*, death occurs within three days' and 'If the vessel-pulse is severed *as if one were eating a meal [i.e. as the oesophagus gets 'severed' when one eats a meal and swallows down a bite of food]*, death occurs within three days'.²¹ These figurative comparisons from the second century BC allude to social life, and together with the one alluding to the hardness of a bullet shot and the looseness of a string, they differ from the others which refer to observations of the natural world.

To summarise, six figurative comparisons of the 'Seven Pulses which indicate danger of Death' can be traced to the *Pulse Canon* of the third century AD. This suggests that these idioms had been preserved verbatim in the *Rhymed Pulse Lore* of the tenth century AD and in the version which provided the basis for the translation given in Du Halde. However, the sequencing and combination of these idioms differ, and this may testify to variations made in the course of the transmission of the text. These episodes are assessed by the same stylistic means (i.e. figurative comparisons) as the 'pulses' indicative of death in a manuscript of the second century BC. The commentary on these figurative comparisons, in terms of verbs of motion and various adjectives, was certainly of a later date.

The Problem of Cultural Translation

THE DESCRIPTIONS OF THE 'Seven sorts of Pulses which indicate danger of Death' concern tactile perception. However, since emotional experience has been shown to have an impact on perception and

cognition,²² they may also refer to the situational context and the feelings developed in the face of death. The descriptions of these 'pulses' may therefore point to feelings that were predominant in a situation where the doctor sensed the patient's emotional state in anticipation of imminent death. Of course, interpretive undertakings of this kind call for extreme caution; only two points will be mentioned here.

First, given that doctrines of unconventional medicine are often related in a particular writing style or 'way of speaking', it is important to distinguish between knowledge and the expression of knowledge in language. Roger Keesing criticises simplistic attempts to equate a 'way of speaking' with a philosophical conception of the world:

When Kwaio talk about the past as down, the future as up, are we to see this as evidence of a different philosophical conception of time than our own or simply as a somewhat different metaphoric scheme for talking about it? ... All languages are pervaded, I think, by metaphoric usages that are not 'dead' but simply conventional ways of talking about one realm of experience – often a more abstract one – in terms of another more directly amenable to characterization in words ... Anthropologists have been prone to take such ways of talking as evidence for world-views radically different from our own.²³

Keesing is certainly right to question the validity of deriving a world-view from one decontextualised word alone. Yet the above text excerpts are written in a style marked by various forms of indirectness. Such indirectness, particularly in 'figurative comparisons', has long attracted the attention of anthropologists.²⁴ In the late 1970s it became generally accepted that

Metaphors are thus part of scientific discourse, just as they are part of religious belief. Furthermore, metaphor is not a random analogy. Its imagery builds on clusters or sets of underlying associations which anthropologists can and should examine.²⁵

'Figurative comparisons' may indeed be taken as a key to a 'life world', particularly if one treats them, following Robert Fogelin, as speech acts where meaning is derived from a successful co-operation between sender and receiver. Fogelin considers the notion of 'figurative meaning' misleading when in fact one is 'figuratively speaking' about the world. He thereby compares the researcher engaging in interpretive research to an addressee in a speech act situation who tries to make sense of an author's utterance by seeking suitable 'contexts'. Both simile and metaphor convey the author's meaning in an indirect way, and the addressee who wishes to make sense of what is being said is expected to find ways of adjusting the situational context so that it squares with the utterance made.²⁶ Such an approach to

'figurative comparisons' demands that the researcher establish meaning through situational contextualisation of the utterance. It postulates that finding the 'context' to 'a way of speaking' provides a key to the 'life world' of the author.

The second point worth consideration is that core issues of unconventional medicine are often insufficiently researched and not well understood. With regard to the figurative comparisons for describing the 'pulses indicative of death', this implies that both touch as a means of perception and emotion in anticipation of death are not very well researched topics. While death is a much discussed theme in anthropology,²⁷ the associated emotions are often neglected and, if discussed, they are usually those of the bereaved.²⁸ Interestingly, anthropologists have little to say on 'fear of death'.²⁹ Perhaps this is because the 'fear of death', phrased as such, is a fairly recent phenomenon in European history. (The 'fear of hell' may have been more salient for a Christian in medieval times.) It is also possible that emotions related to the anticipation of death are generally not expressed in social interaction and are hence invisible to the social scientist. Emotions expressed in culturally specific ways may not always be perceived by the researcher.

Figuratively Speaking of Death

Some of the discrepancies between the Chinese idioms and their translation are particularly illuminating. They suggest that in the course of translation approximations to the emotion of 'fear of death' were imported into the text. Thus, the Chinese idiom *si mai* means 'pulses [indicative] of death' but in Du Halde it is given as 'Pulses which indicate *danger* of Death' (italics added). Or, the Chinese idiom *xia [ha] zhi you* means simply 'gait of a shrimp [or a frog]' which, considering that *xia* as a verb designates a winding and wriggling, may have described a meandering movement, while in Du Halde it is translated as 'the Pace of a Frog embarrassed in the Weeds' (in case 6), which instantly invokes the imagery of the animal engaged in a struggle. Likewise, *yu zhi xiang* may have designated the 'hovering [and immobility] of a fish [in the water]', while the translation of 'a Fish, whose head is stopped, and cannot move, but frisks the Tail not very regularly' (in case 2) would seem to allude to the apparent struggle which a fish shows after being caught. These translations, in contrast to the Chinese original, seem to allude to a situation in which the 'pulse' of a patient who is anticipating death is compared to a fish or frog struggling to stay alive. In a similar vein, the word 'hasty' in the expression 'the hasty pecking of the Beak of a Bird' (in case 7) points to an anxious state of mind, but again this is not explicitly rendered

in the Chinese original: *que zhao* simply means 'the sparrow is pecking'. In summary, while it is difficult to know whether or not 'fear of death' was implicit in the Chinese text, the modern European translation makes 'fear of death' explicit. The figurative comparisons used for describing the tactile experience of 'pulses indicative of death' express thus a feeling which refers to the situational context in which the doctor recognised them.

It would be rash to derive from the above 'fear of death' as reflecting the attitude of the early modern European translator(s) and contrast it with that of the equanimous East Asian physicians. Depending on register, style and other social factors determining language use, emotions are expressed in some writings more than in others. A translation often provides a more explicit interpretation of the original, particularly if a native speaker and a translator produce it in mutual interaction. In this way the interlocutor's comments on a text excerpt can become part of the translation.

Naturally, one would expect that the Chinese idioms used for describing a tactile experience reflected the situational context and the 'life world' of the actors involved as well. Considering that the dripping water (*wu lou*) and the pecking of the bird (*que zhao*) are mentioned in the *Pulse Canon* in sequence, it is possible that these two episodes primarily referred to frequencies of the 'pulse' rate. According to the commentary to the *Pulse Canon*, the falling water droplets referred to a comparatively slower rate and the bird's pecking to a more rapid one.³⁰ If the intervals between slowly falling water droplets had been conceived as regular, they may have alluded to a measuring of time in anticipation of death, comparable to the imagery of death waiting *with the hourglass* by the sick man's bedside; the bird's pecking may have referred to the rapid pulse rate caused by fevers or anxiety. However, from the material at hand it is impossible to know.

On what basis or in respect to what kind of 'context' may it be assumed that falling water droplets indicated time measurement? One approach lies in the history of culture-specific technologies: while the tick-tock of mechanical clocks was not known in premodern China, the water clock had been invented by the last centuries BC.³¹ The word *lou* elsewhere in medical texts designates the measurement of equivalent time intervals.³² Such modes of contextualisation are more acceptable, but they cannot provide conclusive evidence. Nor can they explain why the text mentions not the water clock, but *wu lou*, a dripping in the northwestern corner of a house with an opening in the roof for worshipping the dead (transcribed as *wu lew* in case 5).

Considering that *wu lou*, which referred to an opening directly connected to the sky, is a place for worshipping the dead already mentioned

in the *Book of Songs* (one of the earliest extant documents of Chinese literature)³³ and that birds are also often associated with the soul in ancient China,³⁴ *wu lou* and *que zhao* may originally have evoked associations with death now lost to us, and perhaps even to the Chinese physicians and their patients. It is difficult to know.

One may also choose to resort to cross-cultural comparison in order to provide 'context' for these figurative comparisons. For instance, why should a 'pulse' likened to 'a Bullet of Stone or dried Earth shot out of a Cross-Bow' be indicative of death (case 4)? It seems as though it were alluding to a sudden stroke of death, possibly due to being startled and losing soul (i.e. loss of spirit), which is a well-known phenomenon in China³⁵ and in Asia in general, if not throughout the world at large. However, the cross-cultural vantage point is unreliable because it can just as easily provide contradictory models. Thus, rather than comparing the process of dying to the process of boiling water turning into hot vapour (as in case 1), exponents of occidental traditions like Shakespeare would rather speak of a fire turning into cold ashes.³⁶ It cannot be overstated that cross-cultural comparison cannot be used as a reliable basis for such an interpretive undertaking.

In summary, the 'context' provided for making sense of the above few figurative comparisons has been derived from cultural practice, i.e. culture-specific artefacts and ritual context. No indications have been found which would allow these figurative comparisons to be considered as expressing the predominant feelings of the situational context in which doctor and patient awaited imminent death. As already stated, the figurative comparisons for describing tactile experience implicitly may have alluded to emotional states as well, but it would be difficult to demonstrate this.

It would be wrong to deduce from this that 'fear of death' was not known in China. In order to dispel this idea, a philosopher of the fourth century BC is cited here, Master Zhuang. A.C. Graham praises his personal and spontaneous writing style: 'Nothing in his unusual sensibility is more striking than the lyrical, ecstatic tone in which he writes of death.'³⁷ Most of Master Zhuang's writings on death are assembled in the chapter called 'The Teacher who is the ultimate Ancestor' (Da zong shi).³⁸ This chapter, which consists of various stories, begins by discussing life and death in more general terms. These statements about the 'way' (*dao*) and 'genuine men' (*zhenren*) convey ideas which by implication point out attitudes towards death. For instance, when Master Zhuang says 'The genuine men of ancient times did not know how to delight in life nor did they know how to fear death,'³⁹ the opposition of 'delighting (*yue*) in life' and 'fearing [or hating] (*wu*) death' may well reflect an attitude, not unlike that of the early modern translator,

where death is hated and/or feared. According to the *Zhuangzi* the genuine men of high antiquity lived in a morally superior state as compared with most people of more recent eras – early China and modern times. They treated life and death with equanimity.

Elsewhere in the chapter there is a story of a certain Master Lai. When his wife and children wept (*qi*) on the verge of his death, they were told not to fear the transformations that death was to bring about (*wu pa hua*),⁴⁰ the transformations mentioned being those into rat's liver (*su gan*) or spider legs (*chong bi*).⁴¹ Here death is described as a *hua*-transformation, and Master Zhuang's choice of the word *hua* may well have had overtones of irony. While it may have referred to transformation through digestion,⁴² that is, consumption by rats and spiders, *hua* is also used to describe a process of moral transformation and spiritual refinement.⁴³ This view of death as a process of *hua* contrasts with the fear, *pa*, experienced by Master Lai's wife and children.

The attitude to life and death put forth in the *Zhuangzi* is, as a commentator put it, one of *wu xin*, 'to be without [desires of the] heart' and emotional entanglement with life.⁴⁴ This attitude of 'when receiving [things], to be joyful about them' (*shou er xi zhi*) and 'when losing them, to [willingly] return them' (*wang er fu zhi*)⁴⁵ is repeatedly put forth. We may assume that another sentiment, fear of death, was implicitly targeted.

The above excerpts from Master Zhuang's writings on death illustrate that 'fear of death' was not a sentiment unknown to Chinese people in antiquity. Even if the descriptions of the 'pulses' in Chinese do not make 'fear of death' explicit, we cannot be sure that it was not implicitly contained in them.

Adjectives for touch and their connotations of death

In the above text excerpts from the 'Seven pulses indicating danger of Death' adjectives mentioned by the commentator,⁴⁶ such as the 'irregular' and the 'dispersed', involve a tactile experience. But they also contain connotations of death as a form of irregularity and disintegration. Thus, dying is conceived of as a dispersal of *qi* in the *Zhuangzi* and many other writings: 'When *qi* congregates, then one is born ... and when *qi* disperses, then one dies' ([*qi*] *ju ze wei sheng ... san ze wei si*).⁴⁷ Such a conceptualisation of dying emphasizes the potential for resilience and reversibility, even with regard to a process which is irreversible to us.

Some other adjectives also allude to processes of dying as conceived in canonical medical writings of the Han dynasty. Thus, the adjectives 'hard and dry' and 'hard and sharp', which one would expect to describe primarily

a tactile perception, have connotations of dying in the light of Chinese medical doctrine where ageing is regarded as a process of drying out and withering away, and consequently, of hardening up.⁴⁸ The terms Chinese medical authors used for describing processes of ageing testify to their well-known preference for botanical analogies.⁴⁹ The dried and shrivelled (*ku gao*), two terms frequently encountered in medical writings, originally described dead wood and grass, as the following quote from the *Laozi* (third century BC) suggests: 'A man is supple and weak (*rou ruo*) when living but hard and stiff (*jian qiang*) when dead. Grass and trees are pliant and fragile (*rou cui*) when living but dried and shrivelled (*ku gao*) when dead.'⁵⁰ The *Laozi* and related philosophical writings, which contain ideas also found in the medical canons, highly valued the supple and weak and saw these as attributes of water.⁵¹ Dying as a process of drying out and hardening points to the ancient Chinese conviction that likens water to life. Yet the Chinese physicians who used these words for describing the tactile experience of sensing 'pulses indicative of death' may have been just as unaware of their references to the process of dying and death as the Kwaio who speaks of the past as down and the future as up.

Discussion

Chinese physicians described 'pulses indicative of death' in figurative comparisons and also, in a more 'literal' way, with verbs of motion and adjectives for describing touch. One may have thought that these descriptions expressed solely the physicians' tactile experiences, but this is not the case. Thus, a figurative comparison, as for instance the 'hasty pecking of the Beak of a Bird', may have related a synaesthetic description alluding both to the visual imagery and to the distinctive tactile experience that it evokes. Also, some adjectives which quite straightforwardly describe a tactile experience, like the 'hard' or 'dry', may have had connotations derived from their use in ancient Chinese writings as references to the process of dying and death. In addition, the early modern European translation of the originally Chinese figurative comparisons makes explicit allusion to an emotion: fear of death. It expresses a feeling likely to have arisen in a situation where death was imminent. Figurative comparisons which were meant to describe a tactile experience thus conveyed information on the emotions in the situational context in which the tactile experience was made.

This article stresses the difficulties and dangers that any interpretive task presents to the researcher who intends to use 'ways of speaking' to derive information on the feelings and 'life world', thoughts and world-view of

other people. 'Ways of speaking' cannot immediately be equated with modes of thought and feeling. Thus, the explicit allusion to 'fear of death' in the early modern translation, but not in the Chinese, cannot be taken as a sign that 'fear of death' was not contained in the figurative comparisons given in Chinese.

Difficulties in using these 'ways of speaking' as keys to a 'life world' arise furthermore from the complicated history of the textual excerpts. Thus, already in antiquity some of the above figurative comparisons may have been coined by medical authors adhering to different medical traditions. In the *Pulse Canon* of the third century AD, for instance, one pulse description alluded to experiences in the social world (it was also the only composite one), while the other five to the natural world. The eighteenth-century English translation in Du Halde thus contains points of view of an unknown number of authors, commentators and translators, who cannot be located in place and time. Their 'way of speaking' may allude to the situational context (the imminence of death), it may inform on the cultural context (as reflected in terms reminiscent of culture-specific artefacts and ritual spaces), and it may have connotations derived from other contexts in which they have been used (of which, however, the authors, commentators, and translators need not necessarily have been aware). Though the 'ways of speaking' about 'pulses indicative of death' are succinct, they have many layers of meaning with traces from different ages, cultures, and traditions.

Notes

- 1 See, for instance, H. Johannessen et al. (eds.), *Studies in Alternative Therapy 2: Body and Nature* (Odense, 1995). I am indebted to Ma Kanwen, whose expertise got me started, and to the participants of the seminar on the 'History of Unconventional Medicine', held on 11–12 September 1998 in Norrköping, Sweden. I would also like to thank the participants of a Needham Research Institute Text Reading Seminar as well as Mark Lewis for remarks which helped on the Chinese side. Erica Brindley, Robert Hinde, Erling Høg, Julia Lawton and Rudolph Pfister made valuable comments on earlier drafts.
- 2 For an excellent discussion of Chinese 'pulse' diagnostics, in contradistinction to Greek sphygmology, see S. Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York, 1999), pp. 17–108.
- 3 J.B. Du Halde, *Description géographique, historique, chronologique, politique et physique de l'Empire de la Chine et de la Tartarie Chinoise*, 4 vols., (Paris, 1735), trans. R. Brookes, *A Description of the Empire of China and Chinese-Tartary, Together with the Kingdoms of Korea, and Tibet: Containing the Geography and History (Natural as well as Civil) of those Countries*, 2 vols. (London, 1741). See vol. 2, pp. 183–236 and pp. 229–35 [erroneous page numbering]. The material discussed is from the English edition, 1741, vol. 2, pp. 184–207.
- 4 This treatise, also translated as the *Rhymed Pulse Lore* [*Maijue*], has a remarkable history in Europe and the Middle East. It was translated into Persian as early as the fourteenth century, and may even have been known to Avicennna in the tenth century.
- 5 With its focus on the emotions in anticipation of imminent death, this article complements 'Towards a Science of Touch', *Anthropology and Medicine* 7:2 and 7:3 (2000).
- 6 P.U. Unschuld, *Medicine in China. A History of Ideas* (Berkeley, [1980] 1985).
- 7 Sima Qian, *Shiji* [Historical Records] (Beijing, [first century BC] 1959), chapter 105.2, pp. 2794–820.
- 8 This dictionary definition of 'metaphor' in P.H. Matthews, *Oxford Concise Dictionary of Linguistics* (Oxford, 1997) represents what M. Black in *Models and Metaphors: Studies in Language and Philosophy* (Ithaca, 1962), p. 31, calls the 'substitution view of metaphor'.
- 9 R.J. Fogelin, *Figuratively Speaking* (New Haven, 1986), presents an elaboration of the so-called 'elliptical-simile theory of metaphors' or, in Black's terminology (*Models and Metaphors*, p. 35), a 'comparison view of metaphor' (which is a special case of the 'substitution view'). Fogelin's approach is informed by speech act theory, as initiated by J.L. Austin, and by the conviction that communication depends on a principle of co-operation between speaker and addressee, as put forth by H.P. Grice, but he does not adopt any of their detailed theoretical frameworks.
- 10 Du Halde, *Description of the Chinese Empire*, pp. 190–91.

- 11 See B. Beck, 'The Metaphor as Mediator between Semantic and Analogic Modes of Thought', *Current Anthropology* 19:1 (1978), 84.
- 12 Du Halde, *Description of the Chinese Empire*, p. 191.
- 13 Du Halde, *Description of the Chinese Empire*, p. 184.
- 14 Du Halde, *Description of the Chinese Empire*, p. 196.
- 15 Li Shizhen, *Binhu maixue* [Study of the Pulse], *Qijing bamaikao* [The Eight Odd Vessels Examined] and *Maijue kaozheng* [The Rhymed Pulse Lore Examined], (Beijing, [1564] 1956), p. 140.
- 16 G.-D. Lu and J. Needham, *Celestial Lancets. A History and Rationale of Acupuncture and Moxa* (Cambridge, 1980), p. 277.
- 17 Chen Yannan, *Maijing zhujiao* [The Pulse Canon Annotated] (Beijing, 1991), and P.U. Unschuld, *Nan-ching. The Classic of Difficult Issues. With Commentaries by Chinese and Japanese Authors from the Third through to the Twentieth Century* (Berkeley, 1986).
- 18 The Chinese graph is pronounced as *ha*, meaning frog, and also as *xia*, meaning shrimp. Its transliteration as *hya* in Du Halde does not give conclusive information on its pronunciation.
- 19 Chen, *Maijing* 5, p. 162.
- 20 Mawangdui Hanmu boshu zhengli xiaozu (eds.), *Mawangdui Hanmu boshu* [The Silk Documents from a Han Tomb at Mawangdui] (Beijing, 1985). See vol. 4, p. 5.
- 21 The term *mai* is by some translated as 'vessel' rather than 'pulse', therefore I render it in translation here as 'vessel-pulse'. The translation for the former is informed by D. Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (London, 1998), p. 200, who basically follows Ma Jixing (ed.), *Mawangdui gu yishu kaoshi* [Explanation of the Ancient Medical Documents from Mawangdui] (Changsha, 1992), p. 204. The translation of the latter 'pulse' differs from theirs (which interprets *ru shi dun* as 'a short time span, namely the time it takes to eat a meal'). My point is that both 'pulses' are assessed by a simile which describes tactile perception. It is possible that in antiquity the 'pulses' were taken at the neck, and that the severing of the vessel-pulse was compared to the occlusion of the oesophagus when one swallows a bite of food.
- 22 See, for instance, A.R. Damasio, *Descartes' Error. Emotion, Reason, and the Human Brain* (New York, 1994).
- 23 R. Keesing, 'Anthropology as an Interpretive Quest', *Current Anthropology* 28:2 (1987), 161–76.
- 24 See, in particular, J.W. Fernandez, *Persuasions and Performances. The Play of Tropes in Culture* (Bloomington, 1986), and J.W. Fernandez (ed.), *Beyond Metaphor. The Theory of Tropes in Anthropology* (Stanford, 1991).
- 25 B. Beck, 'The Metaphor as Mediator', p. 84.
- 26 Insofar as the meaning of figurative comparisons is established through an interaction of speaker and addressee, Fogelin's approach is reminiscent of Black's

(*Models and Metaphors*, p. 39), 'interaction model of metaphor', where 'the reader is forced' (italics added) to do something in order to make sense of a metaphor (which in that case is 'to connect' two ideas).

- 27 See for instance M. Bloch and J. Parry, *Death and the Regeneration of Life* (Cambridge, 1982).
- 28 R.A. Le Vine, 'Gusii Funerals: Meanings of Life and Death in an African Community', *Ethos* 10:1 (1982), pp. 26–65.
- 29 Among the exceptions belong M. Taussig, 'Culture of Terror – Space of Death. Roger Casement's Putumayo Report and the Explanation of Torture', *Comparative Studies in Society and History* 26 (1984), 467–97, who discusses fear of death in the context of torture, and M. Trawick, 'Untouchability and the Fear of Death in a Tamil Song' in C.A. Lutz and L. Abu-Lughod (eds.), *Language and the Politics of Emotion* (Cambridge and Paris, 1990), pp. 186–206, who is, however, concerned mostly with questions of incest and pollution.
- 30 Chen, *Maijing* 5, p. 161, describes the coming of the *wu lou* 'pulse', inter alia, as 'abruptly being severed and stopping, and occasionally emerging again' and the coming of the *que zhao* 'pulse' as 'very frequent and rapid, and when being severed and stopped, instantly coming again'.
- 31 The earliest reference dates to the *Rites of Zhou* [Zhouli] (third–first century BC). See J. Needham, in collaboration with Wang Ling, *Science and Civilisation in China*, vol. 3, *Mathematics and the Sciences of the Heavens and the Earth* (Cambridge, 1959), pp. 313–29.
- 32 Unschuld, *The Classic of Difficult Issues*, p. 65.
- 33 Anon., 'Shijing zhengyi' [Orthodox Interpretation of the Book of Songs] in Ruan Yuan (ed.) *Shisanjing zhushu* (Beijing, [1816] 1980), Daya, Yi, vol. 1, p. 555.
- 34 F. Waterbury, *Bird-deities in China*. *Artibus Asiae Supplement* 10 (Ascona, 1952), pp. 57–72. An early attempt to assemble knowledge from a wide variety of sources on the topic, this book is to be read with caution.
- 35 P.A. Kuhn, *Soulstealers. The Chinese Sorcery Scare of 1768* (Cambridge, MA, 1990).
- 36 Cited in Fogelin, *Figuratively Speaking*, p. 108.
- 37 A.C. Graham, *Disputers of the Tao. Philosophical Argument in Ancient China* (La Salle, 1989), p. 202.
- 38 Guo Qingfan, *Zhuangzi jishi* [Collected Annotations to the Zhuangzi] (Beijing, [1894] 1961), ch. 6, vol. 1, pp. 224–86; trans. A.C. Graham, *Chuang-tzu: The Inner Chapters* (London, 1981), pp. 84–93.
- 39 Guo, *Zhuangzi* 6, vol. 1, p. 229. Alternative translations are given by Graham, *Chuang-tzu*, p. 85 and by D. Coyle, 'On the Zhenren' in R. Ames (ed.), *Wandering at Ease in the Zhuangzi* (Albany, 1998), pp. 197–210. Graham and Coyle both translate *wu* in the sense of 'to hate' or 'to despise', but *wu si* has in other contexts been translated as 'to fear death'. The idea that death is feared (*wei*) and not only hated is stated verbatim in the *Lao zi*. See Chen Guying, *Laozi zhushi ji pingjie* [Explanation

- and Review of the *Laozi*] (Beijing, 1984), verse 74, p. 337; trans. D.C. Lau, *Lao Tzu, Tao te ching* (Harmondsworth, 1967), LXXIV, p. 136.
- 40 Graham, *Chuang-tzu*, p. 88, translates *wu pa hua* as not to 'startle him while he transforms'; *pa* generally means 'to fear' and not 'to startle'. Further research is needed to clarify this issue conclusively.
 - 41 Guo, *Zhuangzi* 6, vol. 1, p. 261.
 - 42 E. Hsu, 'Change in Chinese Medicine: *bian* and *hua*. An Anthropologist's Approach' in V. Alleton and A. Volkov (eds.), *Notions et perceptions du changement en Chine*. Mémoires de l'Institut des Hautes Études Chinoises XXXVI (Paris, 1994), pp. 41–58.
 - 43 Consider for instance the idiom *jiao hua*: to educate and thereby transform. The use of the word *hua* for describing digestive transformations may well imply that in the Chinese view digestion was seen as a process of refinement.
 - 44 Guo, *Zhuangzi* 6, vol. 1, p. 229.
 - 45 Guo, *Zhuangzi* 6, vol. 1, p. 229. Graham, *Chuang-Tzu*, p. 88, and Coyle, 'On the Zhenren', p. 203, both translate *wang* as 'to forget' which is correct. Given that radicals in writings of the time were often used interchangeably, it is nevertheless possible to read *wang* as being written without the heart radical.
 - 46 The adjectives in the main text such as the 'irregular' (in case 1), the 'not very regular' (in case 2) and the 'scattered and disordered' (in case 5), which invoke the idea of death due to irregularity and disintegration, are not contained in the idioms of the Chinese original and must have been added in the course of translation.
 - 47 Guo, *Zhuangzi* 22, vol. 3, p. 733.
 - 48 See for instance Anon., *Huangdi Neijing Suwen*, ch. 1, p. 7: *jie* in the phrase *jie tian gui*, which refers to the menopause; the ceasing of the flow of blood has connotations of drying up. The term *jie* is used in idioms such as draining marshlands (*jie ze*) or the drying up of ponds (*chi zhi jie yi*). Consider also the adjectives 'burned' (*jiao*) and 'withered' (*ku*, in the Tang glossed as *gao*), as attributes of old age.
 - 49 S. Kuriyama, 'Visual Knowledge in Classical Chinese Medicine' in D. Bates (ed.), *Knowledge and the Scholarly Medical Traditions* (Cambridge, 1995), pp. 205–34.
 - 50 Chen, *Laozi*, verse 76, p. 342; trans. D.C. Lau, *Lao Tzu*, LXXVI, p. 138.
 - 51 So was the 'still' (*jing*) and the 'lowly' (*xia*): 'The large state is the lower reaches of a river – the place where all the streams of the world unite. In the union of the world, the female always gets the better of the male by stillness. By being still, she takes the lower position.' See Lau, *Lao Tzu*, LXI, p. 122, and also LXVI, p. 128. Chen, *Laozi*, verse 61, p. 301, and verse 66, p. 316. Notably, the 'pulse' said to 'bubble under the Fingers irregularly like Water over a great Fire' points to a conception of the perfect state of being as that of cool and still water.

Chinese Medical Concepts in Biomedical Culture: the Case of Acupuncture in Norway

Gry Sagli



Introduction

CHINESE MEDICINE, AND ACUPUNCTURE IN PARTICULAR, is currently widely used in Norway¹ as in many other Western countries.² This paper is concerned with conceptual change and continuity as an aspect of the process of establishing acupuncture in Norway.

Acupuncture is a practice of Chinese origin, and the present growth in Norway has occurred in a medical culture which is predominantly biomedical. It is difficult, if not impossible, to assign specific meaning to many traditional Chinese medical concepts when examined from biomedical perspectives. Although it has been established that acupuncture practice is growing, it is not known precisely to what extent and in what ways the transmission of acupuncture has been accompanied by an introduction of Chinese medical concepts and Chinese ways of understanding the body. I have therefore studied the process of establishing acupuncture in Norwegian health care by focusing on the reception of Chinese medical concepts. In this paper I will address a number of questions. Do Norwegian practitioners of acupuncture use Chinese medical concepts? If they do, which concepts do they use and how do they understand them? Given the difference between notions of the body in biomedicine and acupuncture, particular attention is paid to practitioners of acupuncture with biomedical background. How

most biomedically informed health personnel, it is easy to sympathise with the physician's feeling of frustration.

I have told this story to stress the underlying premises for the present study: Chinese medicine and biomedicine conceptualise the body differently. Some of the concepts essential for an understanding of medicine in Chinese traditions never developed in our culture, which means that in many cases we have no convenient linguistic label for them. Chinese medicine uses concepts such as *yinyang*, *qi* (breath, vital force, energy, pneuma, vital energy), *zangfu* (visceral system of functions), *jingluo* (circulation tracts, meridians) and other concepts that do not have counterparts in Western languages. Many Chinese medical concepts, such as the spleen and others mentioned above, refer to phenomena or classifications not acknowledged by mainstream biomedicine. Many Westerners, and not only the physician in the story above, are likely to be provoked by trying to relate to an account of the body described with Chinese concepts; the majority of us are accustomed to taking biomedical assumptions of the body as given.

Chinese Medical Concepts and Practitioners of Acupuncture

AFTER THE EXCURSION INTO THE SPLEEN in Chinese medicine, I will turn my attention to practitioners of acupuncture in Norway and to the question of whether or not they use Chinese medical concepts. I assume that many of these practitioners have faced the same problem as the Western physician in the account of the spleen. We find acupuncture textbooks with Chinese concepts in the bookstores, and we know that some acupuncture courses state that they teach traditional Chinese acupuncture. But does this tell us very much about the use of Chinese medical concepts among practitioners of acupuncture with biomedical background? Not necessarily. In order to approach this question, I will report some findings from a survey conducted to obtain information on the use and understanding of Chinese medical concepts among various groups of practitioners of acupuncture in Norway.

To select and get in touch with a group that can with certainty be claimed as a representative selection of practitioners of acupuncture in Norway is impossible. Today there is no official authorisation or registration for practitioners of acupuncture. Current legislation is presently in the process of being reformed, but, according to the existing legal regulations, only medical doctors and dentists can practice acupuncture legally.⁸

The survey was conducted in 1995. A questionnaire was sent by mail to 435 persons: to 161 persons who had attended *Norske Legers*

Table 1. The acupuncture practitioners' sex, age, length of acupuncture training, extent of practice*

	Medical doctors (n = 57) Number (%)		Physiotherapists (n = 138) Number (%)		Other with training as authorised health-personnel (n = 37) Number (%)		Without training as authorised health-personnel (n = 66) Number (%)	
Sex:								
Female	7	(13)	40	(29)	24	(65)	35	(53)
Male	49	(88)	98	(71)	13	(35)	31	(47)
Age (years):**								
< 40	15	(27)	44	(32)	10	(27)	25	(38)
> 40	41	(73)	94	(68)	27	(73)	41	(62)
Length of acupuncture training (hours):**								
< 120	22	(39)	20	(16)	4	(12)	1	(2)
> 120	34	(61)	106	(84)	23	(88)	62	(98)
Consultations per week:**								
< 10 consultations per week	40	(70)	60	(44)	17	(49)	20	(31)
> 10 consultations per week	17	(30)	78	(56)	18	(51)	45	(69)
Years of acupuncture practice:**								
< 5	27	(47)	72	(52)	18	(49)	22	(34)
> 5	30	(53)	66	(48)	19	(51)	43	(66)

* Some questions were not answered by all the responders. The percentage is based on the number of answers.

** For age, length of acupuncture training, extent of practice, years of practice the practitioners have defined themselves as < or >.

Table 2. The acupuncture practitioners' response to the question: 'How do you believe that acupuncture, as you practice it, works?'

The responders were asked to put a check in the columns for all the response options which corresponded with their opinions

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
Acupuncture influences the <i>yinyang</i> balance	15 (26)	89 (65)	22 (60)	48 (73)
Acupuncture inhibits nerve impulses	21 (37)	32 (23)	6 (16)	8 (12)
Mainly placebo-effect	5 (9)	1 (1)	0 (0)	0 (0)
Acupuncture stimulates production of endorphins	36 (63)	85 (62)	23 (62)	33 (50)
Acupuncture influences the distribution of <i>qi</i>	18 (32)	91 (66)	21 (57)	57 (86)
Acupuncture activates various physiological systems	42 (74)	94 (68)	25 (68)	47 (71)
Others	2 (4)	9 (7)	3 (8)	11 (17)

Akupunkturkurs (Norwegian Medical Acupuncture Seminars) and to all 274 persons found under 'acupuncture' in the Yellow Pages in the telephone catalogues for the entire country. The response rate was 80 per cent. The final sample used in the analysis consisted of returned questionnaires from 298 practitioners of acupuncture. Although this sample may not be representative for the general population of acupuncturists in Norway, it made comparison between various groups of practitioners possible.⁹ Basic information on the practitioners included in this analysis is presented in Table 1.¹⁰

In the questionnaire we asked acupuncture practitioners about their practice and training, their views on the relation between modern biomedicine and traditional acupuncture, and about their use and understanding of some central Chinese medical concepts. Within the limitation of this paper, I will merely draw your attention to a few typical findings. I will pay particular attention to physicians in comparison with other groups of practitioners.

To the question: 'How do you believe that acupuncture, as you practice it, works?', the most frequent answer was that acupuncture activates various kinds of physiological systems (see Table 2). However, given that there were several relevant alternatives taken from the conceptual world of biomedicine, it is interesting to note that more than one fourth of the doctors, and many more in the other groups, included response options which used Chinese concepts such as *yinyang* ('acupuncture influences the *yinyang*-balance') and *qi* ('acupuncture influences the distribution of *qi*').¹¹

In another section we posed a direct question about the responders' use of certain Chinese medical concepts: 'Check the concept you use in your acupuncture practice, either for yourself or when you speak to colleagues or others.' Sixty-seven per cent of the physicians and more than 78 per cent in each of the other groups answered that they use one or more of the Chinese concepts.¹² *Qi*, *yinyang*, *zangfu* and *jingluo* were the most frequently used. As demonstrated in Table 3, more than half of the practitioners in each group reported that they use these four concepts.¹³

Findings from the survey show that many practitioners of acupuncture, including those with biomedical backgrounds, use traditional Chinese medical concepts. The survey indicates that many of the practitioners are also willing to accept non-scientific explanations. Most of the medical doctors (75 per cent) stated that scientifically established explanations on working mechanisms were important for their trust in acupuncture. However, 45 per cent of the doctors and more than 75 per cent in the other groups of acupuncture practitioners stated that they also found non-scientific explanations for how acupuncture works reliable.

Table 3. The acupuncture practitioners' responses to questions concerning their use of Chinese medical concepts

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
Qi (ch'i) (energy, vital force, pneuma)	37 (65)	119 (86)	28 (76)	62 (94)
Yinyang	34 (60)	116 (84)	29 (78)	61 (92)
Zangfu (tsang fu) (organs, bodily networks of functions)	29 (51)	110 (80)	26 (70)	53 (80)
Jingluo (ching lo) (meridians, circulation tracts, vessels)	28 (49)	98 (71)	25 (68)	51 (77)

Table 4. Responses to the question: 'How do you approach the concept of *qi* related to your acupuncture practice?'

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
I believe that <i>qi</i> refers to one or more real phenomena	20 (57)	83 (78)	20 (87)	46 (84)
I see <i>qi</i> merely as a symbol or picture	14 (40)	23 (22)	3 (13)	6 (11)
Others	1 (3)	0 (0)	0 (0)	3 (6)
Sum	35 (100)	106 (100)	23 (100)	55 (101)

The table is based on the distribution of frequencies among the responders to this question.

Practitioners of acupuncture in Norway agreed that concepts such as *qi*, *yinyang*, *jingluo* and *zangfu* belong to their professional terminology, but some of the practitioners insisted that this does not necessarily mean that they believe in these concepts.¹⁴ However, the findings from the survey indicate that many of those who use Chinese concepts believe that the concepts refer to realities and are not merely Chinese constructs. In all groups, the majority of those who reported that they use the concept of *qi*, answered that they believe that *qi* refers to a real phenomenon and is not just a symbol or picture (see Table 4).¹⁵

Use of Chinese Medical Concepts: Some Fieldwork Experiences

THE APPEARANCE OF FOREIGN WORDS in the Norwegian medical vocabulary does not necessarily indicate changes in notions of the body. The words may have been interpreted within a biomedical (or other familiar) frame of understanding. Given the differences between biomedicine and traditional acupuncture in assumptions concerning the body, I wanted to look into the process of establishing the use of Chinese medical concepts among Norwegian practitioners with a biomedical background. With this objective in mind, I attended an acupuncture course for medical doctors. I will share some experiences from that fieldwork.

The fieldwork setting was a beginners' course in acupuncture: Norwegian Medical Acupuncture Seminars (*Norske Legers Akupunkturkurs*). The course was run by two Norwegians, both trained as medical doctors, as well as acupuncturists. Only medical doctors and physiotherapists were admitted to their courses. The framework of the course appeared sympathetic to the biomedical model. The instructors seemed not to want to challenge the biomedical dominance. On the contrary, they said they wanted to supply practitioners within the official health system with another useful medical tool. They stated that it would be desirable to be able to base acupuncture treatment on scientific knowledge, but that this was not yet possible. The instructors also stressed the views that Chinese medicine shares with biomedicine.¹⁶

The concern here is limited to a few aspects of the introduction of the concept of *jingluo* ('circulation tracts', 'meridians', hereafter referred to simply as the 'tracts') and to the notion of 'flow of *qi* (vital energy) in the tracts'. It is my hypothesis that a sensation, *deqi*-sensation ('obtaining of the *qi*-sensation'), is important in the process of subjective legitimation of Chinese medical ideas for individual practitioners. I have chosen to present the introduction to the *deqi*-sensation in the acupuncture course, because I

believe it illustrates the point that concepts are interwoven in medical practice, and that both verbal and nonverbal dimensions are integrated in the construction of the meanings of the concepts.

Below I will explain the empirical background which caused the focus of attention on the *deqi*-sensation. But first a few words about *qi*. *Qi* is a core concept in Chinese culture in general, as well as in classical Chinese medicine. In Chinese medicine the concept of *qi* is as important as the idea of 'blood' and 'blood circulation' to biomedical practitioners. However, the concept of *qi* is used differently in various contexts¹⁷ and is difficult for Westerners to fully grasp.¹⁸ As already mentioned, many translations have been suggested: air, breath, vapour, pneuma, material force, energy, influences, but none of them embraces all the different meanings established in Chinese contexts.

According to Chinese medical theory, *qi* circulates in the body and between the body and the environment. Dysfunctions will be manifested in an irregular *qi*-flow. A person's health situation can be improved by correction of the *qi*-flow in that person. A core idea in acupuncture is that the circulation of *qi* can be influenced by placing needles in the points located on the tracts. The tracts make up a network with branches throughout the body.

Neither *qi* nor the tracts are anatomical or biochemical entities that can be observed or measured. At least, this was the opinion expressed by the instructors in the course where I did my observations. The question arises as to how these concepts are transmitted in a way that make them plausible theories for medical actions.

The Case of *Deqi* ('Obtaining Qi')

ON THE FIRST DAY OF THE COURSE, after a short introduction to the history of acupuncture, we were introduced to this foreign, Chinese sensation, referred to as *deqi*. We were told how various people described the *deqi*-sensation. The sensation, it was explained, would sometimes be achieved as soon as the acupuncture needle reached the correct depth of the tissue, but most often the needle had to be manipulated before the *deqi*-sensation would be achieved. The feeling was also referred to as the 'needling sensation', since it was described as the desired response to the placement of the needles.

The feeling is described in various ways: as numbness, as a feeling of something expanding in the flesh, as a deep, aching pain, as radiation of a kind of electric feeling, as a sore feeling, as a feeling of heaviness or as a

feeling of warmth. If not directly painful, the sensation is often said to be slightly unpleasant and strange. The instructors stated that they regarded a strong *deqi*-sensation as crucial for a successful treatment.¹⁹ They also referred to research which supports this hypothesis.

One would expect even better therapeutic results of the placement of the needles, we were told, if one could achieve what is called a 'wandering needling sensation' (a wandering *deqi*-sensation), also referred to as 'Propagated Sensation along the Channels' (PSC).²⁰ We were told that some patients, referred to as 'super-responders', without having any knowledge of the tracts and their course could describe the pattern of the progression (the wandering) of the *deqi*-sensation in a direction that proved to be identical with the course of the tracts.

One of the instructors told us that one of his patients is a so-called super-responder, and she achieves a very distinct wandering sensation. When the needle is inserted in the tissue of her forearm, the *deqi*-sensation wanders all the way from her forearm, passing the elbow, up along her upper arm and the shoulder. Before the movement of the sensation eventually ends up somewhere near the neck, it makes a peculiar zigzag movement in the scapulae area. This characteristic route of the *deqi*-wandering as experienced by this woman happens to coincide almost completely with the course of one of the tracts as postulated in acupuncture theory.

In the following days of the course we learned various techniques used to provoke and to reinforce the *deqi*-sensation. When practising needle insertion and needle manipulation on each other, the majority of the participants in the acupuncture course said that they achieved what they believed was the *deqi*-sensation. (At least, nobody admitted to not having obtained the feeling when we were asked in plenum.) After the first day of the course *deqi* was used as a common term and treated as a central part of acupuncture practice.

Reflections on the Field Work Experiences

I REGARD THE INTRODUCTORY PHASE in the acupuncture school as an encounter between familiar and foreign conceptual worlds. The result of this encounter between biomedicine and acupuncture may have been any reaction on an axis from full rejection to complete acceptance, depending on the resonance in the individual student. I assume that the participating doctors were more positive to acupuncture than the average Norwegian physician, but the degree to which they would accept unfamiliar ideas was uncertain. Since this encounter took place in a medical context, we may

take it for granted that it was essential for the teachers to present the Chinese concept in such a way that their students would find it reasonable to use them. Field work experiences and results from the survey indicate that the teachers in this school succeeded, at least to a certain degree, in their attempts to establish use of Chinese concepts. My hypothesis is that the two aspects, establishing legitimate ways to use Chinese concepts and construction of their meanings, must be regarded as an interrelated process.

The *deqi*-sensation, like the tracts, is a Chinese cultural construction. *Deqi* is not contained in the repertoire of common sensations in our culture, but with competent guidance it is within reach for many Westerners. Although we would not automatically refer to this sensation as *deqi*, many reported that they felt something strange. The sensation represents new knowledge grounded in the body. In the field work setting the instruction to achieve this sensation was accompanied with an interpretation of the sensation: the tracts and the *qi*-flow in the tracts. The account of the super-responder's description of the movements of the sensation, following the exact course of one of the tracts, supports this conclusion.

The generally achieved *deqi*-sensation was seen as a first step towards achieving the 'wandering sensation'. So, although few, if any, achieved any 'wandering of the sensation', many seemed to consider the concept of the tracts as trustworthy enough to be used as a guide for needling procedures.

The interpretation of the new sensation as *deqi*, indicating the existence of the tracts and *qi*-flow in the tracts, is far from obvious. I can easily imagine a number of other interpretations of this unfamiliar sensation if discovered in other contexts. In our context, however, nobody protested or openly questioned the suggested interpretation.

The interpretation of the *deqi*-sensation as hinting at the existence of the tracts and flow of *qi* in the tracts can be regarded – or rather felt – to be interaction between the body in acupuncture and the individual practitioner's body-self. The experience of an unfamiliar Chinese sensation seemed to play an important role in establishing use of certain Chinese concepts. This experience was perhaps as convincing as scientific evidence, references to empirical knowledge and other well-known arguments.

I think it was of particular importance that *deqi* was associated with the efficacy of the treatment. To know how to use the needles in order to obtain the desired effect is, of course, essential. The introduction to the Chinese concepts was a part of this procedure, but not the main objective. Construction of the meaning of a concept and introduction of a particular method of manipulating the needles were established in the same process. This example thus illustrates how conceptual history is integrated in medical

practice. I also believe this example portrays a possible way of reducing the differences between Chinese assumptions about the body and those familiar to us.

Concluding Remarks

IN CONCLUSION, I WOULD ARGUE that one can identify parallel processes in the development of acupuncture in Norway today. We know that some elements of acupuncture have been integrated in a biomedically defined reality. At the same time, the survey and field work observations indicate another process: it shows that many practitioners of acupuncture, including those with biomedical backgrounds, use traditional Chinese concepts. This may indicate that some practitioners have expanded their view on what constitutes a reliable picture of reality.

In the acupuncture course where I made my observations, the instructors said that they turned to Chinese acupuncture theory and Chinese concepts to guide their medical practice because they did not have any useful scientific alternatives. However, for whatever reasons they turned to Chinese concepts, I would argue that the use of Chinese concepts of the body may have further implications than just practical ones ('map to guide needling'). When practitioners of acupuncture use a map with Chinese concepts as a guide, it means that they are guided into a body landscape which may give other kinds of experiences and new insights. The experience with the *deqi*-sensation is only one example.

The Chinese concepts are thus not merely translated into a familiar conceptual world. In terms of concepts perceived as horizons, it means that new horizons have been established, with other limitations and possibilities for understanding and action. These horizons definitely have clinical dimensions; they open the door to certain medical practices and new understanding of experiences.

The use of Chinese concepts is not necessarily limited to the horizons of clinical practice. I would like to end this paper with the suggestion that it might be fruitful to discuss the newly established use of Chinese concepts within the domain of health politics. In present Norwegian society biomedical knowledge of the body is the standard for legitimate medical knowledge. The biomedical construction of the body is not only the basis for biomedical practice; it is also used as a basis for decision-making in the realm of health policy. Recently Chinese concepts have been used in a report from a committee appointed by the Ministry of Health and Social Affairs.²¹ If we maintain a focus on concepts and their role in changing and maintaining

sociopolitical realities, we may ask what consequences follow from the use of Chinese medical concepts in health policy documents. To what degree and in what ways does the use of Chinese medical concepts play a role in establishing new realities in health policy? This is a question that deserves further attention and research.

Notes

- 1 Vigdis Moe Christie, *Den andre medisinen* (Oslo, 1991); Christian F. Borchgrevink, 'Forskning i alternativ medisin: Hva er dokumentert, og hva er dokumentasjon?', *Tidsskrift for Den Norske Lægeforening* 117 (1997), 2469–73; Olaf Gjerløw Aasland, Christian F. Borchgrevink and Per Fugelli, 'Norske leger og alternativ medisin-Kunnskaper, holdninger og erfaringer', *Tidsskrift for Den Norske Lægeforening* 117 (1997), 2464–68.
- 2 In an overview of the European situation, Johannessen states that acupuncture is among the six most widely used alternative therapies in 11 out of 13 countries. Helle Johannessen, *Alternativ behandling i Europa: Udbredelse, brug og effekt – et litteraturstudie* (Copenhagen, 1995), p. 43.
- 3 Reinhart Koselleck (1923–) is a leading scholar associated with the postwar German history tradition referred to as *Begriffsgeschichte*. *Begriffsgeschichte* can be translated as 'conceptual history' or 'history of concepts'. Koselleck demarcates *Begriffsgeschichte* from 'intellectual history' and the 'history of ideas'. See Reinhart Koselleck, *Futures Past. On the Semantics of Historical Time* (London, 1985), p. xvi.
- 4 Koselleck, *Futures Past*, p. 84.
- 5 The same word *pi* is used in Chinese to designate both the anatomically defined spleen known by biomedicine and the spleen used in traditional acupuncture discourse.
- 6 The 'five *zang*' are the liver, heart, spleen, lung and kidney's visceral systems of functions.
- 7 See the account of the spleen in Cheng Xinnong, *Chinese Acupuncture and Moxibustion* (Beijing, 1987), pp. 29–31.
- 8 Acupuncture practice is still regulated by *Kvaksalverloven* (the Medical Quackery Act) from 1936, which restricts the right for a person who is not a Norwegian doctor or dentist to treat patients. This law may be reformed or replaced in the not so distant future. See, for instance, The Alternative Medicine Committee (a committee appointed by Ministry of Health and Social Affairs), *Alternativ medisin*, NOU 1998: 21 (Oslo, 1998). This report discusses various aspects of alternative medicine, including legal matters.
- 9 For methodological details concerning the survey, see Gry Sagli, Pål Guldbrandsen and Per Fugelli, 'Leger og andre utøvere av akupunktur i Norge- utdanning, teoriforankring og praksis', *Tidsskrift for Den Norske Lægeforening* 118:19 (1998), 2948–52.
- 10 Most of the tables presented in this paper have been published in Sagli, Guldbrandsen and Fugelli, 'Leger og andre utøvere av akupunktur i Norge'.
- 11 However, there were significantly smaller numbers of doctors who checked the Chinese alternatives than among the group of non-doctors. These were the results for the *qi*-alternative: 32 per cent of the doctors, as opposed to 70 per cent of the non-doctor group ($p < 0.01$). There were also significantly fewer doctors who checked the *yinyang*-alternative ($p < 0.01$).

- 12 The figures were 88 per cent (122) of the physiotherapists, 78 per cent (29) of the group with various categories of health personnel and 95 per cent (63) of the group without training as authorised health personnel.
- 13 Significantly fewer in the group of physicians used these concepts: ($p < 0.01$) for *yinyang*, *qi* and *zangfu*.
- 14 See, for example, *Alternativ Medisin*, NOU, p. 54; Bernt Rognlien, 'Akupunktur og Forskning' in *Alternativ Medisin*, NOU, p. 53.
- 15 The same is valid for *jingluo* (circulation tracts, meridians).
- 16 This view is also expressed in the textbook that goes with the course. See Oscar Heyerdahl and Nils Lystad, *Lærebok i akupunktur* (Oslo, 1991), p. 11.
- 17 Porkert describes 32 forms of *qi* found in Chinese medical literature. Manfred Porkert, *The Theoretical Foundations of Chinese Medicine* (London, 1985), pp. 167–73.
- 18 Sivin summarizes the meanings of *qi* in early Chinese medical thought as follows: 'At the same time it is matter, whether condensed or dispersed, perceptible or imperceptible, breath or blood; the vital energy within matter that keeps it organized and makes growth possible; and the force in living matter that influences other things. These ideas were not separated in early Chinese medical thought. One word was enough.' Nathan Sivin, 'Essay Review', *Journal of the History of Science Society* 81 (1990), 722–31.
- 19 Heyerdahl and Lystad, *Lærebok*, p. 120.
- 20 What I translate as 'tract', is sometimes translated as 'channel'.
- 21 For example, see *Alternativ medisin*, NOU.

**‘The higher order of the
natural laws and the wrong world
of hysterical mediums’:
Medicine and the Occult ‘Fringe’
at the Turn of the Nineteenth Century
in Germany**

Barbara Wolf-Braun



BEGINNING IN THE 1880S the popularity of hypnosis increased dramatically. Its official introduction into the world of science came in a lecture given to the *Académie des Sciences* by Jean Martin Charcot (1825–93) in 1882, although this institution had twice condemned hypnosis under the name of animal magnetism in the previous century.¹

The history of psychotherapy is often presented as a direct and steady evolution from the exorcisms of the priest Gassner up to Mesmer's theory of fluidism, which was then deposed by the introduction of the term 'hypnosis' by James Braid (1795–1860) in 1843 and Hippolyte Bernheim's (1840–1919) theory of suggestion in 1884. It has been stated that in the course of the nineteenth century there was a transition from a so-called prescientific era, dominated by speculations about 'fluidal' and occult forces, to the scientific era of experiments and positivist description. According to this interpretation, at the beginning of the twentieth century the scientific world had turned away from mesmeric hypotheses and practice, which were finally forced underground. Such a banishment actually occurred. However, it was not only the result of heated arguments between scientists and amateurs, but

also within scientific bodies, and these conflicts were not only due to the experimental falsification of the theory of Mesmer's fluidum. Here I intend to show certain social and cultural factors that together determined what research was done to differentiate hypnotism and mesmerism (or, more generally, occultism).

By the end of the nineteenth century occultism was often understood in the context of mediumistic phenomena. A medium – mainly in the state of trance (also called somnambulism in the first part of the century) – could produce psychical phenomena: telepathy, clairvoyance, looking into a body and giving diagnoses or therapeutic advice, or the automatic writing of messages given by presumed spirits. Physical phenomena, such as spirit rappings, table levitations, materialisations (even of ghosts) and moving objects at a distance could also be produced. Most of these phenomena had already been observed and described by mesmerists during the first half of the nineteenth century. It was because paranormal phenomena often appeared during the hypnotic trance of the medium that many scientists interested in hypnosis became involved in psychical research.

The 1880s saw the beginning of 'scientific occultism',² described as 'parapsychology' by the German physician Max Dessoir (1867–1947) in 1898. As part of scientific occultism it became his job to examine these phenomena under scientific control and to explain them. (It was mainly unpaid work.) Most of the scientists involved in psychical research wanted to challenge 'materialistic' science, to show the primacy of the soul over matter and to found experimentally based metaphysics.³ There were two alternative hypotheses about the nature of the occult phenomena: the 'spiritualist' one, that explained them by the intervention of 'discarnate agencies', and the so-called 'animistic' hypothesis, that assumed the phenomena were caused by unconscious human psychological forces.⁴ Confronting this topic had also become necessary for German researchers for several reasons:

1. the spiritualist movement, and the foundation of many spiritualistic circles and societies,
2. the organisation and professionalisation of the mesmeric healers (called 'magnetopaths' in Germany),
3. the demonstrations by stage-'magnetiseurs' and professional mediums,
4. the appearance of the theosophic movement,
5. the neo-mesmeric phase inside academic medicine and the foundation of scientific societies for psychical research,

6. the efforts of physicians to introduce hypnosis as an experimental method and as a treatment inside academic medicine.

The Reception of Spiritualism in Germany

THE SPIRITUALIST MOVEMENT DEVELOPED in America during the middle of the nineteenth century and spread quickly through England and France. The speeches delivered by the American somnambulist Andrew Jackson Davis (1826–1910)⁵ under trance formed the basis of the natural philosophical, cosmological view of the world held by spiritualists. According to them, the spirits chose the transmission of thoughts as their means of communication. The phenomena that occurred at seances (knocks, the moving of tables and the appearance of spirits) were interpreted as experimental proof of the overlapping of the spiritual world and the material world. This terminus of experience, which followed the definitions of natural science, appeared in the frequently used expression of 'experimental spiritualism'. But spiritualists were not really supporters of scientific empiricism. Although it is true that they dissociated themselves from occult traditions of secrecy and appealed to the observable, they had their own definition of 'high science'; they wanted to base knowledge on the personal experience of 'everyman'. The truth of spiritualistic doctrines was to be reflected in the mass of individual testimony, not in the application of impersonal methods. The final standard of judgement was the individual consciousness, the personal experience, which did not reflect the contemporaneous ideal of scientific method. By contrast, psychical researcher and chemist William Crookes (1832–1919) did apply the scientific ideal to spiritualistic phenomena:

The spiritualist tells of bodies weighing 50 or 100 lbs. being lifted up into the air without the intervention of any known force; but the scientific chemist is accustomed to use a balance which will render sensible a weight so small that it would take ten thousand of them to weigh one grain; he is, therefore, justified in asking that a power professing to be guided by intelligence, which will toss a heavy body up to the ceiling, shall also cause his delicately-poised balance to move under test conditions.⁶

The spiritualist mediums of the second half of the nineteenth century were, so to speak, the successors of the somnambulists of the early days of the nineteenth century.

In Germany spiritualism did not become popular until the end of the 1870s, manifesting itself in the formation of numerous societies (e.g. *Zentralverband deutscher Spiritisten und Spiritualisten*) with their own

publications, such as the *Zeitschrift für Spiritismus*, *Zentralblatt für Okkultismus*.⁷ It was made popular by, among others, German doctors returning from America (e.g. Bernard Cyriax and the spiritualist-mesmeric dentist and the Revolutionary of Baden, Georg von Langsdorff).⁸ During this time in England the chemist and physicist William Crookes had begun to introduce systematic experiments with mediums in England, for the scientific control of which he used technical aids, including photography and electric instruments of measurement.

The Consolidation of the Mesmerist Healing Movement

AFTER 1870 ANOTHER BRANCH of 'experimental psychology' was formed beyond academic circles. Lay persons and doctors joined together to found professional neo-mesmeric societies.⁹ One of the reasons for the foundation of these professional organisations was the threat of petitions brought before the *Reichstag* by the doctors. In these petitions they demanded that the 'liberty to cure' (*Kurierfreiheit*)¹⁰ should be abolished. Beside the naturopaths and homoeopaths, the magnetopaths formed an important movement inside the alternative medicine of that day.

In 1909 there were 2,478 'quacks' registered in Prussia (i.e. healers without permits). Among them were 284 magnetopaths, 392 homoeopaths and 544 practitioners of natural healing.¹¹ It is likely, however, that a large number of magnetopaths and spiritualist-mediumistic healers were not organized or registered. In addition there were also doctors, homoeopaths and practitioners of natural healing who used mesmeric methods.¹² The magnetopathic movement was profoundly divided regarding the attitude towards hypnosis, spiritism and telepathic or clairvoyant capacities developed by magnetized patients. They agreed about the existence of an invisible force, but there were great differences in the interpretation of its nature. Some of the magnetopaths practised distant healing and worked together with clairvoyant mediums who gave diagnoses ('looking into the bodies') and therapeutic advice.¹³ Others strictly distanced themselves from such practices.¹⁴ Most were very critical towards hypnosis: magnetism would restore the inner harmony of the body and the soul, whereas hypnosis would only address the imagination of patients without 'inner' recovery. Above all, many thought that hypnotherapy would have dangerous effects by weakening the nerves.¹⁵ The magnetopaths also condemned hypnotism or magnetism on the public stage purely for entertainment and business purposes. For the authorities 'mystical treatments', to which also magnetism belonged, were part of the most problematic areas at the focus of the fight

against quacks. In a report by the scientific committee on medicinal matters (*wissenschaftliche Deputation für Medizinalwesen*), hypnotic treatment was put on a par with magnetism, and the induction of the hypnotic state was presented as an 'extremely dangerous operation', as it led to a complete loss of self-will analogous to anaesthetisation. If not used properly, hypnosis could lead to serious health damage and even cause death.¹⁶ In 1902 the Prussian Minister of Culture issued a decree which called for all lay practitioners to register with the district doctor responsible without further demands and to give extensive details as to their person and to their commercial healing practices. Furthermore, they were obligated to keep records of their patients and to allow official inspection if required. The legislative proposal to ban lay medicine, which was presented to the government of the *Reich* in 1908 and intended as part of placing extensive restrictions on lay healers in general, included the complete prohibition of hypnosis and magnetic healing by lay healers.¹⁷ This would have meant the end of the activities of the magnetopaths. The Society of German Magnetopaths (*Vereinigung Deutscher Magnetopathen*) protested directly to the government in the form of a letter. However, the proposal received no support in the legislature, and it was lost from the public eye at the outbreak of the First World War.¹⁸

The Demonstrations of Stage-'Magnetiseurs' and Professional Mediums

ITINERANT MEDIUMS AND STAGE-'MAGNETISEURS' toured Europe. It was through these public shows that most of the doctors were first confronted with hypnosis; for example, the 'magnetiseur' Carl Hansen (1833–97) visited Germany and Austria in 1879/80 and research was initiated by a number of doctors in the wake of his visit.¹⁹ In 1880 the physiologist Rudolf Heidenhain (1834–97) published the results of his studies in which he confirmed the genuineness of hypnotic phenomena, such as muscular rigidity, positive and negative hallucinations, etc.²⁰ However, he described these as being purely physiological and denied the existence of a magnetic 'fluidum'. To motivate his investigations, Heidenhain said he wanted to act against a new form of superstition by which people were led astray, for example the apparitions demonstrated by Hansen.²¹ Hansen's performances met with official resistance as well. In 1881 the Prussian Minister of Culture commissioned a report on Hansen's demonstrations from the scientific deputation on medicinal matters (*wissenschaftliche Deputation für das Medizinalwesen*). Based on the study by Heidenhain, the department decided

that damage to one's health through hypnotisation could not be ruled out. On 12 May 1881 the Ministries of the Interior and Culture decreed the banning of public performances by Hansen or other 'so-called magnetiseurs'.²² It was not only the argument of potential damage to people's health which played a role, but also such objections as the disturbance of 'peace and order', the promotion of superstition, and also – and this was something new – the possible temptation of misuse. There was fear that criminal acts suggested under hypnosis might be carried out.²³

Together with the medium Slade, the German astrophysicist F.C. Zöllner undertook several experiments in Leipzig in 1877/78 under the watchful eye of numerous scientists (Ernst Heinrich Weber, Gustav Theodor Fechner, Wilhelm Wundt, Carl Friedrich Ludwig, Carl Thiersch). In one experiment two wooden rings were threaded onto a rope which was then knotted into a loop and sealed. A short while after the rings lay intact at the foot of a small table. Fechner and Weber vouched for the genuineness of these phenomena. Wilhelm Wundt, however, wrote a very influential and critical statement, rejecting the experiment.²⁴

Zöllner wanted to prove the existence of a fourth dimension, a space into which material things go, in which the dogma of rigidity of substance has no place. For Zöllner spiritism was the expression of the relationship between the physical and the spiritual world in the fourth dimension.²⁵ He also used his experiments with spiritualism to express a basic criticism of the science of his times. The harsh rejection of Zöllner's experiments demonstrated the failure of the attempt to introduce spiritual or generally occult themes to scientific investigation. In Germany, the line of demarcation between scientific culture and academic or non-academic anti-culture seemed to be more clearly drawn than in other countries.²⁶

The Appearance of the Theosophic Movement

IN 1875 THE THEOSOPHICAL SOCIETY was founded by Helena Petrovna Blavatzky in New York. Theosophy was of great significance for the blossoming of occultism. The underground teachings of Mrs Blavatzky were published in Germany shortly before 1900 and spread and repeated in many smaller circles. It is an eclectic mixture of elements taken from Western and Eastern occult traditions, which were summarised in a new system and enriched by a few aphorisms of Indian origin.²⁷ It is partly through the Theosophic Movement that practices such as yoga and meditation were popularised in the Western world. Many psychical researchers were adherents of theosophy (e.g. the majority of the members of the first society

for psychical research founded in Germany, the *Psychologische Gesellschaft* in Munich) (see below).

In addition to circles involved in theosophy and spiritism or psychical research, many other occult groups were founded in Germany after 1875: the ariosophs (in particular the *Thule Gesellschaft*, which was strongly associated with the *völkisch* movement), astrologers, gnostics, Rosicrucians, Masonic Lodges, the New Thought Movement imported from the United States, the Mazdaznan Movement, etc.²⁸ It was an extremely heterogeneous scene, operating more or less underground, seeking new spiritual orientations outside the established churches.

The Neo-mesmeric Phase within Academic Medicine and the Foundation of Scientific Societies for Psychical Research

FROM THE END OF THE 1870S experiments in hypnotism on hysterical female patients began at the hospital of the Salpêtrière in Paris. The medical historian Anne Harrington has shown that Jean-Martin Charcot and others first came into contact with hypnotism through the early experiments with metallo-therapy.²⁹ The physician Victor Burq gave Charcot the idea of putting pieces of metals and magnets onto the patients with the aim of transferring symptoms from one part of the body to the other or even from one patient to another. This phenomenon was called *transfert*. Baréty, a medical doctor, created the concept *force neurique rayonnante* (radiating energy of the nerves) and demanded the rehabilitation of fluidism by the *Société de Biologie*. Jules Bernard Luys (1828–97) carried out experiments in the hypnosis school of the Charité concerning the long distance effects of medicines: sealed bottles which were filled with different medicines and placed close to patients who were expected to react accordingly. Opium induced sleep and valerian caused them to behave like cats. It was even reported that the touch of a bay leaf converted an atheist into a loyal Catholic. Hippolyte Baraduc (1850–1909) photographed a supposed biomagnetic field as scientific proof of the authenticity of the phenomenon and constructed a 'biometer' in order to detect the human aura. Photography played a very important role in attempting to objectify the phenomena in early parapsychological research. Some smart photographers made a good business with the selling of 'ghost-portraits' which were produced by double exposure.³⁰

In Luy's *laboratoire d'hypnologie* at the Charité hospital there was intensive co-operation with representatives from the occult circles: from 1889, it was supervised by Gérard Encausse (who became renowned in these

circles as 'Papus'). Colonel Albert de Rochas, the leading French occultist, was invited by Luys to carry out biomagnetic research. Occult journals, like *L'Initiation*, *Le Voile d'Isis*, *La Paix Universelle*, *La Chaîne Magnétique*, reported regularly on these neo-mesmeric findings.³¹ Harrington notes a

quite remarkable dialogue between representatives from élite culture and representatives from popular culture; between people operating from under the banner of medical orthodoxy and people speaking from the margins of science and medicine; between hospitals and scientific societies ... (la Charité, la Société de Biologie), and basement occult groups, ...

This dialogue seems to have endured for about 20 years.³²

Established scientists, such as the psychologist Pierre Janet (1859–1947) and the physiologist Charles Richet (1850–1935),³³ who received the Nobel Prize for the discovery of anaphylactic shock in 1913, successfully undertook experiments with *suggestion mentale* (mental suggestion).³⁴ They hypnotised patients from a distance (even several kilometres) and asked them mentally to perform acts. All this was discussed in scientific circles and published in reputable scientific journals, such as the *Revue Philosophique*.

In 1888 the father of the theory of suggestion, Hippolyte Bernheim, mentioned in the preface of his publication *Suggestion and its Therapeutic Effects* that he had performed his own experiments ('with hundreds of persons') to test the effects of medicines over distance and the transmission of thoughts. He talked of achieving no clear results and left unanswered the question of whether these phenomena existed independently from suggestion.³⁵

In the 1880s numerous lay circles and scientific societies were founded which busied themselves with hypnotism, mediumism, mesmerism, prophecy, telepathy, etc. The most well known of all was the English Society for Psychical Research, founded in 1882. Members of this society included famous scientists, such as the philosopher Henry Sidgwick, the classical philologist Frederic Myers, and the physicist and winner of the Nobel Prize, Oliver Lodge. They gathered scientific proofs pro and con to test the controversial phenomena of occultism.³⁶ The German equivalents were the *Psychologische Gesellschaft* in Munich (1886), led by the private scholar Carl du Prel (1839–99) and the physician and hypnotist Albert von Schrenck-Notzing (1862–1929), and the *Gesellschaft für Experimental-Psychologie* in Berlin (1888) under the physicians Max Dessoir (1867–1947) and Albert Moll (1862–1939) and the philosopher Eduard von Hartmann (1842–1906). In this context many experiments were carried out to test the existence of thought transmission, which Frederic Myers would later call 'telepathy'.³⁷

These experiments, of course, reaped heavy criticism. For example, William Preyer published a statement in which he attributed thought transmission to involuntary whispering or to reading the muscles.³⁸

The community of psychical researchers paid great attention to such objections (which were also expressed within the community) and continually improved the rules governing their experiments in order to guard against unintentional or purposeful fraud and deception. For example, Charles Richet seems to have been one of the first to have introduced blind assessment and randomisation in psychical research. Beginning in 1884, Richet was concerned with whether a person could draw a card at random from a deck of cards and then, with concentration, communicate this card to another person. He also used a screen in order to hide the subject as a precaution against subtle cues. After these experiments, the Society of Psychical Research adopted the regular use of blind assessment and randomisation in its experiments. As Kaptchuk has shown, there were episodes of using blind assessment long before its widespread acceptance in biomedical research. It began in the late eighteenth century as a tool for demarcating orthodox medicine from deviant healing (especially mesmerism), but also as a defensive adaptation by proponents of irregular healing.³⁹

One of the most important negative statements concerning 'scientific occultism' came from the founder of experimental laboratory psychology, philosopher and physician Wilhelm Wundt (1832–1920).⁴⁰ Wundt had already spoken critically about the experiments of the astrophysicist F.C. Zöllner with the medium Slade,⁴¹ thereby returning the accusation of materialism made by the spiritualists against science. In the materialisation of the spirits he saw a rough materialistic tendency, a sign of the 'cultural barbarism of our time'. As a representative of 'experimental psychology', which was still not fully established academically, he found the claims of the societies and circles which dealt in phenomena of the occult a provocation. This was because they referred to their investigations as 'experimental psychology'. He went as far as to maintain that these 'dilettantic' societies presented a danger to society, and he criticised the medical hypnotists, such as Forel, Moll and Schrenck-Notzing, because they held open the question as to the existence of clairvoyance or telepathy and other supernatural occurrences or even accepted it as a truth on the verge of being proved.

In contrast to other researchers (Hugo Münsterberg, Oskar Vogt, Theodor Lipps) Wundt was of the opinion that hypnosis was not suitable as a means of the experimental investigation of the soul, because the experiments were not controllable. Above all, he saw it as potentially

dangerous and thought that doctors alone should be allowed to use it for therapeutic purposes. According to Wundt, frequent hypnosis could lead to an ever increasing reduction in resistance in the central nervous system. On top of that people could, he thought, become more open to suggestion when awake. 'Hypnosis by medical dilettantes for apparently scientific purposes ... appears to me to be humbug, which cannot be tolerated according to the accepted rules of health and moral authorities.'⁴²

The relationship between the hypnotist and the hypnotised is described by Wundt as being unethical, as it could come to the complete and utter subjection to the will of the hypnotist. He shared this point of view with numerous physicians, as well as with the magnetopaths, a stand against which *many* medical hypnotists tried to fight again and again. Above all the results of research into thought transmission, for example by Richet, put into question the higher order of the laws of natural science.

What result can be drawn from this investigation? We would obviously come to the conclusion, that the world surrounding us is made up of two fully different worlds. One is the world of Kopernicus, Galilei and Newton, of Leibniz and Kant, the universe of eternal unchangeable laws, in which the smallest as well as the largest fit harmoniously into the whole. Next to this large world, which increases our wonderment and astonishment with every step which we go through it, there could be another smaller world, a world of good fairies and rapping spirits, of witches and magnetic mediums. And in this small world everything that happens in the large, superior world is turned on its head. All normally unchangeable laws will be put out of use from time to time for the benefit of ordinary, mostly hysterical persons.⁴³

This quotation shows that Wundt did not want a scientific examination of occult assumptions, because he saw that his own idealistic view of science – a rational order – was questioned.

At the same time, he described the mediumistic phenomena as pathological (just as hypnosis was): it was the crazy world of hysteria. This was the common way for Anglo-American psychiatry to view the spiritistic media from the middle of the nineteenth century onward. For example, one of the leading Victorian psychiatrists, Henry Maudsley, reduced the ecstatic visions of Mohammed, Saul and Swedenborg to epileptic attacks; spiritual visions and so-called 'supernormal forces' were seen as the result of an abnormal functioning of the nervous substance.⁴⁴

The Introduction of Hypnosis within Academic Medicine

AT THE END OF THE 1890S Schrenck-Notzing and Dessoir dissociated themselves from 'experimental metaphysics'. They had become disciples of the Nancy school of hypnotism, as was Albert Moll, and agreed that the magnetic doctrine of the invisible fluid was largely explained by suggestion. In 1892 Albert Moll published the results of his experimental research about magnetic rapport (understood to be the specific relationship between the 'magnetiseur' and his patient or medium postulated by the mesmerist theory, and characterised by a direct influence of a force or will).⁴⁵ His results were negative, and he concluded that the rapport was fully explained by suggestion. But he left the tiny possibility of distant influence. Most of the medical hypnotists, like August Forel, Eugen Bleuler and Ludwig Löwenfeld, shared this tentative positive view that did not go as far as to negate completely (a priori) the possibility of direct influences. They thought that the phenomenon was rather rare, emphasising that it might be too early for theoretical interpretations. They shared the opinion that it was not, at least, due to the action of departed souls and were convinced that one day there would be an explanation in the context of normal scientific causality. They declared that it was their duty to shed scientific light onto these phenomena in order to combat spiritual superstition, and that it was the only way to invoke a true enlightenment of the population.⁴⁶ They often used technical analogies in speculations about the nature of this unknown force, and telepathy was compared with the telephone or the radio-telegraph. At the turn of the century demonstrations of the existence of many types of invisible radiation (the discovery of x-rays by Wilhelm Röntgen, Hertz's electromagnetic waves and the invention of radio-telegraphy) made it more probable that there was a physical basis for paranormal phenomena. So Dessoir demanded that physicists should examine this field.

In Germany in particular, the main (scientific) experimenters in the field of occult phenomena were physicians who tried to introduce hypnotism into academic medicine.⁴⁷ This produced a conflict of roles: there was a growing resistance against hypnotism from the medical establishment, which was expressed in the debates about the danger of hypnotism and the frequent identification of hypnosis with spiritism, occultism and animal magnetism. The medical hypnotists tried to demonstrate that hypnosis as a therapeutic treatment and as an experimental method would not do any harm, if practised by medical experts. But they agreed with their enemies that treatments by lay hypnotists, lay magnetopaths and spiritists could have

harmful effects. Moll especially was engaged in the fight against lay healers, and compiled a number of critical reports to which other authors referred. In 1907 he summarised his results from the last two decades; he had not been able to observe anything, either from magnetic healing or clairvoyance, from mind-reading, spirits or other similar phenomena.⁴⁸

Moll and Dessoir wrote informative books about 'occult' themes, such as telepathy, spiritism and spiritual healing, but they freed these topics from the magic aura by explaining them as suggestion and conscious and unconscious fraud.⁴⁹ In order to establish hypnotism as a science, they had to dissociate it from real or supposed mysticism. On the other hand, they showed a more differentiated attitude in their textbooks about the theory and practice of therapeutic hypnotism, where they admitted that there were convincing experiments which indicated the plausibility of the existence of telepathy.⁵⁰

Moreover, the enemies of hypnotism characterised the state of trance as pathological. Considering the contemporary diagnosis of nervousness as a symptom of civilisation, hypnotic trance could only produce more harm. There was a call for educationally persuasive psychotherapies which were supposed to operate with the rational mind and to strengthen the will (a kind of 'gymnastics of the will') in order to resist the 'decadence' of the turn of the century.⁵¹ Despite a growing acceptance of medical hypnotism, it was still far from being integrated into academic medical training. Hypnotism and occultism were seen as dangerous for the public order, especially if they became too popular among the lower classes.⁵² From the 1890s onward, there was a climate in Germany that would only allow young sciences, such as (academic) experimental psychology and therapeutic and experimental hypnotism, to gain academic credentials if they maintained a critical distance from the occult fringe. In this context, it is not astonishing that Schrenck-Notzing,⁵³ Dessoir and Moll, the German pioneers of medical hypnotism, withdrew from a research programme which included the examination of mesmerism, somnambulism and spiritism, and that they developed interpretations of these phenomena that would fit into the dominant contemporary scientific discourse. On the other hand, they stated clearly that occult phenomena had to remain objects of study within science, opening the boundaries which others had previously drawn up.

The involvement of medical hypnotists in establishing hypnosis inside academic science was an important reason for the weakening of early scientific parapsychology in Germany (in addition to the lack of financial sponsorship or independent scholars). In contrast to Great Britain (Crookes, Sidgwick, Lodge, Myers), France (Richet) or the United States (James),

there was clearly a smaller number of established scientists engaged in this field, at least until the beginning of the 1920s. After the First World War, reactions against 'materialistic' science and the search for a 'holistic' world view promoted a renewed interest for this field in Germany.

Conclusion

BEGINNING IN THE 1880s German scientists – especially physicians – became involved in experimental research about paranormal phenomena (like telepathy and clairvoyance). This was particularly due to the growing popularity of the spiritualist movement, the professional consolidation of the magnetic healers ('magnetopaths') and the demonstrations of stage 'magnetiseurs' confronting many scientists for the first time with the phenomenon of the hypnotic trance. They were also stimulated by the foundation of scientific societies in England (especially the Society for Psychical Research). Attempts were made to approach mesmeric, psychical and spiritualistic phenomena 'without prejudice', which, if incontestably established, would found experimentally based metaphysics.

The development of psychical research and its reception were clearly influenced by shifting political, professional, moral and rhetoric objectives. The experimental efforts to discriminate between the effects of suggestion and the influences of a supposed unknown force led to the highest standards of positivist scientific methodology within psychical research. The examination of these topics also resulted in the development of a new psychological subdiscipline, the psychology of deception and belief.

Notes

- 1 See the classical studies on history of hypnosis and mesmerism: Henry Ellenberger, *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry* (New York, 1970); Alan Gauld, *A History of Hypnotism* (Cambridge, 1992).
- 2 'Scientific occultism' was the usual expression in German-speaking countries for the Anglo-American 'psychical research', at least until the 1920s. The word 'psychical' itself was invented in 1856 by the chemist Robert Hare (1781–1858) to dissociate his research on spiritualism from the taint of quackery (quoted in Ted J. Kaptchuk, 'Intentional Ignorance: A History of Blind Assessment and Placebo Controls in Medicine', *Bulletin of the History of Medicine* 72 (1998), 410). It is also important to note that the word 'psychical' was consistently used as synonym for 'psychological' by spiritists and psychical researchers until the 1920s. Research about spiritualistic phenomena was regularly designated as 'experimental psychology'. There was a growing resistance to this practice from representatives of academic experimental psychology (see Wilhelm Wundt's comments in this paper). This semantic ambivalence shows the inner conflict of psychology about its object, which was initially divided between the study of the rational mind and the immaterial spirit.
- 3 The philosopher Thomas Davidson wrote to his friend William James in 1883:

Nothing can save Europe but a complete social regeneration. ... Moreover no social regeneration is possible without a moral regeneration, & no moral regeneration is possible without a scientific insight into the eternity of the individual, such as no philosophy now in vogue is able to give.

In subsequent letters, James and Davidson discussed the possibility of new forms of secular religion that would have to be based on a renewed 'belief in new *physical* facts & possibilities' (James to Davidson, 30 March 1884, James Papers). Quoted in Deborah J. Coon, 'Testing the Limits of Sense and Science. American Experimental Psychologists Combat Spiritualism, 1880–1920', *American Psychologist* 47 (1992), 144.
- 4 The term 'animism' was introduced by another important figure in German scientific occultism, the Russian spiritist Alexander Aksakow (1832–1903), who in 1874 founded the first journal of psychical research in Germany, the *Psychische Studien*. 'Spiritualism' is the Anglo-American expression for the belief in incarnate agencies surviving human death that are supposed to communicate with the living under certain circumstances. In English, 'spiritualism' is synonymous with 'spiritism' (but without the belief in reincarnation); in German and French, there is a differentiation between 'spiritism' and 'spiritualism'. Especially in the Romance countries, 'spiritism' includes the belief in reincarnation (corresponding to the teachings of Allan Kardec, the founder of French spiritism). 'Spiritualism' means an idealistic world-view, which does not necessarily include belief in reincarnation. See Werner Bonin, *Lexikon der Parapsychologie und ihrer Grenzgebiete* (Bern, 1976), pp. 463–64.

- 5 Andrew Jackson Davis, *Principles of Nature, her Divine Revelations, and a Voice to Mankind* (New York, 1847).
- 6 William Crookes, 'Spiritualism viewed by the Light of Modern Science', *Quarterly Journal of Experimental Science* (1870) as quoted in Brian Mackenzie, 'Parapsychology and the History of Science', *Journal of Parapsychology* 30 (1978), 200, a review essay of R. Laurence Moore, *In Search of White Crows: Spiritualism, Parapsychology, and American Culture* (New York, 1977).
- 7 The history of spiritism in Germany is still unwritten. Useful information is to be found in Adolf Kurzweg, 'Die Geschichte der Berliner "Gesellschaft für Experimental-Psychologie" mit besonderer Berücksichtigung ihrer Ausgangssituation und des Wirkens von Max Dessoir' (unpubl. med. thesis, Free University of Berlin, 1976), Nils Freytag, "'Zauber-, Wunder-, Geister- und sonstiger Aberglauben". Preußen und seine Rheinprovinz zwischen Tradition und Moderne (1815–1918)' (unpubl. historical thesis, University of Trier, 1998) and Ulrich Linse, *Geisterseher und Wunderwirker* (Frankfurt, 1996).
- 8 Linse, *Geisterseher*, pp. 66–87.
- 9 The *Vereinigung der deutschen Magnetopathen* was formed in 1888 and in 1890 the *Bund der deutschen Mesmeristen* under the doctor and socialist-spiritualist Georg von Langsdorff.
- 10 This implied that legal permission to cure persons without medical licences was granted by the German Reichstag in 1869/70.
- 11 Das Gesundheitswesen des Preußischen Staates im Jahre 1909 (Berlin, 1911) quoted in Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889 bis 1914)* (Stuttgart, 1995), p. 285.
- 12 In fact, two important figures of the German naturopathic movement, Reinhold Gerling and Oskar Mummert, tried to introduce hypnotism and magnetopathy as a part of natural healing methods. See Regin, *Selbsthilfe und Gesundheitspolitik*, pp. 142 ff.
- 13 F.J. Hering, *Der menschliche Magnetismus als vornehmster Heilfaktor, seine Freunde und Gegner* (Konstanz, 1903); Philipp W. Kramer, *Der Heilmagnetismus. Seine Theorie und Praxis. Neu bearbeitet und mit einer Abhandlung über unsichtbare (magische) Strahlen versehen von Ludwig Tormin* (Leipzig, 1907).
- 14 H.R. Paul Schröder, *Geschichte des Lebensmagnetismus und des Hypnotismus* (Leipzig, 1899), p. 622; Reinhold Gerling, *Spiritisten ohne Geist* (Berlin, 1912).
- 15 Jens-Uwe Teichler, "'Der Charlatan strebt nicht nach Wahrheit, er verlangt nur nach Geld". Zur Auseinandersetzung zwischen naturwissenschaftlicher Medizin und Laienmedizin im deutschen Kaiserreich am Beispiel von Hypnotismus und Heilmagnetismus' (unpubl. med. thesis, University of Leipzig, 1998), p. 121.
- 16 Teichler, 'Der Charlatan', pp. 149 ff.
- 17 The medical profession was particularly active in the drawing-up of the draft law. See Teichler, 'Der Charlatan', pp. 144–56.

- 18 Concerning the legal consequences, see Teichler, 'Der Charlatan', pp. 156–70.
- 19 His performances also helped to popularise magnetic healing in Germany.
- 20 Rudolf Heidenhain, *Der sogenannte thierische Magnetismus. Physiologische Beobachtungen* (Leipzig, 1880); Rudolf Heidenhain, *Hypnotism or Animal Magnetism. Physiological Observations* (London, 1888).
- 21 Heidenhain, *Der sogenannte thierische Magnetismus*, p. 4.
- 22 Teichler, 'Der Charlatan', p. 160.
- 23 Freytag, 'Zauber-, Wunder-, Geister- und sonstiger Aberglauben', pp. 282–83.
- 24 Wilhelm Wundt, *Der Spiritismus. Eine sogenannte wissenschaftliche Frage. Offener Brief an Herrn Prof. Hermann Ulrici in Halle* (Leipzig, 1879).
- 25 The fourth dimension played an important role in the theoretical writings of almost all modern art movements, beginning with cubism. See the catalogue of the exhibition '*Okkultismus und Avantgarde*' (Frankfurt a. Main, 1995).
- 26 Freytag, 'Zauber-, Wunder-, Geister- und sonstiger Aberglauben', pp. 297 ff.; Christoph Meinel, *Karl Friedrich Zöllner und die Wissenschaftskultur der Gründerzeit. Eine Fallstudie zur Genese konservativer Zivilisationskritik* (Berlin, 1991); Janet Oppenheim, *The Other World. Spiritualism and psychical research in England, 1850–1914* (Cambridge, 1985), pp. 391–97.
- 27 The British 'Society for Psychical Research' was engaged in revealing fraudulent manipulations undertaken by Madame Blavatzky; see Oppenheim, *The Other World*, pp. 159–98.
- 28 Leopold Engel, *Internationales Adress-Buch vereinter Wahrheitssucher*, 2 Teile (Bitterfeld, 1896); Hans Freimark, *Die okkulte Bewegung* (Leipzig, 1912); Hans-Jürgen Glowka, *Deutsche Okkultgruppen 1875–1937* (Augsburg, 1981); Kurt Hutten, *Seher, Grübler, Enthusiasten* (Stuttgart, 1968); James Webb, *The Occult Establishment* (Illinois, 1976); for the Mazdaznan Movement, see Wolfgang Krabbe, *Gesellschafts-veränderung durch Lebensreform* (Göttingen, 1974).
- 29 Anne Harrington, 'Hysteria, Hypnosis and the Lure of the Invisible: the Rise of Neo-mesmerism in Fin-de Siècle French Psychiatry' in W.F. Bynum, Roy Porter and Michael Shepherd (eds.), *The Anatomy of Madness. Vol. III. The Asylum and its Psychiatry* (London, 1988), pp. 226–46.
- 30 See the catalogue from the exhibition of photography of the invisible: *Im Reich der Phantome. Fotografie des Unsichtbaren* (Osterfildern-Ruit, 1977). For a detailed historical study about the role of photography in the context of paranormal phenomena, see Rolf H. Krauss, *Jenseits von Licht und Schatten. Die Rolle der Photographie bei bestimmten paranormalen Phänomenen – ein historischer Abriss* (Marburg, 1992).
- 31 Many of these articles had been translated into German and published in occult journals in order to demonstrate the scientific character of these findings. For example, David Luys, 'Bericht über die photographische Registrirung von Fluiden, die den Fingerspitzen und den Augen lebender Wesen im physiologischen und

pathologischen Zustände entströmen, Auszug aus den Sitzungsberichten der Société de Biologie (Sitzung vom 29. Mai 1897) nach der *Revue Spirite* 1897', *Die übersinnliche Welt* (1897), pp. 323–25; Hector Durville, *Der Fluidalkörper des lebenden Menschen. Experimentelle Untersuchungen über seine Anatomie und Physiologie* (Leipzig, 1912).

- 32 Harrington, 'Neo-mesmerism in French Psychiatry', p. 240.
- 33 Richet was the founder of French psychical research and experimented and published in this field throughout his professional life. For more details, see Stewart Wolf, *Brain, Mind, and Medicine: Charles Richet and the Origins of Physiological Psychology* (New Brunswick, 1993).
- 34 Pierre Janet, 'Notes sur quelques phénomènes de somnambulisme', *Revue philosophique* 21 (1886), 190–98; Pierre Janet, 'Deuxième note sur le sommeil provoqué à distance et la suggestion mentale pendant l'état somnambule', *Revue philosophique* 22 (1886), 212–23; Charles Richet, 'Un fait de somnambulisme à distance', *Bulletin de la Société de Psychologie Physiologique* (1885), 1–33; Charles Richet, 'Expériences sur le sommeil à distance', *Revue de l'Hypnotisme expérimental et thérapeutique*, 2 (1887/88), 225–40.
- 35 Hippolyte Bernheim, *Suggestion und ihre Heilwirkung* (trans. Sigmund Freud) (Leipzig, 1888), pp. XVI ff.
- 36 The aim of the British Society for Psychical Research was to investigate 'that large group of debatable phenomena designated by such terms as mesmeric, psychical, and Spiritualistic'. Amidst much illusion and deception, they registered 'an important body of remarkable phenomena', 'which, if incontestably established, would be of the highest possible value' (leading to the experimental foundation of metaphysics). The Society wanted to approach these phenomena 'without prejudice' in a scientific 'spirit of exact and unimpassioned inquiry' (The Society for Psychical Research, 'Objects of the Society', *Proceedings of the Society for Psychical Research* 1 (1882–83), 3–4. For more details, see Alan Gauld, *The Founders of Psychical Research* (London, 1968); Moore, *White Crows* and Oppenheim, *The Other World*.
- 37 Frederic W.H. Myers, 'Report of the Literary Committee', *PSPR*, 1, 147 (1882–83). He defined telepathy as: 'the communication of impressions of any kind from one mind to another, independently of the recognized channels of sense'.
- 38 Wilhelm Preyer, *Die Erklärung des Gedankenlesens nebst Beschreibung eines neuen Verfahrens zum Nachweise unwillkürlicher Bewegungen* (Leipzig, 1886).
- 39 Kaptchuk, 'Intentional Ignorance', 411; see also Ian Hacking, 'Telepathy: Origins of Randomization in Experimental Design', *Isis*, 79 (1988), 427–51, 437.
- 40 Wilhelm Wundt, *Hypnotismus und Suggestion* (Leipzig, 1892). The statement is important, because it contains the central arguments against hypnosis and psychical research that characterized the debates in the following years.
- 41 Wundt, *Der Spiritismus*.

- 42 Wundt, *Hypnotismus*, p. 22 (the quotation is translated by Wolf-Braun).
 43 Wundt, *Hypnotismus*, p.11 (translated by Wolf-Braun).
 44 There is a wonderful citation from William James (1901 Gifford Lectures on the Varieties of Religious Experiences) dismissing medical materialism:

Medical materialism finishes up Saint Paul by calling his vision on the road to Damascus a discharging lesion of the occipital cortex, he being an epileptic. It snuffs out Saint Teresa as an hysteric, Saint Francis of Assisi as an hereditary degenerate. George Fox's discontent with the shams of his age, and his pining for spiritual veracity, it treats as a symptom of a disordered colon. Carlyle's organtones of misery it accounts for by a gastroduodenal catarrh. All such mental overtensions, it says, are, when you come to the bottom of the matter, mere affairs of diathesis [auto-intoxications most probably], due to the perverted action of various glands which physiology will yet discover.

Quoted in Edward Brown, 'Neurology and spiritualism in the 1870s', *Bulletin of the History of Medicine* 57 (1983), 563.

- 45 Albert Moll, *Der Rapport in der Hypnose. Untersuchungen über den thierischen Magnetismus* (Leipzig, 1892).
 46 L. Löwenfeld, *Somnambulismus und Spiritismus* (Wiesbaden, 1907), pp. 70–71; Albert Moll, *Der Hypnotismus* (Berlin, 1890), p. 322.
 47 The situation seemed quite different in the United States, where mainly psychologists were involved in this research. Coon has shown that they could not avoid the topic because of private funds given to the universities for the study of spiritualistic and psychical phenomena. Some psychologists proved them fraudulent or explained them via naturalistic causes; others developed a new subdiscipline, the psychology of deception and belief. Coon argues that psychologists used their battles with spiritualists to legitimise psychology as a science and create a new role for themselves as guardians of the scientific world-view. See Coon, 'Testing the Limits of Sense and Science', 143–51.
 48 Albert Moll, 'Über Heilmagnetismus und Heilmagnetiseure in forensischer Beziehung', *Vierteljahresschrift für gerichtliche Medizin und öffentliches Sanitätswesen* 35 (1907), 1–21, 2 as quoted in Teichler, 'Der Charlatan', p. 116.
 49 Albert Moll, *Gesundbeten. Medizin und Okkultismus* (Berlin, 1902); Albert Moll, 'Kurfuschertum und Suggestion', *Die Woche* 5 (1903), 367–69; Albert Moll, *Hypnotismus, Tierischer Magnetismus, Spiritismus*. Medizinische Volksbücherei. Heft 16. (Halle, 1905); Albert Moll, *Prophezeien und Hellsehen* (Stuttgart, 1922); Max Dessoir, 'Gespenster Lebender', *Über Land und Meer* 61 (1889), 223–24; Max Dessoir, 'Zur Psychologie der Taschenspielerkunst', *Nord und Süd* 52 (1890), 194–221.
 50 Moll, *Hypnotismus*, pp. 321–24; August Forel, *Der Hynotismus oder die Suggestion und die Psychotherapie. Ihre psychologische, psychophysiologische und medizinische Bedeutung*

mit Einschluss der Psychoanalyse, sowie der Telepathiefrage, 8th and 9th ed. (Stuttgart, 1919), pp. 46–78.

- 51 Christina Schröder, *Der Fachstreit um das Seelenheil. Psychotherapieggeschichte zwischen 1880 und 1932* (Frankfurt a. M., 1995).
- 52 In a lecture about thought transference the psychologist Hugo Münsterberg mentioned that the healthy willingness of the population to work could be seriously disturbed by the artificial intensification of hypnotic states. He diagnosed the economic breakdown of certain rural areas as being the result of the addiction of the population to spiritism. Hugo Münsterberg, *Gedankenübertragung. Vortrag gehalten in der Akademischen Gesellschaft zu Freiburg i.Br. am 10. Januar 1889* (Freiburg i. Br., 1889), p. 12.
- 53 In 1892 Schrenck-Notzing married Gabriele Siegle, the daughter of the industrialist and national liberal member of the *Reichstag* Gustav Siegle (Stuttgart), thus becoming financially independent. He then started intensive research on the physical phenomena (materialisations) produced by mediums. He became the most prominent figure in psychical research in Germany until his death in 1929. See Gerda Walther, 'Dr.med. Albert Feiherr von Schrenck-Notzing. Leben und Werk', in Albert Freiherr von Schrenck-Notzing, *Grundfragen der Parapsychologie* (Stuttgart, 1962), pp. 11–31. Financial independence of the researchers was a very important factor in this field, because there was no public financing and even less private funding than in England, France and the United States.

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