# Patients in the History of Homoeopathy

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# Patients in the History of Homoeopathy

*Edited by Martin Dinges*




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edited by Martin Dinges

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# Introduction: Patients in the History of Homoeopathy

*Martin Dinges*



THE HISTORY OF PATIENTS is no longer *terra incognita*. Since the first challenges in the 1970s to direct our attention towards those who took an active interest in their health and towards the sick, our knowledge has widened. In the process, it has also become clear that a distinction needs to be drawn between patient history in the broader sense and such a history in the narrower sense.[1] The study of the supply side of medicine belongs to patient history only in the broader sense where it characterises the conditions in which patients were able, in the first place, to create demand. Obviously, questions of the accessibility of that supply, in connection with a minority therapy such as homoeopathy, are more important than is normally the case in the history of medicine. In the narrower sense, it is necessary to study 'how patients relate to other actors on the health scene, how patients behave with regard to being ill or being healthy and, finally, what attitudes patients have towards these health-related questions'.[2]

In search of 'the' homoeopathic patient, a number of associations, nowadays, present themselves that suggest different patient expectations with regard to homoeopathy. This important initial point makes more apparent the critical potential of this volume in a context of historical contrast. In terms of what motivates patients, many people think first of neuro-dermatitis and of similar chronic complaints for which homoeopathic treatment is seen as particularly promising. Thus, the picture emerges of patients who feel they can expect no further help from orthodox medicine and are using homoeopathy as a last, or penultimate, chance. Initially,

there may be consideration, as in the first taking of a homoeopathic case history, of the longer time that the doctor spends with the patient. No doubt some patients particularly appreciate such intensive attention, which is why they visit homoeopaths. Mention should also be made of the current criticism of 'high-tech medicine', which targets not only doctors' fixation with symptoms seen in biomedical terms but also the side effects of invasive treatments. Both could arouse patients' interest in homoeopathy, with its reputation for being 'holistic' and 'gentle', i.e. particularly 'side-effect-free'. Lastly, there are those patients who are familiar with homoeopathy from home; possibly from a family tradition of visiting the homoeopath or the lay healer. This points to one aspect that, in some countries at least, helps shape the picture of homoeopathy: in Germany, for example, it is offered by thoroughly established and professionalised non-academically trained healers, whose services many patients are happy to call upon.

Such associations show that today it is necessary to start from a wide variety of patient motivations, from a range of suppliers in the medical marketplace, who themselves have very different ideas about homoeopathy, and from a certain climate of conflict between homoeopathy and orthodox medicine.[3] That conflict is characterised, not least, by special features in the way in which homoeopathic healers deal with patients. Historically, questions need to be asked about the bases of and alterations to such findings, insofar as these are relevant to patients. This paper, therefore, first describes the way in which Hahnemann did things, in order to define the scope of patient experiences, partly in comparison with the expectations of patients today. Subsequently, the development of the range of medical practice available paradigmatically is traced from Hahnemann's death to the 1960s, using the example of the well-researched German market. Prime candidates for closer attention in the last section, on the contemporary history of homoeopathy, will be the international development of patient expectations and the range of homoeopathy available.[4]

## Samuel Hahnemann, Homeopathy and the Patients

THE CONTINUING OUTSTANDING IMPORTANCE of Samuel Hahnemann (1755–1843) for homoeopathy makes it important to affirm certain fundamental principals that have shaped the relationship between homoeopathic healers and patients. Three aspects of Hahnemann's practice of medicine allow for a distinction from the norm that obtained in his day.

First, Hahnemann's understanding of himself as a doctor was strongly

influenced by the dignity that attached to the profession and his feeling that it should be nourished by social esteem, general education and expertise. Hahnemann avoided everything that might stand in the way of the doctor's dignity. For example, the founder of homoeopathy abhorred particularly the house calls that were so much a part of the patronage relationship. He ruled them out as a matter of principle for any patient still capable of attending the doctor's practice in person.[5] It was a waste of time, he said, travelling to the patient oneself. There was a risk that he or she might not be at home, thus involving further delays. Only for acute, bedridden cases was a home visit called for. Hahnemann felt it important, therefore, to reverse the earlier social logic whereby the doctor must attend the (usually important) patient. This is the start of the 'modern' phenomenon of doctors finding it quite natural to keep patients waiting.[6] In addition, Hahnemann's achievement was that patients had to see him on his 'territory', which gave spatial justification to a hierarchical gradient favouring the doctor.

The same tendency to strengthen the doctor's position is evident in Hahnemann's way of collecting fees.[7] The normal practice, in his day, was for patients to pay later. This applied both to individual treatments and to the annual payments received by physicians who functioned as family doctor to a particular household. In such cases, they usually received a fixed annual sum that might be supplemented in accordance with the treatment received. However, the custom of settling the fees afterwards put patients, as debtors, in the powerful position of being able to postpone or reduce payment, or even to withhold it altogether. This, too, conflicted with Hahnemann's 'modern' understanding of himself as a medical professional who should be suitably rewarded for his valuable services and paid promptly. Accordingly, he required his patients to pay in advance, possibly at the beginning of each consultation. Even for more extended treatments, down payments were required from which the doctor then deducted each individual treatment until the next down payment. If the payment was not made, Hahnemann refused to begin the consultation. Thus, at least from patients whom he treated over a period, Hahnemann demanded payment in advance. The extensive refusal of home visits and Hahnemann's method of charging point to his markedly businesslike way of thinking and a reaction, therefore, against the humiliations and dependencies that many doctors had put up with from their aristocratic clients. His approach was controversial even among his medical contemporaries, but it was very helpful in supporting the strapped finances of the Hahnemann household.[8] Historically speaking, too, homoeopathy had a not necessarily 'patient-friendly' pioneering role that has been forgotten today.

Thirdly, Hahnemann also required his patients to be convinced of the effectiveness of homoeopathy. He expected all his patients, or at least the chronic ones undergoing extended treatment, to have read his chief work, the *Organon*. Its 'Introduction', which takes up a good fifth of the entire book, unsurprisingly, is harshly critical of the medicine of the day.[9] The main part of the book, too, never misses an opportunity to draw a clear line of demarcation against allopaths as regards the theory of illness and, in particular, how illness should be treated. The sections on dietetics tell patients how to make appropriate adjustments to their lifestyle. The quality of medication, which was so fundamental for Hahnemann, was to be assured through relevant rules of preparation. A fairly comprehensive idea of the medical doctrines of the physician treating the reader can thus be obtained, albeit without asking too many questions and certainly without assuming the doctor's role. The way Hahnemann wished his book to be read called for an informed patient who would familiarise himself (or of course herself) with what was new about homoeopathy. On the other hand, the ideal patient should play a clearly subordinate role vis-à-vis the doctor – ready to learn but not, for example, thinking that placed the reader on the same level as the doctor medically.[10] Moreover, it was hoped that reading would reinforce patients' immunity to hostile rumours, i.e. criticism of homoeopathy.[11] In modern marketing this is called building customer loyalty. Finally, Hahnemann's request further helped to sell his books, which increased his earnings.[12]

These three special features constituted the guidelines of Hahnemann's practice, which evolved between these objectives, the explicit dogma set out in the *Organon*, and the details of each specific case. A great deal is known about that practice from the 54 medical journals that Hahnemann left, from the 5,559 letters that patients wrote to him, and from a further 352 letters to his second wife Mélanie.[13] He also talked about his practice in correspondence with colleagues.[14] In addition, there are printed reports by former patients of their experience of that practice and observations by colleagues.[15]

Such a wealth of material about a single practice is historically unique. Scholars have only begun to evaluate it, but it can be stated already that Hahnemann did largely implement his own ideas in his practice of medicine.[16] Home visits can be proven only in connection with severely ill patients.[17] Payment in advance appears to have been used overwhelmingly. Hahnemann graduated his fees socially in a very pronounced fashion, making the rich pay considerably more for treatment than the poor.[18] However, all patients were required to pay if they could, and payment

must be immediate. Many patients did read the *Organon*; some even read other books by Hahnemann as well. However, most such cases are known only from those who were interested in asking Hahnemann; non-readers, of course, did not necessarily tell the doctor about their omission.

Another special feature of Hahnemann's modus operandi, of great importance for patients, was his very thorough case-taking – far more intensive than the usual kinds of enquiry about patients' complaints.[19] This includes the written documentation of case histories begun by Hahnemann and similarly used by, for example, Clemens von Bönninghausen (1785–1864) and his son Friedrich Paul (1828–1910).[20] The purpose of this extensive written documentation was to enable the doctor to reconstruct the course of the illness, even after some time. This may be regarded as an early form of quality assurance, from which the patient benefited. Indeed, case-taking is a special feature of homoeopathy, and it has survived in this form to the present day.[21]

Since, like many of his contemporaries, Hahnemann also conducted remote treatments of patients not living locally, those patients had to communicate their symptoms by letter as thoroughly as those attending the practice. The resultant, very detailed correspondence, or such of it as has survived, is a further consequence of the homoeopathic method of case-taking. At the same time, it is an excellent source for patients' experience of illness and pain, which they describe to the doctor in their own language.

According to the guidelines that Hahnemann laid down in the *Organon*, at the first case-taking the patient was initially required to give a free account of his condition.[22] In this open conversational phase the doctor was simply to listen. Then, any other persons who might be present (parents or friends/acquaintances) were to contribute additional information about the patient. In other words, Hahnemann specifically invited persons from the patient's circle to take part in establishing the case history.[23] Only then was the doctor to ask questions, though without giving the patient suggestions as to how to answer them. Obtaining individually important items of information concerns the whole person, enabling the doctor to form a picture of the patient's social background. Ascertaining symptoms is therefore done in a notably open way, and also involves emotional symptoms; it is not aimed at specific aspects that the doctor deems important from the outset. Hahnemann's questions suggest that information about the totality of the patient's life (like old style dietetics) was very important to him as the doctor. Otherwise, though, after the more open phase, he would steer the conversation towards those symptoms that might be relevant to choosing the right remedy.[24]

Part of examining the patient is, of course, a physical examination, though this was not particularly thorough in Hahnemann's day. Inspection of the patient's urine had gone out of fashion already before the use of a new appliance, the stethoscope, became popular in the 1820s.[25] Given the limited technical opportunities available, it made sense to devote the greater part of case-taking to asking the patient questions.

Patients were not used to having such detailed conversations with their doctor. It was partly for this reason, presumably, that Hahnemann recommended that they read the *Organon*. Certainly, the case-taking offers patients specific opportunities to describe their illness, examine it closely, and thus give it meaning. This lengthier, more open interaction establishes a more intensive doctor–patient relationship than in other schools of medicine. In such an interaction, patients have more chance to exert influence themselves by contributing their point of view and their interests. As the patient is being taken seriously, therapeutic effects may flow already from this interview. It is impossible to underestimate the importance to patients of this experience of case-taking for the homoeopathy of the time, as for homoeopathy today. For articulate patients at least it must have been a very attractive proposition.[26] Those patients with previous experience of doctors also expected Hahnemann to concentrate on prescribing a drug – and one that should have 'powerful effects', such as to make them perspire or cause their bowels to move.[27] The founder of homoeopathy met these expectations by usually prescribing one dose of medicine a day. Homoeopathic 'globuli', little balls of lactose, came in numbered packets. This gave patients, fond of taking medicine, the opportunity of doing something for their health each day, which is known to help the healing process. It remained Hahnemann's secret, albeit an open secret for many, which of these doses contained verum and which contained no active substance whatsoever, i.e. a placebo.[28] Patients who wanted to know too much were forbidden from asking what was in the packets. Once again, here is evidence of how clearly Hahnemann asserted his leadership role in the doctor–patient relationship.

This was true in another respect, though one that undoubtedly suited patients. As a matter of principle, Hahnemann eschewed those 'heroic therapies' that called for a high pain threshold in, or severely weakened, the person being treated. For instance, he opposed hair ropes used to make open wounds suppurate longer which, according to the ideas of humoral pathology, was supposed to rid the body of noxious 'humours'. Nor did he bleed patients, which traditional therapy regarded also as a means of draining off harmful, so far as the body was concerned, superfluous fluids.

Hahnemann believed that everything must be avoided that did not directly contribute towards healing.[29] Thus, the iatrogenically caused burdens on the patient were consciously considered and their avoidance made a guideline of therapeutic practice. Hahnemann championed this position rigorously vis-à-vis those doctors who favoured compromises with traditional methods of treatment so as not to lose patients. He called such doctors 'semi-homoeopaths'.[30] At the same time, this clear line of demarcation against hybrid therapies made more clearly recognisable what was available on the medical market in terms of homoeopathic treatment.[31]

The excellent documentation of Hahnemann's practice also makes it possible to analyse practice rate, frequency of consultation, and gender-specific and social composition of his body of patients.[32] Inevitably, given the somewhat peripatetic nature of Hahnemann's life as he moved many times, particularly in the early decades of his work as a doctor, these parameters vary markedly between individual places of residence and, where he worked longer in one place, at that place itself. For example, the number of consultations for Eilenburg (1801–03) is 4.6 per day, for Leipzig (1811–21) 6.8 per day (between 2 and 15), and for Köthen (1830) an average of 8 (minimum of 1 and maximum of 15); the figure for Paris (including consultations by correspondence) is 16.[33] Hahnemann was regularly consulted on Saturdays and Sundays, with the result that the averages cited are based on an assumption of 365 working days in the year.

In Köthen, Hahnemann practised for five hours a day (9–12 in the morning and 2–4 in the afternoon), which meant he spent an average of 45 minutes with each patient.[34] This figure provides further support for the idea that Hahnemann devoted himself to his patients with particular thoroughness. He allowed between one and one-and-a-half hours for the initial case-taking, doing a maximum of two a day. In comparison, allopathic practices averaged 10, 38, or even 80 consultations per day.[35] The substantial fluctuation between the different locations should be discounted, as Hahnemann rarely treated more than 20 people in a single day. Five hours' work and an hour-long initial case-taking on such a day corresponds to 12 minutes per patient. Generally speaking, the number of his patients increased as he grew older.

The social composition of Hahnemann's patients also changed, not least because of the very different social profiles of the cities he lived in: Eilenburg was more like a small town, Leipzig was a large commercial centre, Köthen was a minor princely seat. There was always a predominance of middle and upper classes in relation to the population as a whole,

though the lower orders were never absent; indeed, they were quite well represented. Over the whole period of Hahnemann's medical career, the tendency was for his patient body to comprise increasing numbers of the wealthier middle and upper classes. He may already have enjoyed the status of a fashionable physician in Köthen; this was certainly the case later, in Paris. Even in these latter years, though, that status did not prevent him from treating poor patients. From the standpoint of gender history, it is not uninteresting that he often left the care of this less attractive clientele to his (admittedly much younger) wife, Mélanie.

## Patients and Homoeopathic Practice from c.1843 to c.1960

FOR POTENTIAL PATIENTS OF HOMOEOPATHY, what was on offer medically was of substantial importance. The special qualities of the homoeopathic treatment available in the period after Hahnemann, c.1843 to c.1960, show a considerable change. The steady professionalisation of the medical class, a process that varied from country to country but was largely complete by c.1900, brings constant, lasting change to the medical market.[36] The German experience will be outlined because, from the standpoint of the history of homoeopathy, it is the German market which has been most thoroughly researched. In Hahnemann's day, taking medical practitioners as a whole, the academically trained doctor was still in the minority. He therefore played an altogether subordinate role in medical care. This was even more true with regard to homoeopathic doctors. In Germany, these never exceeded two per cent of the total number of doctors; the proportion usually being at or below one per cent.[37] Consequently, access to homoeopathic doctors also remained very low. Even in the USA, with the world's highest proportion of homoeopathic doctors in the period under consideration, their market share never went above nine per cent.[38]

The presumption must be that, until doctors' fees could be offset against health insurance payments, healers without an academic education did play a substantial role in patient care. This obviously applied to homoeopathy, particularly during periods of the medical freedom (*Kurierfreiheit*)[39] demanded by liberals in many countries, opening the market to large numbers of lay non-medical practitioners. For Bavaria, official statistics for the last quarter of the nineteenth century show a ratio of approximately one doctor to three lay non-medical practitioners.[40] In Germany in 1937 there were even, in addition to 769 homoeopathic doctors, 3,543 non-medical (but professionally trained) practitioners (*Heilpraktiker*);[41] these also offered a series of related procedures in addition to homoeopathy.[42] Certainly, a ratio of three non-

medical practitioners to one homoeopathic doctor seems a somewhat low figure in assessing the importance of non-medical practitioners without an academic training. It might be that their numbers rose steeply at first from the 1870s, stagnated around 1900 then, after further steep rises, reached their high point during the Weimar Republic.[43] In the 1930s, one in three patients preferred a non-medical practitioner to a doctor. This was, not least, because of the lower treatment costs which, for those without medical insurance, played a greater role in choosing a healer.

In the nineteenth century, these non-medical practitioners were often ministers of a wide variety of denominations, and saw this activity as part of their pastoral role. They even spread homoeopathy into country districts as in Russia, Brazil and Iceland.[44] Knowledge of the new therapeutics, thus, also reached areas outside the towns and cities – areas that were still characterised by a lower literacy rate as well as, for the most part, by a particularly low density of medical coverage.

The greatest spread of homoeopathy probably arose as a result of patients' use of self-medication. Homoeopathy was particularly well suited for this purpose, being regarded by patients as relatively harmless. Patients were positively inundated with all kinds of homoeopathic home manuals, guides and pamphlets.[45] It is even possible that, by strengthening the impression that homoeopathy was relatively easy to use, this further increased people's interest in this form of therapy.[46] As a medicine practised by doctors, enjoying high prestige, patients of homoeopathy were able to feel that they were on the side of progress if, at the same time, they kept their distance from older therapeutic methods. In relation to systematic lay training, the emerging homoeopathic pharmaceutical industry played a major role. Originally dispensaries, where they were not initially derived from publishing houses, often operated in parallel as publishers of homoeopathic literature.[47] Here, then, the familiar eighteenth-century combination of advisory literature and the sale of medicines continued to function. Medicine chests were partly directly attuned to homoeopathic advisory literature as, for example, in the case of one called 'Homoeopathic Home Dispensary After Hering-Haehl's *Home Doctor*', which was actually named after one of the commonest homoeopathic home manuals. In this home dispensary, sold before the First World War by the Hofrat Virgil Mayer Central Apothecary in Cannstatt (near Stuttgart), even the dosages are based on the recommendations of the German-American author Constantin Hering (1800–80) and the German publisher Richard Haehl (1873–1932).[48] After Hering's death, Haehl kept the text up-to-date for new editions.

In line with an increasing awareness of health, demand for treatment and information grew among broad sections of the population in the second half of the nineteenth century. As this was not always met by a corresponding supply of medical practitioners of all kinds, other forms of self-diagnosis and self-treatment had no difficulty in finding acceptance.[49] This begins with members of the same family recommending homoeopathic remedies to one another, as can be studied in the correspondence conducted in the 1840s between the author Bettina von Arnim (1785–1859), then living in Berlin, with her sons. She had been increasingly drawn to homoeopathy since 1825, when she encouraged her brother-in-law to be treated by Hahnemann in Köthen.[50] Her husband ordered a copy of the *Organon* which she read in May 1829 and immediately postponed her daughter's vaccination.[51] Later, having become a convinced patient, she acquired further specialist literature, which she studied thoroughly when her grandson Achim (1848–91) contracted an illness, probably measles.[52] Her son Freimund (1812–63), who lived in the country, reported the symptoms, and when these pointed to silicea she recommended this indicated remedy to him.[53] She handles supremely well the homoeopathic concepts of aggravation and suppression of symptoms. She is convinced of the perceptible effect of homoeopathic remedies and observes meticulously the results of unexpectedly successful homoeopathic treatments in those around her.[54]

More than that, her interest in medicine was already so widely known that quacks came to her door trying to sell medical aids for her grandson.[55] Learning of their magical cures, she thanked them but pointed out that she had her knowledge of homoeopathy from books. This shows how she took her bearings from the store of medical knowledge recorded in writing and tended to keep her distance from magico-religious home remedies handed down orally. Thus, homoeopathic patients could dissociate themselves from 'popular medicine' and feel they were on the side of a new science. Finzelberg, the steward of Bettina von Arnim's son Freimund, was curing staff homoeopathically in 1856.[56] He was the nephew of the homoeopathic doctor Gustav Wilhelm Gross (1794–1847) from Jüterbog, which may have encouraged him to act as a lay practitioner, at least on the estate he managed. In fact, Bettina advised her son to move to Berlin on account of the sick child, as homoeopathic doctors would be more available.[57] Freimund, however, preferred to remain in the country. On another occasion, a homoeopathic doctor was dispatched promptly to the country to her celebrated brother-in-law, Karl Friedrich von Savigny (1779–1861), by his son Leo (1820–86), to enable the great scholar to have

a leg injury with contusions cured shortly before the anniversary of his doctorate.[58] The first indications of a family network of patient-to-patient recommendations are recognisable here.[59] This was supplemented by an element of propaganda for homoeopathy on the part of Bettina von Arnim in certain of her writings in the 1840s.

The example of Bettina von Arnim and her milieu in the years 1825–56 well illustrates the fluid transitions between self-medication, lay recommendations and lay practice. However, particularly in towns, self-medication did not necessarily mean that people did not make use of the doctors who were easier to find there.[60] Nevertheless, even for the very exalted social circles in which Bettina moved, the example shows the different degree of availability of homoeopathic doctors between town and country. In many situations the ability of patients to help themselves remained extremely important. When it came to asserting personal requirements for homoeopathic treatment, not every sick person was as influential as the former Bavarian war minister von Gumppenberg. After moving to a relatively small town, he was able to persuade a doctor to take up homoeopathy.[61] So, not surprisingly, in some countries at least, rather than asserting individually their need for homoeopathic treatment, interested patients banded together in groups. This might happen as a result of a homoeopathic doctor being directly invited to settle in a particular city as, for example, in Rotterdam in the 1850s.[62] Subsequently, patients who had been treated hitherto at their place of residence by a homoeopathic doctor demanded of his successor that he should also cure homoeopathically. As a result, even doctors who had previously followed scientific medicine, men who had just graduated from university, were moved to familiarise themselves with homoeopathy and, in the process, sometimes overcome initial prejudices.

If such actions, aimed at acquiring a doctor, failed to produce the desired result, more formal associations, such as homoeopathic lay societies, entered the picture. There was an explosion of such foundations in Germany from the 1860s. In Württemberg in 1888, when the movement was at its height, 15,000 people were organised into homoeopathic lay societies which, including family members, accounted for 2.3 per cent of the population.[63] Individual societies are also known in the Netherlands, Austria and Switzerland.[64] In Russia, a country chronically under-supplied with doctors, their numbers increased, particularly from around 1900.[65]

In Germany, the journals of such societies were systematically promoted by the homoeopathic pharmaceutical industry as one of the best ways of cultivating the market.[66] Even in the 1930s, the number of

homoeopathic journals in Germany read in lay-society circles is put at 55,000.[67] Admittedly this is fewer than the 195,000 copies sold by the biochemical health society and the 145,000 copies sold by other health societies, but it does testify to the enormous lay interest in information about homoeopathy.

However, the fresh wind of a homoeopathic market dominated increasingly by doctors can be felt in the 1930s in the reflections of the pharmaceutical entrepreneur, Schwabe. In relation to the lay movement, he said, careful consideration should be given to which medicines were advertised and how. Specific medicines ought not to be sold too selectively as remedies for specific illnesses, because that would keep patients from visiting the doctor, thereby angering the latter. An assumption can be made that, after the First World War, at different times depending on particular countries and health insurance systems, doctors increasingly dominated the general medical market and, later, also the homoeopathic market. Nevertheless, the numerical importance of unregistered healers as far as homoeopathy was concerned remained at a consistently high level, even if it did not increase slightly in relative terms given that the medical profession as a whole partially turned its back on homoeopathy. In any case, for the majority of less well-to-do patients' contact with a doctor remained the exception before the turn of the century, which preserved the importance of lay healers.[68] In the United Kingdom, the survival of homoeopathy during the first half of the century was principally assured by this occupational group.[69]

The lay activities that were of such great importance for the basic conditions of homoeopathy also remained strong. Lobbying work by patients has been most thoroughly researched for the period before the First World War, when governments were petitioned and debates initiated in the parliaments of many German states such as Prussia, Saxony, Baden, Württemberg and Bavaria. One campaign was for the right of homoeopathic doctors to do their own dispensing, i.e. to manufacture and sell homoeopathic remedies themselves. Homoeopathic doctors claimed such a right as local pharmacists did not manufacture homoeopathic remedies of the desired quality. This view was shared by many patients, some of whom carried out independent quality controls among pharmacists. Obviously their interests were the same, in this respect, as those of doctors. The self-dispensing right affected the pharmacists' market while increasing the earning opportunities of doctors and, as a result, it remained permanently controversial.[70] At the same time, organised patients used their market strength to push pharmacists to lower their prices for

medicines to a minimum. Where a town had a number of homoeopathic pharmacists, societies negotiated the best possible discounts for their medical purchases.[71]

Patients lobbied repeatedly for chairs of homoeopathy to be established at universities.[72] However, as medical faculties decisively opposed them, such efforts met with little success. In the interwar period, lay societies in Prussia pushed for the establishment of a chair of homoeopathy.[73] Lay lobbying was important also in the 1920s for the survival of homoeopathy in the USA.[74]

Hospital foundations always required substantial funds, which only the more well-to-do were able to provide. Noblemen or merchants invariably played a crucial role in the nineteenth century.[75] This was true of London as much as of Munich or the USA with its well-developed infrastructure of homoeopathic hospitals.[76] On the other hand, the under-capitalised smaller hospitals that usually depended on the initiative of a single committed doctor seldom outlived their founders. Isolated attempts by urban artisans, such as that in Augsburg in 1848, to gain a place for homoeopathic treatment in hospitals also proved to have little staying power.[77] Munich societies were unable to obtain this even with the promise, as early as 1837, of subscription payments to the local hospitals; while in Dresden, the lay homoeopathic societies failed at this hurdle in 1902.[78] As well as the demand from sections of the population, these examples show the specific limits of lobbying on the part of organised homoeopathic patients, making no impression on the hospitals concerned.[79] In the USA, the doctors' preference for the more attractive scientific medicine meant that homoeopathic hospitals developed spontaneously, from the turn of the century if not earlier, into institutions practising orthodox medicine. In the twentieth century, the same circumstances applied as in the nineteenth century. Only with patients' money, as for example that of Württemberg industrialist Robert Bosch Sr (1864–1942), could the necessary capital be assembled to build the hospital that a society had been planning for some time. So, in 1940, the Stuttgart hospital society founded the only homoeopathic hospital in Germany apart from Munich's Hospital for Natural Healing (*Krankenhaus für Naturheilverfahren*), a survivor from the nineteenth century. In Stuttgart, allopathic treatment was always administered at the same time. So far as medical training was concerned and, thus, the whole future of the homoeopathic medical profession, this played a key role in the postwar period. However, homoeopathic treatment for in-patients and out-patients was discontinued in the 1970s.

The development of the homoeopathic market outlined here shows

that in the 120 years since Hahnemann's death this form of therapy has repeatedly proved attractive to patients. The personalised nature of homoeopathic treatment, as well as its paucity of side effects, has always been important for patients. In addition, there were class-specific preferences and regional peculiarities, such as Bavarian Romanticism, which coloured the picture for a time.[80] On the other hand, waning interest amongst the medical profession is evident in many countries as early as the 1870s, with the result that the number of homoeopathic doctors in relation to all doctors has been declining steadily ever since.

No doubt an ever widening gap, beginning in the last quarter of the nineteenth century, between the growing interest of unregistered healers and patients in homoeopathy and the increasing remoteness from it of most doctors must be acknowledged. Patients' acceptance of homoeopathy may have been furthered also by the fact that homoeopathic healers sought to integrate into their therapeutic practice the more scientific atmosphere and methods of the time. This can be seen in the growing importance of scientifically oriented critical tendencies in homoeopathy which were more restrained with regard to high potencies and restored homoeopathy's claim to be a comprehensive therapeutic system. On the other hand, new possibilities in physically examining patients were taken up. Orthodox medicine, in the mid-nineteenth century, also moved away from the so-called 'heroic' therapies, adopting a more precise approach to medicines thereby imitating homoeopathy. Some of the advances made by homoeopathic treatment, therefore, came to seem less important in patients' eyes. Yet the remarkable scientific discoveries in pathology and physiology and the subsequent beginnings of bacteriology had the effect of boosting the prestige of biomedicine among doctors and the general public. However, the relevant therapeutic advances were slow in coming.[81] When they were not merely described by inventive doctors but actually implemented on a broad scale is something that, even for anaesthesia, has only begun to be studied.[82] Not until the 1880s did important pain-relieving procedures and drugs come onto the market. In general practice, however, it was only after the Second World War that there was a major change with the spread of antibiotics. Accordingly, the attractiveness of orthodox general practice did not grow as fast as the prestige of 'scientific medicine'.[83] This goes some way towards explaining the continued attraction that homoeopathy exerted over patients. Whether the somewhat problematic demands that Hahnemann made of his patients, payment in advance and faith in homoeopathy, were ever adopted by his contemporaries, his pupils, and other homoeopaths, is unknown. These probably did not constitute reasons for not accepting

homoeopathic treatment. Nevertheless, with the ever-increasing scientific orientation of general practice, the thorough interview with the patient conducted by the homoeopath may have given the latter a comparative advantage. In the fiercely competitive medical market of the nineteenth century other doctors, too, had every reason to treat their patients well.[84] However, such interviews were increasingly directed towards obtaining information about standard disorders. Yet, in no other form of therapy was this dialogue between doctor and patient of such fundamental importance, even in gathering medically necessary information, as in homoeopathy.[85] However, even this comparative advantage of homoeopathy ought not to be exaggerated because of the limited use of medical equipment in general practice before c.1950. Finally, it should not be forgotten that, initially, patients welcomed the new possibilities of technology.[86]

So it is no surprise that the social composition of a homoeopathic doctor's patient body in the 1880s was no different from that of any other comparable doctor of the period. The practice of the King of Württemberg's personal physician, Dr Georg Rapp (1818–86), reveals what might be expected in such a situation, a high proportion of well-to-do patients and patients who came from far away.[87] In this city practice money was not taken in advance, although Rapp's scale of fees did exhibit marked social gradation. Many of his patients patronised their allopathic family doctor as well as a homoeopathic specialist. In that, they were behaving no differently from patients during the early days of homoeopathy – in 1820s Berlin, for example.[88] They were simply making good use of the varied range on offer in the medical marketplace.

The same applied in using non-medical practitioners in the city. The register of patients kept by a lay non-medical practitioner, Eugen Wenz (1856–1945), which also covers his Stuttgart period from 1899 to 1902, reveals that approximately one eighth of his patients had been treated previously by a doctor.[89] This is not surprising, because the take-up of alternative therapies, both with regard to the mode of treatment and with regard to the person involved, often followed a disappointment with orthodox medicine. For patients, presumably what counted was the principle 'Who heals is right'. In his previous rural practice in Mühringen, Wenz had a patient body typical of the population as a whole. He therefore took the place, with regard to the range of illnesses treated and even for the wealthier circles, of the 'general practitioner'. In Stuttgart and, later, in the small town of Bretten from 1913 to 1937, his clientele also matched the popular average. His practice was particularly small in Stuttgart for, as in most cities, the greater availability of doctors doubtless led patients to

opt less frequently for non-medical practitioners. In Bretten, this highly unconventional healer was damaged by the accusation that he had taken part in an abortion which led to his being imprisoned on remand for a while.[90] That made him less acceptable in the eyes of some of his wealthier clients. Clearly, 'moral' criteria continued to influence people's choice of healer.

## Patients and Homoeopathic Practice since the 1960s

THE MODERN HISTORY OF HOMOEOPATHY begins in the 1960s when, undoubtedly, there was the greatest optimism for orthodox medicine. For many patients, therapy had made very tangible progress and all epidemics seemed conquerable. As a result of the greater part of the populations of industrialised countries being included in various forms of health insurance scheme and medical care programmes, medical treatment was available to all. In the 'Eastern bloc', meanwhile, they were dreaming of the revolution of science and technology. In this situation, homoeopathy seemed increasingly less attractive to doctors and their numbers declined steadily. The members of lay homoeopathic societies were also getting older.

Against the background of unlimited expectations, with the success of scientific medicine at its highest point, there emerged, initially in the USA, a critique of medicine that asked questions about the costs and losses incurred in this development. The persistence of a series of incurable diseases was also debated, as were diseases caused iatrogenically.[91] The five-minute health insurance scheme practice was criticised for giving too little attention to patients, while hospitals were felt to be soulless machines. 'High-tech' medicine was accused of concentrating on biomedically ascertainable facts at the expense of treating sick people. Patients, it was said, were no more perceived 'holistically' than their illnesses, which were the expression of problems that could only be understood psychosocially. 'Money-grubbing' on the part of the health system and of the health experts was a further point of criticism.

Reflected paradigmatically in this medical critique were arguments of postmodern social criticism that pointed not least in the direction of patients acquiring greater autonomy vis-à-vis specialists.[92] With rising levels of formal education among populations, it is not surprising that the hierarchical rituals of the medical business are rated less and less. Often, the impression that the minimum of respect for the patient is better met in homoeopathic therapy is what crucially makes people opt for this form

of treatment.[93] Post-material orientations aimed at holistic self-realisation were also able to stimulate the demand for alternative therapies. As a result, this critique of medicine led to a pluralisation of the medical market from the demand side. Given crowded markets, it therefore once again became very attractive for younger doctors in the 1980s to offer homoeopathic treatment and, in Germany, to acquire the additional nameplate tag 'Homoeopathy'.[94] Non-medical practitioners, too, seem to be turning back increasingly to homoeopathy.[95]

This broadening of the supply side, which gives many interested people, possibly for the first time, the opportunity of making the acquaintance of homoeopathy, is an international trend. In western and southern Europe, homoeopathy has become increasingly popular in recent decades.[96] Spain, for example, whose homoeopathic tradition largely vanished with the emigration that followed the 1936 civil war, saw a completely new approach to medical training in the 1980s, the effects of which are already being widely felt.[97]

In Brazil and India, government health policies since independence have led, in various stages, to an ever-increasing involvement of homoeopathy in the public health system.[98] To varying degrees, health insurance payments for homoeopathic treatment are standard in those countries. However, large parts of the population have no health insurance.[99] Both countries are building on a tradition of homoeopathy that is more than a century old and, to some extent, has been handed down within the family. Particularly in India, an impressive homoeopathic infrastructure grew up in this way that is comparable with the large numbers of hospitals and training establishments in late nineteenth-century America. The training system is organised to embrace non-medical practitioners as a matter of course; as a result, homoeopathic treatment is also available, for example in polyclinics, to the relatively indigent rural populace. So it is necessary to assume an increasing plurality of medical supply and of those supplying it. This is underpinned, particularly in Germany and India, by legislation.[100]

Lastly, reference should be made to the introduction or reintroduction of homoeopathy in the countries of the former 'Eastern bloc' since 1991. In Russia, the Ukraine, Poland, the Czech Republic, Hungary and Slovakia there were older traditions that could be revived.[101] In Romania, Ceauşescu had opened up previously modest opportunities for homoeopathy.[102] With the powerful backing of competing pharmaceutical groups in western Europe, homoeopathy is becoming increasingly available as a result of the systematic, though often very brief, training of doctors in all these countries. This financially directed activity is supplemented by voluntary projects by

Western homoeopaths in countries such as Croatia, Bosnia, Georgia and Armenia, where homoeopathy is often being introduced entirely afresh, all continuity having been broken.[103]

This development shows that homoeopathy is playing an increasing, albeit often still very marginal, role in the therapeutic supply of many countries.[104] Crucially, more and more patients are coming into contact with it in one form or another.

## Types of Patient

IT NECESSARILY FOLLOWS FROM THIS OUTLINE that there is not a homoeopathic patient *par excellence*. Heuristically, a series of patient types can be distinguished that, historically, might be present in rather different proportions in the three phases described. A typology might be ventured, structured in accordance with a scale of decreasing randomness of the initial contact with homoeopathy. Since belief in a method of healing cannot easily be measured, that does not seem to be a suitable criterion for a typology of patients. Not that the increasing commitment to this method of healing in the following typology is at all accidental.

The random patient visits the homoeopathic healer without ulterior motives, the same as going to anyone else. Help in connection with a given disorder is sought and an approach is made to the homoeopath without knowing much about this kind of medicine. It follows that there are no prejudices, whether positive or negative, concerning homoeopathy. The random patient is often the product of a local supply situation: where there is only one doctor or non-medical practitioner and that person practises homoeopathy, then it is simply a matter of convenience for the patient to visit that homoeopath. The randomness of the contact is further enhanced by the fact that many non-medical practitioners offer homoeopathy alongside other therapies. For the patient, the specialness of what is available is not immediately recognisable. Certainly, there is every indication that a large number of all patients who have ever been treated homoeopathically tended to make their first contact with this alternative therapy by chance. Particularly in periods and countries with a low density of healers, this phenomenon was probably very common. This group of patients also includes those admitted to a homoeopathic hospital. In many cases they were often quite unaware that homoeopathic treatment was administered there. In the nineteenth century, at least in the USA and Britain, homoeopathic hospitals were relatively common and here too the random patient is created by the institutional supply.[105] The same applies to

the health insurance scheme members who were treated homoeopathically ex officio, because this was the only therapy their scheme offered, as in the case of the Russian railway companies.[106] However, at least for the nineteenth century, the availability of hospitals and health insurance schemes points to these random patients tending to come from the working or lower classes and, sometimes, from the middle classes, who had health insurance. By contrast, the upper segment of society still largely avoided hospitals.[107] In a highly restricted supply situation, random patients can become long-term patients.

If the random patient is not distinguished by directed behaviour, quite the opposite is true of what is referred to nowadays as the 'shopper'. The 'shopper' makes more or less conscious use of the various possibilities on the medical market in order, by trying them all, to discover which one suits best. This is by no means a purely postmodern phenomenon. Today's higher level of formal education, sophisticated medical market and sceptical attitude towards specialists may have reinforced the tendency to shop around. But the type of patient who tries out various possibilities is, of course, as old as pain itself.[108] Certainly, such a patient can be observed in the early days of homoeopathy among Hahnemann's own patients.[109] The sole prerequisite is that alternatives should be available in the medical market. The distinction with the random patient is the interested but also more critical approach to homoeopathy. Using market opportunities more consciously than the random patient, such a patient is also likely, if disappointed by the range of homoeopathy available, to switch more quickly to other options.

The habitual patient, on the other hand, is a safer client for the homoeopathic healer, having grown into homoeopathy. This may have begun with a visit to a homoeopathic children's doctor. Rivals of homoeopathy always saw homoeopathic paediatrics as a kind of 'starter drug'. Happy with the results of their child's treatment, the mother and, finally, also the father become homoeopathic patients. Such a development is furthered by a dense supply situation, which usually only obtains in large towns or conurbations. This was how Robert Bosch Sr came to homoeopathy, remaining loyal to it even on his deathbed. However, in an increasingly pluralised marketplace, the habitual patient relatively immune to disappointment is probably becoming a rarity.

Then there is the convert, who usually makes the transition to homoeopathy after a personal experience of healing. The history of homoeopathy is full of such examples, where people healed in dire emergencies or, after a long illness, become zealous champions of this

form of therapy. These patients are distinguished above all by their firm conviction that with homoeopathy they found the supreme route out of illness. Accordingly, homoeopathy is often also credited with very wide-ranging effectiveness. Of course, this varies historically, depending on the clarity of other alternatives.

Finally, mention must be made of the activist, who is above all distinguished by private and, in some instances, also public commitment to homoeopathy. Most examples are to be found in lay societies and among major patrons.

## Contributions to this Volume

THE ORIGINS OF THIS VOLUME lie in the Second Conference of the 'International Network for the History of Homoeopathy', which was held at the Medical History Institute of the Robert Bosch Foundation in Stuttgart in July 1999. With the exceptions of Brade and Dinges, all the papers published here were discussed on that occasion and subsequently revised.

The collection is organised in four sections. The first focuses on the 'historical foundations' of Samuel Hahnemann's own homoeopathic practice. In a paper on Hahnemann's approach to fees, Jütte investigates the much-neglected financial side of treatment, revealing Hahnemann's specific modernity. Schreiber offers a statistical analysis of Hahnemann's Leipzig practice (1811–21) and puts forward the success of a practice as a key parameter for a change of location. This enables her to qualify some of the myths of the early history of homoeopathy. Stolberg reconstructs Hahnemann's practice in the 1830s on the basis of letters from patients. Dinges uses an individual example from this period to examine the varied nature of the doctor–patient relationship between Hahnemann and one of his male patients, together with the latter's gender-role construction. Ritzmann takes as her subject a different group of patients, namely children, contrasting theory and practice in their homoeopathic treatment by Hahnemann and during the rest of the nineteenth century.

The second section concerns the medical market, specifically the supply side. Nicholls emphasises how the supply of homoeopathy in Britain structured the patient body by social standing, class and gender. Among the aristocracy, a free patient preference for homoeopathy was the rule, the poor tended to come into contact with it mainly as hospital inmates, while among middle-class clients, female readers of 'home doctor' manuals constituted a particularly striking group. Kotok also stresses the importance

of the supply side for the take-up of homoeopathy – in this case for tsarist Russia. The Army Office, certain corporate managements and the railway administration organised the supply, which must be accepted without an allopathic alternative within the health insurance system. Patient associations were particularly successful as lobbyists in niches, for example the army, where orthodox medicine had little to say. Pétursdóttir likewise accepts that patients in Iceland in the first half of the twentieth century continued to prefer homoeopathic non-medical practitioners for as long as health insurance schemes failed to broaden the market in favour of doctors practising orthodox medicine. Brade and Faure both highlight treatment: the Danish example evaluates letters from patients to one of the very few homoeopaths practising in that country in the 1870s, while the Parisian practice of a key figure in French homoeopathy, Dr Léon Vannier (1880–1963), dates from the 1920s. A particularly interesting aspect of the latter is that the often-noted interest of many homoeopaths in other alternative therapies can also be traced in the range of treatments offered in a practice that researchers have only just begun to study. A blithe poly-pragmatism is glimpsed on the part of a 'homoeopath' that, while it shows great openness, Hahnemann himself would probably have found rather irritating.

In the third part concerning patients' choices, Gijswijt-Hofstra uses a Dutch example from the early twentieth century to illustrate vividly the possibilities and problems associated with discovering something of what motivates patients when selecting a lay healer. Trial documents, a hitherto under-used source, contain a wealth of information about treatment practice and show how patients 'shop around'. Van Baal studies the patients served by the Belgian doctor, Gustave van den Berghe (1837–1902) in the last third of the nineteenth century and, on this basis, reconstructs patient motivations regarding choice of healer in the Belgian medical market. Hattori sets out the options of lay people in late nineteenth-century Württemberg as self-healers, partners of and competitors with the medical profession, and lobbyists for homoeopathy.

The last three studies in this section concern the late twentieth century and the hitherto little researched subject of contemporary homoeopathic history. Günther and Römermann use questionnaire data to compare the degree of knowledge and the motivation of German patients when choosing a homoeopathic or orthodox medical practitioner to treat them. In comparing orthodox doctors with homoeopaths, as well as health insurance scheme practice with private practice, this study substantially advances knowledge. It also enables differentiated statements to be made on

the effects of how treatment is financed and about the level of education, occupational group and age of the patient doing the choosing. Fortes and Fraiz contribute initial results from a current study of a Brazilian city that, in addition to providing quantitative findings, makes some qualitative statements about patient information and motivation. Not the least interesting aspect of their findings is that patients are also prepared to bear substantial extra costs for alternative therapies. Stollberg's survey of the sociological literature on the role of the patient and how it is changing compares the homoeopathic doctor–patient relationship with that characterising orthodox medicine. His sociological typology of patients presents a breakdown into periods, with traditional, modern and postmodern patient roles and, following a number of empirical studies, offers a more theoretical view.

The fourth section focuses on the lobbying work performed by homoeopathic patients. Leary underlines the great importance of patients as a pressure group in the introduction, stabilisation during the nineteenth century, and current resurrection of homoeopathy in Britain. Rogers stresses the key role played by political activity on the part of patients as regards the public manifestation and potential of homoeopathy generally, using the example of the USA in the first third of the twentieth century. Kirschmann-Taylor illustrates the gender-specific aspects, largely ignored until now, of lobbying in 1920s America, showing how tensions between doctors and patients, frequent enough already, doubled as a result of the prominent participation of women in lay activities.

*I would like to thank Jim Underwood of Fairlight, Hastings, UK, for the translations of the papers by Dinges, Fortes and Fraiz, Günther and Römermann, Hattori, Jütte, Ritzmann and Schreiber; and John Woodward of the University of Sheffield, UK, for his guidance and assistance in the editing of the papers. I also wish to express my gratitude to Chris Reed for his help in producing this book. Many thanks to Sonja Müller for her assistance in the preparation of this volume.*

## Notes

1 Eberhard Wolff, 'Perspectives on Patients' History: Methodological Considerations on the Example of Recent German-Speaking Literature', *Canadian Bulletin for Medical History* 15 (1998), 207–28.

2 Wolff, 'Perspectives on Patients' History'.

3 Kirstin Rabovsky, *Homöopathie und ärztliche Ethik – Begriffe und handlungsorientierte Werte homöopathischer Ärzte heute* (medical dissertation, Freiburg, 1993), 151 ff.

4 For the development of homoeopathy in individual countries since 1796, see 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).

5 Letter from Hahnemann to Dr Ehrhardt (24 August 1829), quoted in Richard Haehl, *Samuel Hahnemann. His Life and Times*, Vol. 2 (2 vols., London, 1927), 151.

6 One patient in Paris told of 20 minutes' waiting time for her carriage to draw up and a further three hours until she was seen; see Robert Jütte, '"10 bis 20 Kranke füllen täglich das Vorzimmer ..."; Quellenkundliche Skizzen zu Samuel Hahnemanns Patientenschaft' in Hahnemann-Lutze Verein e.V. (ed.), *Homöopathie in Köthen* (Köthen, undated [1997]), 15–22, 17 ff.

7 Jütte in this volume.

8 Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen bis zur industriellen Fertigung* (Stuttgart, 1991), 140–42.

9 Samuel Hahnemann, *Organon der Heilkunst* (critical version of the sixth edition, revised and edited by Josef Schmidt) (Heidelberg, 1992).

10 In this way Hahnemann solved the standard problem of (medical) public instruction – namely how much the instructee should know – wholly in terms of the primacy of the professional. Communication of knowledge is, at the same time, consolidation of the position of power of an expert, as Michel Foucault underlined. A case in point may be found in Martin Dinges, 'Medizinische Aufklärung bei Johann Georg Zimmermann. Zum Verhältnis von Macht und Wissen bei einem Arzt der Aufklärung' in Martin Fontius and Helmut Holzhey (eds.), *Schweizer im Berlin des 18. Jahrhunderts* (Berlin, 1996), 137–50.

11 Letter from Hahnemann to Clemens von Bönninghausen (16 March 1831), quoted in Martin Stahl, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen* (Heidelberg, 1997), 46.

12 Michalak, *Das homöopathische Arzneimittel*, 146.

13 See Martin Dinges, 'Beständeübersicht des Archivs des Instituts für Geschichte der Medizin der Robert Bosch Stiftung' (=IGM), *Medizin, Gesellschaft und Geschichte* 17 (1998; published 1999), 177–94. Editions of the following medical journals have been published by Haug-Verlag, Heidelberg: D 2 (1801–02), D 3

(1802), D 4 (1802–03), D 5 (1803–06), D 6 (1806–07), D 34 (1830), and DF 5 (1837–42). There are also commentaries available on individual medical journals: Helene Varady, *Die Pharmakotherapie Samuel Hahnemanns in der Frühzeit der Homöopathie. Edition und Kommentar des Krankenjournals D 5 (1803–1806)* (medical dissertation, Munich, 1987); Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournals von Samuel Hahnemann* (2 vols., Heidelberg, 1998). Johanna Bussmann, *Edition und Kommentar des Krankenjournals D 6 (1806–1807)* (Heidelberg, 2001), is in preparation. On individual questions, see Iris von Hörsten and Udo Benzenhöfer, 'Die Entwicklung der Arzneimittelverdünnung in den Krankenjournalen D 2–D 4 (1801–1803) Samuel Hahnemanns', *Allgemeine homöopathische Zeitung* 243 (1998), 189–93.

14 In addition to the letters already cited, see Stahl, *Briefwechsel*, 151–53; Ralf Vigoureux, *Karl Julius Aegidi. Leben und Werk eines homöopathischen Arztes* (Heidelberg, 2001). Both reprint all letters.

15 See, for example, the 'Introduction' to Henri de Bonneval, *Considérations sur l'homoeopathie* (Bordeaux, 1881); on Paris, see Rima Handley, *A Homoeopathic Love Story. The Story of Samuel and Mélanie Hahnemann* (Berkeley, 1990); for an example of a report by a colleague, see Richard Haehl, *Ein Besuch bei Hahnemann im Jahre 1836* (no place of publication, no date).

16 As examples of evaluations of this material, see Hanspeter Seiler, *Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis anhand ausgewählter Krankengeschichten* (Heidelberg, 1988); Thomas Genneper, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wiecks in den Jahren 1815/1816* (Heidelberg, 1991); Walter Nachtmann, '"Ach! Wie viel 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; published 1989), 93–110; Arno Michalowski, Sabine Sander and Karl Otto Sauerbeck, 'Therapiegeschichtliche Materialen zu Samuel Hahnemanns Pariser Praxis', *Medizin, Gesellschaft und Geschichte* 8 (1989), 171–96; Robert Jütte, 'Case Taking in Homoeopathy in the 19th and 20th Centuries', *British Homoeopathic Journal* 87 (1998), 39–47. Patient letters and medical journals are used, in parallel, by Reinhard Hickmann, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemann's Krankenjournalen von 1819–1831* (Heidelberg, 1996), while Christian Gehrke, *Die Patientenbriefe der Mathilde von Berenhorst (1808–1874). Edition und Kommentar einer Krankengeschichte von 1832–1833* (medical dissertation, Göttingen, 2000), uses patient letters alone.

17 There will shortly be more to read on this subject from Markus Mortsch. Hahnemann's French contemporary, Comte Des Guidi (1769–1863), appears to have found home visits less of a problem in the 1830s; see Jacques Baur, *Les manuscrits du docteur comte Sébastien des Guidi: contribution à l'histoire du développement de l'homéopathie en France* (Paris, 1999), 192.

18 Jütte, '10 bis 20 Kranke', 16; Fischbach-Sabel, *Kommentar des 34*, 33 ff.

19 For a historical comparison, see Guenter B. Risse and John Harley Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine* 5 (1992), 183–205.

20 These 149 medical journals (IGM, archive P) for the years 1837–87 are still largely unstudied; but see Marijke Gijswijt-Hofstra, 'Vroege veroveringen van de homoeopathie in Nederland: De Rotterdamse patiënten van Clemens van Boenninghausen halverwege de negentiende eeuw', *Tijdschrift voor sociale geschiedenis* 21 (1995), 406–28. Dr Gottfried Wilhelm Stüler (1798–1838) also kept meticulous (albeit unsurviving) medical journals about his patients, according to which he apparently treated 4,000 people a year; see 'Nekrolog Dr Gottfried Wilhelm Stüler', *Archiv für homöopatische Heilkunst* 17 (1838), 203–12, 207.

21 Jütte, 'Case Taking'; for comparison, see Wolfgang Balster, *Medizinische Wissenschaft und ärztliche Praxis im Leben des Bochumer Arztes Arnolf Kortum (1745–1824): medizinhistorische Analyse eines Patiententagebuches* (medical dissertation; Bochum, 1990).

22 Hahnemann, *Organon*, § 84.

23 We know that this opportunity was thoroughly exploited from the patients' letters, which not infrequently include strongly qualifying comments by other persons.

24 For an example, see Marion Wettemann, *Samuel Hahnemanns 'Fragmenta de viribus medicamentorum'. Die erste Materia medica homoeopathica* (medical dissertation, Tübingen, 2000), 45–47.

25 Peter Voswinckel, *Der schwarze Urin: Vom Schrecknis zum Laborparameter* (Berlin, 1993); Jens Lachmund, *Der abgehorchte Körper. Zur historischen Soziologie der medizinischen Untersuchung* (Opladen, 1997), esp. 76 ff. On physical examination as practised by Hahnemann, see Genneper, *Als Patient bei Samuel Hahnemann*, 47 ff.; Fischbach-Sabel, *Kommentar des 34*, 76; see also Volker Hess (ed.), *Messende Verfahren der Medizin als kulturelle Praktik um 1900* (Husum, 1997).

26 See also Hickmann, *Das psorische Leiden*, 411 ff.

27 Michael Stolberg, *Geschichte der Homöopathie in Bayern (1800–1914)* (Heidelberg, 1999), 95.

28 A similar practice is described in Baur, *Les manuscrits*, 237–39, 220 ff.

29 Hahnemann, *Organon*, § 2.

30 Haehl, *Samuel Hahnemann*, Vol. 1, 186 ff.

31 Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 173–98, 175.

32 Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 23–44, in which the earlier studies are also summarised.

33 Michael Vogl, '"Nahe und entfernte Landpraxis." Untersuchungen zu Samuel Hahnemanns Eilenburger Patientenschaft 1801–1803', *Medizin, Gesellschaft und Geschichte* 9 (1990), 165–80; Kathrin Schreiber, *Samuel Hahnemann in Leipzig, Förderer, Gegner, Patienten: Das soziale Netzwerk der Homöopathie zwischen 1811 und 1821* (medical dissertation, Dresden, 1997); Fischbach-Sabel, *Kommentar des 34*, 30; Jütte, 'Patientenschaft', 28.

34 Fischbach-Sabel, *Kommentar des 34*, 30.

35 Schreiber, *Samuel Hahnemann in Leipzig*, 141. For Paris, a quarter of an hour for treating one patient is mentioned; see Haehl, *Ein Besuch bei Hahnemann*, 4.

36 Frederic W. Hafferty and John B. McKinlay (eds.), *The Changing Medical Profession: An International Perspective* (New York, 1993); for homoeopathy, see 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), 45–66; Dinges, 'Role of Medical Societies'.

37 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*, 210–27, with figures for 1860: two per cent of all doctors in Prussia; 1904: approximately one per cent, according to membership of societies in Germany; 1937: rather less than 1.4 per cent, according to the register of doctors in Germany (800 out of 55,000); 1980: 0.8 per cent in Württemberg, a part of Germany where homoeopathy was widely practised, according to the medical register; 1993: approx. 0.5 per cent of doctors have the additional tag 'homoeopathy'. In Bavaria, homoeopathy was particularly widespread; on this subject, see Stolberg, *Bayern*, 42, 60, with the following figures: 1854: four per cent of doctors, but as early as the 1870s there was a shortage of younger doctors to keep the number of homoeopaths up; 1914: 0.7 per cent according to the medical register in Bavaria; 1992: 1.2 per cent of doctors with the additional nameplate tag.

38 William G. Rothstein, *American Physicians in the Nineteenth Century. From Sects to Science* (Baltimore and London, 1972; 1985), 345 (with particulars for the end of the nineteenth century); on the subject of regional fluctuations, see Naomi Rogers, 'Ärzte, Patienten und Homöopathie in den USA' in Dinges, *Weltgeschichte der Homöopathie*, 281.

39 *Kurierfreiheit* meant unrestricted access to the medical market for all health practitioners. Usually, all that was required was that they should register with a supervisory authority.

40 Figures in Stolberg, *Bayern*, 59 ff., for the last quarter of the nineteenth century: in 1875 there were c.36 doctors compared to 106 homoeopathic 'cure botchers' (*Kurpfuschern*), who accounted for 10 per cent of all state-registered lay healers; in the 1880s the ratio was c.30 doctors to c.100 lay healers.

41 *Heilpraktiker* constitute a sub-profession regulated by statute. They follow a non-university training in medicine, which culminates in a final examination.

42 Wolfgang Schwabe, *Marktbedingungen und Absatzwirtschaft der biologischen Heilmittelindustrie* (Leipzig, 1939), 56. The official German statistics for 1936 and 1939 give substantially higher figures for 'non-medical practitioners' (*Heilkundigen*) as a group: 12,936 and 10,067 respectively. On this subject and on the problems of statistical surveying, see also Thomas Faltin, *Heil und Heilung: Geschichte der Laienheilkundigen und Struktur antimodernistischer Weltanschauungen in Kaiserreich und Weimarer Republik am Beispiel von Eugen Wenz (1856–1945)* (Stuttgart, 2000), 242.

43 Faltin, *Heil und Heilung*, 243 ff., and on what follows 264 ff.

44 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 (1997), 171–93; Michael Stolberg, 'Homöopathie und Klerus. Zur Geschichte einer besonderen Beziehung', *Medizin, Gesellschaft und Geschichte* 17 (1998), 131–48, 133–35; Benôit Mure (1809–58), too, sought to win over the local clergy for homoeopathy in Brazil. On the subject of homoeopathy in missionary training, see also the illuminating individual case described in Elisabeth Häcker-Strobusch, 'Johann David Steinestel (1808–1849). Drechsler – Missionar – Homöopath: ein Beruf, zwei Berufungen' in Dinges, *Homöopathie*, 135–59. For Iceland, see the essay by Pétursdóttir in this volume.

45 Joachim Willfahrt, 'Homöopathische Hausarztliteratur des 19. Jahrhunderts als Anleitung zur Selbstmedikation', *Zeitschrift für Klassische Homöopathie* 35 (1991), 114–21, 153–59, 194–202, and 36 (1992), 62–72.

46 Stolberg, *Bayern*, 87; compare the example in Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995), 193.

47 Joachim Willfahrt, 'Verlage homöopathischer Literatur im 19. Jahrhundert' in Dinges (ed.), *Homöopathie*, 270–95.

48 See also Institut für Geschichte der Medizin der Robert Bosch Stiftung (ed.), *Führer durch die Dauerausstellung zur Homöopathiegeschichte* (Stuttgart, 1997), 13 (object no. 43).

49 This climate of growing health consciousness is outlined in Alfons Labisch, *Homo hygienicus: Gesundheit und Medizin in der Neuzeit* (Frankfurt, 1992), ch. 4; Manuel Frey, *Der reinliche Bürger. Entstehung und Verbreitung bürgerlicher Tugenden in Deutschland (1760–1860)* (Göttingen, 1997). Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich (c.1870–c.1933)* (Stuttgart, 1996) deals with popular mobilisation.

50 Werner Vordtriede (ed.), *Achim und Bettina in ihren Briefen*, Vol. 2 (2 vols., Frankfurt, 1961), 515.

51 Vordtriede, *Achim und Bettina*, 2, 802.

52 As early as 1822 the mesmerist Dr Karl Christian Wolfart (1778–1832) was a familiar house guest; see the diary entries by Philipp Hössli (1800–54) in Bettina von Arnim, *'Ist Dir bange vor meiner Liebe?' Briefe an Philipp Hössli, nebst dessen Gegenbriefen und Tagebuchnotizen* (Frankfurt, 1996), 134, 136, 142. However, Hössli's therapeutic methods show that he was no homoeopathic doctor as the index suggests.

53 Wolfgang Bunzel and Ulrike Landfester (eds.), *'Du bist mir Vater und Bruder und Sohn': Bettina von Arnim's Briefwechsel mit ihrem Sohn Freimund* (Göttingen, 1999), 65.

54 Bunzel and Landfester (eds.), *'Du bist'*, 84 on the effect of remedies; 49, 62 on successful cures.

55 Bunzel and Landfester (eds.), *'Du bist'*, 74, 142.

56 Bunzel and Landfester (eds.), *'Du bist'*, 85, 138.

57 Bunzel and Landfester (eds.), *'Du bist'*, 63.

58 Bunzel and Landfester (eds.), *'Du bist'*, 72.

59 Marijke Gijswijt-Hofstra, 'Homöopathie in den Niederlanden und Belgien: divergierende Entwicklungen' in Dinges (ed.), *Weltgeschichte der Homöopathie*, 167, gives occupationally based chains of recommendation for Rotterdam.

60 For many years Bettina von Arnim employed a homoeopathic and a mesmeristic family doctor in parallel.

61 'Nachruf auf von Grauvogl', *Allgemeine homöopathische Zeitung* 96 (1878), 31–32, 32, and 46–48, 47; Eberhard Wolff, '"... nichts weiter als eben einem unmittelbaren persönlichen Nutzen." Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 4 (1985; published 1987), 61–97, 64 cites further examples of 'non-organised lay homoeopathy'.

62 Gijswijt-Hofstra, 'Vroege veroveringen'.

63 Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozess – Der homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989), 59.

64 See also Wolff, *Gesundheitsverein*, 45–47; Petra Grubitzsch, 'Homöopathische Laienvereine in Sachsen' in Sigrid Heinze (ed.), *Homöopathie. 1796–1996. Eine Heilkunde und ihre Geschichte* (catalogue of the exhibition at the German Museum of Hygiene) (Berlin, 1996), 57–70; Dörte Staudt, 'The Role of Laymen in the History of German Homoeopathy' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 199–215; Dörte Staudt, '"... dem Blick der Laien auf das Ganze gerichtet." – Homöopathische Laienorganisationen am Ende des 19. und zu Beginn des 20. Jahrhunderts' in Dinges, *Homöopathie*, 86–101; Gijswijt-Hofstra, 'Homöopathie in den Niederlanden und Belgien' in Dinges, *Weltgeschichte*, 165–67; Leopold Drechsler and Georg Bayr, 'Die wiedergewonnene Ausstrahlung des früheren Vielvölkerstaates: Österreich' in

Dinges, *Weltgeschichte*, 88 ff. On the subject of other patient societies, see Dinges, *Medizinkritische Bewegungen*.

65 Alexander Kotok, *The History of Homoeopathy in the Russian Empire until World War I, as compared with other European Countries and the USA: Similarities and Discrepancies* (PhD thesis, Hebrew University, Jerusalem, 1999); published on the internet under: http://www.homeoint.org/books4/kotok. Also see the essay by Kotok in this volume.

66 On what follows also see Schwabe, *Marktbedingungen*, 138–40.

67 The *Leipziger populäre Zeitschrift für Homöopathie* (*LPZH*) alone sold 20,000 copies in 1917; see 'Nachruf [obituary for Dr Wilmar Schwabe]', *LPZH* 48 (1917), 30–35. According to figures given by their national association, in 1930 homoeopathic societies numbered 38,200 members; see Wolff, 'Nutzen', 92. In the mid-1930s, membership is said to have stood at 33,000; see Schwabe, *Marktbedingungen*, 49. See also Bertram Karrasch, *Volksheilkundliche Laienverbände im Dritten Reich* (Stuttgart, 1998), 122–24.

68 See Lachmund and Stollberg, *Patientenwelten*, 194–96.

69 Phillip A. Nicholls and Peter Morrell, 'Laienpraktiker und häretische Mediziner: Grossbritannien' in Dinges, *Weltgeschichte*, 185–213, 202–04.

70 Michalak, *Das homöopathische Arzneimittel*.

71 Eberhard Wolff, '"Eine gesunde Conkurrenz sei für das Publikum stets von Vortheil." Der homöopathische Arzneimittelmarkt zwischen Apotheken und Laienvereinen' in Dinges, *Homöopathie*, 102–31.

72 Christian Lucae, *Homöopathie an deutschsprachigen Universitäten. Die Bestrebungen zu ihrer Institutionalisierung von 1812 bis 1945* (Heidelberg, 1998), 199–201.

73 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), 205–19; Lucae, *Homöopathie an deutschsprachigen Universitäten*, 145–47.

74 See the essay by Taylor Kirschmann in this volume. There is every indication that only further studies of the hitherto largely unresearched twentieth century will reveal the influence of lay societies so far as the further development of homoeopathy is concerned.

75 Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser. Von den Anfängen bis zum Ende des Ersten Weltkrieges* (Heidelberg, 1995); see most recently Christian Lucae, 'Das "Lebenswarthische homöopathische Kinderspital" in Wien (1879–1914) – zur Geschichte des ersten homöopathischen Kinderkrankenhauses im deutschsprachigen Raum', *Medizin, Gesellschaft und Geschichte* 18 (2000), 81–102. An interesting source regarding the role of women in homoeopathic hospitals is Patricia Jasen, 'Maternalism and the Homoeopathic Mission in Late-Victorian Montreal', *Canadian Bulletin of Medical History* 16 (1999), 293–315.

76 On the subject of American hospitals, see most recently Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick, 1998).

77 On this and what follows, see Stolberg, *Bayern*, 83 ff.

78 Staudt, 'dem Blick der Laien', 97–99.

79 Comparisons with the lack of success achieved by other health movements are provided by Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889–1914)* (Stuttgart, 1995); Robert Jütte, *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 123 ff. and *passim*.

80 Stolberg, *Bayern*, 87–89.

81 Huldrych M. Koelbing, *Die ärztliche Therapie. Grundzüge ihrer Geschichte* (Darmstadt, 1985), ch. 6, esp. 120–22; Erwin Ackerknecht, *Therapie: Von den Primitiven bis zum 20. Jahrhundert* (Stuttgart, 1970), 127–29; Paul Ridder, *Chirurgie und Anästhesie. Vom Handwerk zur Wissenschaft* (Stuttgart, 1993), 99–101; Olivier Faure (ed.), *Les thérapeutiques. Savoirs et usages* (Lyon, 1998); see also John Harley Warner, *The Therapeutic Perspective. Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, MA, 1986).

82 See Guenter B. Risse, *Mending Bodies, Saving Souls. A History of Hospitals* (New York, 1999), 354–56.

83 See Stolberg, *Bayern*, 103.

84 Stolberg, *Bayern*, 103.

85 Psychotherapy may be disregarded here as a professional method of treatment. However, there is some suggestion that a number of patients preferred the subconscious nature of homoeopathic treatment to the stronger stigma attached to psychotherapy.

86 Lachmund and Stollberg, *Patientenwelten*, 203–05.

87 Christa Maria Held, *Medizinisches Außenseitertum in der Frühzeit der naturwissenschaftlichen Medizin, dargestellt am Leben und Werk von Prof. Dr Georg Rapp (1818–1886)* (medical dissertation, Frankfurt, 1999), 82–84.

88 'Nekrolog Dr Gottfried Wilhelm Stüler', *Archiv für homöopathische Heilkunst* 17 (1838), 203–12, 206; the young doctor even recommended this himself.

89 Faltin, *Heil und Heilung*, 268–90, esp. 279.

90 Faltin, *Heil und Heilung*, 288–90.

91 Ivan Illich, *Limits to Medicine* (London, 1976); Fritjof Capra, *The Turning Point* (New York, 1982).

92 Nancy Ainsworth-Vaughn, *Claiming Power in Doctor–Patient Talk* (Oxford, 1998); Robert A. Aronowitz, *Making Sense of Illness: Science, Society, and Disease* (Cambridge, 1998).

93 Gabriele Förster, *Homöopathie und Krankheitserleben: Die Suche nach dem Sinn* (Münster, 1993), 135–37; Ulrich Gregor Schultheiss and Thomas Schriever, *Warum gehen Patienten zum Arzt mit der Zusatzbezeichnung Homöopathie oder Naturheilverfahren?* (medical dissertation, Ulm, 1991) with motives for the move away from orthodox medicine, 122; Susanne Ude-Koeller, '"Als nichts mehr half ..." Motive zur Therapiewahl' in Sabine Sieg (ed.), *Blick-Wechsel: Horizonte des Heilens. Patientenwünsche und Wahrnehmungen* (Celle, 2000), 15–35, 20–22 with information about other alternative therapies. On the current situation, see also 'Vom Patienten zum Heiler. Hohe Zufriendenheit mit unkonventionellen Verfahren', *Frankfurter Allgemeine Zeitung*, 21 April 1999, N1, and 'Le patient anglais ... et l'homéopathie', *Journal de l'homéopathie* 59 (1998). But compare Émilie Gomart, 'Le point de vue de l'ethnologue: Présentation et analyse de consultations chez les médecins homéopathes', *La Recherche* 310 (1998), 64–66, which finds that orthodox medicine and homoeopathy are becoming more similar in terms of their case-taking practice. See also Denis MacEoin, 'The Choice of Homoeopathic Models: The Patients' Dilemma', *Simillimum* 13 (2000), 25–42.

94 See the numbers given in Schlich and Schüppel, 'Gibt es einen Aufschwung', 222, particularly since 1984.

95 The appearance of new journals and the extension of training facilities point in this direction; Gabriele Mengen, *Übersicht über die Entwicklung der Homöopathie in der Bundesrepublik Deutschland von 1945–1988* (medical dissertation, Münster, 1991) concerns doctors exclusively.

96 Robert Jütte, 'Homopathie im europäischen Trend', *Biologische Medizin* 28, 5 (1999), 242–47.

97 Marcos Mantero de Aspe, *El ejercicio médico de la homeopatia en España a finales del siglo XX (Análisis médico-legal)* (medical dissertation, Universidad Complutense de Madrid, 2000).

98 Robert Jütte, 'Eine späte homöopathische Grossmacht: Indien' in Dinges (ed.), *Weltgeschichte der Homöopathie*, 355–81; Ute Schumann, *Homöopathie in der modernen indischen Gesundheitsversorgung: Ein Medium kultureller Kontinuität* (Münster, 1993); Lore Fortes, 'Homöopathie auf dem Weg in das staatliche Gesundheitssystem: Brasilien' in Dinges (ed.), *Weltgeschichte der Homöopathie*, 331–54.

99 See the essay by Fraiz and Fortes in this volume.

100 Tilman Borghardt, *Homöopathie in Indien* (Berg, 1990), 115–17; see also Rudolf Höhn, *Indien und die Homöopathie* (medical dissertation, Freiburg, 1984), 44–46.

101 Kotok, *History of Homoeopathy in the Russian Empire*; Tadeusz Brzezinski, 'Vom ungleichzeitigen Beginn im dreigeteilten Polen zur späten Vereinheitlichung' in Dinges (ed.), *Weltgeschichte der Homöopathie*, 118–31; Drexler and Bayr, 'Die wiedergewonnene Ausstrahlung' on countries of the former Habsburg Monarchy; Melitta Schmiedeberg, *Geschichte der homöopathischen Bewegung in Ungarn* (medical dissertation, Berlin, 1929).

102 Michael Neagu, 'Von der Ethnohomöopathie zur postkommunistischen Vielfalt: Rumänien' in Dinges (ed.), *Weltgeschichte der Homöopathie*, 256–68, 265 ff.

103 This can be followed with the aid of the reports published in homoeopathic journals in recent years, particularly in the *British Homoeopathic Journal*.

104 See, for example, what is happening in present-day Malaysia as recounted by Heinz Eppenich, 'Malaiische Identität und Islamisierung der Homöopathie in Malaysia', *Medizin, Gesellschaft und Geschichte* 17 (1998), 149–75.

105 See the essays by Nicholls and Kotok in this volume.

106 See the essay by Kotok in this volume.

107 Gunnar Stollberg and Ingo Tamm, *Die Binnendifferenzierung in deutschen Krankenhäusen bis zum Ersten Weltkrieg* (Stuttgart, 2001), 585–87; Alfons Labisch and Reinhard Spree, *'Einem jeden Kranken in einem Hospitale sein eigenes Bett.' Zur Sozialgeschichte des Krankenhauses in Deutschland im 19. Jahrhundert* (Frankfurt, 1996).

108 Robert Jütte, *Ärzte, Heiler und Patienten. Medizinischer Alltag in der frühen Neuzeit* (Munich, 1991), ch. 4.

109 See the essay by Dinges in this volume.

# 'And [the money] accumulates, without annoyance on the part of the patient, in the doctor's purse': Samuel Hahnemann and the Question of Fees

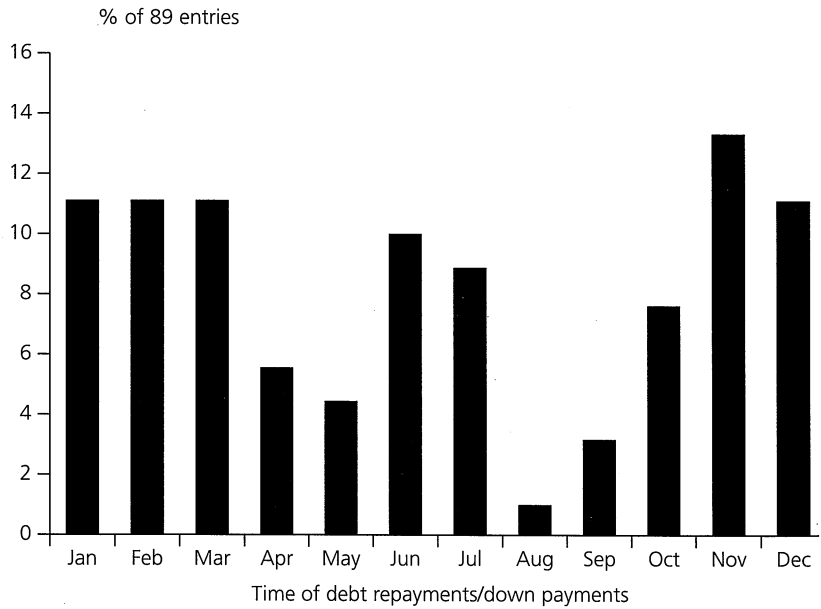
*Robert Jütte*

'IF PAYMENT ALONE WILL INDUCE HIM to do his duty, he [the doctor] loses his status as a moral person in the state and demeans himself to the level of the lowest paid trash',[1] wrote Johann Benjamin Erhard (1766–1827) in 1800 for the benefit of his professional colleagues. A contemporary of his, Maximilian Stoll (1742–88), had sounded the same theme in 1788, likewise extolling the selflessness of the medical profession: 'To the doctor, knowing that he has acted nobly is a sweeter reward than any fee.'[2] Even at that time, though, a sense of honour and the noble feeling of having helped the patient were insufficient to give a doctor a living. This was something that, not least, the authors of medical textbooks were aware of. For example, one of the best-known doctors of the eighteenth century, Friedrich Hoffmann (1660–1742), gave his colleagues this advice: 'Payment, be it called a gift or a debt, is something the medical man should accept with alacrity rather than with any feeling of shame or sadness.'[3] However, the problem (not only then) was that the gratitude of patients was often limited and their willingness to pay accordingly less than zealous. Reminding defaulters of their obligations was something that many doctors found degrading and impossible to reconcile with their professional honour. Consequently, as

Johann Friedrich Rübel (d. 1769) suggested, it should not be the doctor himself that collected outstanding fees 'but he should contrive to have the third person issue reminders'.[4]

But what was the real position with regard to doctors' incomes and patients' willingness to pay? Were doctors reluctant, in the eighteenth and early nineteenth centuries, when there were only official scales of charges (*Medizinaltaxen*) and as yet no statutory health insurance, to take their claims to court? How did patients react to the reasonable or in individual instances excessive bills put in by their attending physicians? These and similar questions can be answered only with difficulty, since for the German-speaking world there are virtually no studies of the financial side of the doctor–patient relationship. This has to do not least with the problematic source situation: very few documents have survived from that period capable of giving us a glimpse of medical accounting methods (although we do know, thanks to a recent study by a medical historian of the British health system, that before 1911 almost 20 per cent of the average doctor's income consisted of bad debts).[5]

**Figure 1. Medical debts and payment thereof in the practice of Surgeon Gramp 1791–1816**



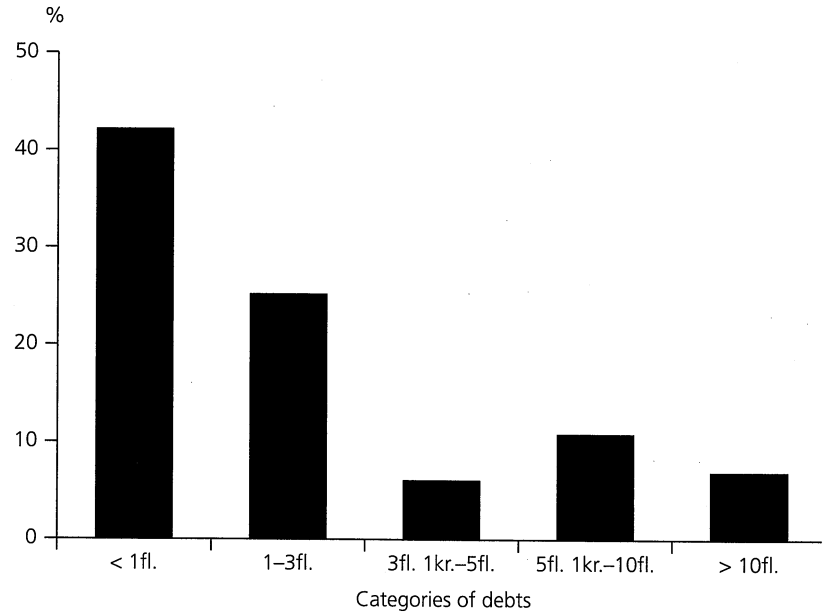

Source: Loetz (1993), 360.

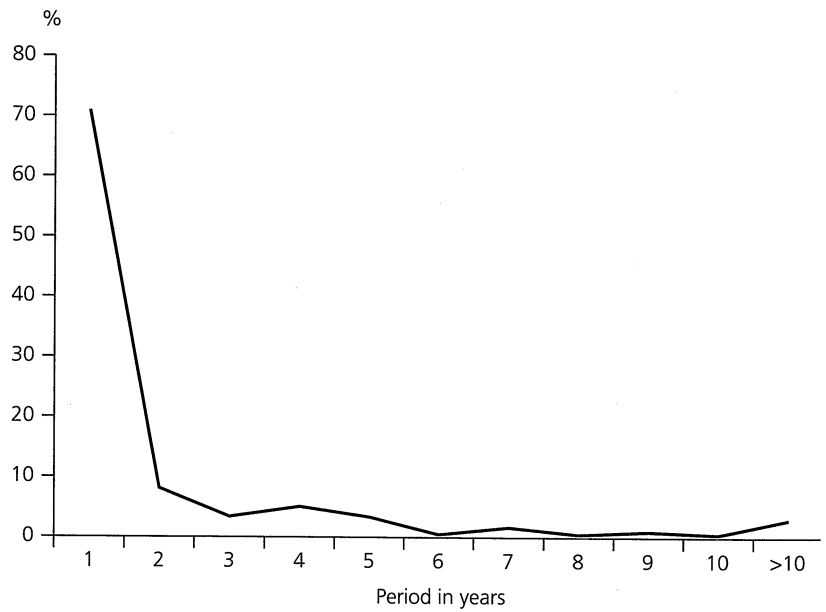
The debt register of a surgeon by the name of Gramp, preserved in the municipal archives of Müllheim/Baden and covering the period 1791–1816, is one such chance find. From this source, which has been studied by Francisca Loetz, it emerges that a healer of the time had to show great patience before the last defaulting patient paid his medical debts.[6] Most patients did in fact pay within two years, but quite a number failed to settle their outstanding medical bills until very much later.

Clearly, postponement of payment did not depend solely on the amount of the debt. Even relatively small sums (under one gulden) were not paid immediately. What is also interesting is the time at which debts were settled. Most debtors settled their outstanding medical bills either at the beginning of the year or in the months of November and December (see Figure 1). Obviously, there was some difference here between the practice of a barber surgeon and that of a physician. The latter would keep a record, as Christoph Wilhelm Hufeland (1762–1836) did, for example, of the drugs prescribed during the course of a year to enable him to draw up an account at the end of the year.[7] Ideally, this invoice for fees, sent out around Christmas, would then be paid promptly in the new year. All the greater was the surprise experienced by a doctor when a grateful patient voluntarily paid more. Berlin doctor Ernst Ludwig Heim (1747–1834) noted in his diary 'I thank God for it'[8] when a patient once showed such generosity. Only as Heim's reputation increased did his practice begin to flourish. After that, his regular income rose. This was mainly because a whole series of respected Berlin families chose him as their family doctor and paid him an annual retainer of at least 20 talers. This revenue alone amounted to nearly 5,000 talers a year.[9] However, in the early days of his medical practice he had to make do with substantially less. In 1776–77, he described his financial situation as follows: 'In this year I have had heavy expenses, with the result that the 400 talers I received from patients have gone and I have had to borrow 125 talers from my friend Muzel ...'.[10]

Heim's experience was shared by many doctors who, on completing their studies, had set up in practice in town or country. Whether in Germany too many doctors suffered bankruptcy at that time as was the case in England and Scotland[11] cannot be clarified for lack of studies. However, on the basis of an investigation of doctors' financial circumstances in Württemberg in the period 1780–1897, it may be supposed that, despite occasional complaints and the odd practice closure, doctors (even in comparison with other professional groups) by and large did very well for themselves.[12] The average doctor's fortune (not income!) in the years 1780–1810 was in fact 6,410 gulden. The figure declined slightly in the

**Figures 2 and 3. Comparison of medical debts over the years, from the register of debts of Surgeon Gramp**




Source: Loetz (1993), 363.

period that followed because of increasing competition and a worsening of the general economic situation, but between 1840 and 1852 it hit a new high of 9,936 gulden.

In view of many patients' laxity about paying (see Figures 2 and 3), which particularly for young doctors could cause problems, it comes as no surprise to learn that official scales of medical charges, which established fees for the services of a doctor, were not seen simply as state intervention in the area of free practice but were in fact welcomed, albeit not unanimously, by the members of the medical profession. In 1806, for example, an unnamed doctor expressed a specific desire for a body of rules governing fees as protection against the ingratitude of patients.[13] Another doctor who regarded official scales of charges as the best way of avoiding complaints of cheating on both sides was the Mecklenburg personal physician Johann David Sachse (1772–1860). But the clearest expression of the advantages of an official scale of charges came from another contemporary author, Karl Schreiber:

> In general we can be in no doubt that it is best if the doctor is remunerated for his efforts by the patient without invoice in an appropriate and decent manner, such that he is satisfied with the reward received ... However, among patients too there are some of so low a frame of mind that the doctor cannot possibly place himself at their mercy if he does not, like the humblest day labourer, wish to be recompensed for his self-sacrifice, his art, and his knowledge, where he is not protected by an official scale of medical fees, and on the other hand there are also, unfortunately, self-serving, greedy, shameless physicians who regard the divine art simply as a milch cow.[14]

The counter-argument of those who opposed any kind of official scale of charges was that, although such a scale might be of some use in the event of a dispute, basically it was unfair since, as Darmstadt ophthalmologist and surgeon Heinrich Küchler (1811–73) pointed out, medical services were not susceptible of precise measurement: 'The physician who with few medicines and few visits achieves great things will surely, under a scale of fees, be for all eternity more poorly paid than one who, with many medicines and many visits, achieves nothing ...'.[15] As regards this absolutely fundamental problem, nothing seems to have changed to this day if the current debate about structural reforms in the German health system is examined.

More interesting than old and new discussions of principle about the pros and cons of scales of medical charges and the associated question of the effects of such official regulations on the amount of doctors' incomes is a number of case studies illustrating the extent to which doctors of the day did, in fact, allow themselves to be guided by such arrangements. A

lucky source discovery enabled East Berlin medical historians D. Tutzke and R. Engel to reconstruct, for the period 1833–41, the earnings of a doctor practising in the Lower Saxon town of Schladen, near Salzgitter.[16] Heinrich Grotjahn (1794–1872), a forebear of the famous authority on social hygiene Alfred Grotjahn (1869–1931), made use in 61 per cent of all the cases listed in his medical journal of the nomenclature of the Prussian *Medizinaltaxe* of 21 June 1815.[17] In 36 per cent of all entries the amounts invoiced by him for medical services corresponded to the rates laid down in that scale of charges. Had Grotjahn kept his accounts in strict accordance with the usual rates, his annual income would have averaged 1,365 talers. Yet his actual income was some 270 talers below that. This was because, on the one hand, he treated some of his poorer patients for nothing (writing 'donated', for example, after the entry of the relevant fee demand). On the other hand, like so many colleagues he had to contend with defaulting patients, for whom he employed the unflattering term 'Betrüger' (swindlers). Also, no allowance is made in this connection for the cash value of payments in kind.

Unlike their professional colleagues, homoeopathic doctors could not count on the goodwill or backing of the state or the courts when it was a question of enforcing claims for outstanding fees. Moreover, the scales of charges in operation at the time hardly met the requirements of a homoeopathic practice in which, following a fierce battle with the pharmacists, self-dispensation of medication was by no means unusual. As a result, Samuel Hahnemann, having entered the annals of medical history as the founder of a new art of healing, had also to turn his mind to the banal but essential question of securing a livelihood. Even in this non-medical area he showed himself to be (as indeed he was at the bedside) a pragmatic and innovative thinker. Partly, no doubt, the years of privation that had preceded the discovery of his 'law of similars' had drawn his attention early on to the material problems of the medical profession. So it makes sense, before turning to Hahnemann's practical suggestions for building up a sound homoeopathic practice, to look briefly at the difficult financial situation in which the founder of homoeopathy found himself until approximately his fiftieth year.

From the time when Hahnemann had no homoeopathic practice as yet and lived mainly from translating and writing medical texts, there is a striking piece of evidence from a friend of his, English preacher Thomas R. Everest (1801–55) – though its credibility is not beyond doubt. According to Everest, Hahnemann embarked on his great work, the discovery of the 'law of similars', in the early 1790s 'in the midst of poverty'. This source

gives the following description of his financial situation at the time: 'His entire family, from which he was separated only by a curtain, lived in one small room; under every conceivable handicap, he had around him a hungry family whose upkeep he had to secure through hard work.'[18] The picture Everest paints here is contradicted by Hahnemann's own assessment, as contained in a letter written in Stötteritz in 1790: 'What I earn now (allow it is not a lot) is more than enough here. In terms of income from the practice, I cannot count on much.'[19] Although Hahnemann undoubtedly found it difficult at that time to keep his large family above water financially, we need not take the descriptions of contemporaries and companions of Hahnemann (most of which were written later) too literally; remember that as early as 1795 Hahnemann was able to acquire, in Brunswick, a house entirely befitting his rank, complete with a plot of land, for a purchase price of 2,065 reichstalers in gold.[20] Admittedly, Hahnemann being able to afford such a property at this point in time probably had less to do with his own income than with the fact that his first wife had brought a dowry of 1,500 reichstalers into the marriage, as known from a petition submitted to Prince Leopold Friedrich Franz of Anhalt-Dessau in 1786.[21] Moreover, in the meantime Hahnemann had acquired a wealthy private patient, the musician and government clerk Friedrich Arnold Klockenbring (1742–95). Klockenbring had been with him as an in-patient for some time, having a mental illness treated. As yet, with little experience in the treatment and care of mental illness, Hahnemann, who was then living in Georgental, contrived to negotiate the very respectable fee of 1,000 talers.[22] Not surprisingly, this princely sum provoked some envy, leading Hahnemann to justify himself in a letter to his friend Rudolf Zacharias Becker (1751–1822), written after more patients had absented themselves, in the following terms: 'Clearly, endeavouring to heal a madman is not highly regarded in our German world. Councillor F. of Hildburghausen has excused himself on grounds of expense (I was asking 40 talers a month and 500 talers on completion of treatment). Apparently, Schmidt from Frankfurt has also taken fright at 50 talers a month and 1,000 talers after the cure and has therefore not replied.'[23] This passage demonstrates that, at a time when he was not yet so well off financially, Hahnemann was already firmly convinced that his unusual therapies and medical endeavours were worth their price.

When in 1799 Hahnemann briefly set up as a general practitioner in Altona ('a town where it costs at least three times as much to live as it does in Gotha'),[24] he clearly had only a few patients and was hoping his clientele would soon grow. However, this obviously did not prevent him from

charging a not inconsiderable sum for a consultation by correspondence. For 'a letter with or without medication'[25] he was then, as he wrote to his friend Becker, asking 2 specie talers.

We know that Hahnemann was already receiving more requests for medical advice by correspondence from an advertisement that he placed in the *Reichsanzeiger* in 1799. In it he stated that in future he would 'send back even unsolicited letters from foreign patients and others seeking help, having first read them, if they do not enclose a reasonable fee for my efforts (at least one friedrichsdor) in the form of a transfer or as cash; poverty would indeed need to speak loudly for one to be unable to withhold advice without inhumanity.'[26] The sum mentioned corresponded to around five Prussian talers of 24 groschen. At that time a journeyman roofer earned something like 8 'good groschen' (i.e. minted in Meissen) a day. In other words, Hahnemann was asking, for a consultation by correspondence, a fee well above that laid down in the official Prussian scale of charges of 1815. At around the same time, the fee Hahnemann charged for the treatment, nursing, and accommodation of a mentally ill writer (Johann Karl Wezel) was 10 friedrichsdor per month.[27] With his printed manuals of advice, too, Hahnemann sought to earn additional money. For a subscription to his essay on scarlet fever (1800), for example, he also charged one friedrichsdor. For that, the subscriber not only got the relevant essay, carriage paid, but was also to receive gratis 'such a powder ... sufficient to render several thousand persons immune to scarlet fever'.[28] But even such generous promises (more than a little reminiscent of the trade in secret remedies that flourished at the time)[29] clearly attracted few applicants, with the result that, in January 1801, Hahnemann decided to ask his friend and publisher Becker to print the essay, too, in the *Reichsanzeiger* in order that it should 'only rightly achieve broader public attention'.[30] Yet even this step failed to prevent Hahnemann's reputation from suffering further damage. Against the charge of profiteering he defended himself thus in a letter to Rudolf Zacharias Becker: 'There is nothing at all wrong with arranging to have oneself paid in advance for one's invention if, following receipt of the money, one supplies its equivalent. Such a procedure has the finest examples before it.'[31] He went so far as to enclose a gold coin (a louisdor), asking the publisher to return it to one of his critics among his subscribers. However, not even such a gesture succeeded in preventing the reproach of profit-seeking from being repeatedly voiced by his opponents in later years. When Dr U.K. Brückmann, a personal physician practising in Braunschweig (Brunswick), made defamatory remarks to the effect that Hahnemann was a charlatan and moneygrubber and had asked a horrendous fee (100 louisdors) for

treating an epileptic in 1796, Hahnemann replied with a rebuttal in the *Reichsanzeiger* of 8 April 1808 that spoke among other things of 'hoary accusations dished up by slanderers years back, shot through with ignorance and misconceptions, and long since refuted'.[32]

Once homoeopathy had begun to attract more and more patients in the 1820s and the numbers of critics within the medical profession increased, it was chiefly the advances he asked for that gave Hahnemann a reputation for avarice. How in concrete terms this accounting procedure should be pictured is something known thanks to a description by Hahnemann's pupil Dr Franz Hartmann (1796–1853), which Hartmann published in the *Allgemeine Homöopathische Zeitung* in 1844: 'The fee for 6 powders, numbered, only 1 of which contained medication, and of which sometimes 3 a day, sometimes only 2 were used, amounted in the case of the lowest prices to 16 good groschen, for wealthy patients between 1 taler 8 good groschen and 2 talers, or alternatively he had such patients pay a specific sum of 10–12 louisdors in advance, which after a while, ad libitum, he asked for again.'[33] Particularly this latter procedure struck some of his professional colleagues as an offence against good form, although it was very common at the time for well-to-do patients to retain a family doctor on a flat rate basis. True, the sum involved was not due until the end of the year, which enabled the debtor to postpone payment or withhold it altogether. The degree of willingness to pay that characterised many patients was something Hahnemann knew more about than the opponents who accused him of greed. Here the founder of homoeopathy showed himself to be a realist who never lost sight of the fact that there was a financial side to the doctor's profession as well (see Figure 4). One of the most impressive pieces of evidence concerning his attitude on this question is a letter to his pupil Friedrich Rummel (1793–1854). Dated 19 May 1831, the letter was written from Köthen:

> Mind you, a title like *Medicinalrath* [modern spelling Medizinalrat; approximate meaning 'senior medical officer'] does have the advantage of earning the doctor better prices and particularly, so far as homoeopaths are concerned, that of giving enemies of the art something to think about; however, even without that, the purely homoeopathic doctor would be well advised to place so much value on his infinitely superior art of healing that even in this circumstance he obtains better prices, charging at least his chronic patients a monthly fee (preferably payable in advance) and having the smaller man pay him, for each consultation and administration of medication, a certain amount of money (even if it is only a few groschen) – accipe dum dolet. Only in this way can the doctor never come away empty-handed, and he will be much encouraged by seeing hard cash for his efforts. Even these small amounts, provided that they

are paid correctly and consistently each time, accumulate imperceptibly to a sum total, and the patient paying each time hardly feels it in his purse because he is settling little by little, and when he then recovers or departs prematurely, we are finished with him; he has no claim on us, and we have none on him; he parts company with us if not with satisfaction and gratitude yet without ill-will – what he has given little by little he has forgotten about and the doctor has his due and it accumulates, without annoyance on the part of the patient, in the doctor's purse. By contrast, how great is the daily annoyance of the doctor who tenders an invoice only afterwards, when the patient has forgotten all about his gradual improvement and all the trouble the doctor took, ut fieri solet. I have never, since I have been practising the beneficent art of healing, put in a bill subsequently but rather behaved as set out above. Once such payment per visit for the lowlier and monthly payment in advance for the better-off classes is established and patients know no other system, everyone brings his money with him (without being reminded) or sends it monthly by post and matters proceed without ill-feeling. If doctors too keep good accounts, they will be able, even as dedicated homoeopaths, to earn a living and put something by.[34]

**Figure 4. H.W. Bunby (1750–1811), Discreet Payment for a Home Visit**



Photo: Digby (1994), ill. 8.

Hahnemann himself, in the course of more than 40 years' homoeopathic practice, managed in this way to earn a substantial fortune, as we know from the will he made on the occasion of his second marriage. Under that will, each of his children entitled to inherit received the not inconsiderable sum of 6,000 talers. For himself he retained 12,000 talers. Moreover, Hahnemann was then the owner of two houses in Köthen, which he left to his daughters Amalie, Louise and Charlotte. Before the move to Paris, then, where Hahnemann spent the last nine years of his life, he possessed a substantial fortune – not, admittedly, to be compared with the 100,000 gulden foundation capital of Frankfurt doctor Johann Christian Senckenberg (1707–72), but derived almost entirely from practice earnings rather than from legacies and returns on capital.[35] Actually, the comparison would come out in Hahnemann's favour if the statement of his daughter Eleanor's lawyer[36] were true (that on his death in Paris Hahnemann left a fortune of 200,000 *Reichstalers*) or if the testimony of his grandson, Dr Süss-Hahnemann (1826–1914),[37] could be believed (that Hahnemann bequeathed four million francs to his second wife Mélanie). However, such legendary wealth is rather contradicted by the fact that, soon after the death of her beloved husband, Hahnemann's widow moved into a smaller house and subsequently, bit by bit, sold off her pictures and furniture.[38]

Even before the move to Köthen, Hahnemann was a sought-after doctor who could afford to set his fees as he thought fit, thus breaking down the patronage system that still characterised the doctor–patient relationship around 1800.[39] It does not by any means go without saying that, rather than keep his recipe for success to himself, he should so readily have shared it with his pupils and disciples. For instance, to Dr Johann Heinrich Wilhelm Ehrhardt (1794–1848), who practised in Merseburg, he gave this piece of practical advice: 'Money, even a little, gives one heart; if I simply have in my pocket what was my due, it means I was not working for nothing, not in hope of favour, meekly waiting to see whether I shall be paid or not ... The world is ungrateful. Even the rich man has to pay for every prescription immediately or by the month. Otherwise he can go where he pleases.'[40] Hahnemann discussed the tiresome question of fees in even greater detail in a letter to his pupil Karl Julius Aegidi (1795–1874), whom he had found a job in Düsseldorf as personal physician to the wife of the Crown Prince and who from a thoroughly lucrative practice made very little profit.[41] When Aegidi told him that he had been awarded the title *Medicinalrath*, Hahnemann replied:

> Since, as I read in your letter and hear from Jahr [he means Georg Heinrich Gottlieb Jahr (1800–75)], the (distinguished) public there turns out to exhibit

such thoughtlessness towards a brave homoeopathic doctor, even over payment – what are you doing in terms of paying special attention to that? Why not copy my example here, in other words collect payment at the time of each prescription from Small, Middling, and Wealthy? With my large family, I should still be an impoverished beggar had I not, without reverting to the age-old custom among allopathic doctors (who allow their bills to stand in order to oblige the client to stick with them) of only demanding payment at the end of treatment or at New Year, when all the good work you have done has been long forgotten – had I not, in short, done the opposite. – Anyone calling upon my services, I thought, must pay me and must pay me promptly following each occasion on which I provide those services – because nothing is more swiftly forgotten among the sophisticated than good deeds. – He must pay for a month's prescription immediately, e.g. with several talers, if he can afford it – the middle-income man with less, the small man with a few groschen, if treated over a period of 1, 2 weeks, and only the very poor are treated gratis. Anyone who is not happy with that, who is reluctant to pay immediately for the efforts I have so recently expended, is saying in effect that he wishes to cheat me – and may I be preserved from such a one. No day labourer quits work in the evening without holding out a hand for his day's wage; and shall we show less prudence and allow ourselves to be fobbed off with the hope of payment at some future date for all our hard work – that is to say, have 80 out of 100 defraud us?

We are not allopaths who with a high official scale of charges are able to pursue large bills through the courts for the atrocities they commit. We need to take what we have earned immediately, otherwise we are not worthy of sympathy; otherwise we have sinned against ourselves and those like us, and on top of that the deceitful rogue to whom we may have rendered the greatest service will have a good laugh at our expense. Do you think that that would stop patients coming? You are wrong! And even if they did not come out of reluctance to pay immediately, you would be spared the trouble of such obvious swindlers ...[42]

Hahnemann refers in this connection to another of his many pupils, Gustav Wilhelm Gross (1794–1847), whose homoeopathic practice in Jüterbog had likewise been bringing in very little money some years before. Hahnemann had summoned Gross to his presence: 'He agreed, did as I said, and now he has become a very prosperous man and has more patients even than before.'[43] Although this claim cannot be proved, we do know from the mouths of other pupils (Friedrich Rummel, for example) that they largely adopted Hahnemann's system of charging, particularly when their clientele included many patients from abroad.[44] It is known from Hahnemann's advice to his pupils as well as from the eye witness account by Franz Hartmann mentioned earlier that Hahnemann not only used two different

methods of billing (payment per consultation or a flat rate payable monthly in advance); it was also his custom, apparently, to ask for substantially less from his poorer patients (6 to 8 groschen per visit plus medication). In the letter to Aegidi cited previously, even lower sums are mentioned. In order to employ this graduated fee system successfully, it was necessary, said Hahnemann, to have 'precise knowledge of people's financial circumstances'.[45] In this respect too the founder of homoeopathy showed himself to be a realist and a connoisseur of human nature. In his view, the less well off were simply those who 'always have to pay the pharmacist in cash'.[46] This knowledge of his patients' credit-worthiness him spared him tedious enquiries and saved him from asking indelicate questions about people's economic situations.

But how were these principles of accounting implemented in practice? Did Hahnemann adhere, by and large, to the advice he gave his pupils in this regard? The only sources of information here are the surviving medical journals and letters. Judging from the hitherto unpublished researches of Markus Mortsch into Hahnemann's medical journal D22 (1821), the price of treatment was indeed governed by the financial potential of the patient. Comparison of the medical journals from the Leipzig period with those from Köthen, where Hahnemann worked as personal physician to the ruling duke, reveals the striking fact that, in the capital of the Duchy of Anhalt-Köthen, he had very much to take into consideration the generally more modest incomes of craft-tradesmen and court officials. Evidence of fee demands in the relevant medical journals is not particularly plentiful. Nevertheless, for the Köthen years there are more references to groschen than to talers – and that applies to virtually every occupational group. Whereas for treating the wife of a senior civil servant in Frauendorf, near Frankfurt an der Oder, Hahnemann received the respectable sum of 10 louisdors, the wife of a post office secretary in Köthen paid only 16 groschen for a consultation.[47] This differentiated billing practice is also confirmed by Ute Fischbach-Sabel's analysis of medical journal D34 (1830).[48] According to this source, towards the end of his Köthen period Hahnemann usually charged between two and 16 groschen when treating patients from the lower levels of income (e.g. servants). Most frequently mentioned, however, are taler amounts. These vary between one and 125 talers and come mostly from the better-off patients (privy councillor, cantor, landowner, minister, among others). Beside larger sums there is usually a note saying that this is an advance payment for an extended period. For example, on 26 July 1830 a patient by the name of Crone paid the sum of 30 talers. Hahnemann noted after the amount: 'until

16 August'. To give you a comparison: according to the scale of charges for food published in the duchy's newspaper, a pound of bread rolls cost 1 groschen.[49] At 24 groschen to the taler, for this amount Hahnemann could theoretically have purchased 720 pounds of bread rolls. Payment in gold coins (friedrichsdors and louisdors) is also occasionally mentioned in the medical journals of the Köthen years. For instance, the entry concerning a Magdeburg lieutenant named Lüderitz ends with the note: '1 ld [louisdor] given for consultas / 1 ld for medication.'[50]

The medical journals analysed so far also contain important evidence for the two types of charging that Hahnemann introduced into homoeopathic practice. As an example of charging per item of medication supplied, take the following note made in connection with a patient referred to as 'Wagner's son': '1 taler and for previous 12 capsules 12 groschen unpaid 20 groschen'.[51] As Markus Mortsch rightly comments, this means that the patient concerned did not even pay what was allegedly Hahnemann's usual minimum fee but substantially less, namely only one groschen per dose of oyster-shell powder. On the other hand, the case of the Leipzig patient Völcker shows that Hahnemann asked for advances for a specific period not only from more well-to-do patients but also from chronic patients, irrespective of their financial circumstances. Admittedly Völker, who suffered from a urethral discharge, paid relatively little, namely only six talers for one-and-a-half months, yet Hahnemann stuck to his principle: 'With such ailments, I go for the purse.'[52] The interesting question that arises here is whether Hahnemann was also prepared to admit exceptions or whether he showed totally indigent or tight-fisted patients the door. There are indications that at least Hahnemann's second wife Mélanie, in their joint Paris practice, daily treated a dozen poor patients for nothing. It may well have happened that Hahnemann himself occasionally waived his fee, but it is difficult to prove. One of the few pieces of evidence occurs in medical journal D22, where there is mention of the daughter of a Köthen day labourer receiving a dose of Acidum muriaticum 'gratis'.[53] In exceptional cases, Hahnemann was obviously quite prepared to drop his usual demand for payment in cash. One such case was no doubt that of Leipzig market porter F. Gossel, from whom Hahnemann extracted a promise 'to send 3 talers in 4 weeks'.[54] A pastor's widow who had applied by correspondence for treatment for her sick child also tried to tried to get Hahnemann to accept postponed payment of the fee; she wrote: 'What you ask for the treatment, good Mr Medical Councillor, I undertake to pay with all my thanks; not only has my son been cured of his dreadful illness by your goodness; for me it is a trifle, even if it is 50 *Reichstalers*. So do not, I pray,

distrust me, for as sure as there is a God I shall pay all.'[55] Unfortunately, it is not known whether Hahnemann accepted this offer, thus proving himself generous. There were other patients who tried to get him to reduce his fee. For example, a certain C. van Bock wrote from Herzogsrode on 17 June 1832: 'Is it not I wonder possible for you to drop the price of your powders somewhat?'[56] The writer did at the same time apologise for his 'audacity'. In this case too it is unfortunately not possible to show whether the request was complied with.

Hahnemann could react very brusquely to requests to postpone payment, as known from an often-quoted passage in the report that Franz Hartmann published in the *Allgemeine Homöopathische Zeitung* in 1844:

> On one occasion, when I had been doing practical work with him for a while, I was obliged to witness such a scene in his study, when a foreign patient suffering from Lues secundaria cum hydrargyrosi, who had asked for his help and from whom on his next visit he had asked for 10–12 louisdors, was unwilling to pay up, promising instead 20 louisdors on completion of treatment. Somewhat exaggeratedly, he [Hahnemann] slammed his medical journal shut and proceeded to demand the specific sum of 12 louisdors before he would lift another finger.[57]

Hartmann, who clearly found such conduct by his esteemed master embarrassing, felt obliged to add this postscript: 'On the other hand we must also acknowledge to his credit that year after year he treated 12 poor patients free of charge, who came to him at the same surgery hours as the wealthy and enjoyed equal rights with them, because they were received in order of arrival, and no rich man, whatever his rank, could boast of having been given preference over them.'[58] To what extent the number 12 related to the survival of a Christian tradition (the 12 apostles) in nineteenth-century medical practice and whether this number of free treatments was consistently observed by Hahnemann each and every year are matters only of speculation; they certainly cannot be demonstrated from other sources.

Finally, the question of how far Hahnemann was able to raise his fees as his fame grew must be examined. This applies particularly as regards the Paris years, when wealthy patients from all over Europe sought him out and joined the upper bourgeoisie of the French capital in the queues outside his consulting room door. Unfortunately, the French medical journals that have been analysed hitherto contain very few details concerning fees. Usually, as Rima Handley has already pointed out, the amounts mentioned are between 50 and 100 francs.[59] These elevated sums are, in fact, monthly payments

in advance. Assuming that the average patient visited Hahnemann once a week for further treatment, this was an impressive price, particularly in view of the purchasing power of the French currency at the time. Patients who paid a middling fee (100 francs) included sequin-maker Bavoil, for example, who was undoubtedly not a big earner.[60] In the case of the occasional artist, on the other hand, Hahnemann was clearly prepared to deviate from his rigid accounting practices and permit deferred payment. For example, against a musician called Bry, who was presumably in financial difficulties, Hahnemann noted: 'veut payer' ('intends to pay'). And elsewhere the revealing comment is found: 'a payé la dernière fois, mais aujourd'hui pas' ('paid last time but not today').[61] In this case, then, Hahnemann had consented to an irregular method of payment. Unfortunately, such individual pieces of evidence do not allow any general conclusions to be drawn regarding Hahnemann's billing practice during the Paris years. The fact that the French medical journals contain considerably fewer references to paid or postponed fees might possibly indicate that Hahnemann had managed to convince his ever-expanding circle of patients of the self-evident rightness of his fee system. As he said in that letter to Aegidi already referred to: 'The homoeopath must preferably make do with little at the outset in order to introduce and implement this new procedure, then he will have succeeded. Then his income will go up and up, and in the end he will be more sought-after than that lax fellow the doctor, who places his whole income at the mercy of future payment.'[62] That was another respect in which Hahnemann was ahead of his opponents in the medical profession. While the latter had no wish to or were unable to overturn the traditional system of medical charging, which required enormous confidence in patients' willingness to pay, indulging instead in controversial debates about the general introduction of an official scale of charges for medical services, Hahnemann grasped the opportunity available to him in the 'alternative' health market of bringing in a method of payment that is today (in a slightly amended form) found even in conventional private practices in the USA, Britain and Israel: no treatment without cash!

## Notes

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2 Maximilian Stoll, *Vorlesungen über einige langwierige Krankheiten* (Vienna, 1788), 75.

3 Friedrich Hoffmann, *Politischer Medicus, oder Klugheits-Regeln, Nach welchem ein junger Medicus seine Studia und Lebensart einrichten soll [...]* (Leipzig, 1752), 28.

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5 See Anne Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994), 167.

6 See Francisca Loetz, *Vom Kranken zum Patienten. 'Medikalisierung' und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (= MedGG supplement 2) (Stuttgart, 1993), 360.

7 See D. Tutzke and R. Engel, 'Tätigkeit und Einkommen eines Allgemeinpraktikers vor der Mitte des 19. Jahrhunderts. Ergebnisse einer historisch-statistischen Analyse', *Zeitschrift für die gesamte Hygiene* 24 (1978), 460–65.

8 Quoted from Edith Heischkel, 'Der Arzthaushalt', *Ciba-Zeitschrift* 80 (1956), 2673.

9 See Heischkel, 'Der Arzthaushalt', 2673.

10 Quoted from Heischkel, 'Der Arzthaushalt', 2672.

11 See Digby, *Making a Medical Living*, 156 ff.

12 See also Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), 234 ff.

13 See Uwe Bannert, *Diskussionen um ärztliche Gebührenordnungen im 19. Jahrhundert. Ein Beitrag zur Geschichte des ärztlichen Honorars* (Neumünster, 1986), 48.

14 Karl Schreiber, 'Erörterungen über die Taxen für das Medicinalpersonal in Kurhessen', *Zeitschrift für die Staatsarzneikunde* 75 (1858), 1 ff.

15 Heinrich Küchler, 'Einige Worte über die Taxe für das Medizinalpersonal, insbesondere die Prinzipien für die operative Taxe', *Zeitschrift für die Staatsarzneikunde* 87 (1864), 37 ff.

16 Tutzke and Engel, 'Tätigkeit', 464.

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18 Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen auf Grund neu aufgefundener Akten, Urkunden, Briefe, Krankenberichte und unter Benutzung der gesamten in- und ausländischen homöopathischen Literatur* (2 vols, Leipzig, 1922), II, 26.

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25 Quoted in Haehl, *Samuel Hahnemann*, II, 42.

26 Quoted in Haehl, *Samuel Hahnemann*, II, 42.

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29 See for example Elmar Ernst, *Das 'industrielle' Geheimmittel und seine Werbung. Arzneifertigwaren in der 2. Hälfte des 19. Jahrhunderts* (Würzburg, 1975).

30 Quoted in Haehl, *Samuel Hahnemann*, II, 73.

31 Quoted in Haehl, *Samuel Hahnemann*, II, 74.

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35 On Senckenberg, see Heischkel, 'Der Arzthaushalt', 2672.

36 See Haehl, *Samuel Hahnemann*, II, 453.

37 Quoted in Haehl, *Samuel Hahnemann*, II, 454.

38 Rima Handley, *A Homoeopathic Love Story. The Story of Samuel and Mélanie Hahnemann* (Berkeley, 1990), p. 171.

39 In this connection, see N.D. Jewson, 'Medical knowledge and the patronage system in eighteenth-century England', *Sociology* 8 (1974), 369–85. See also Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995), 123 ff.

40 Quoted in Haehl, *Samuel Hahnemann*, II, 153.

41 On the subject of Aegidi, see Ralf Vigoureux, *Dr Karl Julius Aegidi. Leben und Werk des homöopathischen Arztes* (Heidelberg, 2001).

42 Quoted in Haehl, *Samuel Hahnemann*, II, 415.

43 Quoted in Haehl, *Samuel Hahnemann*, II, 415.

44 See Haehl, *Samuel Hahnemann*, II, 153. However, see also Franz Hartmann's comment in 'Hahnemanns Leben', column 185: '... I know in fact from experience that that only a few made practical use thereof, partly from a sense of their vastly

inferior rank, compared to Hahnemann, partly from a sense of the indignation by which patients were seized as a result.'

45 Quoted in Haehl, *Samuel Hahnemann*, II, 414.

46 Quoted in Haehl, *Samuel Hahnemann*, II, 414.

47 Markus Mortsch, *Edition und Kommenntar zu Samuel Hahnemanns Krankenjournal D22, Kommentarband* (forthcoming), 318, 350. I am grateful to Markus Mortsch for letting me look at the manuscript of his commentary on this medical journal.

48 Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournals von Samuel Hahnemann* (2 vols., Heidelberg, 1998).

49 Fischbach-Sabel, *Krankenjournal D34*, Commentary, 35.

50 Fischbach-Sabel, *Krankenjournal D34*, 55.

51 Mortsch, *Krankenjournal D22*, 324.

52 Franz Hartmann, 'Hahnemanns Leben', column 186.

53 Mortsch, *Krankenjournal D22*, 463.

54 Mortsch, *Krankenjournal D22*, 135.

55 Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart, B 32803, letter of 26 June 1832.

56 Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart, B 32767, letter of 17 June 1832.

57 Hartmann, 'Hahnemanns Leben', column 185.

58 Hartmann, 'Hahnemanns Leben', column 185.

59 See Handley, *Homoeopathic Love Story*, 127. For details in this connection, see Karl-Otto Sauerbeck, *Kommentar zu DF5* (undated manuscript, Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart), 17 ff.

60 Samuel Hahnemann, *Krankenjournal DF 5 [1837–42]*, transcribed and translated by Arnold Michalowski (Heidelberg, 1992), 19.

61 Hahnemann, *DF 5*, 289, 290.

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# Was Hahnemann driven out of Leipzig? The Leipzig practice and why Hahnemann moved to Köthen in 1821:[1] Patient Numbers and Polemics

*Kathrin Schreiber*

A MYTH STILL HAUNTS THE LITERATURE that in 1821 Hahnemann's opponents sought to expel the founder of homoeopathy from Leipzig with 'police backing'.[2] The intention is to create an impression that the doctors and pharmacists, in association with the authorities, wished to drive Hahnemann out and that they acted without regard to seemliness and morality. It was a myth to which Samuel Hahnemann himself contributed when writing to Dr Billig in February 1821, when he was still in Leipzig: 'You will have gathered from the public comment made about me by the Saxon doctors ... how much my mode of healing, together with its author, is persecuted by this country [Saxony]. Now that persecution has reached a head, and I should have to hold the beneficent art as well as my own life very cheap to stay here any longer and not seek sanctuary abroad.'[3]

Yet there is no proof whatsoever for the claim that Hahnemann was to have been forced to leave Leipzig. The allegation stems from Richard Haehl (1873–1932) who wrote that the pharmacists had tried 'in helpless spite and anger ... to drive the man they hated so much out of the city by appealing to the authority of the police.'[4] Haehl was stressing simply the legal wrangle known in medical history as the 'dispensing dispute' (*Dispensierstreit*). In December 1819 the pharmacists of Leipzig had

approached the authorities because they feared for their privileges. Under Saxon law, all doctors (whether homoeopaths or allopaths) were forbidden to manufacture and dispense drugs themselves. After a certain amount of 'toing and froing', therefore, the city of Leipzig and the government of Saxony decided that no exception should be made in Hahnemann's case. In other words, with the pharmacists' submission and the authorities' decisions, Hahnemann was being treated like all other doctors. Thus, it is a gross misrepresentation of the facts to infer, as Haehl does, that anyone sought to remove Hahnemann from Leipzig with the help of the police.

As there is no question of expulsion, could there have been some form of persecution? Again, this view does not stand up to reality. Briefly, it can be stated that:

1. By 1821 there had as yet been no open confrontations within the homoeopathic milieu and hence no difficulties.
2. No official pressure from the universities can be ascertained.
3. Only in one case, namely the 'dispensing dispute', did the authorities decide against Hahnemann, and given the legal situation the verdict is not surprising.
4. Thirteen Leipzig doctors did publish an appeal against Hahnemann in the *Leipziger Tagblatt* in February 1819. However, it would be wrong to infer that the medical profession was solidly against Hahnemann. There were some 60 doctors in Leipzig, but only 13 signed the article. Moreover, until 1821, critical discussions of homoeopathy remained in single figures.
5. In turning to the authorities in the 'dispensing dispute', the pharmacists were insisting on a right conferred upon them by statute. For most of them, the central concern was not the eradication of homoeopathy.[4]

Therefore, in the period to 1821, although the critics did indeed increase in number, there was no anti-Hahnemann campaign by groups acting in unison. Instead, it was mainly individuals who spoke out against homoeopathy. Thus why, if that was so, did Hahnemann leave Leipzig in June 1821 and move to Köthen?

## The Ban on Dispensing

RESEARCH IN THIS AREA has harboured the persistent opinion that Hahnemann left Leipzig because of the ban on dispensing. As he was unable to manufacture and dispense his remedies himself, he felt that a basic

principle of homoeopathy was no longer being complied with. This view was first suggested by Hahnemann himself. When he was already living in Köthen, he wrote retrospectively: 'Simply because of the sovereign's letter of freedom allowing me to prepare and issue my remedies myself, I loaded 12 wagons with equipment and spent 600 talers moving from Leipzig to this wretched hole.'[5] But what was the real truth? The pharmacists' submission of 16 December 1819 bears three signatures, those of pharmacists Heinrich Adolph Täschner, Carl August Rohde and Friedrich Gottlob Bärwinkel.[6] Their reasons for making the submission were as follows. In the first place, the facts of the case were clearly governed by legislation; Hahnemann did not have the right to issue his medicines direct to patients. Secondly, the pharmacists stressed that they felt their honour to have been wounded by Hahnemann's accusation of incompetence. And thirdly, quite apart from the legal situation, Hahnemann's self-dispensing challenged the existing medicinal situation for, had other doctors followed his example, the whole pharmaceutical profession would gradually have found its livelihood undermined.

Conversely, there is nothing to suggest that the pharmacists intended their submission to affect homoeopathy, the use of which is not attacked in the text. On the contrary, Täschner and his colleagues stated explicitly that they were concerned only about their rights, not about how Hahnemann practised medicine. Moreover, there is evidence of several cases in Saxony in which pharmacists also complained about allopathic doctors for dispensing drugs without authority.[7] In other words, there was nothing unusual about the submission of the Leipzig pharmacists, and it can certainly not be regarded per se as an attack on homoeopathy. In addition, Hahnemann always talked about the ban on dispensing as a matter of life or death. If it was upheld, he warned, not only his practice but homoeopathy itself was doomed to extinction. However, if the legal situation is examined more closely, it is clear that the regulations govern only the issuing of medication, not its manufacture. Therefore, even after the imposition of the ban on dispensing, Hahnemann might well have been able to continue manufacturing his own drugs. He would merely have had to distribute them through pharmacies. Thus, there is really no reason for evoking the possible ruin of homoeopathy. The inevitable conclusion is that the 'dispensing dispute', for Hahnemann as for others, was in some way a means to an end. Hahnemann's concern was with occupational independence in terms of professionalising the practice of medicine and of controlling all the building blocks of the homoeopathic market.

Thus, a detailed analysis of the 'dispensing dispute' of 1819–21 has

the effect of qualifying two assertions. First, Leipzig's pharmacists cannot all be put together as opponents of homoeopathy. They were much more concerned with preserving a privilege that they saw as morally, legally, and economically threatened by Hahnemann. Secondly, under the legislation in force, Hahnemann would still have been able to produce his own medication. For these reasons, the imposition of the ban on dispensing cannot be regarded as the sole (possibly not even the main) cause of Hahnemann's leaving Leipzig.

## Hahnemann's Waning Prestige

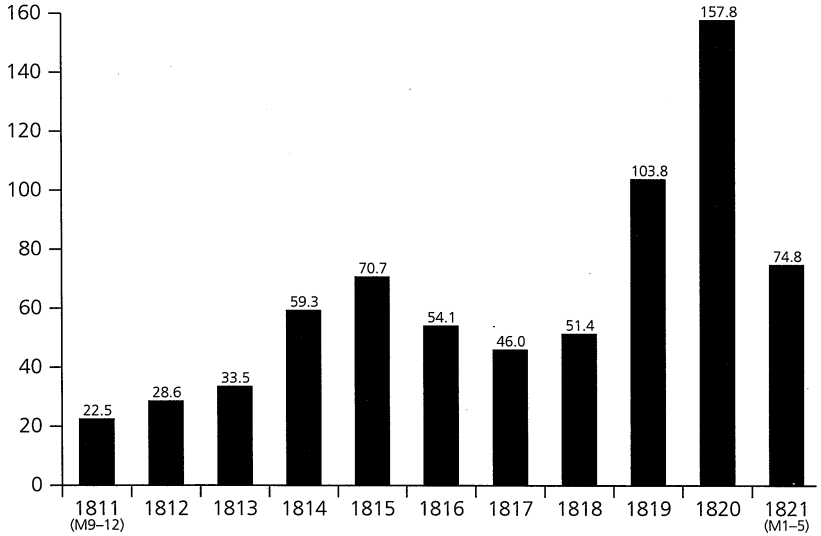
A SECOND CAUSE IS TO BE SEEN in Hahnemann's waning prestige. This loss of reputation had its origin in the failed treatment of Prince Karl Philipp von Schwarzenberg (1771–1820). The victor of Leipzig's 'Battle of the Nations' in 1813, Schwarzenberg had come to the city in April 1820 to consult Dr Hahnemann. Treating this famous nobleman gave a considerable boost to Hahnemann's reputation and brought him a huge influx of aristocratic patients. However, for whatever reasons, Hahnemann was unable to help the prince, who died in Leipzig on 15 October of the same year. As a result, not only Hahnemann's practice but also homoeopathy as a method of healing suffered a substantial reverse. This loss of reputation as a result of the unsuccessful treatment of the prince undoubtedly made Hahnemann reconsider his position in Leipzig.

## How Patient Numbers Developed

A THIRD CAUSE, namely the way in which patient numbers developed, needs to be examined. Hitherto, Hahnemann's Leipzig practice has been described always as flourishing; a steady growth in patient numbers has been assumed. Besides the quantitative significance of Hahnemann's patient body (in Leipzig he treated a total of around 2,200 people), the qualitative aspect of individual patients ought not to be overlooked.[8] However, analysis of the medical journals from 1811 to 1821 inevitably qualifies, in certain respects, this picture of an uniformly flourishing practice.

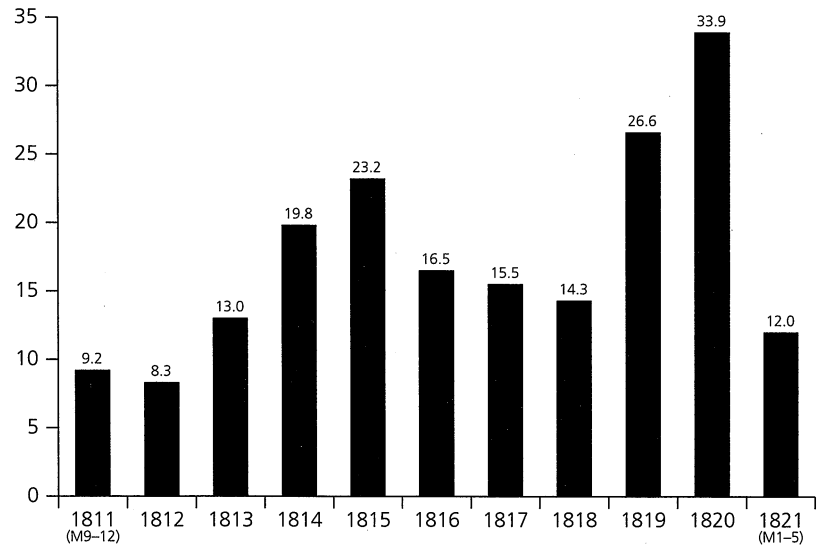
Figures 1 and 2 show that, in fact, patient numbers fluctuated substantially between 1811 and 1821. In Hahnemann's first year in Leipzig the practice was very poorly frequented. Subsequently, numbers did indeed increase steadily until 1815. In the next three years, however (1816–18), the practice suffered a definite setback. Public attention appears to have declined in this period, a circumstance that found expression in the numbers

**Figure 1. Patients per month in annual averages 1811–21**




M9–12 = September to December only.
M1–5 = January to May only.

**Figure 2. New patients per month in annual averages 1811–21**




M9–12 = September to December only.
M1–5 = January to May only.

**Figure 3. Patients and consultations in 1820**

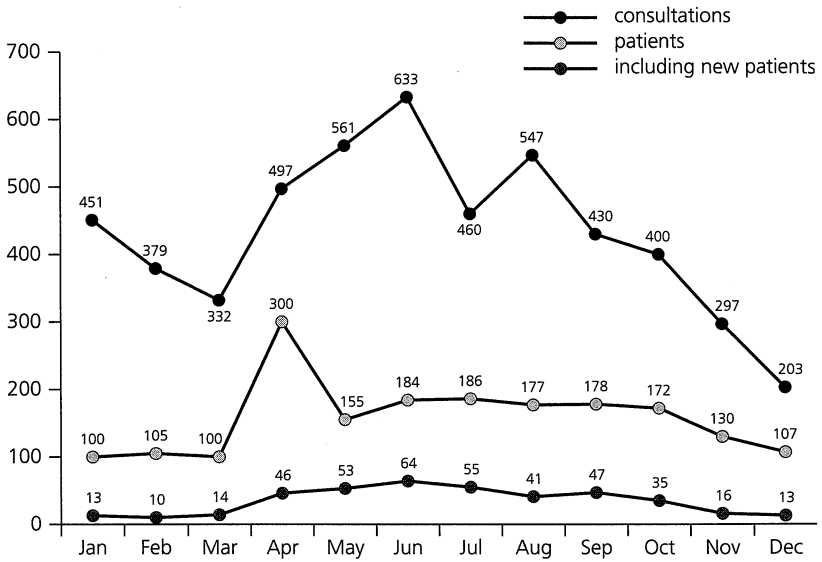
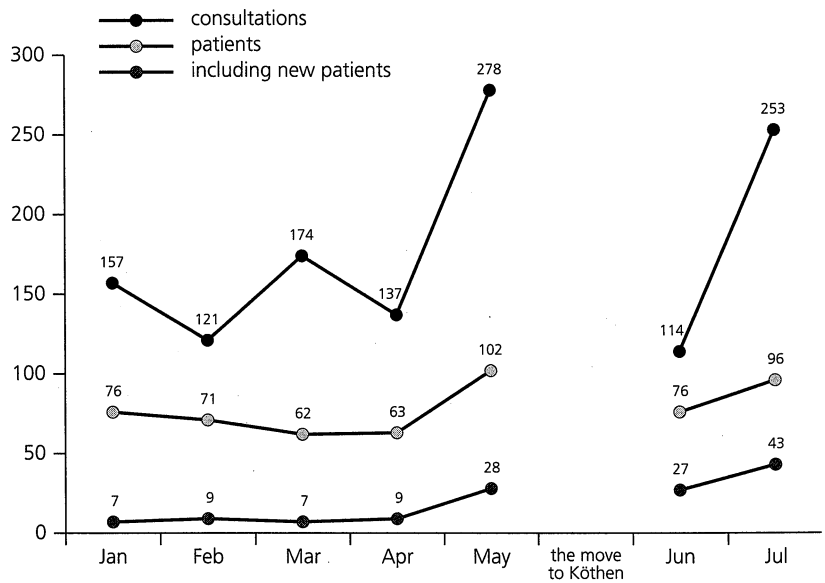



**Figure 4. Patients and consultations in 1821**



of patients attending. Hahnemann may even have been aware of this connection and later have sought publicity very deliberately with his harsh replies to attacks by opponents. The years 1819 and 1820 constitute the highpoint of Hahnemann's practice, with numbers rapidly doubling, almost quadrupling in comparison with 1811. It cannot be by chance that the same period saw the treatment of Schwarzenberg as well as the attacks of the doctors and of pharmacists. However, Schwarzenberg's death and perhaps also public expressions of hostility led to a dramatic decline, with patient numbers returning to their 1815 level and consultation numbers slumping to their pre-1813 level. The year 1820 was the most dramatic in Hahnemann's Leipzig period, so far as the development of the practice was concerned. It was the year in which climax and decline followed very closely upon each other.

Contradictory findings make the situation difficult to assess at first. The dispute about self-dispensing and the initially negative judgement undoubtedly harmed Hahnemann's practice. On the other hand, March 1820 saw the beginning of Schwarzenberg's treatment, which brought Hahnemann an undreamt-of influx of patients. These conflicting developments explain why, while the number of consultations clearly rose again from March 1820, it did not pass the peak reached in September 1819. In other words, despite the 'Schwarzenberg effect', Hahnemann did not improve on his earlier number of consultations. The number of new patients also rose again considerably, though without, in the long run, exceeding the highpoint of September 1819.

However, following this apogee, from late 1820 all events began to work against Hahnemann. Schwarzenberg died in October, at the end of November the government of Saxony confirmed the ban on dispensing, and February 1821 saw publication of the Leipzig doctors' appeal against Hahnemann. With dizzying rapidity, numbers began to plunge. Of 633 consultations in June 1820, by February 1821 only 121 remained; the figure of 184 patients fell to a mere 71. Above all, hardly any new patients attended the practice. Hahnemann's medical activities returned almost to the level of his first months in Leipzig. Clearly, so massive a decline also had economic consequences for Hahnemann. Thus, it was not just the 'dispensing dispute' that persuaded Hahnemann to leave Leipzig. Of equal significance were the loss of popular confidence and the drop in income, both of which are reflected in the practice numbers. The very rapid decline in patient numbers from the end of 1820 must have acted as a warning signal to Hahnemann. If the trend had continued, economic problems could not have been ruled out. In Köthen, on the other hand, he could look

forward to the position of personal physician to the duke and, with it, access to a mainly aristocratic clientele.

Fourthly, in addition to the legal reasons, the loss of prestige, and economic difficulties, there were other motives including the fruitlessness of Hahnemann's teaching work at Leipzig University. After he had been awarded the *Venia legendi* in 1812 and began to give lectures on homoeopathy, a number of pupils joined Hahnemann who were to be of decisive importance for the further spread of the new approach to medicine. Examples would be Franz Hartmann (1796–1853) and Gustav Wilhelm Gross (1794–1847). However, the number of students Hahnemann was able to attract through the university was always limited; it never rose above a dozen. It was particularly in the years 1813–16 that pupils came to him. After that, attendance at his lectures declined steadily, and from approximately 1816 there was no further increase in his circle of pupils as a result of his university teaching. His work there became increasingly unattractive to Hahnemann and gave no further boost to the homoeopathic cause.

## Medical Criticism of Hahnemann

A FIFTH REASON FOR HAHNEMANN'S LEAVING LEIPZIG can be identified as the attacks by doctors that, conspicuously and incontestably, increased from 1819. Hahnemann had been virtually unmolested before then. It may be concluded that, until 1819, homoeopathy was too little known to receive attention, let alone cause concern, among the relevant groups. The massive rise in patient numbers, the growing circle of followers even outside Leipzig and, from 1820, the increasing reputation enjoyed by Hahnemann as a result of his treating Schwarzenberg may have brought about this change of perception. Although the critical voices may have increased from 1815, not a single person went so far as to drive Hahnemann out of the city.

The appeal against Hahnemann, in particular, published by 13 Leipzig doctors on 29 January 1821 led to a massive confrontation between the two opposing camps. Here, for the only time, was a concerted campaign by doctors against Hahnemann and against homoeopathy. In 1844, Hartmann reported that the manuscript of the article was circulated among Leipzig's doctors with an invitation to sign. The fact that only 13 out of approximately 60 doctors (i.e. less than 25 per cent of the medical profession) felt able to do so hardly suggested universal aversion to Hahnemann among the profession. Moreover, the report of the hitherto 'allopathic' Dr Moritz Müller, who even before the publication of the

doctors' appeal had written a defence of Hahnemann in the *Leipziger Tageblatt* on 24 January 1821, also shows that not all doctors blindly railed against homoeopathy. Thus the pressure increased, but by no means the entire Leipzig medical profession had taken against Hahnemann.

Examining the attitude of 'allopathic' doctors to homoeopathy between 1810 and about 1832, the following points appear relevant.

1. Altogether, the number of doctors who adopted homoeopathy was far greater than the number of those who attacked homoeopathy in print.
2. With one or two exceptions, the anti-homoeopathic authors showed a clear desire to understand homoeopathy. Only a few wrote with a preconceived negative opinion.
3. There was disapproval on both sides.
4. Often it was not homoeopathy as a method of healing that formed the object of criticism but Hahnemann's excessive and, sometimes, rather undiplomatically expressed demand that the whole of medicine be remodelled in accordance with the homoeopathic principle. To that extent, attacks by doctors were, at most, a further reason for Hahnemann to leave Leipzig though they are unlikely to have been decisive.
5. It can be argued that more important than the quantity of the attacks was the quality of what was said. It was not that the number of attacks increased. They became more bitter, focusing more on personal criticism. The clash between homoeopathy and its opponents was becoming more serious and vehement. Above all, the article by the 13 doctors and the reply show how the dispute was gradually escalating and the gulf between the 'allopathic' doctors and Hahnemann in Leipzig was steadily widening.

Hahnemann himself was partly responsible for this for only rarely did he adopt a diplomatic approach; his usual stance was that of an unyielding dogmatist. Even the strict 'Hahnemannian', Franz Hartmann, could not help reproaching the 'master', writing of Hahnemann's lectures: 'He might have made his doctrine easier for doctors and medical students to accept if he had discussed the main points of his organon more dispassionately than was the case in his lectures. Unfortunately, these were not calculated to gain friends and supporters for his doctrine, because at every conceivable opportunity he poured forth a stream of abuse against the old medicine and its adherents.'[9] Thus, as time went on, Hahnemann stepped up his attacks and calumnies upon medicine as a whole. He was the one who called a halt to objective discussion with the medical profession. The question of who

changed the tone might be debated at length but the fact is, from 1819, that tone became increasingly rough. Gradually, Hahnemann came to realise that, by confronting the medical profession, he was doing homoeopathy more harm than good. In addition, he was inclined increasingly to defuse the situation by moving somewhere else. Indeed, in Köthen there were hardly any personal clashes between Hahnemann and the 'allopaths'.

Finally, there was a further reason, emanating from Köthen itself, for Hahnemann's decision to leave Leipzig, viz. ducal favour. In Köthen, Duke Ferdinand of Anhalt-Köthen explicitly granted Hahnemann the right to dispense medication, which placed him in a better legal position than other doctors. He was also appointed as the duke's personal physician. As a result of this protection, Hahnemann could be certain that, on the highest authority, he might practice as a doctor without legal let or hindrance and that, economically, he might take up a lucrative position. Hahnemann owed these privileges to the fact that Duke Ferdinand had great sympathy with homoeopathy. Indeed, he began treatment with Hahnemann in May 1821 before Hahnemann's move.[10]

## Conclusion

ON 21 MARCH 1821 HAHNEMANN APPLIED for a residence permit for Köthen, and at the beginning of July he moved to that city. There were many reasons behind the move, but none of them can be used to confirm the picture of Hahnemann as a victim of persecution and expulsion. Instead, analysis of fluctuating patient numbers in his Leipzig practice indicates a worsening of his economic situation as an important factor in his decision to relocate. Hahnemann left Leipzig because he could improve his legal and economic position elsewhere and because, in Köthen, he could confidently expect greater medical prestige. In Leipzig, Hahnemann had achieved all that there was to achieve. By staying there, he was unable to put right the circumstances that did not suit him. Thus, his leaving the city was an entirely logical step.

## Notes

1 For a more detailed and more extensive source-based analysis of the theories advanced here as well as for a more thorough bibliography, see Kathrin Schreiber, *Samuel Hahnemann in Leipzig. Förderer, Gegner, Patienten: Das soziale Netzwerk der Homöopathie zwischen 1811 und 1821* (medical dissertation, Dresden, 1997).

2 A recent example is Ernst H. Schmeer, 'Die "Vertreibung" Hahnemanns aus Leipzig. Eine Kolportage und ihre Berichtigung', *Allgemeine Homöopathische Zeitung* 234 (1989), columns 151–53.

3 Hahnemann in a letter to Dr Billig, dated 5 February 1821; quoted in Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen auf Grund neu aufgefundener Akten, Urkunden, Briefe, Krankenberichte und unter Benutzung der gesamten in- und ausländischen homöopathischen Literatur* (2 vols, Leipzig, 1922), II 128 ff.

4 Haehl (ed.), *Samuel Hahnemann*, II, 127.

5 Quoted in Haehl (ed.), *Samuel Hahnemann*, II, 128.

6 A certain amount of biographical information about the three pharmacists is to be found in Michael Michalak, *Das homöopathische Arzneimittel. Von den Anfängen bis zur industriellen Fertigung* (Stuttgart, 1991), 56 ff., nn. 114–16.

7 In 1799, for example, pharmacist Gottfried Theer of Bitterfeld had complained of self-dispensing on the part of a Dr Carl Wilhelm Schmidten. The doctor was forbidden to issue medication, and the wording of the ban was virtually the same as that used in Hahnemann's case 20 years later, indicating that this was in fact a set formula (in this connection, see the 'rescript' of 25 October 1799 in C.G. Kühn (ed.), *Sammlung Königlich Sächsischer Medicinal-Gesetze* (Leipzig, 1809), 436 ff.).

8 For more precise details regarding qualitative aspects of Hahnemann's patient body, see Schreiber, *Samuel Hahnemann in Leipzig*.

9 Franz Hartmann, 'Aus Hahnemanns Leben', *Allgemeine Homöopathische Zeitung* 26 (1844), columns 129–33, 145–49, 161–68, 177–87, 194–203, 209–18, 225–36, especially 181 ff.

10 In a letter written in 1823 the duke explicitly thanks Hahnemann: 'By giving you my thanks for the medical assistance accorded to me this year as two years ago and assuring you of my complete satisfaction ...' (quoted in Haehl, *Samuel Hahnemann*, II, 129 ff.). As a further reason for the duke's sympathy, Haehl cites that fact that both he and Hahnemann were Freemasons.

# The Experience of Illness and the Doctor–Patient Relationship in Samuel Hahnemann's Patient Correspondence

*Michael Stolberg*



## Introduction

THE HISTORY OF THE PATIENT can draw on a wide range of historical documents, from published case histories, physicians' personal case books and hospital journals to autobiographies, diaries and family letters as well as criminal and inquisitional records. Many of these sources have only recently attracted the sustained attention of medical historians. This is also true for the type of source on which this paper is primarily based: patient letters or, if the physician's reply is included, patient correspondence.[1] They resulted from the fairly common practice of consulting by letter, which had its historical roots in the medieval 'consultationes' and 'consilia' but gained increasing importance in the seventeenth century, when more and more patients turned for advice to famous physicians at a distance. Some patients relied on the services of their ordinary physician or surgeon to draft the letter. Many others, however, preferred to write it on their own, sometimes explicitly arguing that a physician might shape the account too much according to his own ideas. Thousands of such letters have survived, mostly among the papers of prominent physicians such as Samuel Auguste Tissot (1728–97), Lorenz Heister (1683–1758) or William Cullen (1710–90).[2] Since the physician, just on the basis of a written account, was expected

to arrive at more precise diagnosis and a more effective therapy than other previously consulted healers, these letters often provide very detailed narratives of the history and the current complaints. They thereby offer unique insights into the experience of illness and medical care from the patient's perspective. Applied somewhat loosely, the term 'patient letter' can be taken also to include related ego-documents which resulted from a personal therapeutic encounter. Some patients, for example, wrote a detailed account of their health status before they saw a physician. Others resorted to letter writing only intermittently, during periods of absence. Quite frequently also, spouses, relatives, friends, employers or benefactors wrote in the patient's stead. Their letters reflect the patient's own experience only indirectly, but they still provide valuable information on lay perceptions in general.

The advantages of using patient letters as a historical source are obvious. The detailed description of current complaints and previous disease episodes provides a wealth of information on the very physical sensations caused by the disease, on how it was experienced and interpreted by lay people and by professional healers, and on how the patients and their families coped under their respective personal, social and economic circumstances. Of course, as with any kind of ego-document, the problems of verbalising subjective experience must be taken into account, the possible anticipation of the addressee's presumable expectations and likely responses, and the literary conventions of the genre – in this case of letter writing. Neither can these letters be taken to be representative of the population as a whole. Though many patients recounted previous episodes of acute illness, chronic ailments predominate as the immediate motive for consultation. More importantly, for obvious reasons, the letters reflect almost exclusively the experiences of the literate middle and upper classes. The lowest level of social status is the urban craftsmen, soldiers, rural priests and students. However, other contemporary sources hardly provide more information about the lower classes either. In the case of medical case histories or medical ethnographies an even much more thorough process of selection and filtering on the part of their educated authors was clearly at work.[3] In other words, for the period before 1850, patient letters still offer the broadest and most detailed access to the experiences, interpretations and reactions of the sufferers and their families.[4]

## Patient Letters in the History of Homoeopathy

THE PRACTICE OF LETTER CONSULTATION seems to have disappeared rapidly in the early nineteenth century. Two major developments in contemporary medicine played an important part in this process. First, in most European countries, the number of physicians rose dramatically, making their help more accessible in smaller market towns and rural areas and widening the patients' choice in more populous places. Patients could therefore exploit a growing range of options before resorting to a distant physician. Secondly, new medical ideas on the body and its diseases focused much more than previously on palpable pathological changes in the various organs as they could be identified retrospectively by dissection. Eighteenth-century physicians already expressed some qualms about the reliability of diagnosis and treatment by letter, but still widely practised it. Now, a personal examination, possibly including the use of a stethoscope, became almost mandatory.[5]

Some of the new 'alternative' healing systems, however, did not share the new localist, pathological-anatomical approach. Their representatives were much less numerous, and even where a practitioner of the desired method was available locally, potential patients might still doubt whether he really was as skilful as the founder and master when it came to applying 'fitting remedies'.[6] Therefore, consultation by letter for patients who preferred treatment with one of the new alternative therapies remained a meaningful and, in many cases, even an indispensable option.[7]

This is also true for homoeopathy and, above all, for its founder and most famous representative, Samuel Hahnemann (1755–1843). As with the physicians of the preceding generation, Hahnemann emphasised the superiority of a personal examination but was ready to compromise when serious obstacles made it difficult for the patient to see him personally. In fact, as he wrote to one such distant consultant in 1820, he concerned himself 'to this very day mostly with healing the chronic diseases of distant and very distant people, whom I have never seen.'[8] Such words may also have been aimed at reassuring the patient but, undoubtedly, Hahnemann received and answered countless patient letters over the years. For the period before 1830, only a few of these letters have survived. However, from 1830, Hahnemann no longer just made excerpts from the patients' letters. Instead, he now glued the originals into his patient journals. Thus, for the period from 1830 to 1835, several thousand, mostly German, patient letters have survived.[9] In addition, a smaller number of predominantly French letters to Hahnemann and his wife Mélanie were found in the patient journals from the following Parisian period.[10] This analysis is based on a

cursory examination of this large collection and on a more detailed analysis of a limited sample drawn from it. In addition, to complement the patients' accounts, all of Hahnemann's answers to patient letters which could be located have been studied.

In terms of their socioeconomic status, those who consulted Hahnemann were middle and upper class. Thus, they appear to be fairly representative of Hahnemann's own private clientele,[11] but not of the homoeopathic lay milieu in general. The attitudes and the reactions of homoeopathic patients from a more modest social background may have differed markedly. There are many indications, for example, that the less educated and often illiterate patients of the numerous rural homoeopathic lay healers and barber surgeons in nineteenth-century Bavaria did not regard homoeopathy primarily as an 'alternative' healing method or as a kind of medical belief system. Rather, the frequent combination of homoeopathy with allopathic treatment or with religious or magical practices suggests that the healers as well as their patients attributed the same occult, specific healing powers to homoeopathic medicines which they assumed to be present in the highly popular 'specifics' sold by drug-peddlers, pharmacists and ordinary barber surgeons [12]

As with other patient correspondence, Hahnemann's can be approached from a variety of perspectives. First of all, because of the large number, the letters offer ample data on the geographical and social origins of Hahnemann's clientele. They provide also extensive evidence of his diagnostic and therapeutic practice since Hahnemann usually noted on the original letters his answer and the drugs he applied. In Hahnemann's particular case, however, the patient journals offer an even richer wealth of information on the patients' place of residence and social status, on their presenting complaints and on Hahnemann's therapeutic conclusions. Only his dietetic recommendations are somewhat more amply documented in his patient correspondence namely in the extant replies from Hahnemann. They demonstrate above all that Hahnemann did apply the recommendations put forward in his printed work.[13] Like Samuel Tissot, Théodore Tronchin (1709–81) and other eighteenth-century health educators he gave particular importance to a 'natural' living order and to the control of 'baser instincts'.[14] Coffee, Chinese tea and other modern stimulants and spicy foods had to be avoided. Physical exercise and fresh air were to invigorate body and mind. Hahnemann was concerned particularly about the deleterious consequences of uncontrolled sexual desire and the ensuing loss of precious body fluid. 'I pray you, be as moderate as possible in marital life', he wrote to a tailor in Gotha. 'You cannot believe, how essential and important a part of our

forces is the seed, an extract of our life.'[15] Accordingly, he endorsed strongly the massive contemporary campaign against masturbation as a major cause of disease.[16] A patient's simple account of his walks with his son already prompted his recommendation that the father should severely admonish his son that he 'not stimulate, rub and press his genitals, like other naughty school-boys, from which great damage and a despicable and deleterious habit results, which is a horror to all good people.'[17] The letters from Hahnemann's patients, in turn, show that many of them were quite willing to follow his advice. They took walks in the fresh air, no matter the weather. They renounced drinking wine and eating unhealthy food, and some even went further than Hahnemann suggested and totally gave up all sexual pleasures. How seriously many of them took his advice is also made abundantly clear by their frequent request for reassurance on the minutest details of their daily regime.

## Illness Experience and Embodiment

THE OUTSTANDING VALUE of Hahnemann's letter correspondence, as a source for the history of the patient in general and that of the homoeopathic patient in particular, lies in two other areas. First, the letters provide uniquely detailed accounts of the subjective perception and experience of physical and emotional suffering. And secondly, they are the direct expression of the very physician–patient relationship to which they owed their existence.

The initial letters, in particular, frequently contain detailed narratives of complaints and symptoms. These, in turn, usually correspond to implicit or explicit notions of the body and its functions, which profoundly permeated the very perception of the disease symptoms and the language in which they were expressed. The great majority still stood in the tradition of humoral pathology. Many patients described, for example, how a 'morbific matter' was 'expelled' from the body in the form of a skin rash, sweat or visible bodily evacuations like the female 'whites', and how cold water applications or premature treatment sometimes drove such matter dangerously back into the body's interior.[18] They felt it was 'as if all good [matter] were dissolved into ordure'.[19] Or they interpreted their frequent nosebleeds as a result of an excessive accumulation of blood in the body, due to overly nutritious food and lack of physical exercise.[20] Female patients, accordingly, paid particular attention to the regularity, amount and quality of their menstrual bleeding. Compared to this humoral framework, more recent medical innovations had a much weaker impact. A particular

example is the rise of the 'nerves', which had become a central explanatory category in eighteenth-century medicine.[21] In many late eighteenth-century French patient letters, the concept provided a somatic explanation for all kinds of physical discomfort, cramps, pains and mood changes. Yet in the letters of Hahnemann's predominantly German patients, complaints, for example about a particular 'irritability of the nerves', are mentioned only occasionally.[22]

It is a striking characteristic of the patient letters to Hahnemann that the sensations and complaints which the patients reported and the way in which they described them often changed markedly in the course of the treatment. In their initial letter, they tended to offer the usual enumeration of a large variety of different complaints rather than describing their sensations in greater detail. They limited their account to those sensations which they deemed important enough for the physician to form a correct opinion of their individual constitution and the aetiology and natural history of their disease. In the course of their treatment and, as it appears, under Hahnemann's guidance, many patients then learnt to pay closer attention also to seemingly marginal aspects of their physical and emotional state. Thus, they came to describe their manifold and daily changing perceptions and sensations much more carefully than ordinary 'allopathic' patients. The most tangible evidence for this changing approach is furthered by a specific product of Hahnemann's practice, the patient diary. Hahnemann instructed his patients to write every day 'a couple of words' about how they had felt the preceding day, together with the number of the medicine which they had taken.[23] When they began to run out of medicines, they were to send this diary to Hahnemann or bring it with them to their next consultation. Hahnemann would then change his prescriptions accordingly based on the evidence presented in the diary.

Such patient diaries have survived in large numbers among Hahnemann's patient correspondence. Some patients remained rather laconic, as in the following example: 'on May 3 and 4 I was quite fine, on May 5 I got my periods, on May 6 I got pulling and pain and belching and vomiting, on May 7 I was better, but great languor and little appetite.'[24] Others, however, filled one or two pages just to describe a single morning. Or they illustrated their complaints or the course of the disease with drawings: a painter, for example, sent a detailed drawing of the furunculous, purulent swellings on his nose;[25] another consultant used musical notation to illustrate his wife's irregular heartbeat.[26]

Their unusually detailed and daily descriptions, even of the minutest changes and most ephemeral sensations, make homoeopathic patient diaries

a unique source for the study of lay perceptions of the body and its diseases. For example, no other source offers similarly rich data on the nature and frequency of premenstrual suffering. A number of women reported complaints like headaches, abdominal cramps or a depressed mood, just to remark, a few days later, that their periods had started.[27] Also, few contemporary ego-documents provide such impressive and dramatic accounts of the subjective experience of 'depressive' mood changes and the manifold physical symptoms which accompanied them, as illustrated by the following quotation:

> Saturday, March 17. No. 8. Still vehement headache, in particular still the heavy pressure and the sensation of dizziness; also at various times the terrifying transport towards the head, also still the trembling of the feet, burning hands, the pain in the neck down the back, and pain in the stomach; very often a convulsive shaking and working in the belly and the area of the stomach; still quite dark and cloudy in front of the yes, and, in particular, mentally so apprehensive and disturbed; thousand things, which I cannot all name, frighten and vex me, for example the sight of people, or rather, when they look at me; so I want to cry out loud, and all the torment, which one does not dare to articulate. Alas, and then this exceedingly unhappy mood! When I am sitting quietly by myself, such a sudden vehemence often overcomes me, I mean to say of anger (also without any external trigger, and when I am all alone), that I must grind my teeth, clench my hands menacingly and utter vehement words of rage, without really knowing, why and due to what. These attacks usually pass quickly, but they repeat themselves frequently.[28]

This constant and close observation of their physical and emotional state, to which the patients were guided, also raises fundamental questions about the potential effects of homoeopathic treatment on the patients' presenting complaints and their subjective experience of the disease. The constant scrutiny of their physical and emotional state for even the minutest changes, may well have sharpened the patients' perception, bringing forth sensations and complaints which otherwise might never have passed the thresholds of consciousness and which were also quite likely to quickly disappear again, whether under homoeopathic or allopathic treatment, or none at all.

## The Doctor–Patient Relationship

PATIENT CORRESPONDENCE IS THE PRODUCT and, at the same time, the expression of the relationship between a physician and (some of) his patients. Hahnemann's relationship with his patients, as evidenced by the letters as well as by his personal account, differed markedly from

that of ordinary late eighteenth- and early nineteenth-century allopathic practitioners. Their numerous lamentations as well as their surviving patient correspondence make it abundantly clear that they were commonly faced with patients and their families who were very self-confident in their dealings with the academic physician. The patients had their own ideas about the disease, its causes and its proper treatment, based on previous experiences with other healers, on exchange of information with fellow sufferers and sometimes also on a fairly extensive reading of popular and academic medical treatises. They frequently changed the physician's prescriptions to suit their own convictions and preferences. They totally ignored his advice, or they even proposed a therapeutic or dietetic regimen of their own making. And, if they did not expect the physician to heed all their wishes – after all they paid for his expertise – they certainly wanted him to take their ideas seriously, to discuss the disease with them and to justify his diagnosis and prescription. The physicians, in turn, as much as they complained about their patients' stubbornness and 'medical half-knowledge', often complied.[29]

More than any other leading contemporary medical authority of his time, Hahnemann rebelled against such 'submission' to the patients and their families. His priority was to maintain the physician's dignity and authority. Certainly, the good physician had to devote sufficient time to his patients. He had to listen carefully without guiding their account prematurely into pre-established formulations.[30] But he also had a moral duty not to diminish his professional status by giving in to his patients' whims and wishes. Allopathic physicians, Hahnemann felt, allowed their patients to turn them into slaves.[31] Therefore, he advised a colleague: 'Rather live in poverty ... than damage one's own dignity and that of the art!' 'You are much too timid,' he wrote to another, 'letting your patients get through with all too much – in the manner of the allopaths, who are glad, when they can just keep a patient among their clients ... It must not be this way. If you measure up to your art, you must command, and not the patient stipulate this or that. He must yield to you, not you to him.'[32] Hahnemann questioned, in particular, the common practice of house calls. His patients had to come to his office, if their health permitted it, and he advised his colleagues to proceed in the same way: 'To use our precious time sparingly and to preserve our dignity, we must not visit the chronically sick – and be it a prince – in their homes, if they still can come to our house.'[33] 'Who could wish to debase himself so much, to visit the Herr Patient, who has gone out in the meantime and made you come in vain!'[34] Furthermore, Hahnemann was unusually outspoken in demanding that his

patients submit totally to his professional advice. Even in the case of high-ranking patients such as the Prince of Schwarzenberg (1771–1820), he assumed treatment only on the explicit 'condition' of their 'obedience to my very moderate prescriptions concerning a convenient regimen.'[35] Such obedience, it should be noted, required unusual trust on the patients' part. Hahnemann normally just sent them a series of numbered containers with solid or fluid medicine, which they were to take or smell one after the other, without knowing their nature or the desired effect.

At least the more educated among Hahnemann's patients were also admonished to read homoeopathic publications, in the first place his *Organon*, or, later, his briefer treatise *Über die Allöopathie*.[36] This would keep them from contravening the essential rules of healthy living and, thus, from contributing unknowingly to a deterioration in their health.[37] They would learn, in particular, about the dangers of seemingly innocuous household remedies such as camomile or elder, for 'I cannot have my careful medical endeavours subverted and destroyed by such harmful prejudices.'[38] Keeping a patient diary also involved a considerable effort on the patient's part, though some sufferers may have welcomed the opportunity to unburden their hearts.[39]

How seriously Hahnemann took his demand for strict obedience is well illustrated by his response to patients who did not fulfil their part of the deal. 'You cannot know exactly the changes which the medicine which you took with you occasioned in your state, because you have not kept a diary', he wrote to one of them, 'hence I can know them even less, because you have not sent me such a diary. But this is indispensable, if you want to become healthier. I cannot cure such serious, inveterate ills, if the patient is not quite diligent, does not observe his daily condition and does not write down what is necessary (with the date and the number of the powder next to it).' He threatened to terminate the treatment, in case the patient persisted in his negligence: 'I would rather not have a sick person among my patients at all, who does not diligently take his medicines, observe all the changes, write them down carefully and send them, no matter how much he might earn me – the more so, since I have no lack of patients, also not of patients who report diligently and unceasingly take their medicines. I have almost too much work.' Drastically, he made the patient envisage the disastrous consequences of terminating the treatment: 'You do not seem to understand the importance of your disease, nor have an idea of its threatening nature. You seem to believe that, if you only hardened yourself, it would largely disappear on its own with good regimen. But you forget that, if one goes away by itself, something else, more serious will come

instead; every year it must grow worse in this or that respect (due to the nature of the disease).' In sum, year by year, the patient would get worse, if he did not seek refuge in the only efficient, the homoeopathic, treatment. The patient was confronted with a fateful choice: 'Having communicated these for you highly important truths, I leave it to you, to abandon yourself to your fate (the one, which I just expounded to you), or to take diligently, punctually, unceasingly and without interruption what is necessary and to give, in due time, a careful and detailed account to the one who can help you.'[40] At least in the case of those numerous patients who confided in Hahnemann's treatment for longer periods of time, he seems to have succeeded in driving his message home. Of course, knowing Hahnemann's strong opinions on this point, they may have preferred sometimes not to inform him when they modified the regimen or therapy on their own account. But, in marked contrast to the many 'confessions' in the letters of allopathic patients, explicit avowal of such 'non-compliance' was rare. Instead, some patients asked Hahnemann's permission even for the slightest modification of their way of life. Patients also frequently alluded to their reading of homoeopathic treatises, most of all of the *Organon* and of the *Allöopathie*,[41] and some quoted from them word by word.[42]

The question of fees was a further central element in the peculiar way Hahnemann arranged the physician–patient relationship.[43] Hahnemann was very outspoken about this issue. He made it clear that he was not satisfied with an arbitrary 'honorarium', but expected well-deserved compensation for his efforts. Thus, he had no qualms about declaring publicly that, henceforth, he would not answer letters from patients and other consultants, 'if they do not contain an adequate compensation for my endeavours (at least one Friedrichs d'or) in money order or cash.'[44] In his consulting room, according to the account of a homoeopathic colleague, he remained standing in the middle of the room with his hand stretched out until he had received due payment for the medicines he had just given.[45] Patients who did not accept his demands risked immediate termination of the treatment. His fees, he explained to one of them, were calculated according to the person and to the amount of consideration their disease required. 'Now, if you are not prepared to pay the established price willingly, I can no longer serve you in your disease, which necessitates so much consideration and labour.' Again, he stressed that he was overburdened with existing work.[46] Against the common practice of his time, Hahnemann also made his patients pay in advance and he advised his colleague to do likewise. According to his experience, patients all too often lacked the necessary gratitude, once the cure was completed. Regular advance payments, on the

other hand, allowed the physician to acquire a certain wealth. In addition, they were less painful for the patients than paying larger amounts at the end of the year, once they were to accustomed to them.[47]

Hahnemann's fees were relatively high, even considering the fact that they usually included the costs of his medicines and were somewhat tailored to the patient's economic possibilities. For a (letter) consultation, he usually demanded five to ten taler, and sometimes, in the case of noble patients, a lot more. He seems to have been quite aware that his fees sometimes far exceeded those of local physicians, arguing that their treatment also brought little benefit, while he delivered a masterpiece.[48] Judging from their letters the patients did adjust quickly to this mode of payment. However, it should be noted that, in the specific case of letter consultations, advance payment was already a fairly common practice in the eighteenth century, possibly providing a model for Hahnemann. Only a few patients asked for a reduction. A public servant, for example, sent the established fee of five taler for the coming month but complained that his meagre income would hardly permit him to continue paying so much, if his wife's treatment were to last much longer.[49] Due to his 'impoverished condition' another patient, Pastor Brunn, declared himself totally incapable of paying for his son's treatment. Instead, he shrewdly mentioned the numerous high-ranking persons, including the local duchess herself, who had inquired about his son's health, and to whom he had joyfully announced the great improvement resulting from Hahnemann's treatment. In this case, Hahnemann, continued exceptionally to send him the medicines 'on loan'.[50]

There was an obvious precondition for the patients' willingness to comply with Hahnemann's authoritarian manner and his financial demands: they had to trust in the superior efficiency of homoeopathic treatment in general, and in Hahnemann's skills in particular. In this situation, it was essential for Hahnemann that he maintain and strengthen this trust. In the case of new patients he was at an advantage: they usually turned to him after fruitless allopathic treatment. Herr and Frau Bernau in Leitzkau, for example, had lost 'all hope and all confidence' in ordinary medicine, after years of blood-letting and after having suffered the harmful effects of fontanelles, chinine, digitalis and other potent remedies.[51] To these patients the very 'alternative' nature of homoeopathy, its 'otherness', became a powerful source of hope in itself. To strengthen and maintain this hope over longer periods of time, however, required a lot of circumspection on Hahnemann's part.

First of all, he did everything to convince his patients that homoeopathy

was the only true and efficient medicine. Repeatedly, he used the very first sentence in his letter of response to brandish the pernicious consequences of the allopathic method. 'You are so run down due to your allopathic treatment', he wrote, for example. 'Your state does not please me at all.'[52] Or, 'Homoeopathy does not lift the sick life up to shorten its duration; this is what allopathy commonly does, promising a long life and unknowingly working for its destruction.'[53] The patient's health, he wrote in another case, would deteriorate even more quickly, 'if he uses the wrong, allopathic medicines against it!'[54] He himself, on the other hand, treated disease 'in the only possible way, with the sole helpful medicines.'[55] 'Put your trust only in God and me', he accordingly advised a tailor in Gotha.[56] Under his treatment, he assured another patient, 'it shall and can, with God's help, take a different course than with the old brainless hum-drum way of physicians from the old school.'[57] Careful reading of his works was then to consolidate the patients' belief in the superiority of homoeopathic treatment. A patient who, at one point, dared consult an ordinary physician, could expect harsh criticism. 'You have not done well to accept medicines from someone else, whatever his name. You have such an irritable body ... and without praising myself, you would long be buried, if I had not examined your truly rare and tricky physical constitution.'[58]

In their letters, some patients echoed Hahnemann's medical Manicheism. 'May heaven grant that I will at least not fall into the hands of those physicians again, who chase away the disease and kill the patient.'[59] But even when Hahnemann's treatment was not overly successful, patients were careful not to annoy him. 'The ill still is not removed, but I am bearably well', one of them wrote; 'I will be patient.'[60] Or, 'As long as I have been using homoeopathy (although my most ardent wish has not yet been fulfilled), the ill has not grown worse, as was the case with earlier allopathic attempts.'[61] Only a few patients openly found fault with Hahnemann's sensitivity to the slightest hint of doubt or criticism and with his lack of comprehension and empathy. 'It seems that you have taken very much offence, my venerated *Hofrat*, when I expressed that the star of hope, which homoeopathy had given rise to, had further sunk under the horizon of my life,' one of them wrote. 'But why get immediately angry at one who was unhappy from his youth and is not only deeply aware of the loss of freedom but truly! does not suffer little from the manifold personal consequences of this wretched state, when he once, in a few words and against all his custom, bewails his pain?' Nevertheless, he asked for Hahnemann's forgiveness, in case the doubts in the success of the cure, which his words might have suggested, should have affected him unpleasantly.[62] 'Trust

cannot be commanded', another patient declared more bluntly, apparently in response to Hahnemann's reproaches. But, in spite of the 'little success of the remedies until this day', he still assured Hahnemann of his complete confidence and sent him the money for the next consultation.[63] Such caution on the patients' part is all the more striking considering that they all had good reasons for a certain degree of scepticism. After all, in 1828, Hahnemann himself justified his new concept of 'psoric' disease with the so far often 'less favourable' or even distinctly 'unfavourable' results of extended homoeopathic treatment of chronic diseases.[64] Frequently, according to his own experience, the initial treatment seemed promising, its continuation less positive and the final outcome hopeless.[65] Neither could Hahnemann avoid the evidence that patients got worse under his treatment or even that relatives announced, with 'deeply saddened hearts', the death of his patient and returned the remaining medicines.[66]

At the beginning of the cure, at least, the homoeopathic notions about the healing process provided the physician with an important advantage. A certain initial deterioration of the patient's condition was not only possible, it was to be expected as a sign that the medicines worked. In the case of the seriously ill Prince of Schwarzenberg, for example, Hahnemann added to his prescription a long list of complaints which the medicines might at first bring about.[67] The patients received no clear indication as to how long this ultimately beneficial deterioration of their health might last. Apparently, Hahnemann succeeded in convincing his patients that a transitory deterioration was indeed inevitable, if the cure was to be successful. While Samuel Tissot and other late eighteenth-century physicians encountered massive indignation and criticism in the face of similarly negative developments, Hahnemann's patients remained remarkably complacent – at least those, that is, who continued the treatment. Even after three weeks of discomfort, Frau von Bock, for example, did not complain about the serious side effects, but remarked laconically, 'perhaps it is the effect of the medicine'.[68] And when the Freiherr von Radke und Schippenbach felt distinctly worse under Hahnemann's treatment, he thought he could literally feel, 'how the powders expel all ills from the body, and then only make them perceptible. It seems comprehensible to me that it must be this way, before an improvement sets in.'[69] But Hahnemann managed to sustain his patients' loyalty over very long periods without any tangible curative effect. His personality and charisma may have played an important part, though the sources necessarily remain elusive in this respect. His patient correspondence also provides ample evidence, however, of the skill with which he responded to the ups and downs in the

patient's physical and emotional state. This is particularly well illustrated in his letters to Major Schmeling-Dieringshofen, the longest known series of surviving letters from Hahnemann to a single patient.[70] When the patient felt better, Hahnemann emphatically endorsed this subjective assessment: 'From your report I perceive with great pleasure the improvement of your health and the prospect of a complete cure.'[71] Or, after a year and a half, 'As you rightly assume, you are on the path to become ever healthier and happier.'[72] On the other hand, when the patient felt worse, Hahnemann stressed the seriousness of his disease and the deep roots it had already driven into the body. Certainly, the patient was well aware that his health at the beginning of the treatment had been 'in a very shattered state.' 'Therefore, we cannot expect very much improvement of your state, from the few portions of medicine, which you have already received from me.' Indeed, it was a sufficient sign of improvement in that unhealthy winter season that he 'not only was not worse (as would have to be expected without help), but in general somewhat better.'[73] Or, he incriminated outside influences, 'Probably an emotional disturbance in this period was a contributing cause.'[74] Or, he doubted the validity of the patient's negative assessment as such, 'I myself cannot find your condition after the last medicine as bad as you write in your letter.'[75] And, above all, again and again, he raised the patient's hope for improvement. 'What was unsatisfactory last month, will improve with today's medicine.'[76] Or, 'It will get better with mind and body.'[77] Along similar lines he wrote to the Count von Fuchs, who had repeatedly coughed up blood, 'I do see some improvement in your state of health and I have hope to still see you cured from your disease.'[78] A few months before the Prince of Schwarzenberg's death, he showed himself optimistic that he could, at least, improve the patient's condition. He did not want to promise more, but would 'possibly achieve more, perhaps a lot more, than I promise.'[79]

## Conclusion

IN HIS MEDICAL IDEAS, in many respects, Hahnemann may have been a child of the eighteenth century. Similarly, the crucial role which he attributed to the patient's subjective perceptions and sensations, and to which his patient correspondence bears striking evidence, was a major feature of ordinary medical practice in the seventeenth and eighteenth centuries. Only in the nineteenth century did this 'person-centred' approach lose ground, especially in hospital practice, and was increasingly superseded by a reliance on 'objective' signs and physical examination. The new

type of physician–patient relationship and patient guidance, however, which Hahnemann advocated and practised, anticipated, by decades, the achievements of a massive drive towards medical professionalisation in the later nineteenth century. Of course, much less is known about those dissatisfied or disappointed patients who may have turned their backs on Hahnemann, than about those who continued to trust him. But there is no doubt that Hahnemann, in spite of his authoritarian manners and his outspokenness about the economic aspects of the therapeutic relationship, succeeded in binding a sufficient number of patients over long periods of time – and in acquiring the substantial wealth to which the physician, in his view, was justly entitled.

## Notes

1 Cf. Michael Stolberg, '"Mein äskulapisches Orakel!" Patientenbriefe als Quelle einer Kulturgeschichte der Körper- und Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaft*, 7 (1996), 385–404.

2 Guenter B. Risse, 'Doctor William Cullen, Physician, Edinburgh. A Consultation Practice in the Eighteenth Century', *Bulletin of the History of Medicine* 48 (1974), 338–51; Laurence Brockliss, 'Consultation by Letter in Early Eighteenth-Century Paris. The Medical Practice of Etienne-François Geoffroy', *Clio medica* 25 (1994), 79–117; Stolberg, 'Mein äskulapisches Orakel!'; Thomas Schnalke, *Medizin im Brief. Der städtische Arzt des 18. Jahrhunderts im Spiegel seiner Korrespondenz* (Stuttgart, 1997).

3 Cf. e.g. Barbara Duden, *The Woman Beneath the Skin. A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, 1991), a fascinating study of the experiential qualities of Stahlian medicine, based on a source, however, which, contrary to Duden's claims, primarily reflects the physician's views and provides very indirect access only to the patient's own perceptions and interpretations (cf. Johann Storch, *Unterricht vor Hebammen [...] welcher als das Ite Volumen eines bald folgenden opere practico casuali de morbis mulierum betrachtet werden kann* (Gotha, n.d.); idem, *Von den Kranckheiten der Weiber*, vol. 2 (Gotha, 1748); further volumes with slightly varying titles.)

4 For the more practical aspects, on the other hand, of coping with disease and its consequences, autobiographies are, in general, a superior source; cf. Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995).

5 Erwin H. Ackerknecht, *Medicine at the Paris Hospital 1794–1848* (Baltimore 1967); Mary Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine' in Roger French and Andrew Wear (eds.), *Medicine in an Age of Reform* (London and New York, 1991), 91–109; Jens Lachmund, 'Die Erfindung des ärztlichen Gehörs. Zur historischen Soziologie der stethoskopischen Untersuchung' in Cornelius Borck (ed.), *Anatomien medizinischen Wissens. Medizin, Macht, Moleküle* (Frankfurt, 1996), 55–85.

6 Archive of the 'Institut für Geschichte der Medizin der Robert Bosch Stiftung' (henceforth: HA), B 32569, letter from Bergrat Münzing, Karlsruhe 5 May 1832. I am grateful to the director of the archive, Martin Dinges, for his help and support.

7 Around 1850, for example, numerous patients wrote to Carl Baunscheidt (b. 1809), the founder of the homonymous healing system, Baunscheidtismus; cf. the many case reports in Carl Baunscheidt, *Der Baunscheidtismus* (6th ed., Bonn, 1858); at the core of Baunscheidt's treatment was the so-called 'Lebenswecker' or vitalizor, a long-handled tool fitted with fine needles at the top. It was applied to the skin so gently that the needles just hardly penetrated the skin. The skin was then rubbed with irritating oils, all this in order to draw the morbid matter towards the surface or to stimulate the vital force itself.

8 HA A 1831 (xerox of a letter dated 12 March 1820 from the Schwarzenberg-Archiv, Murau, I-26-4). Thus, he reassured Major Schmeling-Dieringshofen that his letter contained 'so much information on your state that I can already start the cure today.' (HA A 663, letter from Hahnemann, 30 August 1825; the letter is simply directed to a 'Major', but the patient can be identified on the basis of the corresponding patient journal (HA D 28, 27 August 1825)).

9 For more detailed information on these collections see Jörg Meyer, '"... als wollte mein alter Zufall mich jetzt wieder unter kriegen." Die Patientenbriefe an Samuel Hahnemann im Homöopathie-Archiv des Instituts für Geschichte der Medizin in Stuttgart', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 3 (1984), 63–79. Their particular value for a history of the homoeopathic patient has already been rightly stressed in a preliminary analysis by Walter Nachtmann, 'Les malades face à Hahnemann (d'après leur correspondance, juin-octobre 1832)' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800–1940)* (Lyon, 1992), 139–53; see also Reinhard Hickmann, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996).

10 HA, Bestand C.

11 Cf. Michael Vogl, '"Nahe und entfernte Landpraxis". Untersuchungen zu Samuel Hahnemanns Eilenburger Patientenschaft 1801–1803', *Medizin, Gesellschaft und Geschichte* 9 (1990), 165–80; Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 23–44.

12 Cf. Michael Stolberg, 'Alternative Medicine, Irregular Healers, and the Medical Market in Nineteenth-Century Bavaria', in Robert Jütte, Motzi Eklöf and Marie C. Nelson (eds.), *Historical Aspects of Unconventional Medicine: Approaches, Concepts, Case Studies* (Sheffield, 2001), 139–62.

13 Samuel Hahnemann, *Die chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, part 1 (Dresden, Leipzig, 1828).

14 HA A 664, letter to Major Schmeling-Dieringshofen, 12 November 1825.

15 Bernhard Schuchardt, *Briefe Hahnemanns an einen Patienten aus den Jahren 1793–1805* (Tübingen, 1886), 28, letter of 26 May 1793, and 56–57, letter of 15 December 1796.

16 Jean Stenghers and Anne van Neck, *Histoire d'une grande peur: la masturbation* (Brussels, 1984); Michael Stolberg, 'An Unmanly Vice. Self-Pollution, Anxiety, and the Body in the Eighteenth Century', *Social History of Medicine* 13 (2000), 1–21.

17 J.A. Stargardt, *Auktionskatalog 670* (Berlin, 1998), illustration on p. 173, partial reprint of a letter of 21 February 1829.

18 HA B 32440, forester Bock, Dessau, 16 April 1832; HA B 32381, district secretary Bernau, 13 April 1832.

19 HA B 32367, patient diary Emma Braun, 16 February 1832.

20 HA B 321014, Comte de las Cases, Paris, 29 July 1832.

21 George S. Rousseau, 'Cultural History in a New Key. Towards a Semiotics of the Nerve' in Joan H. Pittock and Andrew Wear (eds.), *Interpretation and Cultural History* (Basingstoke, 1991), 25–81.

22 HA B 32367, von Braun, 2 April 1832.

23 Thus, e.g. Hahnemann's prescription to a court preacher, 30 November 1832, HA A 1409.

24 HA B 32428, Schlegel, undated (answered 15 May 1832).

25 HA B 32379, painter Schmitt, Altenberg, 27 March 1832.

26 HA B 32532, Aug. Baehr, Oppach 24 April 1832.

27 Cf. Michael Stolberg, 'The Monthly Malady. A History of Pre-Menstrual Suffering', *Medical History 44* (2000), 301–22.

28 HA B 32435, Friederike Lutze, 1832.

29 Michael Stolberg, 'La négociation du régime et de la thérapie dans la pratique médicale du dix-huitième siècle' in Olivier Faure (ed.), *Les thérapeutiques. Savoirs et usages* (Lyon, 1998), 357–68.

30 In Köthen, Hahnemann is said to have spent six hours a day in his ordinance room, receiving an average of eight patients, cf. Ute Fischbach-Sabel, 'Hahnemann au travail à Köthen en 1830 (d'après son 34e journal de consultations)' in Faure (ed.), *Praticiens, patients et militants*, 85–102, here 91.

31 Letter to Dr Schréter, 28 February 1829, reprinted in *Neues Archiv für Homöopathie* 3 (1846), cit. in Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen auf Grund neu aufgefundener Akten, Urkunden, Briefe, Krankenberichte und unter Benutzung der gesamten in- und ausländischen homöopathischen Literatur* (2 vols, Leipzig, 1922), II, 153 f.

32 Letter to Dr Ehrhardt in Merseburg vom 24 August 1829, cit. in Haehl, *Samuel Hahnemann*, II, 153.

33 Haehl, *Samuel Hahnemann*, II, 153, letter to Ehrhardt.

34 Haehl, *Samuel Hahnemann*, II, 153–54, letter to Schréter. It should be added, however, that Tronchin and other famous and fashionable late eighteenth-century physicians similarly made even their most noble patients come to their offices.

35 HA A 1831, letter of 12 March 1820 (xerox of I-26/4, Schwarzenberg-Archiv, Murau). For a detailed account of this case see Walter Nachtmann, '"Ach! Wie viel 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; published 1989), 93–110.

36 HA A 1838 (xerox), letter to a 'Herr Doktor', 28 February 1829 (according to HA D 32 to Dr Karl Reichenbach); letter to Dr Ehrhardt, 24 August 1829, cit. in

Haehl, *Samuel Hahnemann*, II, 153; letter to Dr Aegidi, 28 September 1831, cit. in Haehl, *Samuel Hahnemann*, II, 413–14.

37 HA A 688, [Heinrich Ludwig] Weigel, 16 March 1831.

38 HA A 688, [Heinrich Ludwig] Weigel, 16 March 1831.

39 See, e.g. the patient diary of Friderike Lutze (HA B 32435, entry 10 March 1832): 'I have nobody, to whom I could exhibit my sorrows and thus unburden myself!'

40 HA A 1838, Dr Karl Reichenbach, 28 February 1829; unfortunately, we do not know whether the patient was henceforth more compliant or did, in fact, terminate the treatment.

41 In some cases, of course, such works may have won them over in the first place.

42 HA B 32463, Sebastian Schoepfel, 17 April 1832; HA B 32381, secretary Bernau, 3 April 1832; HA B 32562, Carl von Bock, Vevey, 25 April 1832; HA B 33178, merchant Henri Bonte, Magdeburg, Januar 1833; HA B 321548, Vicomte de Bonneval, Bordeaux, 30 October 1832.

43 For a more detailed treatment of this issue see Robert Jütte's contribution to this volume.

44 Reichsanzeiger 1799, vol. 2, 3108 and 3371, cit. in Schuchardt, *Briefe*, 71; the only exception he admitted was when misery and poverty were so blatant to make it impossible to deny his help.

45 *Allgemeine homöopathische Zeitschrift* 26 (1844), 185.

46 HA A 1407, letter to Mme Belli, 18 December 1830.

47 Letter to Dr Aegidi, 11 December 1831, cit. in Haehl, *Samuel Hahnemann*, II, 414; letter to Dr Rummel 19 May 1831, cit. in Haehl, *Samuel Hahnemann*, II, 152f; extract from a letter to Dr Ehrhardt in Merseburg 24 August 1829, cit. in Haehl, *Samuel Hahnemann*, II, 153; letter to Dr Schréter, 28 February 1829, in *Neues Archiv für Homöopathie* 3 (1846), cit. in Haehl, *Samuel Hahnemann*, II, 153 f.

48 Thus, U.F.B. Brückmann, personal physician in Braunschweig, Allgemeiner Anzeiger der Deutschen, 17 March 1808, n. 76 (cf. Haehl, *Samuel Hahnemann*, II, 81).

49 HA B 32528, May 1832.

50 HA B 32496, undated (answered 29 April 1832), with Hahnemann's manuscript annotations.

51 HA B 32381, secretary Bernau, Leitzkau 3 April 1832.

52 HA A 728, letter to [Carl] Reiß, 29 March 1831 (answer drafted on HA B 31044).

53 HA A 663, letter to Major Schmeling-Dieringshofen, 30 August 1825.

54 HA A 1838, letter to Dr Karl Reichenbach, 28 February 1829.

55 HA A 1838, letter to Dr Karl Reichenbach, 28 February 1829.

56 Schuchardt, *Briefe*, 41, undated.

57 HA A 688, letter to Weigel, 16 March 1831.

58 Undated letter to a tailor in Gotha (received on 4 October 1798), cit. in Schuchardt, *Briefe*, 54.

59 HA B 32456, Carl Maximilian Speck, Leipzig, 18 April 1832.

60 HA B 32541, V. Trabe, 29 April 1832.

61 HA B 32370, painter Schmitt, Altenburg, 27 March 1832.

62 HA B 32378, Wilhelm Löffler, Berlin, 25 March 1832.

63 HA B 32557, J. Mussard Claparède, Geneva, 30 April 1830.

64 Hahnemann, *Die chronischen Krankheiten*, 6.

65 Hahnemann, *Die chronischen Krankheiten*, 6.

66 HA B 32565, building inspector Krause, Dessau, 8 May 1832.

67 HA A 1829, xerox of I-26-6, Schwarzenberg-Archiv, Murau, 'Medical instructions'.

68 HA B 32460, letter of April 1832.

69 HA B 32540, undated (answered 6 May 1832).

70 HA A 663–680.

71 HA A 670, 19 November 1826.

72 HA A 672, 16 February 1827.

73 HA A 665, 28 December 1825.

74 HA A 668, 3 April 1826.

75 HA A 669, 15 June 1826.

76 HA A 673, 11 April 1827.

77 HA A 675, 11 August 1827.

78 HA A 793, Paris, 28 June 1842.

79 HA A 1831, 12 March 1820 (xerox of I-26-4, Schwarzenberg-Archiv, Murau).

# Men's Bodies 'Explained' on a Daily Basis in Letters from Patients to Samuel Hahnemann (1830–35)

*Martin Dinges*



## Different Patients

AN ALSLEBEN MERCHANT named Tischmeyer wrote to Dr Samuel Hahnemann at Köthen/Anhalt on 26 October 1832, describing his state of health in the following terms:

> Continuous pinching together and feeling of being full from above the navel downwards, often unbearable. Constant dull repeating, which must always be remedied because otherwise alarm mounts and stomach-aches and salivation result. Eating meat increases the constriction and feeling of heaviness. Consuming large quantities of sugar relieves the alarm and the stomach-aches. Spit contains grey mucus, sleep irregular, often poor. Hands and feet cold. Mood depressed. Listlessness of body and mind.[1]

Tischmeyer sent the doctor a brief list of complaints which centre on stomach and digestive disorders. He locates precisely the feeling of pressure, describes its strength and duration, and even says what he is doing about it himself. He stimulates repeating (burping) in order to rid himself of the accompanying feelings of alarm. This appears to play an important role, as emerges from a letter written about a year earlier:

> The pinching together of the lower abdomen has again drawn itself straight across the navel, making this area dully sensitive and inducing a very eerie and constantly alarming feeling of melancholy. The pinching and repeating

> have become unbearable as a result and sleep very poor, meagre, and only to be had in meagre spells of a few hours at a time, with constant interruption and discomfort. Also frequent iciness and cold shivers running over the skin. Heavy sugar requirement.[2]

Tischmeyer stresses how the complaints lacing him in, as it were, have a life of their own. There is also more emphasis on the fears inspired by these mysterious 'goings-on' in the body. The later letter talks less about the psychological aspect and more about the medical. In both letters Tischmeyer also mentions coldness in the extremities or 'cold shivers running over the skin' as well as his 'sugar requirement', rather than, for example, his desire for sugar. Sugar is clearly credited with healing properties. In the second letter the relaxing effect of eating sugar is described in greater detail and there is a reference to spit. In addition, both letters contain statements about Tischmeyer's melancholy mood, culminating in a reference to 'listlessness of body and mind'. In other words, Tischmeyer's physical perceptions are characterised by a close correlation between, in today's terms, physical and mental symptoms; pointing to what is commonly described as a 'holistic' view of the body. The great importance attributed to eating habits accords with this picture.

In a letter of 18 November 1833 another patient, Cantor Schuster of Lagow (Neumark, near Posen in present-day Poland), wrote to Hahnemann:

> Esteemed Councillor [*Hofrat*],
>
> Please find enclosed the continuation of my medical report, interrupted on 29 August, which runs as follows:
>
> 30 [August]. Pressure in abdomen. After breakfast, pinching in abdomen, pain in left temple. Tingling at several points on body. Pressure on right-hand side of back. As pressure felt, discomfort in tip of nose. Pain in l. forehead. Ringing in l. ear. Coughing. Appetite good, despite the fact that I can still taste the last meal returning on me. Twitching in l. upper arm. Woke up several times during night.
>
> 31. Before breakfast, pressure in stomach area as if there was a stone lying inside. My mouth has had a tendency to water for some weeks now. Tingling at several points on body. One cough. Pressure in side. Discomfort in anus. Feeling of having a cold. Pain in both temples.
>
> September 1. Tingling at several points on body. Ringing in l. ear. Pain in right side of head. Seminal emission. Pain in r. ear.[3]

And so it goes on, day after day over a period of four years, reported in a total of 24 letters. Cantor Schuster supplies a wealth of physical

experiences, down to the minutest observations, e.g. 'discomfort in tip of nose'. The time of day and night and connections with mealtimes are given with great precision. There is burping involved, too, but only as one symptom among many. Again, sleep is addressed. Even 'feeling of having a cold' is considered worth mentioning. In addition, there are such less well-defined, generalised sensations of disturbance as 'tingling at sêveral points on body'. 'Discomfort in anus' is underlined by the patient himself, indicating that he wishes to draw attention to its importance. There is also an instance of 'seminal emission', presumably a spontaneous nocturnal occurrence.

In addition to this wealth of data, contained in daily reports filling eight pages for each two-month period, Schuster supplies a further two pages of information in the form of groups of symptoms for the whole reporting period. These are listed under the following headings: 'watering of the eyes, bowel movements, permanent colds and sneezing, back pain, repeating and yawning, sleep and dreams, tingling in glans, passing wind, discomfort just above anus, testicles, digestion, stretching, cracking in left upper-arm joint, grumbling in abdomen, mucus, discomfort in anus'. There are also remarks about such other physical phenomena as 'freckles', 'hair loss', and 'earwax'. Finally, he describes experiences while 'walking', and a few lines are devoted to his own 'behaviour' and 'feelings of embarrassment'.

These examples of letters from patients to the homoeopathic doctor, Samuel Hahnemann, illustrate better than abstract reporting the sometimes almost irritating superfluity of information about physical experiences contained in such sources. At the same time they show clearly how differently two men selected at random describe their bodies in these texts. Tischmeyer, the merchant, gives a relatively concise list covering several months and focusing on his fairly constant main problem of his digestion; in the second letter, he appears to be observing certain symptoms more accurately than before. Cantor Schuster, on the other hand, indulges in a wealth of physical observations and their associated feelings that fits, with almost textbook neatness, into the age of sentimentalism. Both writers share a 'holistic' conception of the body: yawning is seen as an expression of low vitality; the performance of stretching exercises indicates a lack of physical suppleness. In the context of the deep respect for dietetics that characterised the period's understanding of the body and illness, information about lifestyle is also extremely significant.

## Patients' Letters as a Source for the History of Body Perception

THERE SEEMS GOOD REASON, then, to turn to the history of body perception as revealed in patients' letters enabling a better understanding of the patient in history.[4] Studies in the history of body perception have, of course, opened up whole continents of previously unknown information over the last 20 years, notably from a re-examination of scientific texts on anthropology[5] and anatomy,[6] from medical case collections[7] and from standard public information manuals[8] on the subject of masturbation,[9] on hygiene, even about how to deal with corpses.[10] And it is true that, in connection with all these types of text, the preferred approach has always been to study authors who sought to disseminate a specific view of the body. Nevertheless, particularly in the medical case collections, a sort of practical familiarity with the patient's own body was sketchily apparent. In addition, personal testimony increasingly became the favoured source for research into the history of body perception, for diaries,[11] autobiographies[12] and correspondence[13] highlight interpretations of the body by the relevant historical subjects themselves. Still, it is a major challenge to research, clarifying the provenance of the images and ideas that characterise the discourse of what seem, at first, to be very personal texts.

The same problems obtain in connection with patients' letters; a source that emerged from the practice of treating, by correspondence, patients who did not share the doctor's place of residence. In Europe there is a series of collections of such correspondence dating from the late seventeenth century and extending into the twentieth century, although most of them have come from the eighteenth century.[14] As regards daily familiarity with the body, they have a very substantial amount to tell for, in them, patients themselves describe their physical observations to their respective medical correspondents. Patients' letters mark themselves out from doctors' case collections in four positive respects. First, they offer more than, from the doctor's point of view, the medically exciting, spectacular cases; the choice of which might otherwise falsify the impression of people's ordinary dealings with their bodies, having been assembled for publication with a readership that had a certain interest in things medical and scientific. Patients' letters, in other words, are more representative. Secondly, they may convey more than a view of the body filtered exclusively through the doctor's eyes, because patients contribute in them their own opinions and experiences. Thirdly, such exchanges of letters often cover extended periods of time, so that it is also possible to trace developments in the patient's understanding of the body over the course of the correspondence. And lastly, the letters contain more social context; they report on living conditions

and family circumstances and, sometimes, other persons spontaneously contribute details concerning the sick correspondent, providing additional information.[15]

Nevertheless, the texts arose in the context of medical consultation; bearing the stamp of the particular doctor–patient relationship involved. They also include information about patients' reading habits with regard to medical texts. To that extent, the letters permit interesting deductions about the dissemination of medical information and the reception of the expanding literature of hygiene. If, on the one hand, such reading habits point to the doctors who had so profound an influence on discourse about the body, on the other hand, the people writing the letters are neither committed in advance to – nor generally fixated on – a purely medical view of their bodies. At any rate, other observations, experiences, and interpretations also find their way into the letters. These are indicative of the scope of what the writers regard as important. Accordingly, patients' letters occupy an interface between the increasingly dominant discourse of the medical profession and the everyday discourse of those writing them. They offer a subtle opportunity of tracing the power effects of knowledge production and interactive practice in the doctor–patient relationship as exemplified in the work of Michel Foucault.

The Medical History Institute in Stuttgart, has preserved the particularly valuable archive of 5,549 patients' letters to Samuel Hahnemann (1755–1843), the founder of homoeopathy, and it is the intention here to present this recently catalogued material from the period 1831–35 using one example. Although, in line with Hahnemann's medical instructions, what might generally be expected are daily reports of symptoms of illness, most patients generally give somewhat cursory particulars, usually for a six-week period. Very occasionally, the daily report will be supplemented by other compilations of longer-lasting symptoms. These are all letters addressed to Hahnemann; only exceptionally have his answers been preserved. However, in most instances, there are two ways of tracing the doctor's response. Each letter includes a note with an outline reply indicating, among other things, the medicines prescribed. Many letters have passages underlined that make it possible to understand what the doctor treating the case thought particularly important in choosing the remedy to be enclosed with the letter in return. The period from which the Hahnemann letters have survived (the 1830s were quite late in this respect) has the advantage of supplementing knowledge of the eighteenth century, on which most research has been focused, with sources stemming from a generation later.[16] At the same time, the letters make clear how the dissemination of medical

information, a process that has been described as typifying the eighteenth century, continued to find expression in correspondence between patients and doctor until 1830 after nearly a century of ongoing intense public information campaigns through medical journalism.

In understanding the texts, it is important to know that Samuel Hahnemann expected his patients to read his main work, the *Organon of the Art of Healing*, either in the full 300-page version or in a digest, as some of them did, either on their own initiative or at the doctor's request.[17] As well as a hundred pages of harsh criticism of contemporary medicine, notably of its insecure scientific basis and its 'heroic therapies' requiring patients to have a high pain threshold but failing to do much good, the *Organon* contains passages on the theory of medicine and on the preparation of remedies, and notes on other forms of treatment such as magnetism. Here, the introduction about examining patients is particularly important.[18] This acquaints the reader, partly through examples, with the wide variety of areas about which the homoeopathic doctor might enquire. Consequently, readers of the *Organon* may be assumed to have had a certain prior understanding of Hahnemann's view of health without having received any precise indications of how to describe physical processes.[19]

It follows that the writers of these patients' letters were highly literate people with, at least, some knowledge of medical matters. Occasionally, details of occupation are given, and these are systematically incorporated in the index of the archive. Correspondents include a head forester, a senior teacher, a countess, a rural district council chairman, a minister's wife and a deacon; and a merchant, a lieutenant, an administrator, a master ropemaker, a magistrate, a forestry clerk, a furrier's wife, a bookbinder and a commercial apprentice. This indicates a thoroughly mixed patient body, both socially and in terms of gender though, in all probability, the lower orders are significantly under-represented. However, in the case of many patients the correspondence contains no particulars either of occupation or of class, and so it is not always possible to rank letters socially.[20]

Previous research has concentrated on the medical and anthropological construction of the female body. There may be understandable reasons for this, ranging from the greater contemporary interest shown by male doctors in the female body as being, allegedly, closer to nature, and to the reconstructive, emancipatory interests of women's history.[21] This approach has led to some substantial revisions of the understanding of the body. Nevertheless, documents providing information about men's bodies need to be analysed.[22] It may be that this will reveal aspects of people's everyday dealings with the body that, while perhaps less dramatic epistemologically,

contribute very substantially to the picture of how the body was understood at the time. Studies of the history of body perception, which have been overly theoretical, are needed also to make more room for the practical doings of historical subjects.[23] This paper is not intended to provide more than an outline of research possibilities. Its main purpose is to publicise a source archive that can be studied in greater detail.[24] Using the example of Cantor Schuster (who was 28 years old in 1831), male identity can be constructed in an exchange of letters with the 'doctor in attendance' in which, because of the nature of the source, physicality and health/illness initially occupy the foreground, although subsequently the search for a partner and marriage plans also feature.[25]

## Everyday Practices and Patients' Heightened Awareness of their own Bodies: What is Taken for Granted in Talking [to the Doctor] about the Body?

On 1 April 1831 Cantor Schuster wrote to Samuel Hahnemann in Köthen/Anhalt, some 270 km distant:

> Dear doctor,[26]
>
> You will forgive a poor unfortunate for presuming upon your kindness in order to save himself from a wretched situation. I was born to healthy parents on 14 June 1803 and had the misfortune to become acquainted with the vice of onanism at the age of eight. Wholly unaware of the very sad consequences of the same for myself, I practised it until my 18th year. Not until 1820 did I come across Becker's book 'Onania ... Considered' and first learned from it about my misfortune – having practised this vice for 10 years. I read, was frightened, and based my rules thereon: The only thing I did not make use of were the strong baths it recommends: the reason being that as my father's assistant I could not afford the several hundred talers required; but I did wear flannel shirts, which are supposed to have the same effect and which did indeed relieve the severe running catarrh that used to last for several days and recurred at least every four weeks, relieved it to such an extent that I subsequently, when not afflicted by a major cold, suffered only one to three attacks a year. I kept to quite a strict diet, including moss chocolate[27] and elixir of steel, but despite all that and a nourishing diet I felt no improvement beyond a reduction of nocturnal emissions, of which I now have only one every 6 to 8 weeks; although I neither eat too little nor too poorly. In addition, I have bought and read a number of books about this illness and dietetics and special illnesses, with the result that I own some 20 myself and including borrowed ones have probably read more than 30 medical books. You will see immediately from this how deeply I felt my illness and how hard I tried to cure

> myself. I attempted to find out from medical books every means that I thought I might use to better my health ...[28]

Clearly, our letter writer felt very ill and immediately 'outed' himself as an onanist who had masturbated for 10 years. Becker's highly successful book *Onania; or, the Heinous Sin of Self-Pollution, and all its Frightful Consequences in both Sexes, Considered*, which appeared in English in 1715 and in Germany in 1736/51 and had been in print continuously ever since, enabled Schuster to discover his own misfortune in the first place and immediately to try to make sense of it.[29] Reading this medical text changed the letter writer's whole attitude to life. The crucial aspect is the sudden possibility of recognising the illness rather than the symptoms themselves, as it was only through the book that these became interpretable as an illness. At the same time, however, there is the hope of overcoming it by taking appropriate action. A medically coloured self-interpretation of an existing feeling of weakness or inadequacy enables the subject to talk about his unhappiness and problems. Schuster lays his 'weal and woe in your [the doctor's] hands', goes on to describe himself as a 'pitiable victim among the sick' and, as a patient, expects for himself and possibly for others 'help through the medium of homoeopathy'.[30] In keeping with the times, he understands masturbation as a typically male illness[31] involving his whole body. As a reader, he endorses the dominant Enlightenment discourse about the male body which embraces a comprehensive semantics, ranging from a weakening of the whole body through loss of the best and most highly refined bodily fluids in the wasted semen to potential infertility and damage to one's own or one's descendants' health. At the same time, genital pleasure, whether merely experienced or fully realised, receives a wholly negative interpretation from the outset.[32] On the other hand, the medical/moral view of the problem of masturbation provides a thoroughly optimistic starting-point, typical of the Enlightenment: the body is sick, yes, but it can still be made better – in the context of a medical 'cure', of course. For the patient this means the responsibility of conducting a meticulous self-examination, albeit under medical supervision. In the process, the patient develops a precise discourse exemplified by postscripts supplying further details and additions giving the exact day.[33] This suggests that Schuster kept copies of all his letters. The foundations of self-description are adapted carefully from Hahnemann's publications. Schuster writes, for example: 'A few days ago I received the "Chronic Diseases etc." published by yourself ... to which I had subscribed, and soon saw that in noting down my symptoms I had made errors that stemmed from the reason you gave

in the *Organon*, where the sick person is unable to think himself into the position of the healthy person and omits many things that he fails to see as expressions of his illness. I shall therefore make more accurate notes in future.'[34] The patient is referring to the *Organon*, first published in 1810, and to Hahnemann's four-volume study *Chronische Krankheiten*, published 1828–30, in which the doctor had sought to trace a large number of chronic conditions back to fundamental illnesses of humanity.[35] Patients who were particularly keen readers probably found most inspiration in the 51-page list of symptoms that Hahnemann provided in the work. Changes in reports and letters and in questions asked demonstrate that, as a result of such reading and interaction with the doctor, patients undergo a training process with greater precision for a particular type of detailed self-observation.

Times of taking medicines, for example, become landmarks in the report and, at the same time, structure the patient's own experience of his body: 'During this and the previous period of medication I spent an average of two hours a day in the open air, as I shall continue to do until 1 October ...'. Self-observation also structures daily periods of time: 'The days on which I had no bowel movement are marked in red.'[36] Initially, the object of observation is the body as a whole. Schuster uses two German words for 'body' (*Leib* and *Körper*) synonymously and without distinction, as when he notes, for example, what he calls a '*Quarren*[37] in the body [*im Leibe*]' and writes of his 'weak, drying *Körper*'.[38] If the latter phrase, with its reference to a lack of fluid, contains echoes of humoral pathology, he distinguishes in the following quotation between the body as skeleton and the rest: he would like to put 'life and strength and flesh on his body', while conversely, following the death of his mother, 'flesh mightily disappeared' from it.[39] Finally, physical comparisons permit self-classification: 'The flesh on my body is still very slack and I know no one of my age with such weak fingers as I have.'[40] This could be indicative of the way he sees himself as a man, because what he writes asks to be interpreted in such a way that, according to Schuster, even women of the same age probably had stronger fingers than him.

Schuster also analyses the way he feels generally. For example, he regrets his 'daytime lethargy'.[41] Unlike at an earlier time, he says he cannot 'bear to read for long', which like another piece of self-observation – 'I easily make mistakes writing and speaking' – no doubt refers to diminishing concentration.[42] 'Presence of mind' is a quality he says he lacks completely.[43] But, in addition to recording these more general findings, he mainly addresses his attention to individual parts of the body – for example, through such direct descriptions as 'hair falls out easily'.[44] Since,

for both patients and doctors, it was still not entirely clear what symptoms indicated illness, many things were mentioned that today would be found rather surprising in a medical report. 'Tingling in left nostril' is one of them, although 'feet gone to sleep' makes more sense to modern understanding.[45] However, the doctor is informed also that Schuster has 'lost a lot of foot perspiration'.[46] Such comparative descriptions as 'pressure in top of head as if skull was about to lift off' may illustrate degrees of pain experienced.[47] In addition to this method of description, which homoeopathy calls 'as-if symptoms',[48] Schuster also uses medical terminology, sometimes getting the spelling wrong![49] A basic knowledge of anatomy is evident in the following remark: '... had a painful cramp in my right hand, where the long bone belonging to the middle finger is situated.'[50]

He also reports on individual organs – 'sharp pains in the spleen',[51] for instance – sometimes very subtly: 'The heart pain referred to in the last medical report under 22 May was not oppressive or sharp or otherwise uncomfortable, rather it was a sensation that defies description, it was if the blood in the heart had welled up really warmly.'[52] There is every indication that this more detailed description of a pain sensation was prompted by a question from Hahnemann.

Excretions play a major role, not just in the tradition of humoral pathology: phlegm is mentioned occasionally, but more often nasal mucus or the 'feeling of having a cold'.[53] Bleeding gums, perspiration, and 'watery eyes in the fresh air' are also specified.[54] Bowel movements are an important topic; one movement was 'probably the strongest I have ever had'.[55] The timing of movements was also a matter of concern to Schuster: 'Today I can confirm what I earlier surmised, namely that each time I pass a motion everything that I have eaten is expelled. For instance, the poppy-seed pastries I consumed late night passed through today, twelve hours after I had eaten them, without any sensation of diarrhoea.'[56] Olefactory observations also play an obligatory part: 'Eight hours after being eaten, carrots still smell the same.'[57] A particularly close watch was kept on urine, which remained a not unimportant, albeit much debated, diagnostic tool.[58] The patient reports, for instance, that the 'ammoniac smell of the urine has gone, so has the blue sediment, which is now pale grey'.[59] The passing of urine is likewise observed minutely: 'My urine sometimes comes in a supplementary trickle when I think that is all.'[60] Yawning, too, is closely monitored, 'much yawning in the evening',[61] and lastly, the reports make repeated mention of 'real coughing'.[62]

There is a striking differentiation of types of pain: a 'tenderness caused by pushing or squeezing' is carefully distinguished from 'a dull ache

below the chest'.[63] A 'numb tugging (aching pain) in the left calf when walking' has a different quality from a 'brief, oppressive ache to the right of the heart region' or a 'piercing pain' in the same place.[64] As well as the location, the duration of discomfort is also noted very precisely, as in 'lower-back pain lasting for several seconds' or 'a feeling in my left side lasting several minutes, as if blisters of about the size of peas were forming and then bursting without causing discomfort.[65] Finally, a 'sensitivity to pressure in the toes of the left foot coupled with a sensation as of warm blood escaping there' shows that Schuster experienced a wide range of pain sensations, which he described with considerable sophistication.[66]

Schuster's mood and social behaviour are an element in his feeling of unease which he describes frequently; a feeling changing little over three years, from 1831 to 1833. 'My state of mind is still as before: I put up with a lot from other people without getting annoyed, but at home quite minor mistakes make me irritable, even rude.'[67] In other words, while Schuster is thoroughly shy in public, at home where, after his mother's death he lives only with his sister, he appears to succumb to intolerance. However, even in social gatherings, the limits of his irritability are quickly reached. He prefers conversations on 'scientific subjects' and respects the 'bounds of custom'.[68] At the same time, his insecurity causes him suffering: 'The least mistakes made by myself are capable of putting me in a bad mood.'[69] 'Recently my mood has been calmer and more even and I have seemed to be trying to be slightly bolder in my dealings with others.'[70] However, eight weeks later he takes back this hope of greater assertiveness with the comment: '... saying a stern word to another person is something I am still as shy about as before'.[71] The situation is unchanged a further 22 months later: 'My bearing is still shy, indeed almost timid, and I find it difficult to respond sternly to a person's stare unless I am particularly incensed. Rapid transactions I find awkward ... Now I am easily startled again by the slightest noise.'[72] Schuster, thus, comes across as an extremely withdrawn, shy person with little capacity for conflict.

He tends, on the whole, to keep very quiet about sleep and dreams. They are addressed in a general way in the medical reports, as in the reference to 'sleep [being] always interwoven with dreams', but the content of those dreams is never specified.[73] A certain lack of drive, 'daytime lethargy', 'gone even without my midday rest' seems to have gone without changing his living habits.[74] Schuster is firmly convinced that this has a lasting effect on physical wellbeing, writing of his 'change of bedroom', for example.[75] Earlier he had reported his vexation at smells, which he had to endure because of 'having lodgings over a horse'.[76]

This clarifies the opportunities for treatment in a way that is

important as regards the doctor–patient relationship. In the area of dietetics, for breakfast, for example, Schuster prefers milk, as already extolled by public information campaigners. However, the health-conscious contemporary probably received more directly such a recommendation from systematic reading of the latest homoeopathic patient literature; references to which are contained in the first letter to Hahnemann.[77] A book by Franz Hartmann, *Dietetics for patients undergoing homoeopathic treatment*, published in 1830, was in the cantor's hands by April of the following year. In the second chapter the author praised milk as 'unreservedly permitted in any illness'.[78] With a similar lack of reservation, Schuster accepted wholesale dietary treatment recommendations that Hahnemann considered very important, writing in his reports of 'permissible food items'.[79] Obediently, he says he will drink 'no more coffee and spirits ... even at funerals'.[80] He also asks about the permissibility of 'keeping company with tobacco'.[81] The sizes and times of his meals are altered: 'Having had more emissions since the cure than before, I have now resolved to eat smaller lunches and to have my evening meal no later than 4 o'clock' to avoid the inflammatory effects of food.[82] Schuster credits eating with very direct, short-term effects on his state of health: 'Half an hour after supper, which consisted of potatoes boiled in their jackets, [I had] very rapid heart movement constantly for a ¼ of an hour, which I found most alarming.'[83] Another instance being 'shooting pains in right ear 1½ hours after eating and ½ an hour later in the left, just like yesterday'.[84] On the other hand, weight-watching plays only a very minor role, with a single mention of the patient's weight as '121 pounds'.[85] Naturally, one of his practices for promoting health is exercise in the fresh air, though this can also have negative effects:[86] 'After my afternoon walk it was as if my feet had gone to sleep.'[87]

Other treatment opportunities and their evaluation over a prolonged period can be illustrated particularly well by the patient's clothing. For example, Schuster, once again, has worn a linen shirt too early in the year to the detriment of his health: 'I should not have caught a chill had I not exchanged the woollen shirt ... Since the attack I have [consistently] been wearing the woollen shirt again.'[88] Earlier he had 'worn the woollen shirt until it tore'.[89] However, he was critical of the evaluation of wool in the books about dietetics and masturbation as early as 1832: 'Whether the runny nose will recur I do not know, but the experience of several years tells me that the constant gentle rubbing of the skin by the woollen shirt has not made the flesh any stronger than if a linen shirt had been worn.'[90] In other words, the patient has no hesitation in expressing an observation of his own in correspondence with his doctor.

Yet, this doctor–patient relationship is characterised by the doctor being held in high esteem as the person on whom are pinned the patient's hopes of a cure and whose instructions are accepted almost with subservience. This finds expression not least in the forms of address, which recognise the doctor's rank in terms of both knowledge and status with the title *Hofrat* ('Counsellor'). The polite phraseology is no mere formality but reveals the asymmetry of the relationship, as when the patient ends a letter: '... throwing myself entirely on your good favour, I have the honour to be your most obedient Schuster'.[91] The patient, thus, defines himself throughout as a sick man needing help.

Part of the essence of the whole doctor–patient relationship is the systematic presentation of symptoms through the letters: the opportunity of talking about the body means that the body of the 'patient' is created anew.[92] The doctor's expectation that, as a result of taking the medicine, something will happen is met by the patient with correspondingly keen self-observation. The term 'cure' refers, from the beginning of the relationship, to the acknowledgement that the restoration of health inevitably will be a long-drawn-out process. This engenders a productive discourse between the doctor and the patient, providing fresh realities.

An instance of this is Schuster's reaction to a question from the doctor: 'As regards answering the question posed in your last letter, I most respectfully reply that my choice of the expression "troublesome nose" was not entirely correct. I should have said free, because normally I always had a sensation in my nose as if mucus were forming inside.'[93] The patient asks detailed questions in his sixth letter: 'Is it necessary for me to say something more about my dreams each day in future? E.g. whether I dreamed all night long or just for a short time? Whether they were pleasing or alarming, etc.? And is this also necessary when I pass a motion? The trouble is, there is always very little I can say about my dreams. Often I can only specify individual objects.'[94] In the following year, he asks about the correct way of taking his medicine: 'I took the powders once a day, is that right? At first I was worried because on several previous occasions I received only 7 powders and now suddenly I get 28. Must I strictly avoid any company where people are smoking tobacco?'[95] This suggests that the patient would like a certain leeway between a loose and a strict adherence to avoiding smokers.

Schuster also has no hesitation in seeking to criticise and to dominate his homoeopathic doctor's method of imparting information. Hahnemann had also been consulted incidentally about Schuster's mother, who had died since his last letter. A fortnight before her death Schuster had brought in a local doctor to escape the contempt of his neighbours, who clearly felt

that absent treatment was inadequate. He virtually demands compensation from Hahnemann: 'Be so good, then, as to try to compensate me to some extent by kindly telling me what medicine it was you sent me the first, second, and third times in order that I may learn to some extent how one should orient oneself in pharmacological terms in connection with this method of healing.'[96] This explicit request for information, as compensation for the unsuccessful treatment of his dead mother, was blithely ignored by Hahnemann on the grounds that the patient ought not to be given any opportunity of tracing the medicines sent and certainly not the manner in which they had been chosen.

Nevertheless, as the cure progresses, the patient does as he is told and 'confesses' meticulously to minor deviations from the doctor's instructions: 'Have not taken the new medicine yet, believing that the old one is still working.'[97] Five days later he meekly complies, though this does not prevent him from offering increasingly detailed observations and evaluations of the success of the cure. He stresses the difficulty of definite assessments: 'The daytime lethargy has gone, but I would not venture to describe certain symptoms as cured. It has happened a number of times before that I thought a symptom was cured yet it recurred nevertheless. For instance, yesterday I wrote on the previous page: I consider the pressure pain in the small of my back cured, and half an hour later it came back and lasted 3 hours until I went to bed. The same thing happened before with the runny nose.'[98]

In the fifth year of the correspondence the patient expresses some weariness with detailed reporting and rationalises his reports: 'From today on I shall no longer write daily, since the symptoms have been the same one day as the next, but only every 8 days about the whole of the past week and what particularly came to light in it.'[99] Schuster also criticises the cure's lack of success, referring to the prospective duration of the cure as a joint planning exercise between doctor and patient. Nevertheless, the role of the doctor remains very dominant over many years. Thus, there is, for the first phase of the cure, a co-operative management of the body under the doctor's leadership.

These general remarks about the constitution of the body and the doctor–patient relationship lead, in the next section, to the experience of the body against the background of the masturbation discourse permitting a more individualised analysis of Schuster's masculinity constitution and of his growing aspiration for autonomy as a patient.

## Experience of the Body against a Background of Masturbation Discourse

IN HIS VERY FIRST LETTER, written in 1831, Schuster reports a substantial change of behaviour as a result of reading Becker's book on masturbation.[100] Thereafter, he no longer practised self-gratification. Even so, at the same time, he expresses some initial scepticism about the theory that self-gratification weakens the body. His 'body [*Körper*]', he says, had 'grown no stronger despite my emitting semen only every four to six weeks rather than, as before, daily or even several times a day.'[101] However, this fundamental observation is not used critically against the whole masturbation discourse. Instead, Schuster's reports become entangled in almost manic self-observation of the physical signs that could accompany sexual pleasure. Here, the emergence of body and 'sexuality' can be traced through the language of a quite specific discourse.

The chief point is the everlasting 'tingling of the glans' that occurs in a number of variants in the course of a single letter.[102] 'Some days it was as if it had wanted to tingle on the glans and hadn't been able to.' 'Towards evening, tingling on the glans for the space of a minute. Tingling on left side of nose, where it is red', which refers to a similarly oppressive itching sensation in the nose. 'Faint tingling of the glans on 36 days [out of 62] with the previous medicine on only 18 days', which gives not just the duration of a single occasion but statistics covering several months. 'At two in the morning I woke up and had a stiff penis without the least tickling feeling, which meant I could only pass urine with great difficulty.' In subsequent letters there is talk of an 'ache in the penis' at the same time as 'in the anus'.[103]

The second object of observation is the testicles, the variable state of which is monitored hourly and according to the time of day. Sometimes they are 'no longer loose', at others 'the testicles usually tuck up tight in the morning and in the afternoon hang down loosely'.[104] Later he rejoices briefly that his 'testicles are sitting better than before' but is soon forced to admit that 'my testicles fitted well in the past few weeks but recently, including at night, they have always hung loose'.[105] Actually, definitive statements about the firmness of this part of the body seem to be no longer feasible, because two years later 'my testicles sat fairly tight except for several hours during the day' and, towards the end of the treatment, they had been 'flaccid for weeks'.[106]

Reports of emissions fill out this picture. Sometimes, Schuster has 'little physical pain and strong physical opening, early and in the night

an emission'.[107] Usually, he emphasises clearly that this was not associated with pleasure: e.g. 'emission without the least sensation!' or 'emission without any stimulus'.[108] Sometimes, it does excite him extremely, as in the following description: 'Emission with waking and almost unable to get back to sleep'.[109] Seminal discharges also provide occasions for divulging something about his dreams: 'When I had an emission I was almost always, in my dream, amongst women, and in fact I awoke as a result of the stimulus of the semen.'[110]

On the other hand, he reports shortly afterwards, as an obedient reader of Hahnemann's *Chronic Diseases*: 'As symptoms of *Spora* [he means psora] there further appear, as reported ... 5. no sex drive.'[111] These appear to be diametrically contradictory observations, albeit explained by the fact that they participate in two different discourses, namely that of the literature of masturbation and that of *Chronic Diseases*. Yet, distinguishing perceptions of the body into one where it is regarded as alien and one where it is regarded as the perceiver's own makes less sense. Schuster neither has a body nor is he one; rather, he constructs a body for himself using the linguistic means that he finds in the marketplace of published interpretations of body perception. Theoretically, then, the apposition of dissociation and association, of 'having a body' and 'being a body', leads no further in this case.

The concepts employed in describing his relationship to the opposite sex are interesting, focusing as they do on inclinations and on the effects of proximity and place and of warmth versus dryness. Hence, what is meant is clearly a drive seen as independent and apparently dominant vis-à-vis the person's own will rather than active behaviour under the control of that will.[112] 'Although for days I had a very nice available girl near me and spoke with her daily, I had not the slightest inclination to caress her, as I could conveniently have done, in order not to appear wooden, as no doubt many will privately call me, because I simply do not trifle with girls.'[113] Otherwise, effects of women are directly physical: 'I certainly have stiffness of the male member from thinking hard about a nice healthy girl but without any other physical stimulus.'[114] Nevertheless, the direct physical effect may well be burdened with anxiety, as he writes years later: 'Although I am aware of penile rigidity in the vicinity of pretty women, I am afraid of spending any time with a woman.'[115]

Characterising women as 'healthy' relates to a core value of the cantor's that may connote safety from infection as well, probably, as capacity for child-bearing and motherhood. Being 'nice' no doubt refers to an ease of manner without which Schuster would have been incapable of making

contact in the first place and may be a further reference to what, in another context, he calls his 'shyness'. He talks much less about 'women' than about 'girls', the very young and hence socially inferior women, which supports his characteristic. Lastly, beauty is only mentioned incidentally.

The patient's reserved disposition must be seen as a background to Hahnemann's usual medical advice to get married.[116] Such advice shows how the health discourse can lodge in highly personal decisions about the way in which a person leads their life and, in contrast, how the authorised representative of that discourse, the doctor, becomes a high-ranking adviser with extensive influence over the patient's entire life. Schuster, however, defends himself against Hahnemann's marriage recommendation for the first time as early as 1833: 'I must presumably dismiss the idea of marriage out of hand, being too weak in my body and too much out of the habit of female company. The fact is, I cannot help thinking that such a step no doubt needs a major drive, which in my case is almost wholly absent.'[117] He is not yet prepared to marry, and he justifies this in terms of physical deficiencies. Thus, Schuster is able to voice his caution and his fears using the idiom of medicine.

But Hahnemann does not give up for, in mid-January 1835, there is a detailed exposition by Schuster on the subject of marriage:

> You write in your last letter that I ought to get married. However readily I should have followed your well-intentioned advice, without a particular drive in that direction I have not found it possible, hitherto, for the following reasons.
>
> 1) Foreseeing that this would not happen so quickly, I took the medicine again and soon the weak drive towards marriage was gone. [It should be noted here, *en passant*, that, in the patient's eyes, the effect of the medicine ruled out a decision in favour of marriage.]
>
> 2) When I did show some inclination in this direction, once again only problems arose. I wanted, in fact, to take to wife a girl living some miles distant, but the negotiations to this end have been long-drawn-out and even now have yet to produce a definite result. Now I should like to have a wife as soon as possible, but first I want to wait for a letter. The thing is, I believe I am sufficiently persuaded that without the aid of animal magnetism or without the influence of the general vitality of the average person I cannot be completely cured. It having been my constant concern to obtain a clear understanding of the application of mesmerism, last summer I got hold of the two books that Professor Hensler has written on this subject. Their titles are:
>
> 1) Concerning the Effects of Animal Magnetism on Men and Nature etc.

> 2) Concerning the Various Types of Animal Magnetism and Their Various Effects on the Sick Person by Dr Phylip Ign. Hensler, a professor at Würzburg.[118]
>
> From these I learned that when married couples possess different magnetisms they find therein a reason for an unsatisfactory or unhappy marriage. Here I wanted to proceed cautiously so I wrote to Würzburg a couple of months ago, asking the esteemed professor: please tell me how to go about finding out what type of magnetism I have myself and how this can be discovered in others. I have not yet received an answer, though I expect one in every post; I hope, at any rate, that the man will reply to my query, because I have such faith in his discoveries.
>
> Should I, contrary to expectation, receive no reply, and you are able to enlighten me on this subject, I should be most obliged. Yours most respectfully ...[119]

This letter is evidence of a substantial degree of autonomy on the part of the patient vis-à-vis the doctor treating him. Schuster quite independently invokes a champion of a different therapeutic method for, essentially, a second opinion about an important decision. Thus, he is making use of a rival offer available in the medical marketplace; he even has the effrontery to ask the founder of homoeopathy for information about magnetism.[120] The matter-of-fact manner leads to the conclusion that he was in full command of his dealings with Hahnemann. The asymmetry in the doctor–patient relationship is thus relieved somewhat by a doubling-up of the role of expert, allowing the patient to choose between different specialist opinions.[121]

Despite his new discoveries from Professor Hensler's two books, one of 77 pages, the other of 832 pages, both only recently published, Schuster's world had already changed fundamentally in late February 1835:

> At last I have acquired [!] a fiancée, mainly on your advice. However, on 19th August she will be only 16.[122] The reasons why I have chosen this particular young girl are the following. For several years I have been particularly kind to this girl, and despite the fact that I have received a number of proposals that cannot be faulted, each time it was as if it should not be, and I did not bother in the slightest about anyone else. This girl, however, was always in my thoughts, and I felt unconsciously at ease in her company. She is in fact growing relatively fast, being already 5 feet tall and having fresh red colouring in her face and on her hands.[123]

Significantly, this marriage project involved a girl of fifteen-and-a-half. Therefore, the age difference between the partners, which was not uncommon at the time, was designed to ensure the dominance of a man

who describes himself as being on the weak side. The literary topos of the choice of the fiancée, 'it could only be this one', scarcely conceals the desire for superiority through age.[124] As well as a feeling of wellbeing in the company of the fiancée, Schuster mentions first her physical growth and her health.

> However, she too has symptoms of the psora illness, as given overleaf, and I would ask you to be so good as to include her too, as well as myself, in the cure. Nevertheless, please write to say whether I may take her to the altar soon or only later, and when. Should this not be possible until later, kindly notify me on a separate sheet. This is in case she shifts the blame onto me and even accused me of insincerity or faithlessness and falsity.[125]

Accordingly, after the description of the marriage project, there follows a presentation of the fiancée as a psora case with a long list of relevant symptoms. This enables Schuster to describe her in medical terms, thereby, perhaps, attaining a position of particular medical distinction in the correspondence. At the same time, she is introduced into the existing doctor–patient relationship, possibly without been asked. It is difficult to imagine what the young woman made of her intended's curious desire to have her state of health examined and to involve her compulsorily in a cure.[126] A graduated relationship of trust with the doctor is highlighted immediately. The separate letter, with the medical 'leave to marry', serves three purposes. It calms the insecure recipient on a technical level, it protects the secrecy of the contents of the rest of the correspondence and, finally, it safeguards the cantor in the event of a negative decision: the doctor, as adviser, is to be the reason if the alliance does not yet come about. In the girl's list of psora symptoms, no. 19 is in fact: 'Gurgling and rumbling in the lower abdomen. Has not started her periods yet.'[127] The bride-to-be, at fifiteen-and-a-half, has not yet begun to menstruate: what sort of girl has the 32-year-old man chosen?

With regard to his own health, incidentally, the project is not, in Schuster's view, particularly beneficial, having neither a positive nor a negative influence: 'As for myself, the report is briefly this: that no new symptoms have appeared; however, the old ones, which I listed in my last report and which seemed to be on the decline before I started taking the new medicine, have recurred badly and are still present.'[128] However, the precision of the report has changed radically as the daily self-observation is reduced to a few lines. One possible inference is that Schuster's interest in his fiancée renders superfluous his previous meticulous self-observation. More importantly, the new situation also alters the authority relationship

with the doctor, whose treatment Schuster now criticises as never before:

> My assumption is that nos. 1 and 5 [of the packets enclosed] must have contained medicine.[129] Finally, please send only so many nos. [i.e. packets of medicine] as really contain the remedy, which is a request I have always wanted to make. One is then easier in one's mind and more confident about the process, and the contradictions that strike one as being present in homoeopathic therapy disappear. Conviction then accords with the principles. For me, many doubts have always arisen here and may have sounded a note of discord, possibly to my disadvantage. With deep respect, your most obedient Schuster.[130]

Notwithstanding the apparently subservient complimentary close, the patient is voicing substantial doubts about homoeopathy. On the one hand, he seeks to place himself on virtually the same level as the doctor by making assumptions about the contents of the packets. The secrecy with which the doctor surrounds the medicines prescribed, and whether or not the packets contain an actual remedy, Schuster finds less and less acceptable. He asks the doctor to alter his method of prescribing, sending only globules that have been impregnated with active substance. Apparently more serious, on the other hand, are reservations revealing Schuster's special faith in animal magnetism, which he mentioned in his first letter about the marriage project. The 'special report' on the fiancée commissioned by Schuster in parallel from Professor Hensler had not yet arrived when he wrote:

> As early as last year you advised me to get married, adding that without a wife I could not be completely cured. And I believed I felt this myself, indeed I was firmly convinced. So I proceeded to set about it. However, I found only one among many who really attracted me from the personal point of view or emotionally; but was this her living nearby and my seeing her often or did she have something special about her that drew me to her, which I put down to the magnetism of what to me was a beautiful face. In a word, I liked her for her poverty and, for me, lack of education above all other girls, with the result that I felt so good in her company and sought her out at every opportunity. Also, so many things occurred to me in many respects that, believing in destiny, I felt very much that she was meant for me.[131]

Here again, partnership is thought of as determined by fate.

> However, last autumn I bought the two books Professor Hensler wrote about magnetism, as I told you in my last letter, and what he said in them *I believed.* I therefore wrote to him in the autumn, asking him to determine what kind of magnetism I have and how one can tell the different kinds apart, but after three months had received no reply ... and now chose the said *15½-year-old*

> girl as my fiancée, but immediately wrote to Hensler again and now received the following reply. I quote: 'That marriage might be good for you I will not deny; nevertheless, I cannot advise you to undertake it, and the reason is your being unwell. If by allying yourself with a woman you gain *your health*, do you not think you will *take away* the woman's, in part or altogether? What will then be the use of your marital commitment if you have a sick wife? Will your happiness thenceforth be solidly founded, and yourself above reproach? My advice to you at any rate would be: first restore yourself to full health. After all, you are still a man in the prime of life, you need not rush into marriage out of other, additional considerations.'

The interesting point here is that the doctor should see the health of two persons as literally interrelated: if one gets better, the other must have got worse.[132]

Schuster goes on: 'Having read this, I greatly regretted the decision I had taken – all the more so, in fact, because my fiancée is still so young and her body not yet fully grown and fixed, as [it would be] if she were 4 or 5 years older. I immediately packed up two locks of my and my fiancée's hair to have Mr Hensler use a somnambule to test what kind of magnetism we have.' Hensler's reply is: 'I am now able to inform you that your magnetism is of a different kind from the girl's and the verdict of the somnambule is that you will not be happy with her in that as your wife she will sicken and there will then be strife between the two of you.'[133]

This medical advice has significant consequences for the marriage project and, hence, also for Schuster's gender-role management. The non-matching magnetism led to the project being abandoned. Rhetorically, initially this is dealt with by a certain devaluation of the bride-to-be as poor, uneducated, etc. Before, Schuster writes, this had all mattered less because, as he now knows, he had been 'blinded by love'. Since his decision the bride has told others of a certain distance vis-à-vis her intended, talking of parental pressure in favour of the match and of her having simply bowed to this. She had always put forward her tender age as an objection. Accordingly, Schuster writes:

> I was therefore left with no alternative but to break with her, and this has now happened – today, in fact, completely. You cannot imagine the irritation I felt throughout my engagement until today and the reproaches I levelled and continue to level against myself. Almost 50 talers worth of engagement presents, now abandoned, stretched me so much that I am now in no position to send you anything at all in fees and must therefore most sincerely ask you to have the goodness to be patient if I am able to send you the same only later, when I have recovered somewhat.[134]

Without giving further reasons, Schuster says peremptorily: 'Doctors should only give permission to marry in respect of 18-year-old women.' This could be interpreted as shifting the blame onto someone else in an attempt to explain his own reluctance to marry.

> And so I too should have waited at least six months after taking the last dose before looking for a fiancée, then perhaps I should not have made the mistake, because probably in my case it takes that much time before the symptoms stimulated [by] the medicine disappear and so to speak an inclination for most girls or for a woman at all drives one to marriage. Yours faithfully [*mit vorzüglicher Hochachtung*] ...[135]

The more distanced close to the letter should be noticed. Here, also, the connection between the patient's own scope for action as a wooer and with medicine is extremely close; the effects of taking his globules might have influenced previously the cantor to such an extent that he made a wrong choice of partner. In future, therefore, a fresh decision should not be taken until 'at least six months' after taking the last of his medication; a somewhat extreme idea of how long a remedy should be allowed to work.

The third point, namely that spending too much on engagement presents has left him unable to pay the doctor's fees, is interesting with regard to the doctor–patient relationship and the economics of male role fulfilment. Hahnemann always insisted on prompt and regular payment.[136] Schuster's situation seems almost to force him into a decision between the doctor as adviser in difficult predicaments and a woman. The area of responsibilities to be assigned to Schuster's life partner can be surmised from his correspondence with the doctor.

Finally, this letter also announces an inner and outer distancing of the patient from his cure. Only after a self-effected strengthening of the body, to be achieved without medication, is Schuster prepared to go a-wooing again. So far as his male identity is concerned, there are clear changes of emphasis in connection with fundamental life decisions. Even his physical condition is something that subsequently, within his social role fulfilment, he is going to assess more independently. To that extent, opting out of the cure implies a change from a collaborative, albeit doctor-dominated, model to one where the patient is sovereign. This is 'doing gender': henceforth Schuster will decide alone, without the doctor, his role as a healthy human being and as a man.[137] Significantly, this hinges on his choice of partner. The construction of gender roles clearly only works when a third party is involved.

## Conclusion

FIRST, THE WAY IN WHICH THE PATIENT construes his body and, hence, an important part of his identity as a man, emerges in discourse with the doctor and as a result of relevant practices. Medical models of the body are taken into account derived from books about humorology, dietetics, masturbation discourse and neurasthenics. Much the same can be observed in other correspondents of Hahnemann's, but with very different degrees of intensity not only among men but also among women. There appears to be no significant difference between the genders in this respect but further research is necessary to clarify this conclusively.[138]

Secondly, the patient's scope for interpreting their own physical experience is small because the doctor determines most of the relevant criteria for what is important. The patient, of course, has a series of possible actions such as postponing the cure, changing it, for example to magnetism, or finally breaking it off. Thus, it is incorrect to evaluate the doctor's discourse power as expropriation or alienation of the body.[139] Rather there is a reconstitution of the body in a discourse, not employed previously, that makes it possible to topicalise the body in an interaction with a specialist who, because of academic education, many probably saw as being of superior rank.[140] This discourse is in part learned outside and prior to the treatment situation itself, in part developed further through interactions within the doctor–patient relationship.

Thirdly, altogether the medical discourse, as in Michel Foucault's sense of a system of linguistic rules that declares specific observations to be important and correct, receives a central role as regards interpretation of self. An interpretation not just for everyday self-perception and living habits such as clothing and meals, but also for such fundamental life decisions as choosing a partner. In other correspondence in the archive, puberty disasters and entire family neuroses form objects of a medical discourse. Problems are dealt with in a medical idiom that, today, would be assigned to psychology and psychotherapy. This accords with the then very much broader concept of health held by doctors.[141] The distribution of power in the doctor–patient discourse is, of course, very unequal. The patient is completely engaged in such a discourse. The language in letters from Hahnemann's patients seems to be far more strongly characterised by medical terms than in the casebook assembled a hundred years earlier by Dr Storch.[142] The language of Hahnemann's patients, to a much greater extent, is iatrogenically disciplined.[143] At the same time, however, the discourse allows the patient as the discourse object to become a person who has a body and, of course, also is a body. Furthermore, Schuster's case shows how

opting out of a discourse formation, namely the cure, remains possible and, thus, the switch to another discursive and behavioural register appears. It can remain an open question here how many of the letter-writing patients of both genders become powerfully entangled in this discourse and how much identity potential the correspondence offers them.[144] There is much to suggest that the absence of someone to talk to locally enhances the role of the medical correspondent. At any rate, devaluing Schuster as a 'hypochondriac', someone who lives in his illnesses, leads no further.[145] Whether the homoeopathic form of case-taking was already, at that time, more attractive to patients with a heightened awareness of their own bodies than were rival methods, only comparative studies of these letters could clarify. Today this certainly seems to be the case.[146]

Fourthly, even beyond the case of Cantor Schuster from Lagow, which is especially interesting for his shyness and his marriage plans, an in-depth analysis of these patients' letters as a source for gender historians seems to be called for. No other large-scale source offers this kind of detailed self-observation and discursive self-constitution in medical discourse. It can be supplemented to advantage from other sources such as, in particular, private correspondence with slightly different points of emphasis.[147]

Finally, it has to be admitted that this source offers a great deal more than has been addressed systematically here. This is true with regard to all the medical aspects that lie outside the author's competence, but it also applies in respect of information about everyday living.

## Notes

1 Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart (IGM), Bestand Patientenbriefe (archive of patients' letters) (B) 321406, 1; the letter was probably delivered to the practice by Julie Tischmeyer, who was being treated at the same time, since Hahnemann's reply is also dated 26 October. Subsequent quotations are also from IGM B and are referred to only by item number and page number. Letters are quoted verbatim.

2 321113, 1.

3 331259, 1.

4 See the research proposal put forward in Michael Stolberg, '"Mein äskulapisches Orakel!" Patientenbriefe als Quelle einer Kulturgeschichte der Körper- und Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaft*, 7 (1996), 385–404.

5 Claudia Honegger, *Die Ordnung der Geschlechter. Die Wissenschaften vom Menschen und das Weib* (Frankfurt, 1991).

6 Thomas Laqueur, *Auf den Leib geschrieben. Die Inszenierung der Geschlechter von der Antike bis Freud* (Frankfurt, 1992); Tilman Walter, *Unkeuschheit und Werk der Liebe. Diskurse über Sexualität am Beginn der Neuzeit in Deutschland* (Tübingen, 1998).

7 Barbara Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730* (Stuttgart, 1987); more recently Maren Lorenz, *Kriminelle Körper – Gestörte Gemüter, Die Normierung des Individuums in Gerichtsmedizin und Psychiatrie der Aufklärung* (Hamburg, 1999).

8 Holger Böning and Reinhart Siegert, *Volksaufklärung. Bibliographisches Handbuch zur Popularisierung aufklärerischen Denkens im deutschen Sprachraum von den Anfängen bis 1850* (Frankfurt, 1990); Francisca Loetz, '"... nicht durch Einschreiten oder Zwang, sondern durch Belehrung und Warnung": Polyvalenzen als Modellelemente zur Erforschung der Volksaufklärung' in Anne Conrad, Arno Herzig and Franklin Kopitzsch (eds.), *Das Volk im Visier der Aufklärung. Studien zur Popularisierung der Aufklärung im späten 18. Jahrhundert* (Hamburg, 1998), 239–59; Martin Beutelspacher, *Kultivierung bei eigenem Leib. Alltägliche Körpererfahrungen in der Aufklärung* (Weingarten, 1986).

9 Uwe Rohlje, *Autoerotik und Gesundheit. Untersuchungen zur gesellschaftlichen Entstehung und Funktion der Masturbationsbekämpfung im 18. Jahrhundert* (Münster, 1991); Ludger Lütkehaus, *'O Wollust, o Hölle'. Die Onanie. Stationen einer Inquisition* (Frankfurt, 1992); Karl Braun, *Die Krankheit Onania. Körperangst und die Anfänge moderner Sexualität im 18. Jahrhundert* (Frankfurt, 1995); Karl Heinz Bloch, *Die Bekämpfung der Jugendmasturbation im 18. Jahrhundert. Ursachen – Verlauf – Nebenwirkungen* (Frankfurt, Berlin, 1998); Michael Stolberg, 'An Unmanly Vice: Self-Pollution, Anxiety, and the Body in the Eighteenth Century', *Social History of Medicine* 13 (2000), 1–21.

10 Karin Stukenbrock, *'Der zerstückte Cörper'. Zur Sozialgeschichte der anatomischen Sektionen in der Frühen Neuzeit (1650–1850)* (Stuttgart, 2001).

11 Sabine Sander, '"Ganz toll im Kopf und voller Blähungen ..." Körper, Gesundheit und Krankheit in den Tagebüchern Philipp Matthäus Hahns' in *Philipp Matthäus Hahn 1730–1790 (exhibition catalogue)* (Stuttgart, 1989), II, 99–112.

12 Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995); Martin Dinges, 'Schmerzerfahrung und Männlichkeit – Der russische Gutsbesitzer und Offizier Andrej Bolotow (1738–1795)', *Medizin, Gesellschaft und Geschichte* 15 (1997), 55–78; Martin Dinges, 'Soldatenkörper in der Frühen Neuzeit – Erfahrungen mit einem unzureichend geschützten, formierten und verletzten Körper in Selbstzeugnissen' in R. van Dülmen (ed.), *Körpergeschichten* (Frankfurt, 1996), 71–98.

13 Anne-Charlot Trepp, *Sanfte Männlichkeit und selbständige Weiblichkeit. Frauen und Männer im Hamburger Bürgertum zwischen 1770 und 1840* (Göttingen, 1996).

14 Stolberg, 'Mein äskulapisches Orakel!'; see also projects on Tissot in Lausanne and Haller in Bern, which include some correspondence from patients with the said doctors; see also Martin Stuber and Hubert Steinke, '"Die stumme Sünde" in der Fernkonsultation. Der Onanist Ivo Sutton schreibt dem Universalgelehrten Albrecht von Haller', *Traverse* 3 (1999), 172–80. One of the very few examples of such a correspondence from the twentieth century is used by Faure in the present volume; cf now Harry Oosterhuis, *Stepchildren of Nature. Krafft-Ebing, Psychiatry and the Making of Social Identity* (Chicago, 2000). On the subject of medical correspondence, see also Thomas Schnalke, *Medizin im Brief. Der städtische Arzt des 18. Jahrhunderts im Spiegel seiner Korrespondenz* (Stuttgart, 1997).

15 Hahnemann required such additional information about his patients in principle – and often received it. See, in this connection, Thomas Genneper, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wiecks in den Jahren 1815/1816* (Heidelberg, 1991), 38.

16 See also Stolberg, 'Unmanly Vice', 19–20.

17 The letter writers' background should be taken as the second edition of the *Organon der Heilkunst* (Dresden, 1829). On the question of Hahnemann's practice, see Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournals von Samuel Hahnemann* (2 vols., Heidelberg, 1998), 47 ff., 138. This excellently researched medical journal for 1830 is very close in time to Schuster's treatment.

18 See also Robert Jütte, 'Case Taking in Homoeopathy in the 19th and 20th centuries', *British Homoeopathic Journal* 87 (1998), 39–47.

19 On the medical aspect of Hahnemann's practice see, of course, Helene Varady, *Die Pharmakotherapie Samuel Hahnemanns in der Frühzeit der Homöopathie. Edition und Kommentar des Krankenjournals D 5 (1803–1806)* (medical dissertation, Munich, 1987) and Fischbach-Sabel, *Kommentar des 34*, though there is now a large body of literature to refer to. Reinhard Hickmann's instructive single-case

study, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996), is based on analysis of medical journals and letters; Genneper, *Als Patient bei Samuel Hahnemann*, offers a patient history extracted from three medical journals. Hanspeter Seiler, *Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis anhand ausgewählter Krankengeschichten* (Heidelberg, 1988) looked at a variety of cases from Hahnemann's practice over an extended period, while Rima Handley, *In Search of the Later Hahnemann* (Beaconsfield, 1997), discusses the Paris years. Cf. also Arno Michalowski, Sabine Sander and Karl Otto Sauerbeck, 'Therapiegeschichtliche Materialen zu Samuel Hahnemanns Pariser Praxis', *Medizin, Gesellschaft und Geschichte* 8 (1989), 171–96.

20 On the subject of Hahnemann's patient body, in so far as this can be reconstructed from the medical journals, see Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 23–44. A book that has appeared since is Kathrin Schreiber, *Samuel Hahnemann in Leipzig, Förderer, Gegner, Patienten: Das soziale Netzwerk der Homöopathie zwischen 1811 und 1821* (medical dissertation, Dresden, 1997); see also her contribution to the present volume. Fischbach-Sabel, *Kommentar des 34*, 29 ff., likewise notes an over-representation of the wealthy middle class in connection with consultations. A comprehensive sociology of the patient body writing the letters, coupling details gleaned from the letters with those given in Hahnemann's medical journals, remains to be written.

21 On this subject, see the recent publication by Maren Lorenz, *Leibhaftige Vergangenheit. Einführung in die Körpergeschichte* (Tübingen, 2000), 74 ff.

22 For a recent study of the perception of male physicality as fragile, see Walter, *Unkeuschheit und Werk der Liebe*.

23 For an assessment of current lay notions of sickness/health in 'modern' medicine, see Claus Bischoff and Helmut Zenz (eds.), *Patientenkonzepte von Körper und Krankheit* (Bern 1989); on the subject of gender-specific perceptions of pain, see Gillian A. Bendelow and Simon J. Williams, 'Natural for Women, Abnormal for Men – Beliefs about Pain and Gender' in Sarah Nettleton and Jonathan Watson (eds.), *The Body in Everyday Life* (London, 1998), 199–217. Interest in health was part of the constitution of the bourgeoisie, which different authors place anywhere between the late seventeenth and the twentieth centuries, according to Jonathan Watson, 'Running around like a Lunatic – Colin's Body and the Case of Male Embodiment' in Nettleton and Watson (eds.), *The Body in Everyday Life*, 163–79. For a more accurate pinpointing, see Manuel Frey, *Der reinliche Bürger: Entstehung und Verbreitung bürgerlicher Tugenden in Deutschland (1760–1860)* (Göttingen, 1997).

24 It was used for an individual case by Jörg Meyer, '"... als wollte mein alter Zufall mich jetzt wieder unter kriegen". Die Patientenbriefe an Samuel Hahnemann im Homöopathie-Archiv des Instituts für Geschichte der Medizin in Stuttgart',

*Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 3 (1984), 63–79; see also the more recent Christian Gehrke, *Die Patientenbriefe der Mathilde von Berenhorst (1808–1874). Edition und Kommentar einer Krankengeschichte von 1832–1833* (medical dissertation, Göttingen, 2000); an example of treatment by correspondence using sources from the Schwarzenberg archive is Walter Nachtmann, '"Ach! Wie viel 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; published 1989), 93–110.

25 To that extent documents written by patients are ideal material with which to fill with empirical content the transition demanded by Schmale from the history of body perception to gender history.

26 His greeting is actually untranslatably florid: 'Wohlgeborener Herr, Höchstverehrtester Herr Doktor'.

27 There is no direct evidence of moss chocolate in Samuel Hahnemann's *Apothekerlexikon* (2 vols. in 4 parts; Leipzig, 1793–99). However, under 'chocolate' we read that (as a drink) it 'is made easily digestible with herbs but then also has an inflaming effect, stimulating the sex drive' (*Apothekerlexikon*, Vol. 2/2, 167). Elixir of steel is not mentioned in the *Apothekerlexikon*; the entry 'water of steel' contains only a reference to 'mineral water' (*Apothekerlexikon*, Vol. 2/2, 273).

28 31076, 1 ff.

29 On this subject, see also Karl Heinz Bloch, *Bekämpfung*, 73–155.

30 31076, 4; 31333, 3.

31 The theoretical literature also deals with the theme of female self-gratification, but much less often – not least, apparently, because of its being less easily verifiable; Stolberg, 'Unmanly Vice', 12.

32 On the subject of the earlier roots of this discourse, see Walter, *Unkeuschheit und Werk der Liebe*, 396 ff. Stolberg, 'Unmanly Vice', 7, also notes its attractiveness for introspection of a pious nature, which may have covered Schuster's case. For a general study, see Martin Dinges, 'Sexualitätsdiskurse in der Frühen Neuzeit', *SOWI (Sozialwissenschaftliche Informationen)* 24 (1995), 12–20.

33 31333, 5.

34 31209, 4; on the semiotics of homoeopathy, see Volker Hess, 'Samuel Hahnemann und die Semiotik', *Medizin, Gesellschaft und Geschichte* 12 (1993), 177–204.

35 In this connection, see also two recent publications: Mathias Wischner, *Fortschritt oder Sackgasse? Die Konzeption der Homöopathie in Samuel Hahnemanns Spätwerk (1824–1842)* (Essen, 2000), 75 ff.; Andreas Wegener, 'Hahnemanns Theorie der chronischen Krankheiten', *Zeitschrift für Klassische Homöopathie* 44 (2000), 223–30 and 45 (2001), 29–38.

36 Both quotations from 321171, 8.

37 *Quarren*, like the more normal word *Quallen*, means 'bringing up with difficulty a tough, jelly-like discharge from the throat'; see Max Höfler, *Deutsches Krankheitsnamen-Buch* (reprint; Hildesheim, 1970), 486.

38 31333, 7; 31076, 4; later he writes of a 'general weakness and dryness of my body [*Körper*]' (31209, 4).

39 31076, 6; 31399, 2; similarly, 'flesh on my fingers unusually withered' (31568, 2).

40 31783, 12.

41 31333, 8.

42 31568, 4; 31568, 3.

43 31568, 6.

44 31568, 2.

45 31333, 7; 31209, 3. See also the list of symptoms in Duden, *Geschichte unter der Haut*, 109.

46 31399, 2.

47 31568, 4.

48 A similar example are Schuster's 'pains in thumbs as if from cramp' (31568, 4); see Monnica Hackl, *Als-ob-Symptome in der Homöopathie: Repertorium und Materia medica* (Regensburg, 1986). On the subject of metaphors in descriptions of illness, see Duden, *Geschichte unter der Haut*, 108; Jutta Dornheim, '"Mein Körper – wie eine Picasso-Figur." Zur Funktion von Sprachbildern in Gesprächen über Krankheit und Befinden', *Der Deutschunterricht* 6 (1987), 83–101.

49 As in 'Hämoroidalanfälle oder Afterschmerzen' ('attacks of hæmorrhoids or anal pains') (31333, 3).

50 32275, 3.

51 31333, 8.

52 31333, 7.

53 31568, 6.

54 31568, 4.

55 31209, 2. The subject already played a major role in Hahnemann's early practice; see Varady, *Pharmakotherapie*, 205 ff.

56 31209, 4.

57 31568, 3.

58 Peter Voswinckel, *Der schwarze Urin. Vom Schrecknis zum Laborparameter* (Berlin, 1993). For the increasing importance of the stethoscope (which Hahnemann himself used in Paris) as a new diagnostic tool mediating impressions from inside the body, see Jens Lachmund, *Der abgehorchte Körper. Zur historischen Soziologie der medizinischen Untersuchung* (Opladen, 1997), esp. 76 ff. On the subject of physical examination in Hahnemann's practice, see Genneper, *Als Patient bei Samuel Hahnemann*, 47 ff.; Fischbach-Sabel, *Kommentar des 34*, 76.

59 31568, 6.

60 31783, 3.

61 31783, 8.

62 31568, 3.

63 31568, 2; 31783, 2.

64 31783, 3; 31783, 3; 31783, 8.

65 31783, 4; 31783, 5.

66 31783, 9.

67 31568, 3.

68 31568, 5.

69 31783, 2.

70 31783, 11.

71 32038, 2.

72 331259, 10.

73 31209, 3.

74 31333, 8.

75 31568, 4.

76 31333, 8.

77 30176, 4.

78 Franz Hartmann, *Diätetik für Kranke, die sich einer homöopathischen Behandlung unterwerfen* (Dresden and Leipzig, 1830), 25.

79 31209, 2. On the importance of diatetics in Hahnemann's practice at the time, see Fischbach-Sabel, *Kommentar des 34*, 122 ff.; more generally, see also Heinz Eppenich, 'Diätet(h)ik und Homöopathie', *Klassische Homöopathie* 37 (1993), 65–75.

80 31399, 2; see also Fischbach-Sabel, *Kommentar des 34*, 123.

81 32038, 10.

82 31333, 6. Changes of appetite are also monitored: 'Ravenousness has diminished' (31209, 3). On the subject of appetite, see Fischbach-Sabel, *Kommentar des 34*, 62.

83 31783, 5.

84 31783, 8.

85 31209, 2.

86 On this subject, see also Hartmann, *Diätetik für Kranke*, 111 ff.

87 31209, 4.

88 31333, 6 and 8; see also Hartmann, *Diätetik für Kranke*, 114 ff.

89 31568, 2.

90 32590, 7.

91 32028, 10.

92 See also Arthur W. Frank, *The Wounded Storyteller. Body, Illness, and Ethics* (Chicago, 1995), esp. 29 ff., 85 ff., 129.

93 31783, 9.

94 31783, 10.

95 32028, 10.

96 31399, 2.

97 32275, 3.

98 321545, 7.

99 35020, 8.

100 Bekker, *Onania oder die erschreckliche Sünde der Selbst-Befleckung mit allen ihren entsetzlichen Folgen, so dieselbe bei beiderlei Geschlecht nach sich zu ziehen pflegt ...* (Frankfurt and Leipzig, 1736/1751); see also Bloch, *Bekämpfung*, 106–52.

101 31076, 3.

102 321171, 2, 3 and 7. Schuster uses the term *krimmen*, which according to Höfler, *Krankheitsnamen-Buch*, 330, means the same as *jucken* (itch).

103 33441, 5 and 6; 35020, 7.

104 31568, 4; 31783, 11.

105 32275, 5; 33441, 8; Fischbach-Sabel, *Kommentar des 34*, 50, tells of a patient who wears a suspensory for his scrotal sack.

106 34036, 8; 34378, 14; 35020, 4.

107 31209, 2; the topic is very common in Hahnemann's treatment of patients; for an individual example, see Genneper, *Als Patient bei Samuel Hahnemann*, 52; Fischbach-Sabel, *Kommentar des 34*, 131.

108 Twice in 321171, 2; 33706, 7; see also 'emission without any sensation' (33894, 6).

109 33894, 1.

110 321545, 7.

111 32038, 10.

112 This does not match the descriptions of male sexuality ('having his will') that Roper arrived at for sixteenth-century Augsburg; see Lindal Roper, 'Will and Honor: Sex, Words and Power in Augsburg Criminal Trials', *Radical History Review* 43 (1989), 45–71.

113 32590, 5.

114 32590, 5.

115 34378, 14.

116 See, for example, Fischbach-Sabel, *Kommentar des 34*, 127. The same advice was given to women.

117 33126, 8.

118 The first work by Philipp Ignatz Hensler is *Ueber Wirkungen des thierischen Magnetismus auf Menschen und Natur, und über die Wichtigkeit derselben in ärztlicher, rechtlicher, philosophischer, religiöser und weltgeschichtlicher Hinsicht und in Bezug auf das gesellschaftliche Beisammenleben* (Würzburg, 1832). The second is *Ueber die verschiedenen Arten des thierischen Magnetismus und ihre verschiedenen Wirkungen auf den Menschen im kranken Zustande. Eine Nachweisung aus den in der Literatur des Magnetismus niedergelegten Erfahrungen, mit beigefügten Erläuterungen und eigenen Versuchen* (Würzburg, 1833). The spelling of the author's surname varies in the printed sources between 'Hensler' and 'Henszler'.

119 35020, 10–12; see also Heinz Schott (ed.), *Franz Anton Mesmer und die Geschichte des Mesmerismus* (Stuttgart, 1985).

120 Hahnemann knew what he was talking about here, having practical experience of mesmerism himself; see Genneper, *Als Patient bei Samuel Hahnemann*, 92 (33 per cent of the treatment used mesmerism); Fischbach-Sabel, *Kommentar des 34*, 120 ff. (also with its fluctuating valuation in the *Organon*); Hickmann, *Das psorische Leiden*, 406. He also regarded mesmerism as extremely important; for a general view, see Heinz Eppenich, 'Samuel Hahnemann und die Beziehung zwischen Homöopathie und Mesmerismus', *Klassische Homöopathie* 4 (1994), 153–60.

121 There are similar examples of the parallel use of various healers in Duden, *Geschichte unter der Haut*, 114 ff. Courteous patients notify Hahnemann of the reasons for a change of doctor, such as local availability in the case of someone with knee trouble; see Gehrke, *Mathilde von Berenhorst*, 87. In other words, such choices for patients are by no means a postmodern phenomenon; see the comparison of such positions in Gunnar Stollberg's contribution to the present volume.

122 The letter is dated 25 February 1835.

123 35097, 1.

124 On possible literary models, see Helmut Pfotenhauer, *Literarische Anthropologie. Selbstbiographien und ihre Geschichte – am Leitfaden des Leibes* (Stuttgart, 1987). On the contemporary background of sexual experience (albeit in a student milieu), see Renate Müller, *Ideal und Leidenschaft. Sexuelle Sozialisation der akademischen Jugend im Biedermeier* (Berlin, 1999).

125 35097, 1.

126 Schuster had already, briefly, asked Hahnemann to treat other women, first his mother and then his younger sister. In the process he had shown particular irritation at the fact that the latter (she was his junior by three years) had concealed a pregnancy from him.

127 35097, 2.

128 35097, 3.

129 Hahnemann sent his patients numbered packets, the contents of which were to be taken on specific days. Not all of them contained globules impregnated with medicine; some contained placebos. This was Hahnemann's way of ensuring that drugs could 'take proper effect' (*'auswirken'*) while at the same time, because of the habit of taking the medicine regularly, patient compliance remained high.

130 35097, 3.

131 This and the following quotation are from 35167, 1–3.

132 The formal parallel to the gender concept suggests itself.

133 35167, 4.

134 35167, 8.

135 35167, 6.

136 Fischbach-Sabel, *Kommentar des 34*, 33 ff., also on social grading; see also Jütte's contribution to the present volume.

137 Nothing could be found in the relevant Polish archives regarding Schuster's further career; the register of births, deaths, and marriages for his municipality and the relevant ecclesiastical staff records have not survived.

138 Another question that cannot be answered is how 'typical', not to say 'representative', Schuster's complaints are as regards men of his age and of his time. The lists of patients (with symptoms) given in Fischbach-Sabel, *Kommentar des 34*, 141 ff., for example, mainly reflects the very wide range of symptoms that Hahnemann treated.

139 To that extent the following points of emphasis in Duden were also still too one-sided: 'Even so, the new body is no insinuation of the doctor's. It arises as self-attribution of a need on the part of a social class and exerts "gentle force" at most downwards. The concept is loaded with explosive political significance. Health as goal of individual welfare harbours the context of administration and objectivisation of a national body out of which it emerged' (Duden, *Geschichte unter der Haut*, 26). 'The vague physicality of popular culture becomes offensive during the course of the eighteenth century, and this happens more and more as the new creation of a "bourgeois body" progresses and a network of Enlightenment writings holds up for inspection the relationship between body and environment. The impulses contributing to the recreation of the body are exceptionally complex and both as regards their implementation and with respect to the social relationships embodied in them have yet to be adequately researched' (Duden, *Geschichte unter der Haut*, 32). All this becomes less surprising if we take into account as a matter of course the demand for health from below and the behaviours of 'patients' as crucial factors in historical development This does not prevent the new body around 1800 from being interpreted as the product of self-attributions on the part of the urban middle classes, thoroughly equipped by the upwardly mobile doctors with interpretative

potential – under the heading 'medical public information' (see note 8 above). Such self-attributions may at the same time have coincided with functional requirements of the state view of society, otherwise known as 'medical policy' (on this subject, see most recently Martin Dinges, '"Medicinische Policey" zwischen Heilkundigen und "Patienten", 1750–1830' in K. Härter (ed.), *Policey und frühneuzeitliche Gesellschaft* (Frankfurt, 2000), 263–95) – or been interpreted with Foucault as biopolitics.

140 This proposition is also argued by Frank, *Wounded Storyteller*.

141 On this subject, see also the subtly differentiated compilation of 'mood symptoms' in Varady, *Pharmakotherapie*, 334 ff.

142 See also Duden, *Geschichte unter der Haut*, 123 ff.

143 This does not of course prevent patients even today from talking to doctors about illnesses in everyday language; on this subject, see for example Dietlinde Goltz, 'Krankheit und Sprache, Sudhoffs', *Archiv* 53 (1969), 225–69. Linguistic styles seem to be strongly influenced by the medium of communication (written/oral), and the proposition that over the course of history language took on an increasingly iatrogenic colour should undoubtedly be differentiated with regard to the occasions prompting utterance.

144 From the standpoints of gender history and medicine, closer attention would need to be paid to those situations in which, for example, men write to Hahnemann, sometimes instead of their wives, sometimes supplementing their wives' letters. Such additional information from other persons was something the doctor was fundamentally in favour of. Usual causes and possible modifications of the matter reported could be informative; see for example Gehrke, *Mathilde von Berenhorst*, 75 ff., on the wife's breast-feeding problems.

145 Esther Fischer-Homberger, *Hypochondrie. Melancholie bis Neurose: Krankheiten und Zustandsbilder* (Bern, 1970).

146 Gabriele Förster, *Homöopathie und Krankheitserleben: Die Suche nach dem Sinn* (Münster, 1993) 126, 128, 148; see also Ulrich Gregor Schultheiß and Thomas Schriever, *Warum gehen Patienten zum Arzt mit der Zusatzbezeichnung Homöopathie oder Naturheilverfahren?* (medical dissertation, Ulm, 1991) with reasons for the switch away from orthodox medicine (122) and on the patient's attitude towards illness during treatment (34).

147 On this subject, see also for example Rebekka Habermas, *Frauen und Männer des Bürgertums. Eine Familiengeschichte (1750–1850)* (Göttingen, 2000), 372 ff.; see also the article by Günther and Römermann in the present volume.

# Children as Patients in Early Homoeopathy

*Iris Ritzmann*



'BUT VERY DEFINITE ADVANTAGES are presented by the homoeopathic method in the treatment of children's illnesses, if only because children show no reluctance in taking the almost entirely tasteless medication and because they receive such small doses at such infrequent intervals.'[1] So wrote Georg August Benjamin Schweikert (1774–1845) in his 1825 essay in defence of homoeopathy. Indeed, during the early years, homoeopathic treatment seems to have been particularly well suited to children compared with other types of treatment available at the time and often described as heroic. Nevertheless, does corresponding evidence exist that homoeopathy was used specifically for children?

Teaching texts and patients' letters to Samuel Hahnemann (1755–1843) can be examined to analyse the subject of children as patients of early homoeopathy. How, when, and in what manner were children perceived, described and treated by their adult environment? Although these questions cannot be answered immediately it should be possible to demonstrate the areas which medical historians could pursue further. Evaluating the sources highlights a very specific problem as children, unlike adults, are not able to talk about their diseases and certainly have no opportunity of committing their feelings to writing. For an account of their illnesses, there is thus a necessity to rely on the description provided by the adults closest to them; usually the parents or the doctor. Consequently, in homoeopathy as in other medical systems, children always form a special group of patients. The description of symptoms which, in homoeopathy, is the principal

element in establishing the diagnosis and determining the treatment, occurred mainly through adults. Consultation by correspondence represents an extreme case in this connection since, by definition, it rules out any direct communication between the child and the therapist.

## Hahnemann's Attitude to Children

THE IDEAS OF THE ENLIGHTENMENT influenced the most disparate medical theories of the late eighteenth century and traces of them can be found also in Hahnemann. Certainly, Hahnemann addressed the subject of 'children'. In 1796 he published a German edition of Rousseau's essay *Sur l'Éducation des Enfants*,[2] complete with supplements.[3] The text reflects Hahnemann's own views as he stated in an introduction that, wherever he had found shortcomings or errors in the original, he had rectified or improved them. In general, Hahnemann's ideas about child education largely follow those of Rousseau. The 'physical education' that was concerned with children's health and formed a constant component of educational texts of the period was bound up very closely with ideas of hygiene and medicine as well as with moral ideas. As other doctors of his day, Hahnemann took an idealistic view of nature. In the area of hygiene, this prompted demands that had been formulated in the medical literature well before Hahnemann. Children should be suckled by their own mothers, wear loose nappies, not be mollycoddled and, so far as possible, grow up in fresh air, because 'stale indoor air' made children ill.[4] However, the extent to which this attitude found expression in Hahnemann's practical work is questionable. The philanthropy that characterised Enlightenment thinking is not as apparent in Hahnemann's work as it is in other medical authors of the period. In addition, his educational ideal cannot be described as progressive in the modern sense. Following the custom of the time, Hahnemann recommended repeated use of 'harsh words and the cane' against 'obstinacy and boisterousness' or 'malice' so that the evil might be 'permanently eradicated'.[5]

## Hahnemann's Earliest Treatments of Children

EVEN IN HIS PRE-HOMOEOPATHIC PRACTICE Hahnemann treated children, at least his own. In 1795 he reported, in Blumenbach's *Medicinischer Bibliothek*, treating a case of cradle cap in his children. Suspecting that the rash was caused by tiny creatures, he wrote: 'If it is skin insects that bring about this malady, what harm can there be in killing them, so long

as we do so with drugs that have no power to harm the body itself?'[6] According to Hahnemann, to prevent various maladies he had kept his children completely separate from the other village children. They were always required to keep a certain distance, which seems to have been effective for months. However, Hahnemann discovered that they did have contact with a neighbour's boy who suffered badly from cradle cap. The boy had forced himself on his children and his eldest daughter, aged 12, had voluntarily kissed the intruder and, subsequently, developed infected blisters on her lips. Hahnemann waited until all three children exhibited the same cradle cap and then brushed the affected places with a solution of Hepar sulphuris.[7] The malady, he says, was stopped and cured. This treatment was not based on any homoeopathic principle since, as Hahnemann reported, because it 'is known to cause sudden death in most insects'. In other words, it was a remedy selected according to the principle of 'contraria contraribus'; it was directed against the insects as the cause of the illness. In this account, Hahnemann's attitude towards sick children goes beyond treating his own children as neighbouring children were also 'horribly affected with cradle cap.'[8] However, he did not treat these children although he was aware of a remedy against cradle cap even before discovering Hepar sulphuris solution. He wrote that he had cured all his four children and 'afterwards tried to protect them against infection with the condition'. Unlike the inoculators who, steeped in Enlightenment philanthropy, treated poor children free of charge,[9] Hahnemann felt no obligation to cure the village children.

Nevertheless, children played a not unimportant role as patients of Hahnemann. In 1800, Hahnemann developed his first homoeopathic child remedy, which achieved remarkable popularity.[10] He referred to this medicine for preventing scarlet fever as a 'gift granted to me by the world's Providence'. However, he was not prepared to reveal the composition to all the parents, only to the future purchasers of a treatise on the subject.[11] When such behaviour provoked criticism, Hahnemann published a further announcement, promising 'a solution for mankind in its present sufferings that will vouch for the tenderness of my feeling for human wellbeing.' Purchasers only, not simple subscribers, would receive 'such a powder enclosed free of charge – enough to make several thousand persons immune against scarlet fever.'[12] The promised treatise, a slender brochure, was published a year later,[13] revealing that the mysterious preparation consisted of a belladonna solution which, when 'stirred vigorously into any drink with a teaspoon' every three days, was supposed to produce an unerring effect.[14] For publicity purposes, Hahnemann illustrated his treatise with a series of highly effective anecdotes of prevention and cure. Even 10

years later, the *Organon* contained a relevant success story. In 1801, he had inoculated children in Konigslutter against scarlet fever, using minute doses of belladonna and, in the next epidemic, not one of them had fallen ill.[15] In fact, the new preventive remedy against scarlet fever did not meet with universal enthusiasm and a violent controversy broke out, not only because of Hahnemann's sales strategy but also because of the high failure rate of belladonna. Hahnemann defended his invention by arguing that the critics were confusing scarlet fever with another mysterious illness known as 'purples' or military fever.[16] However, since scarlet fever was not only a very common but also a very dangerous illness, the medicine remained in heavy demand despite the critics. Later, with his belladonna preparation, Hahnemann made his first successful breakthrough with a homoeopathic remedy for children.

Whom had Hahnemann sought to address in propagating his medicine? The link with his publication shows clearly that his target audience must have been well-to-do parents who purchased and read medical essays and were prepared to spend money not only for treatment for their sick children but also for a preventive preparation. Thus, Hahnemann's motive seems to have been not so much the salvation of children as simply making money. In a state of great penury in the same year, he had also sold a 'new alkaline salt' that subsequently turned out be normal 'borax'.[17] This raises the issue as to what goals did Hahnemann pursue? In relation to the homoeopathic treatment of children, two further questions emerge. Among what population groups was there a demand for children's medication? Are there any connections to the spread of homoeopathy?

## The Child in Early Homoeopathic Literature

SINCE THE ENLIGHTENMENT, childhood illnesses had been attracting more and more attention throughout the medical world. There was a new view among those concerned with population policy, who saw children as guarantors of a strong state, and, with expanding industrialisation, child labour played an important role. It was also connected with the pedagogically inspired philosophy of the age. The eighteenth century had seen the appearance of numerous works on health provision for children, some directed at professional medical personnel, doctors, surgeons, midwives, etc.; others written in the Enlightenment spirit sought to inform the general public, in this case about the prevention and treatment of childhood illnesses.

How did homoeopathy compare with contemporary medicine in the

treatment of children? As with humoral pathology and other eighteenth- and early nineteenth-century systems, homoeopathy did not specialise in particular areas of medicine. Even subsequently, in contrast to the burgeoning natural sciences, it continued to cling to its non-specific approach.[18] Most general homoeopathic texts included directions on which remedies were to be used against scarlet fever, smallpox, whooping cough or other childhood illnesses.[19] Without developing a special children's treatment, such descriptions join accounts of other illnesses. This undifferentiated inclusion of children occurs also in non-homoeopathic medical literature. However, in such literature, this is found mainly in the eighteenth century, whereas the early decades of the nineteenth century saw child medicine beginning to evolve as a distinct discipline.[20]

The 1820s saw the publication of the first few homoeopathic writings on the treatment of children.[21] These did not see themselves as original textbooks, but mainly as collections of remedies that young brides or mothers-to-be might use at home. The implication is plain in such titles as, for example, Caspari's *Catechism of conduct for young women during their first pregnancy and delivery, as well as during their confinement, to teach them to avoid whatsoever might harm them and their children [...].*[22] They were aimed at a very specific public, young female readers whose husbands might buy them such a book. In terms of content, they were mainly about pregnancy, childbirth and feeding babies. The narrow gap between doctor and layman, so clearly prevalent in such 'domestic manuals', suggests that they are linked with the medical instruction pamphlets of the eighteenth century. Homoeopathy had a further close connection with eighteenth-century medical systems in the characterisation of the nature of the child. Such views were never presented systematically, but they appear in the occasional marginal note within homoeopathic literature.[23] The primary characteristics of the infant constitution, clearly distinguishing it from that of the male adult, were seen as sensitivity and weakness. Conversely, entirely in accordance with eighteenth-century academic medical opinion, the constitution of women was regarded as being very similar to that of children.[24] *Hahnemann's Handbook for Mothers* of 1796 propagated the constantly repeated 'sensitivity of fibre' said to characterise the physical nature of children. Both characteristics, sensitivity and weakness, were inherited from the theory of 'sthenic' and 'asthenic' stimuli. This concept of the body, the 'nervous strength' posited by William Cullen (1710–90) and continued in Brownian theory, was the object of vigorous discussion in the late eighteenth century and won privileged acceptance in the earliest Enlightenment educational models. While it disappeared gradually

from non-homoeopathic medicine during the first 20 or 30 years of the nineteenth century, it continued to determine homoeopathy's understanding of the child into the twentieth century.[25] The continuing persistence of this traditional view of children in homoeopathy is associated undoubtedly with the latter's strongly traditionalist approach and with its own extreme sensitivity to changes in the original concept.[26]

## Homoeopathic Child Medicines

AMONG THE EARLIEST DESCRIPTIONS of homoeopathic treatment of children are the cures reported in the *Archiv für homöopathische Heilkunst* published by a German medical society in 1822–26. Drawing on the material from the years 1822 to 1850 collected by Rückert and published in the middle of the nineteenth century,[27] Dr Jutta Müller studied the homoeopathic medicines used in treating children where approximately five to 10 per cent of the patients described were children.[28] Given this percentage, the question arises whether there was not a degree of 'specialisation' in children. However, special children's medicines consisted only in a simplification of the otherwise usual homoeopathic catalogue of medication. Aconite, belladonna and sulphur were prescribed for preference for the common, life-threatening illnesses. Chamomilla and calcium carbonicum might also be described as favourites, though without a specific 'materia medica' being developed for the childhood years. The selection of child remedies was very much smaller than that of adult homoeopathy. This lack of differentiation could be interpreted as indicating that the child was perceived as having a 'simpler' constitution. In homoeopathic theory, the condition of the child was regarded as incomplete. 'Being a child' was seen more-or-less as an ailment to be overcome, a common view in eighteenth-century medicine.[29]

In the early years of homoeopathy a special place was occupied by cowpox vaccination. Hahnemann was deeply impressed by this procedure, which was practised chiefly on infants. On the basis of his theory, he considered smallpox vaccination to be a remedy that might also 'suspend' other childhood illnesses such as measles, mumps and scarlet fever.[30] Vaccination induced an artificial infection with cowpox that gave the patient similar symptoms, skin eruptions, to the dreaded illness itself, as of course did not only happen with smallpox. Probably, Hahnemann hardly ever performed vaccinations. Even if the effect could be attributed to the 'law of similars', the mode of administration was not compatible with his ideas. As he was not acting as a vaccinator, his recommendation makes

him seem to be taking advantage of others. What thoughts might he have had in this connection? Possibly his enthusiasm stemmed partly from the image of such intervention, which most people in the early nineteenth century, particularly among better-off families, viewed as progressive. By claiming that vaccination proved the correctness of his theory, Hahnemann was able to paint himself in a progressive light and, at the same time, to pass off his theory as proven.

## The Letters to Hahnemann as a Source

THE ARCHIVE OF THE INSTITUTE for the History of Medicine of the Robert Bosch Foundation houses a collection of more than 5,500 letters from patients. They are addressed to Hahnemann and they stem from the period 1831–35, when Hahnemann was practising in Köthen.[31] The *Findbuch*[32] has been used to select letters in which the patient was described as a 'child'.[33] The selection comprised 22 letters in which a total of 16 children were described as patients. With the exception of one young woman of 17, the children were aged between a few weeks and 10 years, although most of them were still infants or toddlers. The letters were principally written by the parents; a few were written by close relatives and friends and, in one instance, the writer was a surgeon. The margins of these documents almost invariably contain notes that give clues to Hahnemann's treatment recommendations and to the principal symptoms. A second category of documents in this collection was practice notes by Hahnemann written on separate sheets, some of which have been included in the analysis. Sometimes medical histories could be traced through other documents and, thereby, to follow them over a certain period. The letters provide an insight into the perception of sick children from the viewpoint of the adults in their lives. They describe the young patients' symptoms, usually in detail, and they often contain diary-like reports in which, at Hahnemann's prompting, parents provided daily information about the course of the illness concerned.

In the early days of homoeopathy, unlike present-day practice, most children were treated in emergency situations. Not surprisingly, because the high mortality rate among children was mainly the result of infectious diseases, parents regarded acute fevers as dangerous. Only three sick children were not suffering from illnesses causing temperatures. One concerned a girl of 17 who had suffered from herpes since early childhood.[34] Two letters were from a surgeon who had approached Hahnemann for advice about a blind boy with paralysis.[35] The third exception in the type of illness

described occurs in one of Hahnemann's practice notes concerning a child with convulsions and paralysis.[36] At the time 'gouts', as such nervous convulsions were usually called, were one of the principal causes of death among newborn children. When they occurred in older children, they often indicated a chronic illness such as epilepsy.

## Who were Hahnemann's Youngest Patients?

MOST OF THE CHILDREN WERE WELL LOOKED AFTER and came from comfortable backgrounds. This was in some contrast to Hahnemann's adult patients.[37] It might be suggested that treating children was seen by Hahnemann, and possibly the medical treatment of children per se, as a luxury that only a small number of parents could afford. Among Hahnemann's practice memoranda, however, there are some notes about a shoemaker's child, though without an accompanying letter from the parents.[38] Possibly the parents, who were not from the upper bourgeoisie or the aristocracy, had not written to Hahnemann.[39] However, there is letter from a childless aristocrat who wrote on behalf of 'some poor people of my acquaintance' to consult Hahnemann about the treatment of an 18-month-old infant with whooping cough.[40] Given the high rates of infant and child mortality,[41] the death of a child was a sad but not unusual occurrence in the life of the average family. Irrespective of social structure, it seems that only in situations regarded as absolute emergencies would parents have turned to a doctor on account of a child. The degree of threat posed by the illness, together with the hope of a cure, probably constituted the chief criterion for involving someone other than the family doctor. Nevertheless, in contrast to only the very sick children who were referred to Hahnemann, sick adults with less dramatic complaints approached him as well.[42] So perceptions of illness differed, depending on whether children or adults were affected. The high rate of mortality presumably influenced not only the way parents behaved towards their sick children but also, from a quite different perspective, the inclusion of children in the clientele of doctors and other healers – children were high-risk patients who could suddenly die. Presumably, so far as the treatment of children was concerned, there was a gap in the market. As a result, parents were prepared to pay large sums and not to complain in the event of failure. It may be this market situation that explains why Hahnemann did not shy away from treating children. The documents regularly reveal a pronounced diffidence on the part of parents. In the spring of 1834, for example, Hahnemann received a letter from an extremely worried mother. All three of her children had

fallen ill with whooping cough, and the youngest, a girl, was only eight weeks old. Hahnemann prescribed a powder dissolved in water for the wet nurse.[43] However, two days later the father wrote: 'Our delight at the arrival of a little daughter was but short-lived.' Although the letter goes on to say that the infant passed away peacefully, there follows a description of a painful suffocation hardly suggesting a fatalistic acceptance of the infant's death. Yet, the reason why the father approached Hahnemann again was not to reproach the doctor nor to question the treatment. Rather, he was worried about his wife and asked for a remedy to assist recovery from her daughter's death.[44] The absence of any criticism of Hahnemann may have been a result of the father's unshakeable faith in the doctor as a person or in his teachings. It could be interpreted, equally, as the expression of a markedly hierarchical doctor–patient relationship. The letters reflect, in a moving fashion, how not only mothers but also fathers were emotionally involved in the fate of their children. One father was still listing his sick daughter's symptoms at three o'clock in the morning, purely to inform Hahnemann of her condition in the last hours before the letter was sent.[45] Other parents sat up all night at their sick children's bedsides, suffering with them when they were convulsed with fever, nearly suffocated from coughing, or underwent great pain, hoping against hope for some improvement.

## Treatment by Hahnemann and other Therapists

THE CORRESPONDENTS PLACED all their hopes in Hahnemann's remedies, even when those around them were of a different opinion. They wrote back delightedly when the child recovered, yet they levelled no reproaches when success was not forthcoming. From time to time they gave Hahnemann concrete hints regarding the generous fee that awaited him, as in the case of one aristocratic mother of six. When Hahnemann sent her his 'priceless' remedy, she wrote that his 'counsel and assistance' had been expended 'on no ingrate, that is certain ... And at the next opportunity I shall willingly and with gratitude settle my debt.'[46] Some letters make it clear that Hahnemann also saw children in his practice. A father of three children, all suffering from whooping cough, wrote that his eldest 'came with my wife to see you in Köthen'.[47] A patient description in Hahnemann's notes demonstrates that he examined the child himself because he records that the girl's left eye was red and had watered.[48] Lumps on the hands of a nine-year-old girl are described in letters written by an aunt, who felt responsible for her niece and connected the symptoms with an acute fever.[49]

Her letter included the strikingly diffident formula: 'May Sir forgive me if I perhaps write to you too often and unnecessarily, only I am not sure to what extent the cure calls for communications or renders them superfluous.'[50] Hahnemann had recorded, in a practice note three weeks earlier, that the girl had 'flakes on her head'.[51] He had examined the child before the illness had reached the acute stage. He may have given the aunt instructions to send detailed reports about changes in her niece's state of health, as she politely suggests only indirectly.[52]

Although homoeopathy had no theoretical child medicine of its own, Hahnemann's form of administering remedies for children did show some special features. The most striking is that many babies were to take the remedy in the milk provided by their mother or wet nurse.[53] There are many indications in letters from patients that Hahnemann prescribed powders for sick babies that the mother or wet nurse had to take to pass on the remedy, in the right form, in the milk a short while later. Thus, breast-feeding, an intimate experience between wet nurse or mother and child, became the connecting link between doctor and patient; maternal behaviour came under medical control. Reports of how babies reacted to breast-feeding were correspondingly detailed. 'After ingesting the first powder, the same [child] threw up 3 times in the morning, each time it took the breast.'[54] Elsewhere, a husband reported that his wife, following Hahnemann's instructions precisely, had breast-fed the baby half an hour after ingesting the remedy.[55] In addition to administration through breast milk, which Hahnemann always indicated by putting the words 'der Mutter' ('for mother') on the prescription, there was another peculiar feature of homoeopathic treatment of children: ingestion of remedies by 'olfaction', although this injunction does also occur in connection with adults.[56] Treating infants by holding an open vial, containing a pillule moistened with liquid medicine, under their noses appears to have been especially popular with parents. If the children were still in a weak condition, the parents got them to smell the vial in their sleep.[57] The consequences of these two forms of administration such as how far nursing mothers and wet nurses had their daily routine forced into a pattern imposed from outside cannot be determined here. However, neither form called for any change in behaviour by the child or by the responsible adult.

Treating children enabled the doctor to intervene directly in the daily life of a family. Parents often asked Hahnemann for more than simply medicinal assistance. The detailed record of the day's events, as ordered by Hahnemann, was followed by questions on the children's whole lifestyle. 'May the children go outside in warm weather, given these conditions?'

asked one mother.[58] Another wanted to know whether the rusk she was giving her child to eat would spoil the homoeopathic cure.[59] A third asked what she should do about diet and whether she might expose her coughing children to fresh air.[60] Clearly against Hahnemann's instructions, a fourth mother said she had found it necessary 'to change the child's underwear, but I did so very carefully and hardly think it can have done any harm'.[61] In the list of questions she appended to her letter she enquired impatiently 'whether the child may now be washed again and have fresh underwear?' The doctor's acquisition of influence in the various intimate spheres of family life, such as breast-feeding or changing underwear, had an effect on the relationship between parents and doctor. Possibly, he gained not only greater authority but also greater competence as he was now able to perform a function in healthy times as well.

The high value placed upon dietary rules in the homoeopathic treatment of children may also have affected the gender-specific treatment of boys and girls. In his *Handbook for Mothers* Hahnemann attached great importance to the functional differences between men and women. The physical constitution of women must satisfy the requirements of men; accordingly, 'the whole upbringing of women ... must relate firstly to men, secondly to the duties of mother and housewife. Pleasing men, serving them, being loveable in their eyes, bringing them up as children and, on their reaching adulthood, caring for them, counselling them, consoling them, making their lives easy and agreeable: such has ever been among the first duties of the female sex, to which that sex must be brought up from childhood on.'[62] Presumably, this attitude influenced the therapeutic lifestyle instructions issued to girls and boys. For example, one young female patient of Hahnemann was covered all over with a repulsive lichen. Pus flowed out beneath the dermis, disfiguring the young woman to such an extent that she became very unhappy and lonely, so her father wrote.[63] How was this girl to perform her function of pleasing men and being a good mother, for which, according to Hahnemann, a good constitution was an absolute requirement?[64] A focused investigation in this area might make a contribution to a gender-specific history of patients.

## Different Healers, Different Forms of Treatment

IN PRINCIPLE, HAHNEMANN TOLERATED no other treatment than his own; this could sometimes place parents in difficult situations. For example, one couple wrote that their 'allopathic'[65] family doctor wished to treat their barely three-year-old daughter, who was suffering from malaria, with

powdered quinine, but that they had 'naturally said nothing' to him about observing Hahnemann's treatment strategies 'to the letter.'[66] Other parents, however, also described methods of treatment that they were using alongside the homoeopathic method. An 18–month-old baby girl with a bad cough was given an application of Spanish fly, 'on the advice of the nurse',[67] a remedy used in humoral pathology. The irritant effect of Spanish fly was supposed to draw infected discharges out of the body; the child was also being treated with sea onions. Another mother gave a disappointing report on a consultation with a professor of medicine, who had assessed the condition of her child not as dangerous 'but as a normal manifestation in connection with whooping cough'. In other words, she ventured to question the professor's verdict, which did not correspond with her view. Nevertheless, she expressed herself to Hahnemann in quite different terms. Some of her friends had advised her 'to give the child with whooping cough a teaspoonful of Malaga each morning; but I dare not do so without medical approval'.[68] The qualification throws a very different light on her earlier self-confident statement. Does it suggest a markedly hierarchical doctor–patient relationship in homoeopathy? Perhaps the request for 'medical approval' was a gesture of submission vis-à-vis Hahnemann, and the same might be true of the negative description of the professor. However, the woman possibly had already a lower opinion of the professor than of Hahnemann. Other doctors consulted were mentioned also by the surgeon who wrote asking for expert advice. He said that his four-year-old patient, who had a head 'as large as a full-grown man's head', had been diagnosed by a number of doctors in various places as suffering from 'hydrocephalus' and subsequently from 'paralysis'. They had prescribed herbal baths and a liniment for therapy.[69] Such treatment conformed with the state of knowledge at the time, yet the surgeon appeared to be convinced that Hahnemann had something better to propose. Unfortunately, no further details about this boy are available, but the involvement of so many professionals with so serious, even hopeless, an illness does suggest a fairly wealthy family. Whether or not this was so, consulting a variety of therapists was typical in treating chronically sick children.

A particularly important place in the treatment of sick children was occupied by mothers. One woman wrote of her son's treatment: 'I have not let him have any more medicine for several days because it was not doing any good and I had lost faith in it.'[70] Some fathers also became involved in their children's sufferings. One example of this was a homoeopathic doctor who enclosed his descriptions of the illness 'as a sample', to prove his own skill. His account, besides listing the symptoms, also included an

explanation as to how the illness had come about. A wet nurse suffering from a weeping rash was, he said, to blame for the subsequent smallpox-like illness of the now two-year-old girl.[71] The same father complained to Hahnemann, a month later, that his wife, without his knowledge, had laid a tallow compress over the oozing pustules covering the child's hot little face.[72] In so doing, she had acted on her own authority and against Hahnemann's instructions.

## How Children were Described

THE WAY PEOPLE DESCRIBED CHILDREN was not confined to their symptoms but also took account of physical, mental and emotional characteristics which were seen as criteria for the course of the illness. Among the elements of child behaviour which were mentioned most frequently were calm and restlessness, being asleep and being awake, appetite, vomiting, digestion and excretion, skin colour, strength and weakness, heat and cold, even tongue coating and pulse.[73] In addition, such qualities as friendly, merry and bright, or stubborn were commented upon as, for example, when an aunt described it as a particularly good sign that her niece had begun 'to enjoy her toys'.[74] Men talked also about the feelings of sick children. For example, the surgeon mentioned earlier, writing to Hahnemann to report on the success of the medicines prescribed, cited his patient's emotional symptoms as signs of improvement: 'He is brighter and merrier in mood.'[75] The homoeopathic doctor likewise reported that his child was lively and in good spirits.[76] The extent to which Hahnemann also considered descriptions of mental and emotional states for therapeutic purposes requires more detailed analysis of the sources. However, examination of Hahnemann's notes and the passages in letters from parents underlined by him suggests that he took account only of what were regarded ordinarily as medically relevant indications, such as diarrhoea, temperature, vomiting and rash. He prescribed the same remedies for such symptoms, largely irrespective of individual characteristics. It may be that Hahnemann did not translate his own theory, which attached great importance to observing mental symptoms, into practice or did so only partially.[77] The effort parents expended on registering their children's moods, through detailed observation, seems out of all proportion to the value placed on such accounts by the therapist. The discrepancy between these different perceptions emerges also from a comparison of the emotional 'child-centred' accounts provided by parents and Hahnemann's own notes. The sick children included a 10-year-old girl who was not described by those closest to her but was mentioned in one of Hahnemann's practice notes. In

her first year one ankle was already giving her pain, the girl never learned to walk properly, she lost feeling in that foot, and eventually, as a schoolchild, she suffered convulsions throughout her body.[78] The medical particulars are described in detail, but Hahnemann makes no mention of any peculiarities of the girl's character or of emotional reactions to her serious illness.

The difficulty of describing children's feelings precisely is not only because of the limited linguistic powers of the children themselves, their own way of communicating, and their totally different perception of their own bodies; it also stems from the huge investment of time which is an absolute requirement for suitably careful observation. It is not possible to know how much time the letter writers took over their descriptions. Individual diary entries tell of episodes lasting for hours, describing how a particular child had a coughing attack, choked, how phlegm blocked up its nose and throat, how it tried to swallow its dry saliva, struggled, clung to grown-ups in its fear of death, how it turned blue, how it eventually, laboriously, managed to draw breath again and fell back onto its pillows exhausted.[79] Undoubtedly, one of the most difficult symptoms to grasp was pain. Often it is known that children are in pain from the fact that they cry. However, this does not necessarily occur, as in the case of 18-month-old Mathilde who 'wanted to cry, but her chest was so full and her voice so hoarse, also her sore mouth may have hurt, that she was unable to make a sound.'[80] A particularly detailed observation took what a nine-year-old girl said and related it to her normal experience of pain: 'the pain the child complains of so unsettles her that she does not tell us about lesser pains'.[81] The situation of the parent or other close adult as an intermediary between the sick child and Hahnemann presumably had a direct effect on the descriptions. Various factors can be inferred from these richly emotional letters. The parents' faith in homoeopathy, their often desperate hope that their meticulous descriptions would facilitate the correct choice of remedy, but also their powerful emotional bond with a helpless being whose survival is their responsibility. Thus, this body of sources constitutes a treasure trove for research studies that also takes into account emotions as factors influencing the course of events.

## Summary

CHILDREN AS PATIENTS HAD A ROLE in the early years of homoeopathy, although no specific child therapy existed. Hahnemann thought highly of preventive drugs against childhood diseases and treated children from well-to-do households. However, in comparison with philanthropically

minded professional colleagues, the financial motive appears to have predominated for Hahnemann. Later in his career, Hahnemann dispensed instructions to the parents of children who had fallen ill. They were required to administer medication to their children or, while breast-feeding, to take such medication themselves, to keep a detailed record of symptoms, and to determine their children's lifestyles in accordance with doctor's orders. This situation of dependence, where parents saw inappropriate behaviour on their part as possibly endangering their children's health, allowed the doctor a large measure of intrusion into the everyday lives of families. Although, in the last resort, parents could have determined at any time the manner of their children's treatment, it is possible to infer a largely uncritical attitude towards Hahnemann. That attitude, on the one hand, probably sprang from a somewhat reduced supply in the market for child medicine, matching the high rate of mortality among such patients, which might have jeopardised the healer's reputation. On the other hand, Hahnemann's clientele may be assumed to have been prejudiced in favour of his mode of healing.

In contrast to homoeopathic child therapy today, parents turned mainly to a homoeopathic doctor when their children contracted life-threatening diseases. A comparable, albeit opposite, development is observable in scientifically oriented medicine over the course of the nineteenth and twentieth centuries. Previously, it was required to deal mainly with chronic children's illness, but with growing professionalisation its province expanded to include acute conditions. Childcare was primarily the mother's responsibility, not surprising given the bourgeois family background. This meant, however, that, in the majority of cases, it was also the mother who decided what kind of medical treatment her child should ultimately receive. Most of the symptom diaries that parents sent to Hahnemann included highly sensitive and precise descriptions of their children's sufferings. The notes that Hahnemann wrote in the margins of such documents give the impression that he took no notice of any psychological symptoms, only underlining the ordinary medical symptoms and basing his therapy on those alone. This initial account of Hahnemann's youngest patients leaves many questions for future historians to answer.

## Notes

1 Georg August Benjamin Schweikert, 'Verdient die Homöopathie das Urtheil der Nichtachtung und Verdammung, welches bisher von so vielen Ärzten über sie ausgesprochen ist?', *Archiv für die Homöopathische Heilkunst* 4, 3 (1825), 63–83, 80.

2 Jean-Jacques Rousseau, *Sur l'éducation des Enfants* (Paris, 1793).

3 Samuel Hahnemann, *Handbuch für Mütter, oder Grundsätze der ersten Erziehung der Kinder* (translation of Rousseau, *Sur l'éducation des Enfants*, with introduction and amendments) (Leipzig, 1796).

4 E.g. Hahnemann, *Handbuch für Mütter*, 1–48.

5 Samuel Hahnemann, *Heilkunde der Erfahrung* (first Edition Berlin, 1805) (Ulm, 1958), 44 ff.

6 Samuel Hahnemann, 'Über den Ansprung (crusta lactea)' in *Medicinische Bibliothek, hg. Von Johann Friedrich Blumenbach* 3, 4 (1795), 701–05.

7 Hahnemann described this remedy as dried oyster-shell powder mixed with equal parts of sulphur, held at white heat for 10 minutes, then doused with warm water.

8 Hahnemann, 'Über den Ansprung', 702.

9 See, for example, Eberhard Wolff, *Einschneidende Massnahmen. Pockenschutzimpfung und traditionale Gesellschaft in im Württemberg des frühen 19. Jahrhunderts* (Stuttgart, 1998), 147–51, 370 ff.; Andreas Holger Maehle, 'Inokulation in Deutschland im Zeitalter der Aufklärung' in Ragnhild Münch (ed.), *Pocken zwischen Alltag, Medizin und Politik* (Berlin, 1994), 42–52; Werner Gottwald, 'Zur Lebensleistung und Persönlichkeit des des Görlitzer Arztes Christian August Struve (1767–1807)', *Würzburger medizinhistorische Mitteilungen* 18 (1999), 313.

10 On the discovery and sale of the scarlet-fever remedy, see Josef M. Schmidt, *Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie* (bis zum Organon der rationellen Heilkunde, 1810) (Munich, 1990), 68–70.

11 Samuel Hahnemann, 'Entdeckung eines specifischen, nie trügenden Verwahrungs- und Vorbauungs-Mittels des Scharlachfiebers', *Reichsanzeiger* 1, 18 (1800), Sp. 237–39; reprinted in Schmidt, *Philosophische Vorstellungen*, 68. The very title of Hahnemann's announcement, which included the words 'never-failing', spoke of the remedy's infallibility.

12 Samuel Hahnemann, 'Dr Hahnemann's fernere Erklärung über die Bekanntmachung seines specifischen Mittels gegen Scharlachfieber-Ansteckung', *Reichsanzeiger* 1, 108 (1800), 1389–91; reproduced in Schmidt, *Philosophische Vorstellungen*, 68.

13 Samuel Hahnemann, *Heilung und Verhütung des Scharlach-Fiebers* (Gotha, Nürnberg, 1801).

14 Samuel Hahnemann, *Heilung und Verhütung des Scharlach-Fiebers und Purpurfriesels* (3rd ed., Munich, 1857), 23.

15 Samuel Hahnemann, *Organon der Heilkunde* (1st ed.: *Organon der rationellen Heilkunde*, Dresden, 1810), (5th ed., Dresden and Leipzig, 1833), 99, n. 1.

16 In this connection, see Jutta R. Müller, *Entwicklung, Prinzipien und Methoden homöopathischer Behandlung im Kindesalter* (medical dissertation, Freiburg/Br., 1978), 5.

17 Samuel Hahnemann, 'Neues merkwürdiges Laugensaltz', *Reichsanzeiger* 2, 283 (1800), Sp. 3672. Allegedly, Hahnemann donated the proceeds from this supposed invention to a poor fund. See Schmidt, *Philosophische Vorstellungen*, 68.

18 See Volker Hess, 'Samuel Hahnemann und die Semiotik', *Medizin, Gesellschaft und Geschichte* 12 (1993), 177–204.

19 For relevant publications, see Müller, *Entwicklung*, 6 ff.

20 For a comparable source in terms of subject matter and of period, see the first standard work on child medicine: *Analekten über Kinderkrankheiten oder Sammlung auserwählter Abhandlungen über sämmtliche Krankheiten des kindlichen Alters. Zusammengestellt zum Gebrauche für praktische Ärzte* (4 vols., Stuttgart, 1837).

21 Particularly Karl Georg Christian Hartlaub (1795–1839) and Karl Gottlieb Caspari (1798–1828), who committed suicide at the age of 30, were among the pioneers of the homoeopathic treatment of children. Hahnemann subsequently distanced himself from all these authors, who actively championed the spread of homoeopathy. On the subject of the authors mentioned, see Renate Wittern, 'Einleitung' in Martin Dinges (ed.), *Frühzeit der Homöopathie. Ausgewählte Aufsätze aus dem 'Archiv für die homöopathische Heilkunst' aus den Jahren 1822 bis 1838* (Stuttgart, 1984), 196–222.

22 Karl Gottlob Caspari, *Katechismus des Verhaltens für junge Frauen während ihrer ersten Schwangerschaft und Niederkunft, so wie im Wochenbett, um alles vermeiden zu lernen, was ihnen und ihren Kindern schaden könnte; nebst einer Anweisung zur glücklichen Aufziehung der Kinder durch Ammen und andre Nahrung. Zum ersten Geschenk junger Ehemänner an ihre Frauen* (Leipzig, 1825); Gustav Wilhelm Gross, 'Ueber das Verhalten der Kreissenden und Wöchnerin, so wie des neugebornen Kindes in diätetischer und therapeutischer Rücksicht', *Archiv für die homöopathische Heilkunde* 10, 2 (1831), 3–72; *Das Verhalten der Mutter und des Säuglings vom Augenblicke der Empfängnis an bis zu dem Zeitabschnitte, wo sie Letzeren entwöhnt; in diätetischer und heilkundiger Rücksicht. Ein Taschenbuch für Neuvermählte* (Dresden and Leipzig, 1833); Karl Georg Christian Hartlaub, *Die Erziehung der Kinder. Ein Wort an Eltern und Lehrer* (Leipzig, 1829); second edition entitled *Der homöopathische Kinderarzt. Zum Hausbedarf für Aeltern, Lehrer und Erzieher* (Leipzig, 1829).

23 See Müller, *Entwicklung*, 14.

24 See, for example, L.B. Weickart, *Der homöopathische Arzt als Hausfreund; oder kurzgefaßte und deutliche Anweisung, wie man sich bei allen Krankheitsfällen sowohl Erwachsener als Kinder nach homöopathischen Grundsätzen zu benehmen habe* (Leipzig,

1834), 11, where children and women are described as 'delicate and sensitive individuals'. For further quotations, see Müller, *Entwicklung*, 20.

25 Müller, *Entwicklung*, 19, alludes to a tradition continuing into modern times. For example, with a quotation from Julius Metzger (1891–1976) dating from 1964, to the effect that Chamomilla particularly suited 'delicate natures, such as children and women'.

26 See in this connection Müller, *Entwicklung*, 64–66. Müller sees precisely this age-related and constitution-related concept as providing an opportunity for an individualising complement to modern medicine oriented towards the natural sciences. On the importance of these concepts so far as homoeopathy was concerned, see also Hans Joachim Schwanitz, *Homöopathie und Brownianismus, 1795–1844* (Stuttgart, 1983).

27 Theodor Johannes Rückert, *Klinische Erfahrungen in der Homöopathie. Eine vollständige Sammlung aller in der deutschen und ins Deutsche übertragenen homöopathischen Literatur niedergelegten Heilungen und praktischen Bemerkungen von 1822–1850* (5 vols., Dessau and Leipzig, 1854–61).

28 Müller, *Entwicklung*, 6 ff.

29 As an example, take this quotation from Arthur Lutze (1813–70): 'The child is in a state of becoming, something as yet incomplete, a shoot that is in the process of and capable of growing into a tree. The child is physically and mentally still as unformed as it is helpless; however, with regard to body and mind it is capable of the same extraordinary perfection. Just as the bud slowly unfurls the most beautiful flower and produces the most magnificent fruit, the child too is so organised physically and mentally as to be able to achieve the highest degree of human refinement. The child carries within it a treasure that is without parallel but that needs gradually to be uncovered and developed.' See Arthur Lutze, *Anweisungen für junge Frauen zum naturgemäßen Verhalten vor, in und nach dem Wochenbette* (Köthen, 1862), 103; quoted in Müller, *Entwicklung*, 16.

30 Hahnemann, *Organon*, 103–05. On this subject, see also Eberhard Wolff, 'Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth 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), 217–50.

31 In this connection, see the still relevant list drawn up by Jörg Meyer in '"... als wollte mein alter Zufall mich jetzt wieder unter kriegen." Die Patientenbriefe an Samuel Hahnemann im Homöopathie-Archiv des Instituts für Geschichte der Medizin in Stuttgart', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 3 (1984), 63–79, 76–79.

32 These records have been captured in a computer index at the Robert Bosch Foundation's Institute for the History of Medicine. Patient letters studied:

| Name | Age | Diagnosis |
|---|---|---|
| Baldamus, child<br>B 32822 (4 July 1832);<br>B 32896 (19 July 1832) | (6 months) | Cough |
| Braunbehrends, children<br>B 321706 (25 December 1832) | (1 year, 5 years, 8 years) | Whooping cough |
| Glafey, Adelheid von<br>B 32377 (4 April 1832) | (for a child) | Whooping cough |
| Gödecke, Mathilde<br>B 32682 (6 June 1832);<br>B 32688 (8 June 1832);<br>B 33100 (15 January 1833);<br>B 33132 (21 January 1833);<br>B 33146 (23 January 1833) | (9 months) | Cough, prickly heat |
| Harmening, girl<br>Louis and Wilhelm:<br>B 34264 (1 May 1834);<br>B 34268 (3 May 1834) | (8 weeks) | Whooping cough |
| Kahlkoff, shoemaker's daughter<br>E 321643 (7 December 1832) | (10 years) | Paralysis, cramps |
| Liebhold, boy, patient of surgeon<br>B 331221 (4 November 1833);<br>B 34132 (17 February 1834) | (4 years) | Paralysis, hydrocephalus |
| Luther, daughter of doctor<br>B 32131 (8 February 1832);<br>B 32261 (11 March 1832) | (2 years) | Rash, fever, cough |
| Moldenhauer, Auguste<br>B 33686 (15 May 1833);<br>B 33756 (1 June 1833) | ('little niece') | Rash, grippe |
| Saldern, von<br>B 33537 (9 April 1833);<br>B 33554 (14 April 1833);<br>B 33648 (2 May 1833) | (2½ years) | Chill, fever, grippe |
| Schoepke, daughter<br>B 34449 (30 July 1834) | (17 years) | Herpes |
| no surname given: Hermann<br>Wilhelm<br>Anna<br>B 31963 (9 October 1831) | (3 years)<br>(2 years)<br>(9 months) | Whooping cough |

33 The terms 'son' or 'daughter' did not necessarily refer to children and were usually used simply to record the family relationship of the person concerned, irrespective of age.

34 IGM (Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart), B 34449.

35 IGM, B 331221 and B 34132.

36 IGM, E 321643.

37 Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 35–37.

38 IGM, E 321643.

39 However, this supposition would require closer investigation on the basis of a comparison with Hahnemann's medical journals from the same period.

40 IGM, B 32377.

41 On the subject of infant and child mortality see, for example, Jörg Vögele, 'Urbanization, Infant Mortality and Public Health in Imperial Germany' in Carlo A. Corsini, Pier Paolo Viazzo (eds.), *The Decline of Infant and Child Mortality. The European Experience: 1750–1990* (The Hague, 1997), 109–27; Rolf Gehrmann and Maureen Roycroft, 'Quellen und Methoden der Mortalitätsberechnungen' in Arthur E. Imhof (ed.), *Lebenserwartungen in Deutschland von 17. bis 19. Jahrhundert* (Weinheim, 1990), 51–83, especially 80–83; Ines E. Kloke, 'Untersuchungsgebiete – Ortsbeschreibungen' in Imhof (ed.), *Lebenserwartungen*, 85–493, especially 199–201, 208–11, 448–64.

42 There is an example in IGM, B 34268.

43 IGM, B 34264.

44 IGM, B 34268.

45 IGM, B 33554.

46 IGM, B 321706.

47 IGM, B 34268.

48 IGM, B 32682 and B 32688.

49 IGM, B 33686 and B 33756.

50 IGM, B 33686.

51 IGM, E 33619.

52 Here, a comparative study of consultations by letter, on the one hand, and notes about direct encounters, on the other, could throw light on other aspects of the doctor–patient relationship.

53 See Samuel Hahnemann, *Die chronischen Krankheiten, ihre eigenthümliche Natur und homöopatische Heilung*, part 1 (Dresden, Leipzig, 1828), 234.

54 IGM, B 32896.

55 IGM, B 32688.

56 Olefactory remedies are described in Hahnemann, *Organon*, 296 ff., esp. §§ 288, n. 1. See also Samuel Hahnemann, *Vorwort zu Bönningshausens Systematisch-alphabetisches Repertorium der Antipsorischen Arzneien* (Münster, 1833), XXVII; Reinhard Hickmann, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996), 396 ff.

57 Described in detail in IGM, B 33146 and B 33537. There is a relevant passage in Hahnemann, *Organon* (1810/1833), 297: 'Infants have the same [the vial] held close to first one then the other nostril while they are asleep, and success is assured'.

58 IGM, B 34268.

59 IGM, B 32896.

60 IGM, B 321706.

61 IGM, B 33132.

62 Hahnemann, *Handbuch für Mütter*, 129. The same work stresses that, in connection with the prattle of young girls, it must not be sufficient to ask 'What good does it do?', because speech serves different purposes in men and women. 'A man says what he knows, a woman what pleases her; the former requires knowledge to speak, the latter taste' (*ibid.*, 150). In writing in this way, Hahnemann was certainly not being particularly mysogenistic; his image of women was entirely in line with the views of most of his contemporaries.

63 IGM, B 34449.

64 Hahnemann, *Handbuch für Mütter*, 129.

65 Allopathic is a derogatory term, in this context, denoting 'non-homoeopathic'.

66 IGM, B 33537.

67 IGM, B 32822.

68 IGM, B 31963.

69 IGM, B 31221.

70 IGM, B 321706.

71 IGM, B 32131.

72 IGM, B 32261.

73 IGM, B 33554. In this connection, see also Markus Mortsch, *Edition und Kommentar zu Samuel Hahnemanns Krankenjournal D22, Kommentarband* (forthcoming).

74 IGM, B 33146.

75 IGM, B 34132.

76 IGM, B 32131 and B 32261.

77 See, for example, Hahnemann, *Heilung*, 24 ff., or Hahnemann, *Organon*, 160–66 (§ 88 with n. 2; § 90 with n. 1; § 93 with n. 1; § 94 with n. 1; § 95). In this connection, see also Schmidt, *Philosophischen Vorstellungen*, 150 ff., 326 ff.

78 IGM, E 321643.

79 There are particularly striking accounts in IGM, B 34264, B 33100, B 31963 and B 32682.

80 IGM, B 33146.

81 IGM, B 33680.

# Class, Status and Gender: Toward a Sociology of the Homoeopathic Patient in Nineteenth-Century Britain

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WHO WERE HOMOEOPATHY'S PATIENTS in the nineteenth century, and what reasons did they have for choosing this form of therapy? The straightforward answer to this question, which is pressed into service to a greater or lesser extent in a variety of historical accounts of homoeopathy's rise to popularity,[1] is that they were people who, having experienced the ravages of heroic medicine, were minded to try something less disagreeable when next in need of treatment. Although this is probably true in a general sense, it is not, however, an explanation which takes the understanding of the nature of homoeopathy's clientele very far, since it leaves the issue of treatment selection at the level of personal preference or individual discretion. What is needed is a way of understanding how therapeutic choices were patterned by the constraints of social structure. What is needed, in short, is a sociology of the homoeopathic patient. For the clients of homoeopaths were not randomly distributed among all social groupings: clear demographic clusterings emerge. It will be argued that these clusters were a product of three important dimensions of social stratification in Britain in the nineteenth century – class, status and gender.

The processes of industrialisation and urbanisation effected a radical change in the class structure of British society. In particular, alongside

the traditional social elites, who managed to retain a significant hold on state power, these years witnessed the emergence of a new group of wealthy industrialists and entrepreneurs, an expanding number of white collar, salaried or professional workers, and a burgeoning industrial working class. This transformation of social structure presented doctors with a variety of new opportunities. Demand for medical services expanded both in terms of kind and quantity, while the restrictions on practice imposed by the traditional Royal Colleges rapidly became anachronistic. The general practitioner, holding qualifications in both physic and surgery, and vociferous for medical reform, emerged as a key figure in the profession. In addition, hospitals became the centre of medical education and the basis from which a new elite group, the consultants, would come to exercise a growing authority over the division of labour within medicine. Hospitals, of course, as charitable institutions, also became one of the most important providers of medical and surgical care to the sick poor. Such patients were not in short supply. The conditions of life and labour experienced by Britain's early industrial proletariat meant that there was always going to be a large number of people requiring medical assistance, but who lacked the resources to pay for it. The nineteenth century, then, witnessed a dramatic expansion in hospital provision, both general and specialist. Homoeopaths were no different to their allopathic colleagues in founding institutions (dispensaries as well as hospitals) through which medical care could be delivered on a charitable basis. The number and capacity of these institutions, however, certainly began to increase once homoeopaths found themselves barred from working with regular colleagues. Here, the tone had been set by the Provincial Medical and Surgical Association (PMSA) which, perceiving the growing popularity of homoeopathy as a threat to jealously guarded occupational interests, had sought to stem the tide of competition by instituting, in 1851, a consultation ban.[2] Thereafter, no regular doctor could engage in professional intercourse with a homoeopath without risking exclusion from national and local medical associations and loss of income as the PMSA had further insisted that no doctor should consult with or refer patients to any practitioner contaminated by homoeopathic connections.

Dr William Bayes (1823–82) provides an interesting example of what was a more general situation.[3] Like many of those who were to become his homoeopathic colleagues, Bayes had begun his medical career conventionally, acquiring a variety of qualifications (in his own case, the Membership of the Royal College of Surgeons in 1844, the MD in 1850, and the Extra Licentiate of the Royal College of Physicians in 1853). Having originally practised in Brighton in the 1850s, Bayes first encountered

homoeopathy while travelling abroad in order to recuperate from a bout of ill health. Returning to England in 1856, he settled in Cambridge, and aired his support for homoeopathy in a provocative tract entitled *Truth in Medicine*, which rapidly elicited a lively debate in the local press (the *Cambridge Chronicle*).[4] In the same year, his right to practise in the town at all was questioned by the University; and then, in 1861, his application for the post of physician to the local hospital (Addenbrooke's), with which the University itself was connected, was met with dismay by the local and national medical establishments. Were Bayes to be successful, so it was alleged, then dishonour would ensue for the profession in general, not to mention severe disruption to the hospital itself. Bayes did not linger much longer in Cambridge. In 1865, he moved to Bath; and in 1869 to London. The tactics of regular ostracism, however, were helping to spread and then embed a network of homoeopathic institutions rather than undermine it: the usual response of homoeopaths to exclusion was to duplicate the apparatus of hospitals, dispensaries, journals and societies developed within the orthodox profession. Bayes's own career was merely one example of this more general tendency. In Cambridge, a homoeopathic dispensary and chemist was opened;[5] Bayes's practice in Catharine Place, Bath was complemented by the Bath Homoeopathic Hospital in Chapel Row, Queen Square and the chemist E. Capper;[6] and London, by 1869, was thickly studded with homoeopathic dispensaries, doctors, chemists and hospitals.[7]

Homoeopathic provision, then, for the sick poor of Britain's new industrial working class had, by the 1870s, extended throughout England, Wales, Scotland and Ireland. This was a combined result of its general popularity, the inability of the regular profession to outlaw what it regarded as 'quackery' in the Medical Act of 1858, and as an ironic consequence of the practice of therapeutic apartheid which had begun in 1851. The extent of this provision is manifest from the *Homoeopathic Directory of Great Britain and Ireland* for 1874.[8] By this time, homoeopathy could boast of hospitals in London (the prestigious London Homoeopathic Hospital), Bath, Birmingham, Doncaster, Hastings, Manchester and Southport, together with numerous dispensaries (112 in total), which were widely dispersed among all the major towns and cities of the country. The numbers of patients treated on an annual basis by this network of care is impossible to establish with any precision: contributors to the Directories of the period are very uneven in the provision of this kind of information. However, even in the early 1850s, before homoeopathy had fully consolidated its institutional presence, it would seem as though hospitals, on average, were each treating around 2,000 patients per year, with dispensaries seeing

approximately 500 (although this masks considerable individual variation: by 1853, the Liverpool Homoeopathic Dispensary, for example, had treated 27,450 patients since opening in 1841; and that in Manchester, 24,884 since 1842).[9] Allowing for some inflation in these rough averages as homoeopathy's popularity rose, and taking into account the expansion in number and capacity of hospitals and dispensaries (119 in total by 1874) it is fairly clear that homoeopaths were probably treating around one hundred thousand of the sick poor on an annual basis by the last third of the century.

How were hospitals and dispensaries run, however, and how did patients gain access to them? The basic principle was clear enough as far as hospitals were concerned. Subscribers or patrons, in return for a donation or annual subscription, had the right to nominate a certain number of 'in' and/or 'out' patients, and the recipients of care had to be too poor to pay for treatment. The constitution of the London Homoeopathic Hospital, for example, declared that:

> An annual subscription of 10 guineas [a guinea equals £1.05], or a donation of 50 guineas, entitles the subscriber or Donor to have one in-patient *always* in the Hospital, and ten out-patients every month, and to have ten votes; and so on for every further Annual Subscription of Ten Guineas, or Donation of Fifty Guineas.[10]

To gain access to the hospital, 'necessitous persons' (the hospital's colourful term for potential in-patients) had to present a letter of recommendation from a governor or subscriber and if '... after due examination by the Medical Board, they shall be reported as proper objects to be received into the Hospital, and the House Committee shall think fit to admit them' then they were 'signed in'.[11] Signing in took place on Tuesday mornings at 9.00 o'clock. In-patients were also expected to bring with them (except in cases of extreme destitution) '... a change of linen and a towel, also a cup, saucer, and spoon, and a knife and fork'.[12] These items would be returned to the patient when discharged. Apart from the letter of recommendation, applicants for in-patient care also needed a guarantee, on '... a prescribed form approved by the House Committee' and '... signed by a respectable householder',[13] before admission was granted. It is not hard to guess that the guarantee concerned the patient's circumstances and behaviour. As far as circumstances were concerned, the House Committee of the Hospital was keen to ensure that '... no person who is capable of paying for medical attention' should be admitted and, furthermore, that no one should gain entry to the wards '... who is capable of receiving equal benefit as an out-patient, or is merely requiring such rest and attention as a workhouse can supply'.[14]

The guarantee, then, was very much a character reference, namely that the patient was a deserving case, genuinely too poor to pay for treatment, and who could be relied on to behave with a degree of decorum in the wards. The hospital, however, did not entirely close its doors to the destitute who were unable to obtain letters of recommendation and guarantees concerning their disposition and circumstances. Provided that there were vacant beds, and provided that the Resident Medical Officer was satisfied that the case was one of 'extreme urgency',[15] patients could apply for admission at any time during the week. But it was partly serendipity. If they were suffering from 'confirmed consumption' or 'the small pox',[16] they were inevitably disappointed. The hospital resolutely closed its doors to all such patients.

Where dispensaries were concerned, greater variety of provision for the sick poor soon materialised. There were three basic plans of operation. The first characterised the public (charitable) dispensaries, i.e. those supported by patrons, with (usually) a management committee, a treasurer, secretary, medical officers and associated chemist. Here treatment was arranged on much the same basis as at the larger hospitals: as the editor of the *British Journal of Homoeopathy* (*BJH*) made clear in 1846, '... it consists in getting patrons to subscribe to the institution, and giving subscribers the right to recommend a given number of patients'.[17] The advantages and disadvantages of this arrangement were, according to the editor, that '... the number of applicants for relief is limited, but a great number of the opulent class are interested in the success of the establishment'.[18] The most successful example of a public dispensary run on these lines at the time was the London Homoeopathic Medical Institution which, '... from October 1839 to December 1844' treated 3,657 patients '... or a little more than 700 annually'.[19] The second variant of dispensary provision comprised those institutions where subscriptions were obtained unconditionally, and its services were made available to all that applied. Some of the largest dispensaries in the 1840s, like those in Liverpool and Manchester, were run on these lines. The editor of the *BJH* described the way in which patients were dealt with under this arrangement, using the Edinburgh Dispensary as a particular example:

> The number of patients admitted at the Edinburgh Dispensary from 1841 to 1844, (that is, three years) was 6,545, giving an annual average of more than 2,000. The expense of the establishment is about £50 per year. Every person who applies for advice at this dispensary gets a ticket, on which his name and number is written on one side, and on the other, rules for diet, directions for taking the medicines, with blanks, which are filled up by the physician according to the specialities of each case. On being examined by the physician

> his case is written down, and on his return he presents his card to the porter, who looks out the case corresponding to it, and arranges it along with the others in the physician's room. New and old patients are seen in different rooms, and all the cases are arranged alphabetically in three divisions, of one for men, another for women, and the third for children. This method of conducting the dispensary has been found to answer perfectly ... A considerable number of homoeopathic practitioners in this country have obtained their first instructions at this establishment.[20]

As later Directories make clear, some of the Medical Officers at public dispensaries were also willing to see patients in their own homes. For example, the Northampton Homoeopathic Dispensary, in Abington Street, records that its Medical Officers (Drs Clifton and Wilkinson) had made a total of 4,209 home visits – presumably since the Dispensary had first opened, though unfortunately it is difficult to establish the exact time frame involved from the data.[21] The third kind of principle on which dispensaries could be run involved the payment of a nominal fee. Essentially, these were 'private' rather than 'public' operations, run entirely by a Medical Officer, with no set of patrons or management committee involved. This type of provision became more and more common as the years passed in the nineteenth century. The editor of the *BJH* again usefully supplies the relevant details and relative advantages peculiar to this mode of operation:

> The third and only remaining plan we have to mention is that of self supporting dispensaries. At these patients pay a small quarterly sum for treatment and medicines. This plan has been found to answer very well in districts where there is a tolerably opulent lower class, not sufficiently rich to pay the physician's fee, and yet able to afford something for their treatment. There are several advantages connected with it. First, there is a greater value attached by patients to their treatment, and they are more regular in their attendance, and more obedient to the regulations, than when the advice, andc., are entirely gratuitous; secondly, it affords a legitimate source of raising funds for a more extensive establishment. We understand that Newcastle, where this way of conducting a dispensary has been pursued for some years, a sufficient surplus is now obtained to warrant the physician taking into consideration the propriety of establishing an hospital on the same footing.[22]

The largest patient group among homoeopathy's clientele were the sick poor, the men and women, parents and children, who did not have the resources to pay at all, or only in part, for their care. But the therapeutic allegiances displayed here were, in the great majority of cases, not really 'allegiances' at all. What determined the use of homoeopathy by those at

the lowest end of the social hierarchy was their material, class situation. Poverty meant ill health and a need to rely on charity (or something very close to it) for help during times of sickness. And those seeking charity were not in a position to exercise much choice about who delivered it, or about what and how it was provided. Where homoeopaths offered the most readily accessible care in any particular neighbourhood, poverty would inevitably ensure a steady supply of supplicants for the charity of the dispensary or the hospital.

Ironically, however, it was just these institutions which also provided homoeopaths with access to the wealthy social elites on which flourishing private practices could be established. Indeed, from its very beginnings, homoeopathy had enjoyed the benefit of aristocratic interest and patronage. Its first practitioner of significance in Britain and the man responsible for founding the British Homoeopathic Society (BHS) in 1844, Dr Frederick F.H. Quin (1799–1879), had been personal physician to the Duchess of Devonshire, as well as to Prince Leopold (1831–65, later King of the Belgians), before establishing his first practice in London (King Street, St James's) in 1832. Furthermore, at the invitation of Queen Adelaide, the homoeopaths Dr Stapf (1788–1860) and Dr Belluomini (1776–1854) had both practised, albeit briefly, at the Royal Court.[23]

Again, it is appropriate to examine the popularity of homoeopathy among the elite strata of British society (and elsewhere) in a way which takes the issue beyond one of individual choice and preference. What did the use of homoeopathy mean to the rich, and to people of rank and high social standing? Max Weber, that most subtle of sociological thinkers among the founders of the discipline, provides a potential way forward with his concept of 'status group'. Contrary to the Marxist claim that the primary social division was that of class, and that class was constituted from relations among groups of people established in the sphere of *production*, Weber protested that social influence could also be located in rival forms of exclusiveness founded, for example, in the sphere of *consumption*. Weber was signalling that social power could derive from noneconomic factors as well as from those connected more directly with the process of capitalist accumulation. By 'status situation' (of an individual) Weber meant '... the evaluations which others make of him or his social position, thus attributing to him some form of (positive or negative) social prestige or esteem'.[24] A status group, therefore, was simply a (subjectively aware) collectivity of individuals sharing a common status situation. But the key to membership of such a group was *exclusivity*, and this exclusivity was demonstrated '... through following a particular life-style ...',[25] and through the exercise (among other things) of

particular kinds of choices in the sphere of consumption. Much, in these postmodern times, is made of the apparent 'death of class' and the emergence of the radically decentred, fluid subject freely constructed from the glossy images, cultural surfaces and consumer possibilities of late capitalism. Weber would not (and could not) have gone so far, of course, never relinquishing his sense of the limitations and constraints of social structure. Thus, the sociological significance of 'life style' or 'style of life' is not quite so radical an idea as postmodern theorists sometimes suggest.

However, the concept of status group exclusiveness signalled through consumption and life style is particularly helpful in understanding a preference for homoeopathy among the social elites of European society in the nineteenth century. Issues of cost, of course, are significant. If the poor gained access to homoeopathic treatment on the basis of charity, the privileged pursued it on the basis of expensiveness. The very act of being able to employ a fashionable, sought after physician, and paying a significant fee for what was publicly celebrated as an infinitesimal dose of medicine was, for many, probably as much a statement about their exclusive social position as it was about their particular therapeutic preferences. All doctors had an interest in developing links with the rich and the fashionable. For the classically educated gentlemen of the Royal Colleges, who entered medicine with an already established family pedigree, this was not so difficult. But for most general practitioners, earning a respectable living from medicine was much harder work. The seeming ability of homoeopaths to build successful practices by rapidly attracting local elites as patients was thus a source of irritation, and one that not infrequently drew comment from medical writers and commentators.[26] Moreover, the social cachet stemming from homoeopathy's connection with the traditional elites of European society seems also to help to account for its popularity among the privileged urban strata in America during this period, for example, in the cities of Boston, New York and Philadelphia.[27] And finally, in Britain, during the time of homoeopathy's retreat in the early decades of the twentieth century, the continued connection between the doctors of the BHS and an exclusive clientele distinguished by rank and money probably goes some way in helping to account for the relative complacency with which this process of decline was received. No matter if homoeopathy had largely retreated from wider public consciousness if it still mattered to rich men and women, and if rich men and women could still bestow the benefit of lucrative private practice and elite social connections (including the Royal Family itself) among its doctors. It is perhaps no coincidence that the BHS during this period was rather scathingly referred to as a 'rich man's talking shop'.[28]

The affinity between homoeopathy and rank in nineteenth-century Britain is hinted at in terms of the distribution of doctors. Homoeopaths were certainly concentrated in centres of wealth and fashion. At the end of 1852, for example, of the 177 homoeopaths practising in Britain, 66 were based in London (with many of these occupying premises in prestigious areas such as Piccadilly, Regent Street, Grosvenor Square, Hyde Park, Bond Street and Bloomsbury). Significant concentrations of homoeopaths are also evident in expanding merchant and industrial centres such as Liverpool, Manchester, Birmingham, Leeds, Edinburgh and Dublin. Fashionable spa towns, like Bath, Cheltenham and Leamington, together with the newly popular coastal resorts, for those rich enough to 'take the sea air', like Torquay, Weston-Super-Mare, Brighton, Hastings and Scarborough, also show significant numbers of homoeopathic doctors.[29]

Such evidence is certainly suggestive but it is with the patronage of hospitals and public dispensaries that the link between homoeopathy and social rank emerges with greatest clarity. Although such institutions were designed to cater for the sick poor, their wealthy supporters provided the doctors who worked in them with a ready-made introduction to a network of desirable social connections within which a flourishing practice could be established. The clearest example is the London Homoeopathic Hospital (LHH). In 1874, the Medical Council of this institution included 22 London based doctors. Council membership, however, linked these practitioners to an aristocratic circle which included the Duchess of Cambridge (1797–1889, patroness), the Duke of Beaufort (1824–99, vice-patron), the Earl of Wilton (1839–98, president) and, as vice-presidents, the Earls of Essex (1803–92) and Albemarle (1799–1891), the Viscounts Sydney (1805–90) and Malden (1826–79), and the Lords C. Paget (1811–95), A. Paget (1816–88), G. Paget (1818–80), Kinnaird (1847–1923) and Ebury (1801–93). Among the 'lady visitors' listed are Lady Ebury (m. Robert Grosvenor, first Baron of Ebury, 1831), Lady Radstock (m. Granville Augustus William, third Baron of Radstock, 1858) and the Honourable Mrs Warren Vernon (m. George John Warren, fifth Baron Vernon, 1859).[30]

But perhaps even more compelling evidence is supplied by the patronage of more humble institutions like the public dispensaries. By 1874 there were 37 of these. Three groups feature prominently among the lists of those acting as members of management committees and/or as patrons: the aristocracy (18 names in total), the clergy (60 names) and the military (20). The Manchester Homoeopathic Institution, for example, at 28 Lower Byrom Street, had the Earl of Wilton, the then President of the London Homoeopathic Hospital, as patron and the Rev. T.H. Gill (1836–94) on

its five-man executive committee, while the Southampton Homoeopathic Dispensary had Her Grace the Dowager Marchioness of Queensbury (m. eighth Marquis, 1840) as patroness, the Lady Susanna Blunt (m. Sir John Henry Blunt, 1870) as vice-patron, the Revs. T.D. Bolton, H.H. Carlisle, F. Davidson (1841?–1916), Robert Mount, C.E. Steward (1838–93) and William Wilson (1783?–1873?), and the Captains Robert Day, Kennedy (1796?–1879?) and John Tracy, among its patrons. The Wolverhampton and South Staffordshire Homoeopathic Dispensary provides a further example: this institution was supported by patrons such as the Duchess of Sutherland (d. 1888; wife of George Granville William, third Duke of Sutherland), the Earl of Lichfield (1825–92), Sir William Biddulph-Parker, Baronet (1824–1902), and the Revs. Adelbert Anson (1840–1909), Augustus Vernon (1798?–1875?), Henry G. De Bunsen (1818–85?) and George Fisk.[31]

It is perhaps also worth noting that homoeopathy's aristocratic connections brought important political influence as well as remunerative practice. Two critical instances may be cited. The first concerns the Medical Act of 1858. Earlier drafts of this had threatened to outlaw homoeopathy by regulating the systems of medicine which doctors could practise. Lord Robert Grosvenor, however, as a vice-president of the LHH, could hardly let such a measure pass without protest, and stoutly resisted the passage of this provision into law in the House of Lords. Indeed, Grosvenor succeeded not merely in securing the deletion of the offending clause in the proposed legislation, but actually managed to substitute for it another which expressly forbade licensing bodies from insisting on a guarantee of therapeutic conformity as a condition of graduation. Homoeopaths, of course, were delighted. In celebratory mood, the *BJH* declared that:

> ... thanks to the powerful influence of parliamentary friends ... all the fangs of this serpent that threatened death and destruction to homoeopathy have been effectively drawn, and no ingenuity can pervert the Act into an instrument for our oppression or annoyance ... for in place of anything like this taking place, the Act expressly forbids any of the small powers it confers being employed against us on account of our adoption of a particular medical theory.[32]

Grosvenor was also involved in the second incident. After the cholera epidemic of 1855 in London had subsided, the President of the General Board of Health contacted all of the metropolitan hospitals that had treated patients with this disease, in order to compile statistics which would identify the most successful regime of treatment. The LHH provided its returns but these were omitted from the Board of Health's report. This might not have mattered if the Hospital's record of success with cholera

patients was poor, but the contrary was the case: it was among the best, with an apparent mortality rate for in-patients of around 17 per cent, compared to approximately 50 per cent in institutions where regular treatment had been used.[33] The Board of Health's view, when asked for an explanation for the missing data by the management committee of the LHH, was that to have included them would have compromised '... the value and utility of their averages of cure' by giving '... an unjustifiable sanction to an empirical practice alike opposed to the maintenance of truth and to the progress of science'.[34] Grosvenor, again, was determined not to let this perceived injustice pass without comment. He raised the issue of the missing data in Parliament, and eventually succeeded in eliciting a separate parliamentary report which included the returns from the LHH.[35]

Although, in the middle decades of the nineteenth century, homoeopathy was clearly popular and had powerful friends, it is easy to understate just how attractive it was to the public if the focus remains on its doctors and the institutions through which they practised. This is because the market for domestic, or 'self-prescribing', was considerable and this provides the clue for the third major group of consumers – women. Here class and gender interweave as aspects of social structure which helped to pattern therapeutic preferences. Certainly, the wife and mother, whatever the class, was in a very real sense the 'health keeper' of the family. But, if the typical customers for the texts designed to guide family treatment, and for the medicine chests designed to go with them are being sought, the need for literacy means that those sought are, almost certainly, middle-class women. A number of other concerns support this interpretation. Homoeopathic physicians were able to charge the rich and fashionable fees which would probably have put the household budgets of many middle-class families under some strain. Such costs could be avoided, however, if self-treatment was employed. Moreover, mothers were likely to be sympathetic to a system of medicine which promised safe, gentle and supportive action. Not only did this resonate with the socially constructed traits of womanhood – at least middle- and upper-class womanhood – but, more directly, it avoided the blistering, leeching and purging of more conventional methods which must have been particularly trying to infants, and to those immediately responsible for their care and comfort.

Further evidence comes from the books themselves, and from the reviews which they received in the homoeopathic press. Typically, authors would include sections on the general regimen to be followed in caring for the sick (such as dietary advice, hygiene, clothing, the organisation of the sick room etc.); the management of childbirth; the treatment of infants and

of the normal ailments of young children (colds, coughs, bruises, burns, sore throats, nose bleeds, mumps, measles, chicken pox, scarlet fever, whooping cough, etc.); and on the diseases peculiar to females.[36] These kinds of texts seemed to have been designed with women, whether caring for themselves or for children or spouses, very much in mind. This, at least, was the assumption made by the reviewers of the time. The *BJH*, for example, expressed the following thoughts on Joseph Laurie's *Homoeopathic Domestic Medicine* – a text which was to become enormously successful:

> ... we can come to no other conclusion than that our author has done good service to the cause of Homoeopathic medicine in the country; and we strenuously recommend it to the attention of our non-professional readers as a book with which the mother of every family should be provided.[37]

In any event, homoeopathic texts designed for the self-prescribing, domestic market were extremely popular. Even in 1845, only a year after the foundation of the BHS, the *BJH* was moved to comment in exasperated tones about '(T)he multitude of popular treatises about homoeopathy and works on domestic homoeopathic medicine, with which the English press now teams ...'.[38] Many of the authors, however, were already, or would become, leading homoeopathic physicians themselves. The roll call of such publications began to mount through the century. As early as 1853, the *British and Foreign Homoeopthic Medical Directory* recorded the following: *Domestic Homoeopathy* by John Epps (5th ed. in 1850); *Domestic Homoeopathy* by P.F. Curie (3rd ed., 1850); *The Homoeopathic Family Assistant* by G. Newman (2nd ed., 1847); A *Domestic Homoeopathy* by Edward C. Chepmell; *The Parent's Guide* and *Homoeopathic Domestic Medicine* by J. Laurie (6th ed., 1851); *Domestic Homoeopathy* by Drs Pulte and Epps; *The Homoeopathic Dictionary and Home Guide* by A. Henriques; *Homoeopathic Family Medicine* by J.E. Norton; and *The Homoeopathic Handbook and Clinical Guide* by G.H.G. Jahr.[39]

By 1874, this lucrative market had expanded still further. Dr Chepmell's book had reached its eighth edition; that of Dr J. Epps its sixth; Dr Newman's its third; and Dr Laurie's *Parent's Guide* its second (this, though, was by far and away his least successful venture as his *Epitome of the Homoeopathic Domestic Medicine* had reached its twenty-seventh edition by this time, while his *Homoeopathic Guide for Family Use* was in its seventy-first). To these were now added Dr G.E. Allshorn's *Handy Book of Domestic Homoeopathic Practice* (4th. ed.); Caspari's *Homoeopathic Domestic Physician* (edited by F. Hartmann); Dr J.S. Douglas's *Practical Homoeopathy for the People*; Dr John Ellis's *Family Homoeopathy*; Dr Richard Epps's *The Homoeopathic Family Instructor*; Dr H.N. Guernsey's *Homoeopathic Domestic Practice* (7th ed.); Guernsey and Thomas's

*Domestic Practice* (13th ed.); Dr R.S. Gutteridge's *The Woman's Guide*; Dr C. Hering's *Homoeopathic Domestic Physician*; H.R. Irwin's *Domestic Treatment of Diseases*; Dr W. Johnson's *Domestic Management of Children*; Dr A. Lutze's *Manual of Homoeopathic Theory and Practice*; Dr G.L. Moore's *Supplement to the Domestic Practice of Homoeopathy* (2nd ed.); Dr A.C. Pope's *A Medical Handbook for Mothers* and his *Popular Guide to Homoeopathy* (3rd ed.); Dr J.A. Pulte's *Woman's Medical Guide*; Dr E.H. Ruddock's *Lady's Manual of Homoeopathic Treatment* (5th ed.); Dr H. Sherrill's *Family Physician*; Dr E.B. Shuldham's *The Family Homoeopathist*; Dr J.A. Tarbell's *Homoeopathy Simplified, or Domestic Practice Made Easy*; and Dr N. Wood's *Easy Domestic Homoeopathy*.[40] And these texts represent only those where the domestic user was the intended market of the author; many more are listed which could easily have been used in the same way.

By the 1880s, however, the demand for these kinds of texts appeared to be on the wane. Of those authors listed in the 1874 Directory who were writing for the domestic market only Joseph Laurie (d. 1865) and E.H. Ruddock (1822–75) still appear to be published after 1890. Significantly, too, both authors had been dead for some years by the last decade of the century, which means that their books were being revised and updated by others.[41] The energy had, by then, apparently gone out of the market and, to a significant extent, also out of homoeopathy as a medical movement. Rates of application to join the BHS had slowed dramatically from the 1880s onwards. Existing practitioners were getting older, and they lacked the stimulation of younger colleagues keen to take up the struggles of earlier years. Increasingly incorporated and eclipsed by regular medicine, homoeopathy seemed less and less able to contest the therapeutic domain mapped out by the regular school with confidence and vigour, and so had begun to slip in significance as far as the agenda of the wider profession was concerned. And where orthodox practitioners led, the public, for once, began to follow.

Nonetheless, in its heyday domestic prescribing was matched, predictably enough, by a lively trade in medicine chests. Typically, these would be supplied by homoeopathic chemists. By the middle of the 1870s, there were 117 of these throughout Britain.[42] Among the largest companies in the trade were the famous names of Turner and Co., Gould and Son, Leath and Ross and J. Epps and Co. (all in London), and Thompson and Capper in Liverpool. Typically, too, advertisements for chests of homoeopathic medicines would indicate that they were designed to be used alongside the most popular texts written for domestic prescribing. The 1853 *Directory* carries a number of these.[43] Charles Lane, for example, of 146 Sloane Street in the Chelsea district of London, drew the attention of the public to the fact

that his shop held '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 ...' that were '... kept arranged to accompany any of the various treatises ...'. With premises in Bristol and Cheltenham, Charles Guest advertised 'Cases filled with Medicines suited to the various Domestic Works' and that 'All the works on Homoeopathy [were] constantly on hand'. W.H. Billing of 72 Sauchiehall Street in Glasgow proclaimed much the same message. He offered 'Medicine Cases and Chests of all sizes, containing from 6 bottles and upwards; adapted to the various domestic works of Drs Laurie, Chepmell, Pulte, Epps, Malan &c and suitable for Domestic or Professional purposes ...' and that 'All the Homoeopathic Works [were] kept in Stock ...'.

For a period of some 40 years, roughly between 1840 and 1880, homoeopathy had captured a significant share of the medical market, much to the chagrin, very often, of regular practitioners. No doubt each patient would have had their own, individual set of reasons for deciding to reject conventional treatment and for seeking homoeopathy in particular from among the range of alternatives (such as phrenology or hydropathy). But while it would be fascinating to trace the evolution of, and rationale for, therapeutic preferences at this micro level, even were the historical records extant, it would be a mistake to conceptualise the market for homoeopathy as *simply* the sum of individual decisions, for this would tell nothing about the way in which therapeutic choices were exercised within, and patterned by, the constraints of social structure, and nothing about the collectively significant layers of meaning inscribed within them. So homoeopathy might well have been the 'medicine of choice' for many, but not necessarily solely for medical reasons. For those of wealth and rank, it was also a mark of social honour and exclusiveness; for the sick poor, it was a badge of charity; and for middle-class wives and mothers, it was a statement of the way in which social position and gender interlinked in terms of domesticity, care and careful budgeting.

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## Notes

1 See, for example, William G. Rothstein, *American Physicians in the Nineteenth Century. From Sects to Science* (Baltimore and London, 1972; 1985); Martin Kaufman, *Homoeopathy in America – the Rise and Fall of a Medical Heresy* (Baltimore and London, 1971); and Harris L. Coulter, *Divided Legacy, A History of the Schism in Medical Thought* (3 vols., Washington, 1973–77).

2 Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, 1988), 137.

3 A more detailed discussion of this general issue can be found in Nicholls, *Homoeopathy*, esp. 138–44.

4 The details of Bayes's particular case are discussed in Mark W. Weatherall, 'Making Medicine Scientific: Empiricism, Rationality, and Quackery in mid-Victorian Britain', *Social History of Medicine* 9 (1996), 175–94, esp. 181–92.

5 Weatherall, 'Making Medicine Scientific', 189.

6 See William Bayes (ed.), *The London and Provincial Homoeopathic Medical Directory* (London, 1866), 25, 127–31; Anon. (ed.), *The Homoeopathic Directory of Great Britain and Ireland* (London, 1876), 88.

7 J. Galley Blackley (ed.), *The Homoeopathic Directory of Great Britain and Ireland and Annual Abstract of Literature* (London, 1874).

8 See Blackley, *Homoeopathic Directory*, esp. 106–49.

9 See George Atkin (ed.), *The British and Foreign Homoeopathic Medical Directory and Record* (London, 1853), 36–44; 70–78.

10 Bayes, *London and Provincial*, 124.

11 Bayes, *London and Provincial*, 125–26.

12 Bayes, *London and Provincial*, 126.

13 Bayes, *London and Provincial*, 126.

14 Bayes, *London and Provincial*, 126.

15 Bayes, *London and Provincial*, 126.

16 Bayes, *London and Provincial*, 126.

17 Editorial Address, *British Journal of Homoeopathy* IV (1846), 1–18, esp. 14.

18 Editorial Address, 14.

19 Editorial Address, 14.

20 Editorial Address, 14–15.

21 Blackley, *Homoeopathic Directory*, 118–38.

22 Editorial Address, 15–16.

23 Nicholls, *Homoeopathy*, 108.

24 Anthony Giddens, *Capitalism and Modern Social Theory* (Cambridge, 1971), 166.

25 Giddens, *Capitalism*, 166.

26 Nicholls, *Homoeopathy*, 136.

27 Nicholls, *Homoeopathy*, 201–02.

28 See Phillip A. Nicholls and Peter Morrell, 'Laienpraktiker und häretische Mediziner: Grossbritannien' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 185–213, esp. 204.

29 Atkin, *British and Foreign*, 24–35; 53–6.

30 Blackley, *Homoeopathic Directory*, 106–17.

31 Blackley, *Homoeopathic Directory*, 118–38.

32 See Anon, 'The Medical Act', *British Journal of Homoeopathy* XVI (1858), 534–35.

33 Nicholls, *Homoeopathy*, 145.

34 See Anon, 'Parliamentary Return of the Homoeopathic Treatment of Cholera', *British Journal of Homoeopathy* XIII (1855), 681.

35 Nicholls, *Homoeopathy*, 146.

36 See, for example, the contents pages of Constantine Hering's *The Homoeopathic Domestic Physician* (New York and Philadelphia, 1866), v–xiv.

37 Anon, 'Reviews', *British Journal of Homoeopathy* II (1844), 293–307, esp. 306.

38 Anon, 'Reviews', *British Journal of Homoeopathy* III (1845), 181–89, esp. 181.

39 Atkin, *British and Foreign*, 132–74.

40 Blackley, *Homoeopathic Directory*, 169–96.

41 The catalogue of the Wellcome Library for the History and Understanding of Medicine in London shows that, after 1890, only Joseph Laurie's *The Homoeopathic Guide, for Family Use: Carefully abridged from the Homoeopathic Domestic Medicine* (popular ed., London, 1894) and his *An Epitome of the Homoeopathic Domestic Medicine* (39th thoroughly revised ed., London, 1902), together with E.H. Ruddock's *The Lady's Manual of Homoeopathic Treatment in the Various Derangements Incident to her Sex* (12th ed., entirely revised by J.H. Clarke, London, 1930) were in publication. No details are given of who had helped to produce Laurie's revised editions. This method of determining the withering away of the market for books on domestic practice is, of course, indicative rather than definitive. However, a collapse in demand for these kinds of texts is consistent with everything else known about the general decline of homoeopathy in the last decades of the nineteenth century.

42 Anon, *Homoeopathic Directory, 1876*, 88–92.

43 See the advertisements which appear at the back (no pagination) of Atkin, *British and Foreign*.

# Patients of Russian Pre-World War I Homoeopathy

*Alexander Kotok*



## Introduction

IN ANALYSING THE TOPIC OF HOMOEOPATHIC PATIENTS in pre-World War I Russia, it should be noted that homoeopathy in Russia had a strongly pronounced character of domestic medicine. The spread of homoeopathy in the Russian Empire from the 1830s was connected with the severe lack of medical staff, especially in the countryside and in the provincial cities, and not with the unsatisfactory conditions of medicine of that period, as was the case in other countries. Thus, homoeopathy in Russia found a rich soil for its further expansion mainly in the villages and in the small provincial towns. When homoeopaths established strong connections with high-ranking officials, the nobility and the high clergy at the end of the 1860s, this enabled the founding of homoeopathic societies, first in St Petersburg and after the 1890s in large Russian and Ukrainian metropolises. This paper will review some main supporters, providers and customers of homoeopathic treatment in Russia without claiming to deal in detail with Russian 'homoeopathic patients'.

## Homoeopathic Treatment in the Russian Army

IT IS NOT BY CHANCE that the soldiers and officers of the Russian army, the subject of particular attention and care of the Russian tsars, were often also the subject of homoeopathic treatment.[1] The Tsar Nicholas I (1796–1855) and his brother Grand Duke Constantine (1779–1831) gave

their benevolent attention to homoeopathy, having seen examples of the successful homoeopathic treatment of military staff. Most probably Nicholas I first heard of homoeopathy while observing the treatment of cadets of the Naval College in Oranienbaum, near Petersburg, performed by the Prussian Dr E. Schering (d. 1864/65) in 1825, although Schering himself called his treatment 'specific'. According to Schering's assertion, Nicholas I was so satisfied with the treatment that he even proposed 'to promote it decidedly'.[2] However, at that time the 'promotion' of homoeopathy under Nicholas I, even when called 'specific treatment', did not go through.[3]

Nevertheless, some 25 years later, homoeopathy appeared again at the Russian Tsar's court with the German Dr Martin Mandt (1800–58), the founder of the so-called 'atomistic' system of treatment. Describing those events, Dr Bojanus wrote:

> The Mandt's treatment during the epidemic of cholera in 1848, and later the similar treatment in some military hospitals, had had such a success that the Emperor Nicholas who had never been indifferent to the treatment of soldiers, became interested in this method. He ordered the translation of Mandt's brochure, in which Mandt's theory was set forth, from German into Russian, and had it distributed to management of all the military hospitals as well as to all the staff-physicians. The Tsar's will was carried out. However, for the zealots of the purity of medical education the 'atomistic doctrine' and homoeopathy were the same, hence it goes without saying that this idea could provoke neither approval nor encouragement ... As soon as the Emperor died [in 1855], both the authority of Mandt and his method of treatment disappeared. Moreover, the death of the Emperor was ascribed to the Mandt's groundless treatment ...[4]

Probably, Bojanus was not aware that the sympathy of Nicholas I towards 'atomistic treatment' went further than ordering the translation and the distribution of Mandt's writings. A prominent Russian physician Dr Yacov Chistovich (1820–85) left his diary in which he strongly criticised Nicholas I and his son, the Emperor Alexander II, for their 'blind atomistic dispositions'. According to the diary, Nicholas I had ordered the establishment of an 'Exemplary Hospital' where atomistic treatment was offered by Mandt and his closest Russian followers from 1853 to 1856. The virtual blindness of the deceased (Nicholas I) extended to such a rate 'that he brought in his pockets boxes with atomistic powders to guards' hospitals'.[5] Chistovich, like some of his contemporaries, charged Mandt with poisoning the Emperor.

Returning to the 1820s and to military staff as patients for homoeopathy, a brother of Nicholas I, Constantine, had enjoyed the

services of his physician-in-ordinary, the French Dr Jean Bigel (b. 1769), and then entrusted him in 1829 with responsibility for 500 pupils at the school for cantonists[6] in Warsaw where the treatment offered was exclusively homoeopathic.[7] The third brother in this Tsar's family, Grand Duke Mikhail (1798–1848), having heard of the success of the treatment provided by the German physician Dr Herrmann, (d. 1836) who had arrived in St Petersburg in 1826 from Saxony, did not remain indifferent toward this new system. After obtaining the agreement of Nicholas I, in 1829 he invited Dr Herrmann to experiment with his method of treatment in the military hospital in the small town of Toulchin in the Podol district of the Ukraine. The experiment was continued in the St Petersburg land military hospital in the same year and, finally, was recognised by the Medical Department at the Ministry of Interior as unsatisfactory.[8]

Most probably, the Russian military authorities had no serious objections concerning homoeopathy. The land and naval hospitals were subordinated to the Military Department and not to the Ministry of Interior, like civil medical institutions. Thus, the military hospitals might adopt this or other systems of treatment de facto without prior compulsory approval from the high-ranking medical officials, as was inescapable in the case of a civil hospital. Although performing homoeopathic treatment in any state institution without prior approval of the senior physician had been prohibited by the Decision of the Medical Council at the Ministry of Interior in 1831, the higher commanders of the army ignored this law. This situation was especially evident in the provinces, where the provision of the hospitals with physicians had often been problematic. The story of Czech Dr Ivan Pribyl' (1772–1866), who had graduated from Vienna University and arrived in Russia in 1808 to work under contract with the Russian government and remained there till his death, may be seen as an example. When Dr Pribyl' was working in different military hospitals in the Caucasus, he had become interested in the law of similars and tested it in practice while treating fevers and plague in soldiers with arsenic. He was rewarded with the Order of Vladimir of Fourth Class for this successful treatment. As Chief Physician in the Neftlugi (now a district of Tbilisi) military hospital (1822–49) Dr Pribyl' practised homoeopathy openly, having learned it from books and periodicals to which he subscribed from abroad. Moreover, all Russian governor-generals of that period in the Caucasus, starting with the first, General Alexey Ermolov (1777–1861), and members of their families, were treated homoeopathically by Dr Prybil'. While seeing Pribyl's success, General Alexey Vel'iaminov (1788–1832), the second in importance after General Ermolov in the Russian military administration in the Caucasus,

proposed that all the patients should be treated homoeopathically in the Neftlugi military hospital. Pribyl' rejected this proposal on the grounds that only he was familiar with homoeopathy and, thus, was afraid of discrediting the method if applied in the whole hospital.[9]

Another homoeopathic doctor, Dr Nicholas Ashurkov (1824–95), who headed the Lutsk military hospital (1880–91), openly used homoeopathic treatments. The soldiers who were his patients loved him and called him 'father'.[10] Dr Ivan Nadezhdin (1823–c.1900) had been the chief physician in the military hospital in Frateshty in Moldova and, again, used homoeopathy before he retired to practise homoeopathy in Kiev, being the Chairman of the Kiev Society of the Followers of Homoeopathy from its establishment in 1889. It is known that the translator into Russian of the fifth edition of the *Organon*, Dr Vladimir Sorokin (1830–93), a naval physician, also treated with homoeopathy during his military service without interference. As indirect proof of a positive attitude by the military staff, especially of higher ranks, towards homoeopathy, many generals and colonels were members of homoeopathic societies, both metropolitan and provincial, whilst Colonel, later General, Nicholas Fedorovsky (1837–c.1918), the founder of several homoeopathic societies (Kiev, Chernigov, Poltava, Christ-Loving Society of Self-Help in Diseases) had been the chief Russian lay propagandiser of homoeopathy from the 1880s.

## Railway Staff as Supporters and Patients

THE STORY OF THE ST PETERSBURG Charitable Society of the Followers of Homoeopathy, founded in 1881, is useful in understanding who were the most powerful supporters of homoeopathy, who were the patients for homoeopathic treatment and what obstacles were put in the way of homoeopaths. One of the founders of the Society and its Board Chairman from 1881 to 1887, Dmitry Zhuravsky (1821–91) fostered, from the very beginning, a benevolent attitude toward the practice of homoeopathy. He was a talented railway engineer and laureate of the prestigious Demidov Award in 1855 and, at the same time, the head of the technical department at the Ministry of Communications. He persuaded Admiral Constantine Possiet (1819–89), the Minister of Communications from 1874 to 1888 and a member of the State Council, together with his wife Rosalia, to participate in the activities of the Society. The Admiral was appointed an honorary trustee of the Hospital dedicated to the memory of Alexander II, whilst Rosalia Possiet was chosen to be an honorary member of the Society in 1883 'for her outstanding services rendered to the affair of homoeopathy.'

The two subsequent Ministers of Communications, Krivoshein (1888–95) and Khil'ko (1895–1905) were also adherents of homoeopathy and were elected honorary members of the Society. Among other 'railway members' of the Society were the prominent engineer, Academician Stanislav Kerbedz (1810–99), who had built bridges over the Neva in St Petersburg and the Visla in Warsaw, and a former railway engineer, senator Peter Fadeev. Yet the most famous of the Society's railwaymen was its honorary member, Sergey Witte (1842–1915), who made the first steps in his career as a promising young railway engineer.[11] In the 1880s and 1890s, the Society permanently enjoyed the highest donations which strengthened both its financial and social position. The 'railway members' of the Society provided their poorest railway workers with free homoeopathic treatment, while referring them to the out-patients' clinic of the Society.

After the assassination of the Tsar Alexander II on March 1, 1881, Russian railway engineers collected 58,000 roubles to build a hospital in his memory. As this sum was insufficient for the founding of a hospital, the Temporary Committee for Collection discussed different proposals and decided that the most worthy was that from the St Petersburg Charitable Society of the Followers of Homoeopathy. The Society pledged to build a hospital with 25 beds of which six would be designated exclusively for railway staff free of charge. Railway staff would have preference for the rest when needing to be hospitalised. The preliminary agreement between the Committee and the Society was transmitted to the Ministry of Communications for approval. When consulted, the pro-allopathic medical authorities strongly resisted this proposal as 'contradicting the initial project'. The Committee, in turn, did not accept this criticism as it had not been defined beforehand whether the proposed hospital should be allopathic or homoeopathic. While feeling that a mutually acceptable decision could not be achieved, the Ministry passed this discussion to the Board of Ministers. The Board, experiencing considerable pressure from both sides, passed the problem to the Tsar Alexander III. On October 18, 1885 the Highest Assent to open a homoeopathic hospital was received. General Otton Richter (1830–1908), an honorary member of the Society since 1884, and a head (1881–95) of the 'Commission for Requests submitted to the Highest Name', recommended that the Tsar should agree to this proposal. Commenting on the decision to pass the money to homoeopaths, the weekly periodical *Vrach* (issued in 1880–1901), a flagship of the Russian school of medicine , remarked:

> We can understand that if the high-ranking persons in the Ministry of Communications do worship homoeopathy, there will always be a sufficient

> number of those railway engineers able to believe in homoeopathy. But we cannot understand why at the very beginning of the collection [of money] no one announced that the money will be used to establish a homoeopathic hospital? One may guess that among the engineers there would be found many who would prefer a more practical use of the money, and more fit to the level of their mental development.[12]

Nevertheless, this was only part of the affair as the homoeopaths were in need of a plot of land in the centre of the city to establish the hospital. They approached the Tsar to cede a plot at Litseiskaia (now Rentgen) Street. At the end of the 1880s the position of homoeopathy at the Tsar's court had been consolidated by attracting Rear-Admiral at the suite of His Emperor Majesty, Vladimir Basargin, and a General of the General Staff, Dmitry Tsikeln (both elected as members of the Board of the Society in 1888), as well as by the appointment of Nicholas Durnovo (1834–1903), an honorary member of the Society since 1886, as Minister of Interior in 1889. Minister Durnovo submitted, with his support, the request of homoeopaths to the Tsar and the needed plot was obtained. The hospital was built under the supervision of another supporter of homoeopathy, the prominent St Petersburg architect Pavel Suzor (1844–1919), an honorary member of the Society since 1899. It was officially opened on 19 April 1898.[13]

## Provincial Healers and Distribution of Homoeopathic Drugs

AN IMPORTANT PART OF THE ACTIVITIES of Russian homoeopathic pharmacies, which were situated exclusively in large metropolitan cities, was the distribution of homoeopathic manuals and kits to their provincial customers. The geography of the delivery of homoeopathic medicines and manuals reflects both the enlargement of the borders of the Russian Empire and the spread of the influence of the central power throughout the provinces and the frontier areas. The most influential Russian homoeopathic pharmacy was at the St Petersburg Charitable Society of the Followers of Homoeopathy. When the pharmacy was opened in 1881 almost all its customers were inhabitants of St Petersburg. However, because of the efforts of the Society, which aimed at disseminating information on homoeopathy throughout Russia from 1883, more and more people from the provinces wrote to the pharmacy requesting kits and domestic manuals. The Orthodox missionaries in the Trans-Baikal areas in East Siberia, supported by the high local Church authorities, reportedly used homoeopathic drugs received from that pharmacy for the treatment

of the native population and, thereby, attracted it to Christianity.[14] The pharmacy received requests for kits and manuals from the Russian military and civil staff in Bulgaria, where the Russian army had entered during the war with Turkey (in 1877), and from the lands in the Trans-Caspian areas conquered in the 1820s. Requests from Russian pilgrims from the Greek Mount Athos were also received.[15]

It was repeatedly mentioned in the reports delivered at the annual meetings of the Society in the 1880s and 1890s that the number of rural priests treating with homoeopathy and turning to the pharmacy was growing from year to year. Homoeopathy in the Russian rural localities had first been spread by landlords, especially during the epidemics of cholera and diphtheria, and, from the last quarter of the nineteenth century, mostly by the rural priests. While seeing the effect of homoeopathic treatment with their own eyes, priests advised each other to add physical treatment to the spiritual one.[16] Thus, in 1900, the priest Georgy Akimov of the village Staro-Burukshinskoe in the Stavropol' district reported:

> Two years ago, according to the advice of my neighbour priest, who had been practising homoeopathy for 18 years, I ordered from St Petersburg a homoeopathic kit and a book by Laurie 'Domestic homoeopathic medicine'. In order to make me acquainted with initial data on homoeopathic pharmacology, the neighbour presented me with 'Pharmacology' of Deriker.[17] ... I had started to treat myself against haemorrhoids, later I began administering drugs to my parishioners. The rumour that 'the father' had some medicines for various diseases and many people benefited from that, spread quickly, not only in my parish, but also far away ... [18]

After demonstrating several examples of successful treatment, the priest concluded: 'I am calling on all my spiritual brethren: homoeopathy is not harmful, on the contrary, it would be worthy for all priests to carry out the treatment of their sick parishioners with homoeopathic medicines, which are more effective, more harmless and cheaper than allopathic ones.'[19]

The 'saint' Russian cleric, Feofan the Hermit (1815–94), Vasily Govorov in the outside world, wrote to one of his ecclesiastic friends in 1883: 'Accept my congratulations on obtaining a homoeopathic physician as well as a kit. All the diseases will now be checked. It will be especially useful for the baby. You will see it by yourself. You have asked my advice on how to take these medicines. I have many homoeopathic books, the prescriptions being different in different sources ...'[20] In a letter to another correspondent, Feofan wrote in the same spirit: 'I have heard that you are going to rely on homoeopathy. Fine! I hear that the grains help many people. They also take them from me and, it seems that they are helpful.

There are many books about this. In my opinion, the following are the best ... I enclose Aconitum and Belladonna, take it in turn. During the attacks [no explanation of which kind], take them every 1, 2, 3 hours ...'.[21]

With the abolition of serfdom (1861) and the introduction of the Zemstvo system of local self-government (1864), the landlords' role in the spread of homoeopathy in the rural localities was decreasing. Nevertheless, in many places until the Bolshevik revolution of 1917, the landlords had used homoeopathy to treat the peasants; not any more as thoughtful owners but as charitable rich neighbours. So, Count Alexander Sheremetiev, in the village of Ulianovka, established a homoeopathic out-patient clinic and hired a physician exclusively to offer help free of charge to the local peasants. Another landlord, Count P. Kapnist in the Poltava province in the Ukraine, personally treated the local peasants during diphtheria epidemics, reportedly with very good results. Evidence of this 'homoeopathic fashion' among the landlords can be found in literature. For example, Chemistry Professor Alexander Engelhardt (1832–93) wrote in 1873, when he was in exile for his political views in a remote village in the province of Smolensk:

> There is a mistress here who treats with homoeopathic grains, with occasional success. Siddor [a peasant] and other peasants are persuaded that this mistress 'knows' and conjures on the grains. Many times I have tried to convince him that they [the grains] are simply homoeopathic medicines which can be bought and given when somebody becomes ill and that everybody treats with homoeopathy because it is not difficult, and requires no specific knowledge, but he has refused to change his mind. [In his opinion]: what kind of medicine is that? There is no taste or smell, [the medicine] being hardly felt in mouth – no, this is no medicine. No doubt, she 'conjures' on the grains. A feldsher gives medicines, either bitter or sour. This is a drug, and that one [given by the mistress] is the 'conjuring'.[22]

Two points attract attention from this quotation. First of all, before regular homoeopathic propaganda started in the 1880s with the establishment of the St Petersburg Charitable Society of the Followers of Homoeopathy, Engelhardt states that 'everybody treats with homoeopathy'. Although it cannot be known what 'everybody' means, Engelhardt must have been a witness to many homoeopathic experiences in the locality. Secondly, Engelhardt's conviction that homoeopathic treatment is 'not difficult, and requires no specific knowledge' testifies that his own knowledge on homoeopathy was obviously superficial. He seemingly based his statement on his experience of seeing lay people being treated exclusively with homoeopathic remedies. In Anton Chekhov's 1885 novel *Simulianty*

(*Malingerers*) the image of a similar noble woman, the wife of a General, treating peasants homoeopathically can be found. Hanging over her is a picture of a priest who had treated her and, thereby, had converted her to homoeopathy although, in the story, the treatment is performed with 'electro-homoeopathic drugs' by an Italian, Caesare Mattei (1809–76).[23] Although the real attitude of Anton Chekhov (1860–1904), a physician himself, towards homoeopathy is not known, some details omitted in the final version of the story testify that he was familiar both with the leading domestic homoeopathic manuals of that period and with the practice of homoeopathic pharmacies of distributing medicines by mail.[24]

Rural healers, priests and landlords played an important role as disseminators of homoeopathic information throughout the rural intelligentsia, especially for those young provincial physicians, who kept their minds open and who were ready to learn new things. Indeed, it was not unusual that physicians made their first acquaintance with homoeopathy from lay-people, especially priests. Dr Koisevich, a Polish homoeopath of Kotsk, first heard of homoeopathy after receiving a small homoeopathic kit of 16 medicines and a manual as a gift from an official in St Petersburg.[25] Another Polish homoeopath, Dr Ferdinand Dlugoborsky (1821–94), first became interested in homoeopathy after seeing a woman being successfully treated by a Catholic priest.[26]

The conversion to homoeopathy of the distinguished Russian homoeopath, Dr Pavel Soloviev (1843–1911), one of the founders of the St Petersburg Charitable Society of the Followers of Homoeopathy and the Chief Physician of the Alexander II Homoeopathic hospital in St Petersburg from 1898 to 1911, is illustrative. The first time he became interested in homoeopathy was when he was working as district physician (1872–75) in the Syzran' district of Samara province. He saw homoeopathic domestic manuals and medicines in use by the rural clergymen and landlords. When he moved to the Viatka district, another provincial Russian locality, he again met many rural clergymen using homoeopathic treatments. He decided finally to convert to homoeopathy and received the permission of the Red Cross which hired him to use homoeopathy in his day-to-day practice. His success in the homoeopathic treatment of typhus, where he lost only 12 patients out of the 188 he treated, led to the Chairman of the Chief Department of the Russian Red Cross to send him a telegram of congratulation.[27]

Although the Zemstvo authorities usually were hardly influenced by pro-allopathic Zemstvo physicians, sometimes they asked the rural intelligentsia, usually priests, to offer homoeopathic treatment in the distant

villages. So, the Belev Zemstvo in the Tula province supported for 15 years homoeopathic treatment offered by the local clerics and was 'completely satisfied with this treatment'.[28] The demand for any level of qualified medical support was so high, until the last quarter of the nineteenth century, that not only in villages but also in the provincial cities, medical services offered by educated people were welcomed. For example, the participators in the Decembrist revolt of 1825 and the members of their families,[29] who were exiled to Siberia, were often asked to provide medicines and medical advice. Dr Ferdinand Wolf (1796–1854), the only physician among the Decembrists, Mikhail (1788–1834) and Natal'ia (1803–69) Fonvizin, as well as Pavel Bobrishchev-Pushkin (1802–65), practised medicine in Tobolsk. Bobrishchev-Pushkin treated patients homoeopathically and, reportedly, was especially effective during the epidemic of cholera in 1847.[30]

## Russian Homoeopathic Societies

WHILST THE ST PETERSBURG SOCIETY of Homoeopathic Physicians, founded in 1868, proclaimed in its 'Regulations' that its chief aim was to be a scientific society to persuade physicians in the advantages of homoeopathy, all other Russian homoeopathic societies viewed themselves mainly as providers of homoeopathic treatment available to all. However, there was no difference in the activities of societies in offering homoeopathic treatment. The extremely low fee of 30 kopeck (i.e. 0.3 rouble) charged by all the societies for the visiting doctor-homoeopath hired by the society enabled almost everybody to receive homoeopathic treatment. The poor sick persons could also get treatment and medicines free of charge after evidence of poverty was presented. Approximately 30 per cent of all treatment and provision of homoeopathic medicines was free in the different societies. The 'charitable expenses' were covered mainly from private donations, from issuing homoeopathic literature and from the distribution of homoeopathic medicines by the pharmacies at the societies. This pronounced charitable character of homoeopathic societies engendered a benevolent attitude from the local municipal authorities who saw homoeopathy as a cheap ally in protecting the health of people. So, at one of the meetings of the Khar'kov Duma (municipal board) in 1900, a request from the Khar'kov Society of the Followers of Homoeopathy for a budget of 200 roubles was discussed. Naturally, the allopathic physician members of the board strongly opposed the request. The Mayor stated: 'We can discuss this problem exclusively from the point of view that the homoeopathic society serves the interests of some part of the inhabitants who find it more comfortable to turn to the

help of homoeopathy, freeing us partially from delivering medical support to the population'.[31] Finally, the meeting decided not only to assign the 200 roubles requested, but also added 100 roubles to the budget. Apart from direct financial support, there were numerous instances where homoeopaths held their meetings in municipal halls. Mayors warmly greeted those meetings and, sometimes, were even members of homoeopathic societies, such as Grigory Marazli (1831–1907), the Mayor of Odessa from 1878 to 1895.[32]

Many societies maintained a large correspondence with those asking for chargeable homoeopathic advice which represented a significant part of the budget of the societies. Nevertheless, when it was needed, the societies provided their advice and medicines free. So, the physicians of St Petersburg Charitable Society of the Followers of Homoeopathy maintained a permanent correspondence with the principals of the Raivolov and Tsarskoe Selo vocational orphanages and sent them homoeopathic medicines free of charge.[33] This was part of the charitable activity of the Society. The charity of homoeopathic societies attracted the participation of many high-ranking clergymen as it fitted the ideals of the early Christianity adopted by the Russian Orthodox Church. Unfortunately, the St Petersburg Charitable Society of the Followers of Homoeopathy was the only homoeopathic society which published a detailed annual report. Nevertheless, an analysis of the occupations of the patients treated in the homoeopathic out-patients' clinics of the societies, as reported in periodicals and brochures, discloses that it was mostly the lower middle class who turned to the clinics. Those from the nobility and the high-ranking officials who preferred homoeopathy turned to the same physicians but as private patients.

## Russian Homoeopathic Literature

RUSSIAN HOMOEOPATHY HAD a strongly pronounced domestic character. The number of homoeopathic physicians in pre-World War I Russia had always been insignificant. There were about 100 openly practising homoeopathic physicians and the same number of others who were hiding their practice behind terms like 'specific' from among 16–18,000 doctors who were practising throughout the Russian Empire. So, the Russian homoeopathic literature reflected the demand of a wide public for 'understandable' homoeopathy. This is one of the reasons why Russian homoeopathy, which had not adopted the pure classical homoeopathy of Hahnemann, did not integrate the new ideas of John Henry Clarke

(1853–1931) and James Tyler Kent (1849–1916) at the end of the nineteenth and the beginning of the twentieth centuries. Neither Russian original authors and publishers, nor Russian homoeopathic societies, which were comprised almost exclusively of laymen, had any desire or possibility to issue or translate books destined for physicians as they would not have had a sufficient number of purchasers. Thus, no repertory was published in Russian until World War I. On the contrary, the domestic manuals (*lechebniki*) had enjoyed wide public demand. Of the foreign authors, the domestic manuals of the German physicians Clotar Müller (1818–77), Franz Hartmann (1796–1853) and Constantin Hering (1800–80) had been issued in large numbers and were especially popular among Russian adherents of homoeopathy. From the 1880s, the books of Richard Hughes (1836–1902), particularly his *A Manual of Pharmacodynamics*, enjoyed wide popularity. Among Russian authors the manuals of Vasily Deriker and Pavel Soloviev were republished up to five times. In addition, Russian homoeopathic societies provided a large number of brochures and pamphlets on separate diseases, especially those of an epidemic character from which Russia suffered, such as cholera, diphtheria and typhus. These brochures were either sold cheaply or distributed free. Being aware that homoeopathy was especially popular among clergymen, the homoeopathic societies also tried to attract provincial priests, using their close connection with the Chief Procurator of the Holy Synod, the highest Church authority, Constantine Pobedonostsev (1827–1907), and also the editors of principal church periodicals. So, the St Petersburg Society of the Followers of Homoeopathy issued a brochure on *Some brief information about homoeopathy* and attached it to *Tserkovnye vedomosti* (*The Church Gazette*) to which all parishes in Russia had an obligatory subscription. This attachment was done with the personal permission of Constantine Pobedonostsev. The Society was completely satisfied with the financial results:

> The income of the pharmacy at the Society in 1890, grew by 4,333 roubles in comparison to 1889, due to an increased sale of homoeopathic drugs. This should be seen as a proof that the number of those following homoeopathy is growing year after year. The growth has been enabled by the publishing of the brochure entitled 'Some brief information about homoeopathy' issued in 50,000 copies. This brochure has been distributed free of charge among the rural clergymen, the rural teachers and all the people who wish to get it ... In 1890, 417 clerics and 72 rural teachers turned to the pharmacy in order to obtain homoeopathic drugs.[34]

Coincidentally, the editor of the periodical, a dean of the Isaac Cathedral in St Petersburg, Father P.A. Smirnov, was an avowed and

committed adherent of homoeopathy. This publication increased noticeably the number of priests who practised homoeopathy. Another high-ranking churchman, Father A.P. Troitsky, the editor of the periodical *Kievskie eparkhialnye vedomosti* (*The Kiev Eparchial Gazette*), issued in thousands, was a member of the Kiev Society of Followers of Homoeopathy.

## Summary

IN CONCLUSION, HOMOEOPATHY IN RUSSIA spread most actively in those places where allopathic control over medical affairs was either absent (distant villages and small provincial towns until the last quarter of the nineteenth century) or weak or weakened by specific conditions (army or navy). Thus, the main customers for homoeopathic treatment were peasants and military staff. In contrast, in the metropolitan cities, such as St Petersburg, Moscow, Kiev, Odessa and Kharkov, homoeopathy flourished mainly because of the support of high-ranking officials, the nobility, the higher clergy and the local authorities. This support reduced the resistance of allopathic institutions. The pronounced charitable character of homoeopathic organisations helped to attract supporters and to offer homoeopathic treatment to the poor sick. The main customers for treatment in cities were the representatives of the lower middle class. It is important to stress that the lay direction in Russian homoeopathy had been established as a natural course of things. The effort to ignore it and to establish a professional direction by founding a 'physicians only' homoeopathic society in 1868 was unsuccessful. In 1880, the society divided into professional and lay organisations. The lay society, the St Petersburg Charitable Society of the Followers of Homoeopathy, became the most influential and powerful Russian homoeopathic body, while the St Petersburg Society of Homoeopathic Physicians was insignificant until the mid-1890s when it decided to join the lay mainstream by issuing brochures, manuals etc. for laymen. Thus, the pronounced lay character of Russian homoeopathy remained unchanged from the emergence of homoeopathy in the Russian Empire to its breakdown at the time of World War I.

## Notes

1 'During their stay in camps as well as during epidemics, the armies often had considerable losses in manpower and were especially interested in a successful therapy. At the same time, they were open to experiments and provided soldiers as easily available "patients' material"'. M. Dinges, 'Die Internationalität der Homöopathie' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 384–85.

2 Carl Bojanus, *Gomeopatiia v Rossii* (Moscow, 1882), 14.

3 Bojanus, *Gomeopatiia*, 10 and 14.

4 Bojanus, *Gomeopatiia v Rossii*, 126. On Mandt and his 'system', representing a medley of Hahnemann's practical findings with Rademacher's ideas, see also Rudolf Tischner, *Geschichte der Homöopathie* (Vienna, 1998).

5 The diary of Dr Chistovich is kept in the library at the St Petersburg Military-Medical Academy. See E.N. Pavlovsky, *K.M. Baer i Mediko-Khirurgicheskaia Akademia* (*K.M. Baer and the Medico-Surgical Academy*) (Moscow and Leningrad, 1948), 201. Because Chistovich repeatedly demonstrates his negative attitude toward homoeopathy, and because of the strange style in which his diary is written (there is a strong feeling that the diary was written exclusively to be read by a wide public), these facts deserve thorough research.

6 Cantonists: the soldiers' sons who were obliged to undertake military service in the Russian Empire during the period 1805–65.

7 Bojanus, *Gomeopatiia*, 9.

8 Bojanus, *Gomeopatiia*, 14–24.

9 L. Reichenbach, 'Dr Pribyl', pervyi gomeopat na Kavkaze' ('Dr Pribyl', the First Homoeopath at Caucasus'), *Zhurnal St Peterburgskogo Obshchestva vracheigomeopatov* (Journal of the St Petersburg Society of Homoeopathic Physicians), 8 (1873), 239–50.

10 *Vrach-gomeopat* (*Homoeopathic Physician*), 3 (1895), 149.

11 Sergey Witte: a Russian state figure, Minister of Communications (1892), Finance Minister since 1892, Chairman of the Committee of Ministers since 1903, Chairman of the Board of Ministers in 1905–06.

12 *Vrach* (*Physician*), 46 (1885), 777.

13 Ilia Sundi, *Istoricheskaia zapiska o vozniknovenii i deiatel'nosti Sankt-Peterburgskogo Obshchestva posledovatelei gomeopatii za vremia so 2–go maia 1881 po 2–e maia 1891 g.* (Historical Writing on Emergence and Activity of the St Petersburg Society of the Followers of Homoeopathy During the Period from 2 May 1881 to 2 May 1891) (St Petersburg, 1892), 22–23 and 25. In 1818, the hospital was taken by the Bolshevik government and transformed into an Institute of Roentgenology. The memorial of Alexander II in front of the main entrance of the hospital was destroyed, and a memorial of Conrad Roentgen was erected instead. This building now houses the department of Roentgenology and Radiology of the

St Petersburg Pavlov Medical Academy. For more detail on the Alexander II Hospital, see the chapter 'Alexander Homeopathic Hospital' in Alexander Kotok, *The History of Homoeopathy in the Russian Empire until World War I, as compared with other European Countries and the USA: Similarities and Discrepancies* (PhD thesis, Hebrew University, Jerusalem, 1999; published on the internet under: http://www.homeoint.org/books4/kotok); and Alexander Kotok, 'The Alexander II Hospital in St Petersburg', *The Homeopath*, 79, (2000), 8–11.

14 On this experience see 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 (1997), 176–77.

15 Sundi, *Istoricheskaia*, 13, 18.

16 Kotok, 'Homeopathy and the Russian Orthodox Clergy', 176–77.

17 Vasily Deriker (1812–78): a prominent lay propagandist of homoeopathy, the virtual founder of the St Petersburg Society of Homoeopathic Physicians (established in 1868), the editor of the first Russian homoeopathic periodicals *Zhurnal gomeopaticheskogo lecheniia* (*Journal of Homoeopathic Treatment*) issued in 1861–63 and *Zhurnal St Peterburgskogo Obshchestva vrachei-gomeopatov* (*Journal of the St Petersburg Society of Homoeopathic Physicians*) issued in 1872–76. For a bibliography of Deriker's writings see Kotok, 'Homeopathy and the Russian Orthodox Clergy', 178.

18 *Vrach-gomeopat* (1900), 106–07.

19 *Vrach-gomeopat* (1900), 107.

20 *Sobranie pisem sviatitelia Feofana* (*Collected Letters of St Feofan*) (Moscow, 1901), 73.

21 *Sobranie*, 84.

22 A. Engelhardt, *Dvenadtsat' pisem iz derevni* (*Twelve Letters from the Village*), (Moscow, 1956), 155.

23 On Mattei and his 'electrohomoeopathic' medicines see Robert Jütte, *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 229–33.

24 See *Vestnik gomeopaticheskoi meditsiny* (*Homoeopathic Medicine's Herald*), 2, 6 (1997), 86–91.

25 *Zhurnal St Peterburgskogo Obshchestva vrachei-gomeopatov*, 5 (1873), 149.

26 *Vrach-gomeopat*, 10 (1894), 493.

27 *Vestnik gomeopaticheskoi meditsiny*, 8 (1909), 254–55.

28 *Vrach* (1886), 264. For a detailed discussion of this and other zemstvo homoeopathic experiences, see the chapter 'Homoeopathy and Zemstvo Medicine' in Kotok, *History of Homoeopathy in the Russian Empire*.

29 The Decembrist revolt: the revolt of the nobility, mainly represented by army officers, against the monarchy and serfdom in Russia in December 1825. After the revolt had been suppressed, many of its participants were exiled to Siberia.

30 *Nash krai* (*Our Land*), 7 (1925), (11), 9 and 8–9 (12–13), 9. See also G. Mendrina, *Meditsinskaia deiatel'nost' politicheskih ssyl'nykh v Sibiri* (*Medical Activity of the Political Exiles in Siberia*) (Tomsk, 1962), 20.

31 *Vestnik gomeopaticheskoi meditsiny*, 1 (1900), 29.

32 For more information on Odessa homeopathic societies see the chapters 'Odessa Society of the Followers of Homeopathy' and 'Odessa Hahnemannian Society' in Kotok, *History of Homoeopathy in the Russian Empire*; and Konstantin K. Vasylyev, 'Zur Geschichte der Homöopathie im Russischen Reich bis 1917: Homöopathie in Odessa' in Regine Pfrepper, Ingrid Kästner and Dietrich von Engelhardt (eds.), *Von Samuel Gottlieb Gmelins Reise durch Russland bis zum Niedergang der Apothekarfamilie Poehl*, Deutsch-Russiche Beziehungen in Medizin- und Naturwissenschaften, Band 4, Vorträge des Symposiums am Institut für Medizin- und Wissenschaftsgeschichte Lübeck und der Ostseeakademie Travemüde vom 30 September bis 1 October 2000 (Aachen, 2001), 241–50.

33 *21–e obshchee sobranie chlenov St Peterburgskogo Blagotvoritel'nogo Obshchestva posledovatelei gomeopatii 25–go aprelia 1899* (The 21st Annual Meeting of the Members of the St Petersburg Society of the Followers of Homoeopathy on 25 April 1899), (St Petersburg, 1899), 34. This was not the only example of homoeopathic treatment in the orphanages; Dr Lev Reichenbach (1819–99) wrote: 'I came to Baku in the Summer 1861, being invited by Baron T., a doctor in the Trans-Caspian Trade Company. He and his wife alike, were adherents of homoeopathy. His wife had a homoeopathic kit as well as homoeopathic manuals, and treated the poor sick. The fame of my successful treatments had been spreading quickly, and I had a profitable practice ... I was engaged with the supervision over the girls from the St Nina school and boarding school. The girls were returning after vacations with digestive disorders, but were soon recovering after having been treated with Antimonium crudum and Pulsatilla' (*Zhurnal St Petersburgskogo Obshchestva vrachei-gomeopatov*, 9 (1872), 268–76).

34 Sundi, *Istoricheskaia*, 13, 40–41.

# 'Patients don't care from where the cure comes': Patients' Choice of a Homoeopathic Folk Healer in Iceland

*Sigríður Svana Pétursdóttir*



IN THE YEARS 1936 TO 1940 a comprehensive law on Social Security was introduced in Iceland, making it possible for everyone, whether rich or poor, to go to the doctor and to buy medicines without considering the cost. The most logical conclusion might be that the new law would have put unauthorised healers out of business. However, this was not the case, according to a survey of health care utilisation in Iceland conducted by the Director General of Public Health in 1985 and 1990.[1] The purpose of this paper is to study the business of a homoeopath who had a fairly large practice in Iceland from 1905 to 1955.[2] It will examine whether cost played an important role in people's decisions to consult the homoeopath, and whether they started to consult the doctor rather than the homoeopath after the introduction of the new law in 1936–1940.

## Introduction

THE ISSUE OF SOCIAL SECURITY gained momentum in north, central and western Europe in the last decades of the nineteenth century. Besides a growing understanding and a general trend towards more humane treatment of people, laws on social security were being enacted as a general reaction to

problems created by industrialisation and workers' movements that followed in its wake.[3] In Iceland, industrialisation had hardly begun at the end of the nineteenth century. The Icelandic population had been slowly growing from the beginning of the century, making it difficult for young people to make a living in the traditional farming economy. Therefore, many moved to the few fishing villages and towns where they hoped to earn a better living. Thousands also emigrated to the New World between 1870 and 1905 but, for some, poor relief was the only possibility. This was usually the last option as those who received poor relief lost their civil rights and had to face contempt from their countrymen.[4]

Provision was made for the poor to seek medical help from 1760 when the first doctor, Bjarni Pálsson (1719–79), was appointed as the Director General of Public Health. The accompanying instructions clearly stated that it was his obligation to serve all who needed medical attention; the rich were to pay, the poor not. Doctors were awarded some extra money so that the poor would not have to pay for medicines.[5] As is often the case, the intention did not match the reality. Immediately after his appointment, the number of patients unable to pay for his services increased greatly. As there was no hospital, he took many patients into his home for varying periods of time, at his own expense.[6] His successor stopped taking in patients and insisted that payment was made for the services rendered. In the case of poor people, their community was to pay. If not, they should not be treated.[7] This could only lead to poor people using their own remedies, the folk healer or whatever they could afford. This seems to have been the general trend. Although the number of people each doctor was supposed to serve was large, this was not significant as those who consulted doctors were relatively few. Those who did go to the doctor were undoubtedly served but those who had some means were more likely to consult the university-trained physician than others. Thus, it is more likely that the doctor would have treated the patient who could pay for his services, than the one who could not.[8] The same was also true for the medicines awarded to the poor as the sum available was always so limited that there were few who could benefit. The Icelandic Parliament, the *Althing*, often discussed reallocating this money and, in 1877, it was finally decided to abandon poor relief medicine altogether.[9]

Although bills concerning Social Security were frequently proposed from 1885, it was not until 1911 that a bill on Health Security was passed for the first time. In 1932 amendments were made to that bill and, in 1936, a new bill on Social Security was passed in which every Icelander between the ages of 16 and 67 was obliged to participate. Changes made the year

after and again in 1940 form the basis of the present Social Security system. The first laws on Health Security, between 1911 and 1936, were based on the free participation of those who wanted to secure themselves against illness. However, participation was always minimal and, consequently, the results did not match hopes and expectations. Thus, the laws prior to 1936 were incomplete and of little use. Social Security was only for a few individuals, the old age pension was at the lowest possible level and only accident insurance was of worth to workers.[10]

Health insurance was of little help if a doctor was not within reach. Medical legislation in Iceland defined who was allowed to practice medicine and who was not. This was in accordance with legislation in many countries such as Germany[11] and the Netherlands.[12] The Icelandic medical legislation dated back to 1672 which stated that only university-trained physicians could deal with the sick and ailing.[13] Legislation in 1794 banned all healing without a licence though, if someone showed definite abilities and knowledge in healing, a limited licence could be acquired.[14] The authorities knew that qualified physicians were too few and, therefore, it would be necessary to allow folk healers.[15] In 1850, when homoeopathy entered Iceland, there were only eight qualified doctors serving nearly 60,000 people. Thus, not surprisingly, a new addition to the medical market was welcomed. The Director General of Public Health was strongly opposed, but it became evident very quickly that homoeopathy had strong support amongst the public and in the Parliament. Bills were put forward repeatedly in the Parliament to legalise homoeopathy but without success until 1911; the same year as the Health Security bill which necessitated an updating of the law on medical matters.[16] The bill was only to allow for university-trained physicians to be qualified to hold a medical licence. The debates soon came to centre on whether homoeopaths should be allowed to practice or not. The supporters of homoeopathy pointed out the simple fact that people did not want to be without folk healers; in places where good doctors were easily accessible, folk healers would automatically stop practising. Besides, as one MP pointed out, '... patients don't care from where the cure comes'.[17] The outcome was that homoeopaths were included in the bill and were allowed to practice; all other unauthorised practice was prohibited. This remained until 1932 when a new law on medical matters was passed, the predecessor of the present law on medicine.[18] Together with legislation on Health Security and medical matters, the fundamentals of a modern health system were being established. The number of regular doctors was slowly rising, as well as that of other health workers. In addition, people were increasingly aware of the importance of cleanliness

and of personal health care. As government health servants became more accessible to the public, lay healers diminished.[19]

## Arthur Charles Gook (1883–1959)

THE FAVOURABLE ATTITUDE TOWARDS HOMOEOPATHS and the 1911 law on medical licensing was a good start for the young missionary who had moved to Iceland six years earlier, and who was also a trained homoeopath.[20] At the age of 22, in 1905, Arthur Charles Gook moved from England to the small town of Akureyri, on the north coast of Iceland.[21] His purpose was to take over a mission established in 1897 by the Scot Frederic H. Jones (1873–1905).[22] However, Arthur Gook was not just a missionary, though that was his first priority. He had studied homoeopathy and dentistry and his medical capabilities were at least as well received as his preaching. The Mission thrived in Gook's hands and he also travelled extensively to preach. Besides his Bible, Arthur Gook always had his medicine chest with him and soon people from all over the country started to visit him and to write, asking for advice on religious matters as well as medicine. Presently, over 1,000 letters from over 400 people have been registered. Most of the writers ask for medicine for themselves, their families, friends and neighbours. Gook lived in Iceland for 50 years and the letters span the time from 1907 to 1954. In addition to letters from patients, a large part of the correspondence between Arthur Gook and his assistant, Sæmundur Gísli Jóhannesson (1899–1990), survives; nearly 300 letters, written between 1916 and 1952. These letters are written in periods, when either Sæmundur or Gook were away from the mission.[23]

Arthur Gook married in 1907 and his wife, Florence Ethel (born Palmer, 1883–1948), came to live with him in Akureyri. In 1918 she moved back to England with their four children (their first child was a boy who was stillborn) as she was ill and the climate in Akureyri only made her worse. Arthur Gook later bought a house in Bristol for his family and, after 1918, he tried to spend a whole summer, at least every other year, with his family. When in Iceland, he also travelled around the country when the correspondence between him and Sæmundur accumulated. Gook's diary can give supplementary clues although he wrote in it only periodically. His medical casebooks, 1908 to 1924, provide patients' names, their ailment and the medication. However, nothing is noted on the cost of the consultation or the medicines. Last but not least, some of the people who worked with Gook are still alive, living in Akureyri, and were interviewed in 1998 and 1999.[24]

## The Homoeopath and the Doctor

UNFORTUNATELY, THE EXTENT of Gook's medicine business cannot be determined as no mention of payment is made in the medical case books. His method of accounting for how much each paid or owed to him was by writing it on the letters and there can be no certainty as to how many letters there were originally. Besides, people also sent him the subscription for the magazine he published from year 1912, *Norðurljósið* (*The Northern Light*). They just noted that they were sending money for the subscription and the medicines; only occassionally is there a breakdown. Surprisingly, more money and/or stamps was sent than was owed. The remainder was either for the magazine or for the missionary work. One lady sent money and usually stamps with every letter from 1931 to 1953. Obviously, she was not only ordering medicine for herself and her family, but also for some neighbours and friends. In a letter of 1941 she said: 'I enclose with the letter 39 kr., 10 kr. are from ... [Lily] ... 2 kr. for bible-texts ... 17 kr. for Norðurljósið ... the 10 kr. that are left are a small payment for the medicines, which would cost a lot more if they were sold full price ...'.[25]

It might only be the lady's opinion that the medicine was not sold at full price but this accords with oral evidence. Those who worked with Gook all stated that there was no mark-up on the medicine. When Gook travelled to England, to visit his family, he usually purchased medicines from *Nelson's Homoeopathic Pharmacy* in Duke Street, London.[26] His main income came from *Norðurljósið* and the books he wrote on religious matters which he published in Akureyri and sold all over the country and some worldwide. The people in Akureyri usually stated that they had never heard of Gook's medicine being expensive, quite the contrary. One lady said she remembered the medicines well and that they had been very cheap compared to the medicines the doctor prescribed.[27] An old gentleman in Akureyri said that he had known several people who had consulted Gook and that there was no doubt he was much cheaper than the doctor. He added that it was probably because he imported the medicines himself.[28] Also, in the whole collection of letters, no-one mentions that Gook's medicines are expensive or hesitates to ask for them. Some mention that they are short of money at the moment and will pay later. However most request that medicines are sent to them by postal order. One indication is in an autobiography, *Fátækt fólk* (*Poor People*), of a man living near Akureyri. He described how his father, in mid-February 1916, walked in heavy snow to get some help for the baby, who had been ill for a long time. When the father came back after a few days, he had with him a glass of medicine from Arthur Gook, along with a prayer on a piece of paper.[29] Although no

mention is made of cost or of the efficacy of homoeopathic medicines, no mention is made either of the local physician.

As medical knowldege and technology advanced in the twentieth century and more medical personnel were available there is a noticeable change in the patient letters after 1940. Physicians are mentioned more often and more people talk about having consulted a doctor before writing to Gook. He was told what the doctor had done and what had worked and what had not. They talked quite freely about it and the general feeling seemed to be that whatever helped was in order, whether they were consulting a doctor, trying some home-made remedies or contacting Gook. One woman explained that she had had problems with her uterus since the birth of her last child, nine years earlier. She was afraid that the doctor would recommend an operation and she did not want that, at least until she had tried some medication from Gook first, and so she sought his opinion.[30] People had often tried everything possible before going to Gook, such as the lady who contacted Gook through a friend asking for some advice or medicine. She had a nine-year-old daughter who constantly wet her bed at nights. The mother had repeatedly gone to the local physician as well as to other doctors and had tried all kinds of medication but to no avail. She then talked to her friend, who she knew was acquainted with Gook, and asked him to contact the homoeopath on her behalf.[31] Consulting both the doctor and the homoeopath at the same time was obviously not unusual and even a member of the medical profession saw it as perfectly normal to consult Gook. A nurse sent Gook a detailed and precise description of the ailments of a two-year-old boy and she asked Gook, as one health worker to another, whether he thought a solarium would go well with the medication he would prescribe.[32]

The case of Annie's husband is a good example of how many of Gook's correspondents sought a cure for their ailments. Annie wrote five letters and sent one telegram from 15 to 29 August 1943, describing one case. In the first letter, Annie had decided to turn to Gook because of her husband. He had been ill for three weeks, the doctor had diagnosed influenza and prescribed some pills. At first he seemed to get well and after a week he started working again but was tired and half sick. After two weeks he got much worse and had to turn to his bed again. He had fever and now a gland in his groin was inflamed. The doctor came to look at him again and prescribed various pills which made her husband feel still worse, especially during the night. Annie ended the letter by saying that she believed in Gook's help and prayers.[33] Five days later she wrote again thanking Gook for having sent her the medication and being so quick about

it. But, when her husband had just started taking the medicine, a friend of his who was a doctor had diagnosed the problem quite differently from their regular doctor. He prescribed new medication and told them that it might be necessary to operate. Annie then wrote to Gook and tried to excuse herself and her husband saying: 'We had to take this advice because it was likely that your medicine didn't fit anymore, as you didn't get the right description of the sickness.' Her husband was taking the medicine the doctor friend had prescribed but still she asked: 'Can you give me any advice or medicine at this stage? I felt I had to tell you this and seek your advice or medicine, if it is possible.'[34] Two days later she wrote again with a precise description of her husband's sickness. He was still taking the medicine the doctor friend had prescribed and Annie was administering some household remedies of hot compresses and Iceland moss tea. Yet she ended the letter by saying: 'If you have any medicine I will ask the letter bearer to take them. You will then please give me the bill for all this at your convenience.'[35] The day after she declared that the medicine sent by Gook had arrived the evening before and that her husband had started taking it.[36] Nothing more was heard from Annie until she sent a telegram on 29 August to Gook: 'Has been operated. Condition stable. Regards Annie.'[37] Annie and her husband were of a generation born just before 1900. Their case shows how the doctors and their remedies were slowly establishing themselves in the minds of the people, thereby changing the relationship between folk healers and patients.

The case of Beth is another good example of this change. Beth wrote to Gook between 1927 and 1953 and nine letters have survived. The first of these is dated 1 September 1927 and is the first letter she ever wrote to Gook, though she had known him longer, as she asked him to forgive her for not sending him a letter in all these years. She also thanked him for a letter which he had sent to her in April 1922. She described her health, which was relatively good, apart from some trouble with her eyes. She did not ask for any medicine and it is clear that she had not contacted the doctor either, but had resorted to an old household remedy and common sense (compresses and more sleep). She told Gook that she was now much better but very busy, with four children born between 1921 and 1925.[38] In 1944 she wrote and asked for some medicine for her husband. She described his illness as a digestive disorder, saying that probably it was nothing serious but asked for advice, if not medicine.[39] In 1950 she wrote, asking for medicine for both her husband and her son. Her husband's illness was nothing serious, though not the same as previously, but the son was having periodic trouble with his heart. Beth did not mention whether or not she had contacted

the doctor but Gook responded immediately and sent her medicines later that same month.[40] In the autumn of 1952 Beth's husband died and she started to suffer from insomnia. She had written to Gook that same autumn and, in another letter of January 1953, she asked him to forgive her for the letter she had written in the autumn. She had told him that she would not be able to continue to distribute his magazine, *Norðurljósið* as she was having problems with her sleep, was feeling very sick and had problems with writing.

> I am not going to describe how I suffered, when I had already been plagued with ... [insomnia] for 10–11 weeks, and had lost all hope of a cure, when no medicine worked. But the doctor assured me that he could cure me, but still I was sceptical. I thought the only thing I would get out of going to him, was to spend money, (and I then had little of it). But my children and the doctor sincerely wished for me to make this experiment, which I then did, and my children paid everything I had to pay and the good doctor was completely right! He cured me in 3 weeks! Oh, how thankful I was to the Lord for not letting the doctor and my children give up![41]

It is obvious that a new generation was taking over. Beth's children went to the local physician and, together with him, they tried to make Beth see that the doctor and his remedies were her best chance of a cure. Beth, of a generation that was used to taking care of things her own way, was sceptical and thought it would be a waste of money. When she consented to doing what her children wanted, she saw it as an experiment. When the experiment succeeded, Beth thanked first the Lord, then her children and the doctor.

## Conclusion

UNIVERSITY-TRAINED PHYSICIANS were not part of the Icelandic medical market until 1760, when the first doctor was established in office. From then until the first part of the twentieth century, doctors were always too few and/or too expensive to be of use for many of those who needed medical attendance. The 1911 law on Health Security was intended to tackle this but was incomplete. The public therefore continued to seek out folk healers, as had been the custom. New laws in 1936–40 on Health Security were better suited to peoples' needs and, together with more and better qualified health workers and more effective medicine, had started to change views on whether to seek a doctor or a folk healer. Before this legislation, cost did play an important role in decisions about whom to consult. When Arthur Charles Gook moved to Iceland in 1905, he was a most welcome

addition to the medical market. He was cheaper than the doctors, and people immediately began consulting him from all over the country. The older generation were not used to having a doctor in the vicinity and, for them, choosing a lay healer was cheaper and as natural, if not more so, as seeking out the doctor. Their aim was, first and foremost, to get a cure for their ailments, whether they had to use home remedies, the folk healer, the physician, or all of this, as is shown in the case of Annie's husband. Beth's case is a good example of how the older generation ordered their priorities; in her mind the order of whom to thank for her cure was to put the Lord first and the doctor last. In essence, they did not care as long as they were cured, just as the MP had pointed out in parliament in 1911. The next generation on the other hand, like Beth's children, was growing up in a world that brought frequent news of new miracles in medicine. They enjoyed the benefits of a Health Security system that made it possible for them to consult a doctor and to buy medicine without having to consider the costs. For them and future generations, it was the most natural thing to seek out the doctor first and only then, if that did not work, to try the folk healer.

## Notes

1 See Erlendur Haraldsson, 'Research on Alternative Therapies in Iceland' in Helle Johannessen, Laila Launsö, Sören Gosvig Olesen and Frants Staugård (eds.), *Studies in Alternative Therapy 1. Contributions from the Nordic Countrie* (Odense, 1994), 46–50, 47.

2 The names of Arthur C. Gook's patients have been changed and bear no resemblance to the actual names.

3 Gísli Ágúst Gunnlaugsson, '"Þraut er að vera þurfamaður ...". Um þurfamenn og fátækt á Íslandi í lok síðustu aldar og í upphafi þessarar' in Ritstj. Guðmundur Hálfdanarson, Loftur Guttormsson and Ólöf Garðarsdóttir (eds.), *Saga og samfélag. Þættir úr félagssögu 19. og 20. aldar* (Reykjavík, 1997), 130–43, 139–40. On Poor Relief and the Icelandic family see Gísli Ágúst Gunnlaugsson, 'Fátækralöggjöfin og íslenska fjölskyldan á 19. öld', in Hálfdanarson *et al.* (eds.), *Saga*, 85–101. First published in John Rogers and Hans Norman (eds.), *The Nordic Family. Perspectives on Family Research* (Uppsala, 1985), 16–42.

4 Gunnlaugsson, '"Þraut er að vera þurfamaður ..."', 141.

5 *Lovsamling for Island*, 3 (København, 1854), 409–16.

6 When his estate was liquidated after his death, the balance was very low even though he was a high-income citizen. Vilmundur Jónsson, 'Forsaga íslenzkra sjúkrahúsa', *Lækningar og saga I* (Reykjavík, 1969), 187–294, 216.

7 Jónsson, 'Forsaga', 217–18.

8 Jón Ólafur Ísberg, *Líf og lækningar* (unpublished manuscript, Reykjavík, 1999), 153 and 159. He is currently writing the medical history of Iceland.

9 Sigurjón Jónsson, *Alþingi og heilbrigðismáli* (Reykjavík, 1950); *Saga Alþingis V* (Reykjavík, 1956), 37.

10 Jón Blöndal, *Félagsmál á Íslandi* (Reykjavík, 1942); *Saga Alþingis IV* (Reykjavík, 1956), 80.

11 Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' 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), 173–98, 178.

12 Marijke Gijswijt-Hofstra, 'Critics and Converts of Homeopathy: the Dutch Debate in the Nineteenth Century' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 89–109, 104–05.

13 *Lovsamling for Island*, 1, (København, 1853), 340–50.

14 *Lovsamling for Island*, 6, (København, 1856), 190–92.

15 Gerda Bonderup, 'De "kloge" folk og det danske samfund. Kvaksalverforordningen af 5/9–1794 og de første 30 år derefter', *Historisk Tidsskrift* 97 (1997), 275–303, 281.

16 When being scrutinised, the bill on Health Security was sent to the committee that covered the bill on medical licensing for reference as 'The matter is closely related and that committee [on medical-licensing] rests on the Director General of Public Health's suggestions'. *Tíðindi af Alþingi Íslendinga*, 2 (1911), 1399.

17 *Tíðindi af Alþingi Íslendinga*, 2 (1911), 1264–65.

18 Lárus H. Blöndal and Vilmundur Jónsson, *Læknar á Íslandi I* (Reykjavík, 1970), 72.

19 In 1907 there were 53 quacks in the country, 43 in 1909 and 37 in 1910. Guðmundur Björnsson landlæknir, *Skýrslur um heilsufar og heilbrigðismálefni á Íslandi 1907–1908 og 1909–1910* (Reykjavík, no date), 3, 6.

20 Arthur Gook started curing homoeopathically immediately after his arrival in Iceland so the bill might not have changed much for him. Still, Arthur was a very conscientious man and if charged with quackery, as would have been possible before the passing of the new law, he might have stopped the practice altogether.

21 In the year 1901 Akureyri had 1,370 inhabitants. Guðmundur Jónsson and Magnús S. Magnússon (eds.), *Hagskinna. Icelandic Historical Statistics* (Reykjavík, 1997), 121, table 2.9.

22 Private Archives ACG (= PAACG) (Pétursdóttir/Irene Gook), Arthur C. Gook, 'Notes re Missionary work in Iceland for a Young People's missionary meeting at Grace Chapel Westmount, Montreal June 1953'.

23 The quantity of Arthur Gook's correspondence was considerable, but the actual extent is impossible to know as a sizeable part is now lost. This certainly raises the question of whether anything conclusive can be drawn from the letters as not all are extant. Access to the whole collection of letters would have been beneficial but the collection is still sizeable enough to give some indication of what patients were thinking.

24 With Gook's daughter, Irene (b. 11 August 1909), with the widow of Gook's assistant, Þóra Guðrún Pálsdóttir (b. 21 September 1926), the present head of the mission Jón Hilmar Magnússon (b. 7 October 1925) and several other people in Akureyri, who remember Gook and were living there at the same time as him. The sources mentioned above have only recently been found and are, at present, privately owned and kept.

25 PAACG, Arthur C. Gook, Letter, 41/002, 30 January 1941.

26 Interview, Irene Gook, Akureyri 1998. Irene remembered going several times with her father to Nelson's to buy medicines. Besides taking medicines with him when going back to Iceland, Gook also ordered medicines regularly from Nelson's and had them sent to Akureyri.

27 Interview, Inga Sólnes, (b. 12 August 1910), Akureyri 1999.

28 Interview, Gísli Ólafsson, former Chief of Police in Akureyri (b. 23 June 1910), Akureyri, 1999.

29 Tryggvi Emilsson, *Fátækt fólk. Æviminningar* (Reykjavík, 1980), 147–50.

30 PAACG, Arthur C. Gook, Letter, 13/001, 19 May 1943.

31 PAACG, Arthur C. Gook, Letter, 73/004, 22 February 1933.

32 PAACG, Arthur C. Gook, Letter, 13/015, 7 January 1943. The nurse does not mention whether the child is hers or someone else's.

33 PAACG, Arthur C. Gook, Letter, 81/023, 15 August 1943.

34 PAACG, Arthur C. Gook, Letter, 81/023, 20 August 1943.

35 PAACG, Arthur C. Gook, Letter, 81/023, 22 August 1943.

36 PAACG, Arthur C. Gook, Letter, 81/023, 23 August 1943.

37 PAACG, Arthur C. Gook, Letter, 81/023, 29 August 1943.

38 PAACG, Arthur C. Gook, Letter, 73/003, 1 September 1927.

39 PAACG, Arthur C. Gook, Letter, 73/003, 1 December 1944.

40 PAACG, Arthur C. Gook, Letter, 73/003, 14 September 1950. In a letter dated 29 September 1950 Beth thanks Gook for the letter and medicines, sent 21 September.

41 PAACG, Arthur C. Gook, Letter, 73/003, 6 January 1953.

# Sören Jensen: a Danish Homoeopath, his Time and his Patients (1874–84)

*Anna-Elisabeth Brade*



## Introduction

THIS ESSAY IS BASED ON A COLLECTION of letters[1] addressed to a general homoeopathic practitioner, Dr Sören Jensen (1811–87) whose clinic was in Skindergade[2] in the old centre of Copenhagen. Who was Sören Jensen? He was born on 18 February 1811 in Højslev, a small village in North Jutland as a son of the Rev. Iver Jensen and his wife Mette Marie Kastrup. Though he came from an academic family he finished his schooling without a General Certificate but in 1835 he is noted in the register of the Royal Surgical Academy as a student of surgery.[3] Thus, he belongs to one of the last classes which could be admitted without a General Certificate. His professional background at the time of admission was probably that of the traditional practical training of a barber surgeon. At the Academy he was able to supplement this training with a theoretical education combined with a clinical training at the Royal Frederic's Hospital. In 1837, he finished his studies at the Autumn examination ostensibly with a very low second class degree. Unlike most of his fellow students at the University of Copenhagen, his insufficient General Certification prevented him from enrolling for studies towards the final medical University examination. From 1837 to 1839 he was employed in the military as a company surgeon,

attached to the King's Regiment and, in 1853, he is known to have been a cholera doctor in Copenhagen.[4] Thereafter, he practised as a homoeopath in Copenhagen until his death at 76 years of age in 1887.[5] He married Laura Hutzen, daughter of master joiner Carl Hutzen and Eva Lund, living in Roskilde.[6]

Why did Sören Jensen choose to practise as a homoeopath? There is no direct evidence, but it is likely he realised that his less than substantial qualifications reduced his chances of promotion as a surgeon in the military or in the mercantile marine, especially as there was no shortage of surgeons. The reorganisation of medical education in 1842, which resulted in the unification of medicine and surgery, created a further obstacle. The revised medical syllabus was placed under the Medical Faculty of the University of Copenhagen: medical graduates had the right to practise medicine as well as surgery, but Sören Jensen's sphere was limited mainly to surgery. He must have been quite aware of that fact during the cholera epidemic. In private practise, surgery would only deal with minor injuries which normally were still treated at home without the use of doctors. Major surgical cases calling for specialist intervention and apparatus, such as the use of anaesthesia, were treated in one of the three hospitals. Furthermore, as Sören Jensen had insufficient qualifications he could not establish himself as an independent barber surgeon and maintain an emergency room for the acutely injured.[7] However, by establishing himself as a homoeopath he could practise legally the profession in which he was educated and, at the same time, increase the number of his patients. Here he was also within the framework of legality as only 'examined and authorised Doctors had the right to attempt homoeopathic Cures'.[8] The neutral term of 'attempt' was used here as homoeopathy was not a treatment accepted by the Danish medical world nor by the relevant Danish government authorities.[9]

## Danish Homoeopathy

HOMOEOPATHY WAS INTRODUCED into Denmark by Hans Christian Lund (1765–1846), an unqualified surgeon who, from 1821, practised homoeopathy in Copenhagen. Homoeopathic treatment met very strong resistance from authorised doctors and was practised mainly by an unknown number of laymen whose activities were illegal from 1794. Very few authorised medically educated doctors openly dared to use homoeopathic therapies in their practises and to call themselves homoeopaths (Table 1). In the rest of Denmark only two homoeopaths, educated as allopaths, were practising.

There was no homoeopathic school in Copenhagen with a standardised syllabus and a final examination. The education was therefore based on self-tuition where the German literature absolutely dominated. Few of the allopathically educated homoeopaths went abroad for further studies. Until the mid-1850s, Danish homoeopathic literature was based on translations of mainly educational works for the public. The Danish Homoeopathic Society was founded in 1854 and the members included homoeopaths as well as some sympathisers from among laymen, especially from the upper and lower middle classes. Although membership was small, c.100 in 1884 and only c.50 in 1894, the Society published a periodical almost continuously from 1860 to the end of the century. Its professional content and layout were oriented towards the current allopathic specialist literature, in order to oppose the allopaths' objections which were focused mainly on homoeopathic dosages and the lack of scientific documentation according to the laws of allopathically approved trials or experiments.[10] During the time of this dispute, which was characterised by very violent allopathic attacks and similarly robust homoeopathic defences, Sören Jensen operated his homoeopathic clinic.

## Sören Jensen and his Patients: a Letter Collection

THIS HISTORICAL ANALYSIS is based upon the letter as a dialogue between positions,[11] with the patient here as a sender and the homoeopath as a recipient. Yet for one of the positions (that of the homoeopath) part of the dialogue is missing, as his answers to the patients can hardly be traced. Nonetheless, Sören Jensen did note the treatment, medicine and price on each of the patients' letters. The letters appear as monologues[12] which want to obtain something. In the form of 'anamnesis' (symptoms), they are arguing for and requesting for medicines to be sent. In addition, there is an element of expectation that the doctor, in his answer, will give information, comfort and hope to the patient and relatives. Consequently, the letters

**Table 1. Allopaths and medically educated homoeopaths in Copenhagen at the time of Sören Jensen**

| 1860 Population of Copenhagen: 115,143 | | 1884 Population of Copenhagen: 280,054 | |
|---|---|---|---|
| Allopaths | Homoeopaths | Allopaths | Homoeopaths |
| c.80 | 7 | 160 | 8 |

can actually be analysed as monologues which tend towards being dialogues with an absentee. Thus, the letters are manuals where the letter writer had to inform the addressee as accurately as possible, as there is no possibility of interrogating the questions and statements. Accordingly, a great part of the letters provide great detail on the 'anamnesis'. Furthermore, they are authentic letters as they have been written by one historical person to another historical person without the intention of publication.[13] Hence, they are not supposed to be 'dimmed' by intentional suppressions and/or perversions but are sober manifestations of the patients' attitudes and hopes in relation to homoeopathic treatment.

The letters from the period 1874–1886 are a fragment, particularly concerning the patients' evaluation of their treatment. Patients who have been cured by homoeopathic therapy are unlikely to write about this to the doctor – probably a general rule throughout time and for any therapy. There is only one clear exception to this in the collection, in which a patient has been cured of eczema and has sent a letter of thanks but, in reality, the letter writer really wants to know if the doctor had received the payment of four kroner.[14] Thus, there is a defect in the source material which cannot generally document the value/effect of homoeopathic therapy. Another problem is related to Sören Jensen's missing answers to the patients.[15] There are no instructions to the patient, nor any medical comments. The dialogue is from the patient to the doctor only and, therefore, a valid, general picture of a homoeopath's therapeutical practice cannot be fully established.

The letters are intense human documents written by distressed patients or their relatives, friends, neighbours or the schoolteacher to their apparently last 'life-saver', Sören Jensen. They are characterised by reverence, being addressed to the 'Good Mr Doctor', 'Your Honour' etc. and signed 'With all due respect', 'With my best reverences' etc. Even if fragmentary, the letters can generally document which illnesses a Danish homoeopath doctor treated and which treatments he prescribed. More specifically, the letters can provide information about the patients' illnesses

**Table 2. Patients' geographical origins and sex**

| Locality | Number of Letters | Number of patients | Women | Men | Non-identifiable |
|---|---|---|---|---|---|
| Denmark | 62 | 51 | 17 | 28 | 6 |
| Sweden | 7 | 7 | 1 | 6 | 0 |

and health problems within the framework of homoeopathy and give an insight into their hopes and expectations together with their understanding of their illnesses as expressed by themselves. Finally, the social classes which sought homoeopathic therapy can be determined (Table 2).

Geographically, the Danish patients are widely dispersed. Like many 'wise people'[16] of the time, such as 'Wise Sören' in Funen,[17] Sören Jensen must have consulted and supplied drugs extensively by mail. However, some of the letters indicate that he has actually seen the patient at least once.[18] A common feature of the letters is that the patients ask for a new drug supply based on returned prescriptions or medicinal packings.[19] On a few letters Sören Jensen has noted 'Unknown' and, in these cases, Jensen has been recommended perhaps by another patient.[20] Finally, in one case, Sören Jensen has been contacted on behalf of a patient by a Mr J. Nielsen who, according to his stamp, was a 'Commissary' with establishments in Copenhagen and Næstved.[21]

Men make up the majority of the patients being agriculturists (farmers, market gardeners, forest staff), artisans (engineers, clog makers, tailors, tanners, smiths, cooks), as well as the son of a weaver, a schoolteacher, a driver and the daughter of a chemist. All the other designated children belong to the agriculture group. Only one occupation is stated for women, a maid; the remainder were probably housewives whether or not they are mentioned as widows or as mistresses. The occupations of 15 patients cannot be verified. The patient group does not include the well-educated classes. Nevertheless, they are people, especially the men, who after primary education have had careful, practical training lasting several years. As farmers and artisans, they were employers with a staff of farm hands, journeymen, apprentices and maids. They had to be able to afford payment to Sören Jensen, typically two to six kroner. For example, a single gonorrhoea patient who contracted his illness after a visit to 'the bitch' sent, in advance, the sum of 20 kroner.[22] The patients must therefore have had some surplus income to be able to consult Sören Jensen and so, although they are lower class people, they are not the 'bottom' of society.

The letters describe the suffering of the patients who have consulted Sören Jensen, together with the symptoms and effect of the treatment. The case studies (see Appendix) cannot be grouped within the genre of 'experience narratives' which are characterised by a more-or-less stable structure – the beginning of the illness, the treatment and the restoration to health. The point of the narrative is that the details of the outcome are generally lacking.

The patients' evaluation of the homoeopathic treatment is tabulated

in Table 3, which shows the trend in the source material, but should not be analysed scientifically as an exact testimony about a reality. The group 'not stated' includes some first-time inquiries and patients who do not provide information about the effect of the homoeopathic medicine. Positive evaluations might be hidden here and the probably missing group of cured patients cannot be expected to write a letter. That patients who feel a recovery write for more medicine is evident, but it is less evident that a doctor, simply because of a written request, will send more medicine. It is surprising that patients who cannot feel any recovery write for more of the same sort of medicine. Either the patients are still motivated by hope and/or confidence in the homoeopathic doctor, or Sören Jensen really was their last hope. Consider, for example, the mother who writes about her son who had a very bad cough: 'The doctor [the allopath] has said that it is incurable. Now I want to hear your opinion if consumptive patients, 8 years old can be cured'.[23] The patients' illnesses are shown in Table 4 according to Sören Jensen's classification. The number of patients is apparently higher

**Table 3. Outcomes of homoeopathic treatment**

| Cured | Recovered | No effect | Not stated |
|---|---|---|---|
| 1 | 12 | 22 | 23 |

**Table 4. Patients' illnesses**

| Illness | Number of patients | Illness | Number of patients |
|---|---|---|---|
| Convulsions | 2 | Loss of appetite | 3 |
| Menstruation | 3 | Disease of the eye | 2 |
| Ringworm | 3 | Heart trouble | 2 |
| Swollen legs | 1 | Anaemia | 1 |
| Falling sickness (epilepsy) | 1 | Nervousness | 1 |
| Skin disease | 7 | Inflammation/abscess | 1 |
| Venereal disease | 5 | Toothache | 1 |
| Rheumatism | 3 | Kidney disease | 1 |
| Hip problems | 1 | Hand trouble | 1 |
| Knee trouble | 1 | Asthma | 1 |
| Scrofulosis | 4 | Cough/haemoptysis | 10 |
| Diarrhoea | 1 | Headache/heaviness | 3 |
| Stomach trouble | 3 | Dyspnoea | 1 |
| Hearing | 1 | Unverifiable | 7 |

than previously enumerated as some patients, in the same letter, ask for advice/medicine for more than one illness.

Two letters concern specific problems about the importation of Sören Jensen's drug shipments to Sweden as the private importation of medicine is prohibited. The largest single group is that of patients with cough and haemoptysis – probably tuberculosis, the most serious disease of that time. In these case stories, which are rather detailed, it is possible to come very close to the letter writer as a person with deep humanity. One submits himself to the will of God and Sören Jensen's drugs but, at the same time, is asking if the doctor will be so kind as to write as legibly as possible 'as I am not one of the best persons to read hand writing'.[24] Another asks if the person concerned will get his health back or if 'I have to resign myself to the thought that no advice can be given for me'.[25] Here, as from time immemorial, illness is a part of the stages of life and, when everything has been proved, there must be a resignation to destiny. Another attitude towards illness appears in helping neighbours, represented in one single letter. 'If I dare to ask you [to send] the same drug to a poor small-holder's wife here in the village I thank you so much as she is suffering from the same illness as my wife';[26] the letter writer will pay the doctor's bill for the poor wife. Thinking that what helps one patient probably helps another suffering from the same symptoms is a very old popular tradition. Despite the individualised treatment of homoeopathy and, although he had never seen the poor wife, Sören Jensen sent the medicine.

In addition to the consumptive boy, a further five patients state that they maintained contact with an allopathic doctor before or during the course of treatment provided by Sören Jensen. A patient with cough and haemoptysis wrote: '... then I became afraid that it should go too far why I went to a doctor here in Brædstrup.[27] Yet, now I am afraid of using the medicine which he proscribed before I hear from you [Sören Jensen] and that's why I send the prescription to you: that you can see what it is ... I did not tell him that I consulted you.'[28] A patient with ringworm reported: 'I went to my family doctor ... he gave me some bath water which smelled like coal tar and the boy very constantly has used it for some time. But it doesn't help ...'.[29] A patient with blood-stained diarrhoea told Jensen: '... now I have consulted 5 various doctors, but no change',[30] while a patient with kidney disease stated: 'For half of a year my sister has suffered from a kidney disease and the doctor here cannot help her.'[31] Finally, the case of a patient with scrofulosis was described as: 'the illness began at the age of 18 ... therefore she consulted doctor Larsen[32] in Randers[33] ... who operated on her neck. She got a lot of cod-liver oil which she hardly

could endure ...'.[34] These situations are well known from the past as well as today as doctors cannot prevent patients from consulting 'wise people' or a homoeopath, or from using other alternative treatments. They bring with them the doctor's diagnosis and prescriptions but they keep the alternative consultation secret from the family doctor.

## Conclusion

LETTERS FROM PATIENTS TO A HOMOEOPATH cannot provide a complete validation of the effect of homoeopathic medicine, but they can give a glimpse of human sufferings and health problems. Through the letters, the patients themselves present their own cases in their own language at a time when the meanings and the attitudes of the ordinary people and the lower middle classes normally are hidden or have been lost. Sören Jensen obviously had his patients' confidence even if the contact was remote and mainly took place by correspondence except, of course, for his patients in Copenhagen. He treated all kinds of illness, even highly dangerous diseases such as tuberculosis. The patients' safety was based partly on his personality and humanity, which it is not possible to evaluate, and partly on his professional education as a surgeon/doctor with government authorisation. The fact that homoeopathy was viewed with contempt by his colleagues only affected the patients in the way that they generally did not reveal their contact with him to their family doctors. They were very aware of the schism of government authorisation versus alternative medicine, and they knew this very well from another schism at the time, scholarly medicine versus traditional folk medicine.

## Appendix: Cases

### Letter no. 7, 23 October 1877

'Mr Doctor.

By this I allow myself to request Mr Doctor kindly and as soon as possible to send to me a small bottle of medicine which Your Honour earlier has sent to me. As then I am again suffering from the same eczema on my legs which the Doctor at that time declared was a mercurial trouble plus a rise to my head, now and then with a heavy headache. Now complications have supervened in the form of a cold, too. Probably Mr Doctor cannot remember me since it is so long time ago, but to a kind of information I allow myself to remark that I think I then got an acid.

Yours faithfully ...' Guide.

### Letter no. 9, 2 January 1879

'In 1875 I got a pneumonia, it lasted 7 weeks before I recovered. On September 9th. I again got a pneumonia. A great bag of porridge was placed on my waist and it was renewed each hour daily. September 14th. was the last day with the bag of porridge why I was rather restored to health. Later on in the afternoon I got a haematemis. The doctor did not mean it was so dangerous but asked me to be quiet and stick to cold milk foods for some days. On September 20th I felt well and it was a lovely weather. I decided to go for a walk in the morning. When it was 2 o'clock in the afternoon I was glad myself and the blessed weather. I had just arrived only a short distance outside the garden fence, walked around and was so happy – then the blood jumped up into my neck and out of my mouth, exactly as when a person got a real vomiting. It came over me as a lightning and I walked softly into the garden and lied down on the grass. People arrived and they wanted to give me salt water. But it took a long time before they obtained the power over the blood. They had been behaved as if a head of cattle had been slaughtered. Two men carried me inside the house and brought me to bed. Again at 7 o-clock in the morning I got a similar attack and hardly it was all up with me. When the doctor came he said that it was in due time seriously to tackle the problem. It was on September 20th and in the night between 2 and 3 o'clock on September 21st. I got a blood vomiting. Only a little ray of life was left. At night at 3 o'clock on September 22nd. I got a small attack, then it stopped. During the next 8 days I lived on cold strained water gruel and during 6 weeks on cold milk foods. Sometimes since then there has been blood in the hawk and when I am coughing. On May 17th. 1876 I got a haemoptysis. It lasted half the day. In the same Autumn on November 21st. I got a haemoptysis again with clear blood. It lasted 2 days before I got free. When I got a haemoptysis it has always been a very heavy moment and it has lasted for a long time before it stopped.

December 29th 1878 I again was attacked, not as heavily as earlier but it lasted till January 2nd. I had strange feelings in my breast and since then I have had haemoptysis and hawked up an awfully big quantity without very much cough. On June 9th 1878 I got a bad cough which I still am suffering from. Now I want so much to live for a

moment and to get a remedy against the bad cough. Concerning the blood I think there are no remedies to me anymore.

Yours faithfully ...' (Occupation not stated).

## Letter nos. 17–19, 8 August, 14 September and 26 November 1879

'Mr Jensen.

Would you be so kind as to give my son a remedy for ringworm. Early in the Spring some small swellings appeared on the boy's chin. To me they were like what I call blisters of a size of a small coin. During about 3 weeks it spread rather heavily and at once I presumed that it was ringworm. I consulted my family doctor who confirmed my supposition. He gave me some bath water which smelled like coal tar and very regularly the boy has used it for some time. But it doesn't help, [the ringworm] continues to spread more and more not on the neck but on the face. Now it has reached to the middle of his cheeks with its dark edges which are swollen. The chin is now smooth and I cannot see the ringworm there. What mostly trouble me is how the situation will be when the ringworm attacks the eyes.

The boy is 8 years old. Tall for his age and of a strong constitution.

Your very thankful ...' Weaver.

'Mr Jensen.

I think it has not been better for my boy – the ringworm is very clear when he is cold or sad in another way: when he is outside in the morning and in the evening.

As formerly he is not suffering from much itching but I think he has some ache. Still it is spreading and it is on the level with his right eye. On the right side it has not yet reached further than to the nose. Still he has some pills and liniment I can buy at the pharmacy here in Nykøbing though it is a rather troublesome affair (they are some rude fellows at the local pharmacy).

Do tell me if it is necessary that you see the boy – I want to do everything to get him cured.

Yours very respectfully ...' Weaver.

'Now my boy has used his medicine – nearly 14 days ago. I suppose that you will say: then you already 14 days ago should have written for more medicine. The reason for not doing so is that the boy has been very ill: first measles, since pneumonia in the right lung. Now the boy is fairly healthy again. Concerning the ringworm I can hardly see any changes, besides that the dark which was in his right eye now nearly has disappeared. But on the neck behind the ear the edge is clear. On his nose, right cheek and neck it is nearly as you saw it. Well, it seems to me even as if it has been worse because it is like a sort of small blisters or small red swellings round the face and it disfigures him dreadfully.

He is not talking about itching and I never see him scratch himself but basically it never minds.

After this, please, would you be so kind as to give him more remedies (if you think so).

Yours very respectfully ...' Weaver.

## Letter no. 45, March 1882

'Esteemed Doctor Jensen.

By this I allow myself to ask you to be so kind as to send to me some medicine why that [gonorrhoea] has broken out again and there is much flux in it. I would ask for something to the testicle why it is very painful and rather swollen. I carry it up and use red wine in order to spray. But, please good Mr Doctor, be so kind as not to betray me to my wife. I have duped her that it is wrong with my urine and she knows that something is wrong about my testicle. Please, Mr Doctor, give me a medicine as strong as I can tolerate. Last time I got some drops in a bottle. Simply enclose the directions for use then I know it very well. Probably it will not last a long time before I come to Copenhagen and I promise to contact you and settle my account. If you, Mr Doctor send off the medicine on Saturday before 6 o'clock in the evening then I can fetch it in Herning on Sunday. Because of your goodness I expect that you will send it to me, Mr Doctor.

I remain Sir, your obedient servant ...' Wool merchant.

## Notes

1 In the archive of the Medical Historical Museum of the University of Copenhagen.

2 Skinder = tanner. Skindergade: the street where tanners and furriers formerly had their workshops and shops.

3 Kristian Caröe, *Det kgl. Kirurgiske Akademis Matrikel 1785–1838. II: De immatrikulerede* (Copenhagen, 1921), 130.

4 The epidemic ravaged the city from 11 June to 1 October. 4,737 persons died – 65.7 per cent of those attacked and 3.65 per cent of the inhabitants of the city.

5 F.L.E. Smith and M.C.F. Curtius Bladt (eds.), *Den danske Lægestand* (5th ed., Copenhagen, 1885), 195.

6 A city 30 kilometres west of Copenhagen. The city is famous for its cathedral where the royal Danish family is buried.

7 The barbers' duty to receive acute patients was abolished on 3 April 1900.

8 According to a letter of 23 January 1834 from the Danish Chancellery (the Ministry of Home Affairs of that time). F.A. Uldall, *Den civile Medicinallovgivning i Kongeriget Danmark med nordlige Bilande og Colonier*, Vol. I (Copenhagen, 1863), 242.

9 Anna-Elisabeth Brade, 'Die Welt der Medizin und die Haltung der Legislative: Dänemark' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 19 96), 132–34.

10 Brade, 'Die Welt der Medizin'.

11 Arild Linneberg, *Norsk litteraturkritikks historie 1770–1940. Vol. II: 1848–1870* (Oslo, 1992), 147.

12 Luise Linser, 'Der Brief des Schriftstellers' in *Deutsche Akademie für Sprache und Dichtung* (Jahrgang 1875), 108.

13 Ottar Grepsted, *Det litterære skattkammer. Sakprosaens teori og retorikk* (Oslo, 1997), 218–20.

14 Letter no. 67, 10 September 1886 (the letter numbers are mine).

15 There are only his notes on the patients' letters which relate only to dating, prescription and intensification.

16 Wise people: the practitioners of traditional folk medicine.

17 Gustav Henningsen, 'Kloge folk og "Kloge Sören"' in *Det farlige liv. Sygdom, samfund og lægekunst* (Copenhagen, 1978), 70–72.

18 Letter no. 8, 14 November 1877 and no. 23, 6 February 1880.

19 Letter no. 20, 19 October 1879 and no. 8, 14 November 1877.

20 Letter no. 3, dated 5 February 1876 and nos. 4 and 49, dated 18 March 1877 and 23 February 1882.

21 A provincial town in southwest Seeland. Letter nos. 54 and 55, 22 November and 22 December 1882.

22 By way of comparison the average time wages for a skilled male worker in the cities was 0.26 kroner (price level 1879).

23 Letter no. 44, 2 September 1881.

24 Letter no. 14, 15 June 1879.

25 Letter no. 43, 24 August 1881.

26 Letter no. 20, 19 October 1879.

27 A small village in the middle of Jutland.

28 Letter no. 15, 8 July 1879.

29 Letter no. 17, 8 August 1879.

30 Letter no. 29, September 1880.

31 Letter no. 57, 19 December 1882.

32 Frederik Christian Ludvig Bergmann Larsen (1839–1916).

33 Provincial town in northeast Jutland.

34 Letter no. 58, 29 December 1882.

# Léon Vannier's Patients in the 1930s[1]

*Olivier Faure*



THE HISTORY OF HOMOEOPATHY and the scientific history of patients are completely under-exploited in French-speaking parts of the world. Except for the rich collection of letters sent to Tissot[2] such materials do not seem to be very plentiful. Moreover, most of these letters were written during the eighteenth century or at the beginning of the nineteenth century. In this context, homoeopathy can offer an opportunity for research in this field. Sébastien des Guidi (1769–1863), who introduced homoeopathy into France, wrote such records for the whole duration of his practice in Lyon (1832–63) until his death which have been partly studied by a homoeopathic physician,[3] although further exploitation of this source remains possible. It seems that the habit of keeping such records did not disappear after the early days of homoeopathy for, at the end of the 1980s, the Boiron company found and bought a very impressive collection of more than 24,000 patients' records. Belonging to Léon Vannier (1880–1963), these records concerned the patients who consulted him from 1928 to 1958.[4] Such material can be used to describe the social and geographical characteristics of patients, despite the considerable difficulty in interpreting the data.[5] Some of these records contain letters sent by patients to Vannier though, unfortunately, Vannier's answers are almost never included in the records. Such a wealth of material has not yet been thoroughly studied, and so this preliminary study of the letters sent to Vannier in 1928, 1930 and 1931[6] can only suggest some hypotheses for further studies on Vannier's records and similar correspondence. Some preliminary observations about this collection, about Vannier and the social characteristics of his patients

will lead to an argument that the letters are not only a testimony of patients' behaviour and representation of illness, medicine and homoeopathy, but that they are also a part, and an important one, of the therapeutic process and of the doctor–patient relationship.

## Vannier and his Correspondence

AT FIRST GLANCE, the enormous collection of records is, paradoxically, disappointing. Each new patient was registered immediately by Vannier on preprinted forms. These forms not only provided a space to enter the name, address, profession and age, but also habits, constitution etc. Unfortunately, while the name, address and age are always indicated, other details are almost never given, especially those concerning occupation. On the other hand, Vannier wrote scrupulous medical biographies and, at each examination, lists of symptoms and of medicines he prescribed. However, analysis is difficult. First, the forms are so numerous that a complete survey seems impossible. Secondly, Vannier's handwriting is very difficult and sometimes quite impossible to read. Thirdly, Vannier, like every homoeopath, gives a description of numerous symptoms which cannot easily be translated into an 'allopathic' language. The interpretation is all the more difficult since Vannier had a particularly personal approach to homoeopathy.

Léon Vannier was one of the most important figures in French homoeopathy during the first half of the twentieth century.[7] Born in Western France in the neighbourhood of Angers, he became a medical doctor in 1905 at the Faculty of Paris and set up immediately in the seventeenth district (*arrondissement*) of the capital where he lived and practised until his death. Vannier had a thriving practice throughout his life, but it is impossible to know exactly how many patients he received each year, month or day because the records are classified chronologically according to the patient's first visit. Each year, from the beginning to the end of the practice, an average of 800 new patients were registered. While half of them consulted Vannier only once or twice, 20 per cent went to him for more than 10 consultations.[8] He was not only a medical man with an important practice, but also from 1926 the director of the first commercial company (Laboratoires homéopathiques de France) to produce homoeopathic medications on a large scale. Part of the profit was used to initiate a teaching institution (Centre homéopathique de France, founded in 1928) of which Vannier was President, and to subsidise a homoeopathic journal (*L'homéopathie française*) which had been established

by Vannier before the First World War.[9] At the beginning of the 1930s Vannier's authority was contested vigorously among homoeopaths. One of his principal colleagues, Fortier-Bernoville, created a rival commercial company ('Laboratoire homéopathiques modernes') managed by the Boiron brothers, and a teaching centre with its own journal (*l'Homéopathie moderne*).[10]

It is not clear what role was played by personal animosities, financial interests and scientific arguments in this break-up. However, Vannier had a specific conception of homoeopathy. Belonging to the pure Hahnemannian tradition, he diagnosed and prescribed treatments after scrupulously examining all symptoms of the patient. According to Vannier, all symptoms should correspond to symptoms provoked by the use of one homoeopathic substance. He used to speak, for example, of ipeca or sulfur pathogenesis.

Vannier's principal claim to originality lies in the method he used to examine each patient. He did not neglect clinical research and often sent patients to radiologists and ophthalmologists, and prescribed much biological analysis. Many of these records contain results of blood and urine tests, for example. At the same time, Vannier combined different, sometimes quite unorthodox, methods. He used not only psychology but also iriscopy, chiroscopy, alchemy, graphology and phrenology among other approaches, saying that all these methods were based on observation.[11] The second originality was what Vannier called 'typology'.[12] According to him, homoeopaths had to determine to which 'type' each patient belonged. 'Type' was defined as a combination of two components: 'constitution' and 'temperament'. Constitution was the immutable part of the human being which could be determined essentially by the examination of the skeleton. Temperament was 'what is becoming' to a human being in deep relation with his constitution. The combination of constitution and temperament was the 'type' which was itself a combination of physical and psychological features, including some specific morbid predispositions and what Vannier called 'toxinic level' ('niveau toxinique').[13] This analysis can explain some characteristics of Vannier's treatments. He used not only homoeopathy but also isotherapy and organotherapy.[14] In the purely homoeopathic field he usually used several medicines at the same time. The first was given to eliminate microbial, internal toxins and to drain organisms (the 'homéodraineurs'). The second was intended to treat the chronic disease or the patient's predisposition. Sometimes, a third was prescribed to treat crisis or to combat hidden diseases (tuberculous or cancerous states).[15] Thus, Vannier was a charismatic man[16], a well-known Parisian doctor who

charged high fees. Before the French Insurance Act was passed in 1930, the fee for a consultation, not reimbursed by any social institution, was 100 francs (a young clerk could earn 400 F a month).[17] He was a homoeopath who used both orthodox and unorthodox treatments and whose originality could attract specific patients.

His originality can explain some social characteristics of his patients at the beginning of the 1930s. The majority of the patients belonged to the Parisian upper classes. In 1928, more than 60 per cent were Parisians, 15 per cent lived in the suburbs of the capital and 22 per cent lived in the rest of France or in foreign countries. Almost all the patients lived in cities and towns, almost none were countrymen. Geographical analysis of Parisian patients' residence clearly shows the domination of upper and upper middle classes. A great majority of his Parisian patients lived in western Paris especially in the most aristocratic district (sixteenth and eighth arrondissements). Only 15 per cent lived in the 10 eastern districts of the capital, which were also the poorest. The same contrast can be seen in the Parisian suburbs. Eighty-five per cent of suburban patients lived in the western suburbs, especially in Neuilly (the archetypal aristocratic suburb) which represented a quarter of his suburban practice.[18] Some other indirect indications confirm the impression of well-to-do patients, such as the use of preprinted stationery and a typewriter, and letters sent from fashionable holiday resorts such as Cabourg, Deauville (Normandy) and Megêve (Savoie). Unfortunately, the social status of patients is difficult to determine as professions are not generally recorded. Although not in the majority, the old and prestigious aristocratic families are particularly numerous. At the beginning of the 1930s, as in 1928 and 1941, the names of De Castries, De Bouillé, De Croy, De Chabrol and Gontaut-Biron can be found. Napoleonic aristocracy is represented by a member of the Ney family (prince de la Moskova). Besides the aristocracy, artists, members of the intelligentsia, politicians and their families were also present. The novelists Funck-Brentano and Dorgelès, the composer Serge Prokoviev and Léon Blum's wife consulted Vannier, together with other less well-known intellectuals. Senior civil servants, engineers, architects etc. formed an easily identified category. Though not numerous, some small manufacturers and merchants from the provinces can be found including 'France oblige', a wine-growing family from the region of Nantes.[19] With these rare exceptions, patients were not, in any case, representative of the whole of society before the Second World War. After 1945 teachers, students, shopkeepers and artisans were more numerous than previously because of the extension to the national health scheme.

## The Doctor–Patient Relationship and Representations of Illness

SOCIAL CHARACTERISTICS ARE NEITHER SUFFICIENT to describe this group of patients nor to understand the role of correspondence in the doctor–patient relationship. The Vannier practice was not a sum of individual men and the doctor–patient relationship was not only a personal one but integrated with a complicated network of relationships which bound doctors, patients, families and friends into a social unit. The search for a doctor was not, in this case, an individual one. The proportion of new patients who were recommended by husbands, wives, parents' relatives and friends seems to be very high. In 1928, 70 per cent of patients came because of a personal recommendation. Recommendations of family or friends were more numerous than medical referrals (45 per cent came as a result of the recommendation of friends; 55 per cent because of advice from medical practitioners and family members).[20] Medical referrals can be found but only in the case of some doctors who were fascinated by the particular methods and techniques used by Vannier. The best example is that of a Saint-Étienne doctor who showed some specialisation in electrotherapy and x-rays. He was very interested in iriscopy and wanted Vannier's help to practice this method.[21] Another, who followed Vannier's lectures, asked him for a diagnosis to cure his father.[22] These examples recall the network of Hahnemann's correspondents where it was not uncommon for medical practitioners to ask for advice to treat their relatives. The boundary between lay people and medical men seems to remain unclear in homoeopathic correspondence.[23] In most cases, other doctors were used by Vannier to give him further information on patients: a radiologist, a gynaecologist and others who do not seem to be homoeopaths were in close and regular contact with him. Some of them had a more intimate relationship with him, calling him 'Cher maître' or concluding letters with 'affectionately'.[24]

Hostility between homoeopaths and other doctors seemed to be weaker than in the past. Relations with 'allopathic' doctors were also an opportunity to enlarge homoeopathic circles. Giving medical advice to a woman living in the Grenoble school of medicine (the librarian's wife?), Vannier asked her to give him the list of medical students in order to send them examples of homoeopathic journals.[25] He also offered some homoeopathic books for the library. Advice of both homoeopaths and other doctors led to important consequences. Patients alternated the use of homoeopathic medications with 'allopathic' medicines. Some of them asked Vannier's permission; others informed him without waiting for his permission. Undoubtedly, many others used classical medicines without telling Vannier.[26] Of greater interest are cases where patients hesitated.

The mother of Jean, born in 1930, hesitated when a tonsil operation was suggested in 1933. She hesitated once more in 1948 (her son Jean was then 17 years old) when teeth extraction and skin tests were suggested by other doctors. Unlike previously, on this occasion she refused to follow Vannier's advice. Despite her faithfulness (she said she always consulted Vannier when she was anxious about her family's health), she did not hesitate to seek some other advice and biological analysis.[27] Even when a doctor was as charismatic as Vannier, contact was not limited to only one doctor. This is a fact which historians have to consider even when the role of other doctors remains unclear.

Families, friends, wives and husbands played a great role as intermediaries in the doctor–patient relationship. In some cases, one member of the family seemed to be in charge of the health of the whole family. Vannier recalled the wife of a member of the French Institute who, on many occasions, had arranged consultations for other family members. 'Today', she wrote, 'the request comes from Marocco'. She translated it in these terms: 'Ask doctor Vannier if homoeopathy uses a remedy which could make easier the life of a pregnant woman'.[28] The case of a 67-year-old lady shows how contested by families the homoeopathic treatment could be. Two friends told her to write to Vannier. However, her son was astonished after she came home from the first visit, because she could neither describe clearly the diagnosis nor the name of the affected part of her body that she wanted to be treated.[29] This example shows clearly how difficult it was for people to comprehend a homoeopathic description of an illness even when they were in favour of homoeopathy and how the organic representation of the body was deeply rooted. As members of the urban upper classes Vannier's patients cannot be considered as a homogeneous group entirely devoted to him and to homoeopathy. Other doctors, families and friends also played a role in determining the thought and behaviour of each patient in relation to homoeopathy. In some cases, family pressure can explain different attitudes towards the doctor. In addition to anxiety, especially about children, the predominance of upper-class patients can explain the persistence of a relationship of patronage between patients and doctors long after the well-known disappearance of the sick man described by Jewson.[30] On 28 May 1930 a mother with an aristocratic name wrote to Vannier using curt and brusquely direct questions. She was convinced that the treatment prescribed by Vannier was responsible for the decline in her daughter's state of health. She called on Vannier to tell her daughter what to do as soon as possible.[31] Other patients did not hesitate to inform Vannier of their disappointment, that there was no noticeable improvement

and claiming that the treatment increased the symptoms. They finally abandoned the treatment.[32] A totally discouraged 32-year-old woman wrote curtly: 'Please send me what I requested in my last letter'.[33] Vannier was required usually to send medicines to patients and to transmit prescriptions to the homoeopathic pharmacy which had been set up in the rue de Messine. Requests made by patients for appointments or home visits were rare but not completely nonexistent.[34] A new patient made an appointment with Vannier at his own convenience in order to visit a horticultural fair on the same day.[35] The telephone seems to introduce a new type of relationship between rich patients and doctors during the 1930s. It allowed one of them to make an appointment with Vannier for the following day. Living in the countryside during her holidays, a lady complained of the lack of a telephone in her village.[36] Along with patients' anxiety and the inheritance of a relationship of patronage, the use of letters and the telephone could lead to real harassment of doctors by patients. Between 11 and 30 May 1931, one of Vannier's patient sent him four letters and called him on the telephone at least three times. The letters began by recalling the previous phone call and ended by announcing the further call.[37] Letters and, probably, phone calls were full of urgent questions and anxiety. On the other hand, some of Vannier's clients were more friends than patients. A member of the old aristocracy, Gontaut-Biron, informs Vannier of her daughter's marriage before she tells her family and asks him to keep this information secret.[38] Another family, loyal to Vannier for more than a quarter of a century, congratulated him warmly when he received the 'Légion d'honneur'.[39] This sort of patient who campaigned for the spread of homoeopathy recalls the early times of homoeopathy. Patients who considered Vannier as a saviour are also typical. Describing their father's last days, two brothers turned themselves towards Vannier as to a god and wrote that they were determined to do everything to save their father.[40] A similar attitude can be found when the wife of a master artisan wrote: 'I hope that, as usual, you will be able to bring me relief' and some months later: 'Could you give my husband back health and joy'.[41] In fact, each patient could have a great variety of attitudes depending on their changing circumstances. This brief analysis would suggest that doctor–patient relationships are always changing and that patients' attitudes do not belong to a particular homogeneous category with immutable characteristics but can successively demand, implore, obey, disobey, be loyal, confident or disappointed. When it existed, the relationship of patronage could not summarise, in any case, the relationship between Vannier and his patients.

Letters sent by patients were not the expression of isolated patients but rather reflected the mindset which results from the multiplicity of relationships with doctors, friends and family. Letters not only reflected a prior and independent state from the medical consultation but also contributed to the construction of the patient as social reality and to the construction of the relationship with the doctor. Even if influenced by relationships with doctors, families and friends, the doctor–patient relationship remained a specific one. However, letters to Vannier were not a completely free exercise as Vannier asked some patients to write to him. Many letters began with the following sentence: 'As you asked me I am going to describe my state of health during a fortnight (or a month) after the beginning of the treatment you prescribed.' It is not possible to know if this use of correspondence was systematic. However, patients who were asked to write Vannier were not always provincial or foreign patients but also Parisians living in the city where Vannier practised. Even if it is impossible to affirm this with certainty, it seems clear that Vannier was conscious of the role the correspondence could play in the process of healing. Medical biographies were requested by Vannier from each patient who came to his practice and the main events were duly recorded by Vannier. Patients who could not visit Vannier had to send him such biographies. Some of them described their symptoms according to questionnaires probably prepared by Vannier. Questions were posed on urine, general state of health (age, previous illnesses, use of alcohol and tobacco, and weight).[42] Other questionnaires were guidelines for a description of symptoms from head to foot.[43] Letters were also prepared from day-to-day notes describing symptoms.[44] Some of these notes can be found in Vannier's patients' records and show that such letters were the result of lengthy reflection and observation and not just the spontaneous expression of the feelings of patients at the moment of writing. Thus, letters can be considered as a type of semi-controlled literature not unlike the autobiographies requested by some French criminologists like Lacassagne at the end of the nineteenth century.[45] However, if the doctor's request played the major role, that does not mean that patients had no freedom at all and always wrote what Vannier wished.

Correspondence also played a role in the process of healing. Only a few letters indicate a growing feeling of disappointment in the patient. On 3 June 1931 a Parisian patient began to wonder whether the treatment he had been prescribed was a suitable one. He noticed what was improved and what was worse in his state of health. A fortnight later he stated that the treatment had no good effect. At the end of the month he announced

that he was abandoning the treatment.[46] Most of the letters show how patients were progressively convinced that their general state of health became better and better even when there was no clear reason to think so. The most striking case is described by a single letter to Vannier from a 48-year-old Parisian architect. Writing one week after the treatment had begun, he claimed that sudden high temperature and bronchial obstructions continued. Using the present indicative at the beginning of his letter he suddenly used, at the same time, past and present tenses. 'I *suffered* a lot from this extremely feverish state. I *cannot* endure hotness and I *felt as if I was* burning. The phenomena *seemed* to decrease after the treatment had begun which *made* me happy. I seemed to notice an improvement, but I *cannot* be sure of the result'. 'The result *is* poor' he concluded but 'the inflammation I *suffered* is decreasing'.[47] Announcing a bacillary expectoration, a 43-year-old man wrote, however, 'the treatment you prescribed a fortnight ago seems to suit me. I have a good appetite, I sleep well enough, I am not often tired.'[48] Many other examples show the same process. A lady of 45 wrote that 'the result is that I am feeling not worse' but she concluded: 'In short it would be rather better'[49] ('il y aurait plutôt du mieux'). After the discovery of colibacillus, a lady living in Amiens wrote: 'However, the improvement of my state of health still continues and my weight remains as usual.'[50] Conviction and moral determination, of course, played a great role in this process. A clear example is given in a letter written during the battle of France in May 1940. 'I should have written to you 10 days ago but events were so dramatic that I decided to wait. At the beginning of the treatment I had had great hope for improvement. [After a bad cold] I am convinced that the treatment is having an effect and that the improvement is going to come.'[51]

Letters not only contribute to a psychological process of self healing but also show how, over a lengthy period, they helped the displacement of problems. Treated for a nasal affliction, a loyal patient forgot his illness for which the treatment seemed to be inappropriate and gave more and more importance to his general state of health. Three weeks after the beginning of the treatment he noted: 'I am suffering exactly the same discomfort as before, with neither increase nor decrease in the symptoms. My general state is not worse. I even note the almost complete disappearance of the fever from which I suffered before.' A month later, he wrote: 'It is quite certain that my general state is much better despite periods of great fatigue which I endure more easily than before. There is certainly a very perceptible improvement in this area'. Unfortunately, the local infection (sinusitis) remains unchanged, without aggravation but without improvement.[52] Two

months later, the patient noted that the sinusitis was not worse, though he forgot to write that it was not better. At the beginning of the following year he had completely forgotten about the sinusitis. He wrote: 'I am most certainly [certainement] in a better state from all points of view.'[53] Unfortunately, a year later, a letter sent to Vannier by a radiologist shows that the patient still suffered from acute sinusitis.[54] The holistic treatment, of course, could reinforce this self-healing process.

## Conclusion

IN CONCLUSION, THESE EXAMPLES show how complicated but how rich the study of medical correspondence can be. Letters written by patients not only tell what patients thought or suffered from but also what they did. Writing about illness seems, in this context, more an activity than a testimony. It is evidence not only of reflection but also of creativity. Letters allow us not only to describe the behaviour of patients but also offer a view of the dynamic and always changing process in which illness and treatment are socially constructed. This social construction was neither built by independent patients nor dictated by doctors but elaborated in a host of changing interrelations between doctors, patients, friends and families. Thus, such studies suggest an abandonment of over-precise categories such as loyal, confident, disappointed patients, charismatic doctors and so on. Today, the significance and function of patients' letters are very close to the description and interpretation given for Tissot's patients.[55] Even if Vannier's patients had clear and common social features, they did not form a homogeneous category. According to their experience, age, sex and network of relationships, each patient seems to be unique. Moreover, each patient changed during the treatment and the work of writing could be a reason for this change.

## Notes

1 I warmly thank William (Bill) Dougherty for the correction of this text.

2 Studied by scholars of the 'Institut romand d'histoire de la médecine', Geneva and Lausanne. See Vincent Barras and Philip Rieder, 'Écrire sa maladie au siècle des Lumières' in Vincent Barras and Micheline Louis-Courvoisier (eds.), *La médecine des Lumières: autour de Tissot* (Geneva, 2000).

3 Jacques Baur, *Les manuscrits du docteur comte Sébastien des Guidi: contribution à l'histoire du développement de l'homéopathie en France* (Paris, 1999).

4 The material is kept in the Boiron Company building in the Lyon (Sainte-Foy-les-Lyon) neighbourhood, and can be consulted with the agreement of Mrs Mure who is in charge of the historical archives (several collections of papers from different homoeopathic pharmaceutical companies, societies and leaders of homoeopathy such as Vannier and Henri Boiron). This whole body of material is of great interest for the study of the history of homoeopathy in France during the twentieth century.

5 Olivier Faure, 'La clientèle d'un homéopathe parisien au XXe siècle' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800–1940)* (Lyon, 1992), 175–96.

6 Among more than 2,100 records, 58 contain one or several interesting letters. Each patient was registered by a number, which I have used in the footnotes in order to respect confidentiality.

7 No scientific biography of Leon Vannier has been published, although the main events of his life have been related by his wife and by his son. See Jeannine Vannier, *Le docteur Léon Vannier: confidences et souvenirs* (Paris, 1968).

8 Faure, 'La clientèle', 181.

9 Olivier Faure, 'Eine zweite Heimat für die Homöopathie: Frankreich' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 48–73.

10 Henri Duprat, 'La société rhodanienne et le Dr Léon Vannier', *Le Propagateur de l'homéopathie* (1931), 297–311.

11 Léon Vannier, *Doctrine de l'homéopathie française* (Paris, 1931).

12 Léon Vannier, *La typologie et ses applications thérapeutique* (reprint, Lyon, 1985).

13 Archives Boiron, Fonds Vannier, 6J (conférences), *'La doctrine homéopathique'*.

14 Léon Vannier 'La vraie thérapeutique: isothérapie et homéopathie', *Homéopathie française* (1929), 500–31.

15 Archives Boiron, Fonds Vannier, 6J (conférences), *'Le drainage'*.

16 As shown by many patients who have considered him as a saviour (see below).

17 Faure, 'La clientèle', 180.

18 Faure, 'La clientèle', 186–90.

19 Archives Boiron, Fonds Vannier, record no. 12320.

20 Faure, 'La clientèle', 190.

21 Archives Boiron, Fonds Vannier, fichier de malades, letter to Vannier, 29 January 1930 and 7 December 1931 (record no. 12432). In the following references, only the record is cited.

22 Record no. 12337, letter to Vannier, 2 January 1931.

23 As shown by letters sent to Hahnemann, kept in the Institut für Geschichte der Medizin (IGM) der Robert Bosch Stiftung Stuttgart, Bestand A.

24 Record nos. 11709 and 11723.

25 Record no. 12441, letter sent by Vannier, 15 December 1931.

26 Faure, 'La clientèle', 184–85.

27 Record no. 12861, letters to Vannier, 10 and 18 May 1948.

28 Record no. 12459, letter to Vannier, 9 August 1956. 'Demande au docteur Vannier si l'homéopathie emploie un remède pour rendre la vie d'une future maman plus confortable'.

29 Record no. 11937, letter to Vannier 3 June 1930. 'Mes enfants m'ont reproché de ne pas vous avoir demandé ce que vous me trouviez, quel organe j'avais à surveiller et à soigner particulièrement.'

30 N.D. Jewson, 'The disappearance of the sick man from medical cosmology', *Sociology* 10 (1976), 225–44.

31 Record no. 11722.

32 Record no. 12637, letters to Vannier, 3, 18 and 28 June 1931.

33 Record no. 12244, letter to Vannier, 24 November 1930. 'Veuillez avoir l'obligeance de mettre à ma disposition ce que je vous ai demandé dans ma lettre précédente. Je ne vais pas mieux et suis tout à fait découragée.'

34 Record no. 13048, letter to Vannier, 21 August 1934.

35 Record no. 12792, letter to Vannier, 9 May 1933.

36 Record no. 12536, letter to Vannier, 16 June 1931.

37 Record no. 12636, letter, 22 May 1932. 'J'essaierai de vous donner les détails comme vous me l'avez indiqué au téléphone [begining of the letter] ... J'aurai un grand besoin de vous voir, ne pourriez vous me recevoir demain, ce faisant, vous me rendriez un immense service ... P.S. je vous téléphonerai à trois heures [end of the same letter].'

38 Record no. 12665, letter to Vannier, November 1931.

39 Record no. 12459, letter to Vannier, 9 August 1956.

40 Record no. 12320, letter to Vannier, 30 December 1930

41 Record no. 12653, letter to Vannier, 5 May 1936: 'Je pense qu'il vous sera encore possible de me procurer le soulagement que j'espère. Profonde reconnaisance' and

28 June 1937: 'Mon mari se décourage et s'attriste. A lui aussi ne pourriez vous pas rendre santé et joie?'

42 Record no. 12572.

43 Record no. 12850.

44 Record no. 12253.

45 Philippe Artieres, *Clinique de l'écriture: une histoire du regard médical sur l'écriture ordinaire au XIXe siècle* (Paris, 1998).

46 Record no. 12637, letters to Vannier, 3, 18 and 28 June 1931. 'Je me demande si ce traitement est très salutaire ... Votre médication jusqu'à ce jour ne m'a guère donné d'espoir, de consolation et de soulagement ... La médication que vous m'avez ordonnée vient de me déclencher une jaunisse ... J'ai donc suspendu tout traitement.'

47 Record no. 11700, letter to Vannier, 20 February 1945. 'J'ai beaucoup souffert de cet état brûlant. Je ne puis plus supporter la chaleur et, souvent le jour j'étais brûlant de la peau comme si un feu intérieur me dévorait. Ces phénomènes semblaient s'apaiser depuis quelque temps aprés le traitement et on a semblé pouvoir constater une amélioration qui me satisfaisait. Mais je ne puis être affirmatif quant au résultat ... Le résultat est médiocre mais l'inflammation dont je souffrais est en voie d'apaisement.'

48 Record no. 12496, letter to Vannier, 17 March 1932.

49 Record no. 12501, letter to Vannier, 13 February 1932. 'En résumé, il y aurait plutôt du mieux.'

50 Record no. 12900, letter to Vannier 13 February 1938.

51 Record no. 12912, letter to Vannier, 29 May 1940. 'Dès le début du nouveau traitement j'ai eu l'espoir d'un mieux. A partir du 11 j'ai eu un fort rhume qui a du aggraver mon état de dépression. C'est fini maintenant. Avec des alternations de moins mal et de plus mal, j'ai l'impression que le nouveau traitement agit plus heureusement, que le mieux va venir. J'ai, ces jours derniers encore souffert d'une sensation d'épuisement mais il y a eu des instants de faiblesse et comme une idée que l'état physique s'améliorait et que le mieux mental viendrait enssuite.'

52 'Il y a certainement, de ce côté-ci une amélioration très sensible.'

53 Record no. 12562, letters to Vannier, 15 April, 19 May, 11 June and 25 July 1931.

54 Record no. 12562, letter to Vannier 1 February 1933.

55 See note 2.

# The Haverhoeks and their Patients: the Popularity of Unqualified Homoeopaths in the Netherlands in the Early Twentieth Century

*Marijke Gijswijt-Hofstra*



In JUNE 1906 THE EDITOR of the *Homoeopathisch Maandblad*, the monthly journal of the Society for the Advancement of Homoeopathy in the Netherlands, published the following warning:

> In The Hague a so-called homoeopathic pharmacy has been set up by R. Haverhoek. We direct our readers' attention to the fact that this R.H. is neither a pharmacist nor a doctor, and we therefore strongly advise against ordering the homoeopathic medicines to be had there, or seeking his 'gratuitous advice'. At the same time it should be imparted that, according to the daily newspapers, the judge of the sub-district court of Nijmegen has sentenced R.H., who calls himself a dealer in homoeopathic medicines ... for unlicensed practice of medicine to a fine of 200 guilders or two months imprisonment.[1]

This warning is interesting for several reasons. The alarmed editor was N.A.J. Voorhoeve (1855–1922), the chairman of the Society for the Advancement of Homoeopathy in the Netherlands since its foundation in 1886, a homoeopathic practitioner at The Hague, and according to Dutch law fully qualified as a medical practitioner. Voorhoeve will not have been very pleased that Haverhoek had chosen his domicile in The Hague for it was beyond all doubt that Haverhoek not only represented a

threat to unsuspecting patients but also to homoeopathy's respectability. It is unlikely that this respectability was also a matter of concern to the judge in Nijmegen. It was his responsibility to be concerned about the unlicensed practice of medicine whether or not it was labelled as homoeopathic. Practising medicine without a medical degree from a Dutch university was forbidden by law, except in emergencies when no qualified doctor was at hand.[2] There was no such restriction on the sale of medicines. Unlisted medicines, including homoeopathic medicines, could be sold freely.[3] Indeed, Haverhoek was only tried for the unlicensed practice of medicine.

Voorhoeve's warning illustrates that both the supply of and the demand for homoeopathy could assume various forms. Except for homoeopathic practitioners like Voorhoeve, whose numbers rose from 14 in 1900 to some 35 in the early 1920s, unqualified homoeopaths like Haverhoek could be consulted, or perhaps the local parson or some other person who dabbled in homoeopathy. Not only between, but also within these different categories the interpretation of what homoeopathy was or should be could vary significantly.[4] Moreover, the supply of homoeopathy also comprised homoeopathic self-help manuals and medicine chests. Dr Willmar Schwabe in Leipzig was the main provider of homoeopathic medicines in the Netherlands. By the beginning of the twentieth century his medicines were distributed from nine depots in general pharmacies situated in various parts of the Netherlands. In 1909, C.T. Voorhoeve, son of N.A.J. Voorhoeve, set up the first Dutch all-homoeopathic pharmacy in The Hague. Schwabe, in his turn, upgraded his main Dutch depot in Zaandam to a special branch for manufacturing Schwabe homoeopathic medicines, run by F. van Dijk.

Given the diversity of homoeopathic supply, it hardly comes as a surprise that the demand for homoeopathy was also fairly varied. Patients could choose to consult a homoeopathic doctor, an unqualified homoeopath, ask the advice of the parson or some other person they trusted, or experiment with homoeopathic self-medication. It should be realised also that not all homoeopathic patients were convinced adherents of homoeopathy. Most readers of the *Homoeopathisch Maandblad* or, at least, the members and supporters of the Society for the Advancement of Homoeopathy in the Netherlands (in 1904 some 655 people),[5] will have belonged to this category. The majority of homoeopathy's clientele, however, may well have been shopping on the medical market without becoming regular users of some form of homoeopathy. Even so, it should be borne in mind that some of homoeopathy's clients may not have realised that they were consulting a homoeopath or were using homoeopathic

medicines. Indeed, they may have been unaware of, or ill-informed about, what homoeopathy or a particular homoeopath stood for.

This essay will focus on the clientele of Rudolph Haverhoek (1860–1932), the person against whom the readers of the *Homoeopathisch Maandblad* were warned, and on his younger sister, Femia Haverhoek (1874–1948), who also practised as a homoeopath. Although they attracted only a limited segment of homoeopathy's clientele during the years they practised – Rudolph from about 1900 until 1932, when he died, and Femia between the early 1920s and the early 1930s – they attracted quite a lot of attention from the police, the judiciary, the press and the monthly journal of the Society for the Repression of Quackery (SRQ), in fact far more than from the *Homoeopathisch Maandblad* itself. The material for this essay is derived from these sources. It allows questions to be tackled such as: who were the patients of these healers; why did they choose to consult Rudolph or Femia Haverhoek; what happened during the consultation; what types of remedies were prescribed; and, although much more rarely, what were the results? However, before discussing these matters, the choice of these particular healers will be further accounted for, and they themselves will be more fully introduced.

## The Dutch Offensive against Unqualified Homoeopaths

SINCE ITS FOUNDATION IN 1880, and to this day, the SRQ has waged a war on what it considered to be quackery.[6] Already in 1885 their monthly journal, the *Maandblad tegen de Kwakzalverij*, appearing from 1881, labelled homoeopathy as a grave scientific error.[7] However, over time the relationship between the repression of quackery faction and the Society for the Advancement of Homoeopathy in the Netherlands improved. In January 1931 the editors of the *Homoeopathisch Maandblad* even wholeheartedly congratulated the SRQ on its golden jubilee.[8] Obviously, it was a matter of common concern that unqualified healers were prosecuted, and that the production and distribution of medicines should be more strictly regulated.

Between 1900 and 1940 the *Maandblad tegen de Kwakzalverij* reported on 10 unqualified homoeopathic healers. Only Rudolph and Femia Haverhoek figure fairly prominently in the journal. Between 1900 and 1932 the journal reported on 12 series of criminal proceedings for unlicensed practice of medicine against Rudolph Haverhoek; and between 1923 and 1931 on 10 criminal proceedings against Femia Haverhoek. However, the criminal trial archives revealed three more criminal proceedings for

unlicensed practice of medicine against Rudolph Haverhoek, and four more against his sister, bringing the total respectively to 15 and 14. In addition, Rudolph was criminally tried for indecency, and twice he went bankrupt. In the majority of the trials for unlicensed practice of medicine one or more of their patients testified. The testimonies were provided by 25 of Rudolph's patients (in two cases the patient's parents or mother testified) and 32 of Femia's patients, or 29 if the three policemen are subtracted who posed as patients at her weekly consultation sessions in the town of Zwolle in 1927.[9] It was the police, rather than disappointed patients, who were pursuing the Haverhoeks. Only in three cases did the patient lodge a complaint, all being against Rudolph Haverhoek. In 1904 the parents of a 20-year-old, severely ill tuberculosis patient were advised by their regular doctor in Charlois (Rotterdam) to ask for their money back after Haverhoek had made matters worse.[10] An eczema patient, who had consulted Haverhoek in Amsterdam in September 1930, had the prescribed pills examined by a pharmacist who reported that they were worthless. Moreover, when the patient had come across a reader's letter from someone who had been deceived also by Haverhoek, he had filed a complaint with the public prosecutor.[11] The third case concerns a rheumatic patient who had consulted Haverhoek in Amsterdam in 1931 and who testified in the same trial as the previous patient. After discovering that the prescribed granules were worthless, and having read in the newspapers that an action had been instituted against Haverhoek, he had also asked for and received his money back. On this occasion he had called Haverhoek a swindler. According to Haverhoek his female partner had then said to the witness: 'this you must prove, that mister [Haverhoek] is a swindler.' The three of them had then gone to a nearby police station. There Haverhoek had been told that he had to come back in a fortnight, which he had not done because, as he said: 'I am not Kajefas [sic], but a believing Catholic.'[12] The patient may not have lodged a complaint himself, but he did provide the police and the court with damaging information.

Of course, it is scarcely possible to establish whether or not these testifying patients represented a cross section of Rudolph's and Femia's clientele at the time. Moreover, the patients' testimonies only tend to reveal the type of information which was considered to be relevant in the circumstances, i.e. to prove Rudolph or Femia guilty of unlicensed practice of medicine. Except for the occasional acquittal they were repeatedly sentenced to a fine, risking detention if they failed to pay. At the beginning of the century Rudolph was fined between three and 25 guilders per offence whilst, in the 1920s and early 1930s, Rudolph and Femia had to pay

fines from 100 to 300 guilders per offence. Moreover, Femia was thrice sentenced to imprisonment in Rotterdam: once, in 1919, to six months for having practised as an abortionist, and twice, in 1924 and 1930, to two months for unlicensed practice of medicine within two years of her previous conviction.[13] Whether she continued her 'medical' activities after this last sentence is not yet clear.

## The Careers of Rudolph and Femia Haverhoek

WHEN RUDOLPH HAVERHOEK settled in Utrecht in 1896, at the age of 36, he was registered as a dealer in spectacles. Soon after he was to start his 'medical' activities. Haverhoek testified that, already in 1901, he had a business selling glasses, nursing articles and homoeopathic medicines. Only from 1904 did he also advertise himself as a homoeopath, putting up a nameplate with this qualification. He had been convicted in 1900 and 1901 on four occasions for the unlicensed practice of medicine. After two more trials he moved to Nijmegen where he was registered as having a pharmacy and was, once more, convicted for unlicensed practice of medicine in 1906.[14] In that same year he moved to The Hague where he opened another pharmacy, but went bankrupt in 1907. After this debacle he returned to Utrecht where, on arrival, he advertised his 'perfect homoeopathic remedy against cancer, stomach ulcers, stomach catarrh and all other diseases'.[15] In 1915–16 Rudolph Haverhoek was again tried in Utrecht after putting up a nameplate with a different spelling: *Homoeophaat* instead of *Homoeopaath*.[16] The ruse did not result in an acquittal. At this trial Haverhoek presented himself as the proprietor of a cancer institute. Whether or not he spoke the truth, it would soon become clear that he was still prepared to treat all sorts of diseases. Towards the end of 1916 Haverhoek advertised that he gave daily 'free advice on cancer, lupus, skin diseases, diabetes, paralyses, and all other diseases at his address in Utrecht in the Homoeopathic Pharmacy of R. HAVERHOEK JR.'[17] The pharmacy's proprietor was Haverhoek's eldest son, Rudolph Pieter Lodewijk (born in 1885). After assisting his father from at least 1904, he was registered between 1907 and 1928 as a salesman of homoeopathic medicines in Utrecht, between 1928 and 1936 as a dealer in medicines in The Hague, and in De Bilt (near Utrecht) in 1936. After many years of silence and a presumably flourishing business – the *Homoeopathisch Maandblad* reported that Haverhoek wore a fur coat and drove a luxury car[18] – 1927 proved to be a difficult year for Haverhoek senior. He was sentenced to a fine of 1,000 Dutch guilders for indecency[19] and he went bankrupt shortly after. In 1928 he moved to The Hague, together with his

eldest son and his family. Again, the son ran a pharmacy and the father advised the clientele. As a result Rudolph Haverhoek was put on trial in 1928–29 but he was acquitted by the Supreme Court.[20] Thus, the reason for Rudolph Haverhoek publishing the following advertisement, for which he was once more put on trial:

> Warning
>
> Old mister R. Haverhoek at present gives ... free advice on Cancer, Lupus, Skin Diseases, Diabetes, Paralyses, Ruptures, Milk Crust and all other diseases.
>
> Surgery daily from 9 a.m. to 2 p.m., closed on Sundays.
>
> Completely acquitted by the Supreme Court of the Netherlands ...[21]

In 1930 Haverhoek moved from The Hague to De Bilt, where he received board and lodging from Elisabeth Maria Geertruida Harm (b. 1892), a dealer in homoeopathic medicines. In return, Haverhoek was expected to attract and advise clients, while Harm earned good money from selling the medicines she had bought from 'Dr W. Schwabe in Zaandam'.[22] This resulted in another series of criminal proceedings for unlicensed practice of medicine against Haverhoek, two in Amsterdam between 1930 and 1932, and two in Utrecht in 1931 and 1932, the year of his death.

Haverhoek's younger sister Femia moved to Rotterdam in 1913, when she was nearly 40, with her children but not her husband, Bernardus Tap. It appears from criminal proceedings in 1919 that she had been earning money from treating at least one woman who wished for an abortion.[23] In 1923, when Femia Haverhoek was next put on trial, this time for unlicensed practice of medicine, she was recorded as a dealer in homoeopathic medicines, also bought from the Schwabe firm in Zaandam.[24] Two more similar trials in Rotterdam would follow shortly afterwards. In 1924 she defended herself by saying 'that she had only been selling homoeopathic medicines, which is permitted, and that her other actions and statements towards the witnesses [i.e. patients] had only been fake actions which should be denied any value.'[25] Three years later Femia was registered as a clairvoyant. From 1927 until 1930 Femia left an impressive trail of trials, from Haarlem, Heusden together with 's-Hertogenbosch, Zwolle, Utrecht, Rotterdam, The Hague, Middelburg and Tiel, to Sommelsdijk and Overflakkee plus Rotterdam itself. On these occasions Femia was recorded as a clairvoyant and/or a herbalist although it is not clear if she stopped her 'medical' activities after the trials in 1930. The trial proceedings show that Femia had been having considerably more financial worries than her brother Rudolph, at least before he went bankrupt in 1927. In the meantime

their relationship had become strained. In 1929 Femia even advertised in a Rotterdam newspaper, presenting herself as *Homoeophate* (note the spelling) and warning the readers against the firms in Utrecht and The Hague that supply under the name of 'Haverhoek Herbs and Homoeopathic Medicines'. In the criminal trial on 7 May in Utrecht 'it has been confirmed that only the said Mrs Haverhoek is entitled to use this legally deposited trade name.'[26] Obviously, this move did not prevent further trouble. Femia's eldest son, Adrianus Petrus Johannes Tap, born in 1897, glass-cutter by profession and living in Rotterdam, looked after the mailing of medicines prescribed by his mother at her consultation sessions.

## Profiles of Rudolph and Femia Haverhoek's Patients

WHO WERE THE PATIENTS WHO TESTIFIED at the Haverhoek trials? Combining data from these trials and from population registers the following profiles can be constructed with respect to their sex, age, occupation, religion and place of residence. Both Rudolph and Femia Haverhoek's testifying patients were fairly evenly divided between the sexes, the age groups between 20 and 60 were best represented, and most of them were married and belonged to the lower middle classes. While Rudolph seems to have attracted a religiously mixed and mainly urban clientele, nearly all of Femia's testifying patients were Protestants and she also attracted rural patients. Eleven out of Rudolph Haverhoek's 25 patients were men. However, they were fairly underrepresented at the trials between 1900 and 1906, and strongly overrepresented at the trials between 1928 and 1931. Apart from the small numbers, this demonstrates that generalisations about the gender of the patients have to be made with care. Femia Haverhoek's 28 testifying patients – not counting the abortion client from 1919 and the three policemen who posed as patients – were evenly divided between the sexes throughout the short period of the trials from 1923 to 1930.

It appears that most of the Haverhoeks' testifying patients should have been earning an income or fulfilling other family obligations. Rudolph Haverhoek's patients, or their husbands or fathers, had occupations varying from workman, shop assistant, coachman, carpenter or shipbuilder to butcher, bookseller and tradesman. They belonged mainly to the lower middle classes and, to a lesser extent, to the working classes. As long as Haverhoek asked relatively modest prices, as he probably tended to do at the beginning of the century, people with relatively low incomes could afford to consult him. In the late 1920s and early 1930s the prices that

had to be paid for the medicines – Haverhoek advertised and testified that the consultation itself was free – were fairly high at six or seven and, occasionally, even 10 guilders.[27] Femia's clientele had occupations such as casual labourer, night watchman, porter, skipper, engine driver, clergyman of the Reformed Church, shoemaker, carpenter or farmer. Her clientele may have been from a slightly lower stratum than that of her brother. The prices that Femia normally asked tended to be somewhat lower at five-and-a-half guilders for the medicines and, in 1930, an extra guilder for urine analysis.

Around 1910 Rudolph Haverhoek switched from the Evangelical Lutheran to the Roman Catholic Church. Femia was always a Roman Catholic. Apparently their religious affiliation was either unknown amongst their clientele, or it was not considered to be relevant, for they attracted many Protestants. Initially, Rudolph's clientele was recruited mainly from Utrecht, although the incidental traveller and bookseller from Zwolle could, of course, stumble across him, and the Charlois (Rotterdam) family persuaded him to come and see their severely ill son. He must have attracted also patients from Tiel and its surroundings, as he did from Nijmegen during his short stay there and, likewise, from The Hague. Later, when he advised his son's clientele in The Hague, there were some clients who had travelled quite a distance coming, for example, from Velsen and Zaandam in the province of North Holland. Once Rudolph started his co-operation with Elisabeth Harm they seem to have done more travelling than their patients. At their weekly sessions in Amsterdam in the hotel 'de Pool', not far from the Central Station, they attracted a mainly Amsterdam clientele. Femia's clientele, at first, came from Rotterdam and its surroundings. At her weekly consultation hours in Haarlem, from 1926 to 1927, she attracted patients from Haarlem, Amsterdam and nearby places like Beverwijk and IJmuiden. Thereafter, she also attracted a rural clientele, especially when she had her weekly consultation sessions in Middelburg and Sommelsdijk in 1930.

It is hardly possible to compare the clientele of the Haverhoeks with the clientele of qualified homoeopathic practitioners at the time. First, only part of the Haverhoeks' clientele has been traced, and whether this part is representative of the rest is hard to establish. Secondly, no systematic research has been done into the clientele of qualified homoeopathic practitioners. However, the *Homoeopathisch Maandblad* contains some indications. It may be assumed that the subscribers (especially those who were active in the Society for the Advancement of Homoeopathy in the Netherlands at the national or local level), and those who were givers of gifts, donations or legacies, will have belonged to the regular clientele of

these practitioners. Members of the nobility and the higher classes were fairly prominent in one or more of these roles, but also many others who were less well situated. Gifts from one to 15 guilders were quite common. There were also much larger donations, otherwise the homoeopathic hospital would not have been established, or the homoeopathic out-patients' clinics where free treatment was offered to the poor. In Utrecht, for example, such an out-patients' clinic was opened in 1900, and in Amsterdam in 1902. These clinics certainly filled a gap in the medical market. They were, at least, an important addition to the already existing forms of homoeopathic supply to the poor such as homoeopathic collective health insurance funds and the participation of homoeopathic practitioners in general health insurance funds.[28] Thus, there is a varied company of supporters and clientele from the higher circles and the fairly well off to the truly poor. The Haverhoeks catered for an in-between public or, perhaps, with a partial overlap upwards. Yet, this is not the whole story for, as Gewin stated in 1926, homoeopathy's Dutch following, to a large extent, consisted of orthodox Protestants, mainly to be found in lower middle-class circles, among Christian schoolteachers, clergymen and members of 'society'.[29] Whether or not these orthodox Protestants were regular clients of homoeopathic practitioners, homoeopathic self-medication may well have been especially popular in these circles. However, if the Haverhoeks, or rather Femia, attracted part of their clientele from this group, homoeopathic self-medication was never mentioned at the trials.

## Why Choose a Haverhoek?

IF HOMOEOPATHY HAD BEEN their favourite therapy, the clients of the Haverhoeks could have chosen to consult a qualified homoeopathic practitioner. Both Utrecht and Rotterdam had two homoeopathic practitioners at the time that Rudolph or Femia Haverhoek practised there. In most other towns where the Haverhoeks operated at one time or another, like The Hague, Amsterdam, Haarlem, Zwolle and Middelburg, at least one resident homoeopathic practitioner could be consulted. This was not the case in Nijmegen and Tiel, or in the province of North Brabant and the South Holland island of Overflakkee, at the time of Rudolph or Femia Haverhoek's sessions. So, why choose a Haverhoek if a homoeopathic practitioner was available? Given the fairly high prices the Haverhoeks asked, it is hardly likely that it was a matter of cost. It may well have been the personal reputation of the Haverhoeks, whether or not in combination with advertising themselves as homoeopaths, that made people decide to

consult them. This happened mostly when 'ordinary' doctors had not been able to cure them. Only a few of Rudolph Haverhoek's early Utrecht patients related why they had chosen to consult Haverhoek. At the 1900 trial none of the group of seven patients, five of whom were told by Haverhoek that they had cancer, provided this type of information. However, they may have read Haverhoek's advertisement in the *Utrechtsch Nieuwsblad*, saying:

> The biggest miracle can be experienced by immediate recovery from Headache and Toothache with fever and pain in the Joints, also advice for all secret and the severest Skin diseases, also available here the famous *Wouterbalsem*, good for all wounds, and the finest nickel-rimmed glasses.
>
> Surgery from 9 to 12 p.m., except for Tuesdays and Fridays.
>
> Address with R. Haverhoek Concordiastraat No 1, Utrecht.[30]

Interestingly, on this occasion Haverhoek did not advertise his special skills with respect to cancer. Some information can be gained from three of the six patients who testified in 1901. A girl of 19 had been advised by her father to have a swelling in her mouth treated by Haverhoek.[31] A middle-aged woman declared that she had cancer in her stomach and abdomen, and that her doctor had let her down after he had told her that she was in a bad state.[32] A young woman had consulted Haverhoek for her sore toes on the advice of her mother-in-law, who had shown her a piece of paper on which were reported a great many of Haverhoek's 'miraculous cures' of persons referred to by name.[33] None of these early patients mentioned Haverhoek's homoeopathic medicines as a reason for consulting him. The bookseller from Zwolle, who testified in 1904–05, had intended to consult a homoeopathic doctor in Utrecht for his lung disease. Noticing Haverhoek's nameplate he had consulted him straightaway. Afterwards he had been told that he had consulted the wrong one. He had then consulted one of the homoeopathic practitioners in Utrecht.[34] In 1904 the Charlois parents with the seriously ill son had been advised by an acquaintance to consult Haverhoek. Like the bookseller they assumed also that Haverhoek was a proper doctor and, therefore, must have been doubly disappointed when his treatment failed. It may have been Haverhoek's personal reputation rather than being a homoeopath that induced the acquaintance to recommend Haverhoek, otherwise he could have advised the parents to consult one of the homoeopathic practitioners in Rotterdam itself.[35]

While none of Haverhoek's later patients in The Hague mentioned

why they had chosen to consult him, his patients in Amsterdam did. A mother declared that her son of eight who, according to Haverhoek, suffered from scrofula, had been treated by various doctors for the last four years. This had been to no avail 'and I did not fancy them lifting his skull, which was what they wanted to do.' When she and her son had been walking on the Nieuwendijk in the centre of Amsterdam in October 1930 a booklet had been presented to her which stated that R. Haverhoek gave free advice for all sorts of complaints, and that he could be consulted every Monday in the hotel 'de Pool'. She had immediately taken her son to Haverhoek. The booklet she spoke about was deposited in the courtroom. It had a blue cover. On the front the following words were printed:

> The greatest miracle. R. Haverhoek. All homoeopathic medicines obtainable from Miss E.M.J. Harm. Adviser: old mister R. Haverhoek ... De Bilt. Every Tuesday from 9–2 p.m. in Purmerend, in Hotel van 't Hoff, Koemarkt 57. Every Monday from 9–2 p.m. in Amsterdam in Hotel 'de Pool', Damrak 42–43.[36]

At the back there was a portrait of the suspect. The other three patients in Amsterdam, among them the plaintiff (the book printer), and the one who had called Haverhoek a swindler, a trader in fancy goods, had consulted Haverhoek for their eczema or rheumatism on the advice of an acquaintance. Again, none of them mentioned homoeopathy or homoeopathic medicines as a reason for choosing Haverhoek, although they may have been informed about this connection. Perhaps, it was also or even mainly homoeopathy that made them choose Haverhoek.

Except for the patients who testified in Zeeland, very few of Femia Haverhoek's patients mentioned why they had chosen to consult her. A young man in Rotterdam related in 1923 that he had been suffering from a rupture for several years, and that there had been a nameplate on the house of the suspect, on which was written: 'Homoeopathy, surgery 9–3 p.m.'. His young wife had been with him and she had also consulted Femia 'because she did not feel well'. She remembered a slightly different text on the nameplate, namely 'Homoeopathic Institute Mrs Haverhoek'.[37] From the other four patients who testified in Rotterdam in 1924 and 1925 only their complaints are known, for example, the night watchman who suffered from deafness or the widow with an inflamed foot. The same applies to the six patients who testified in Haarlem, such as the engine driver with backache or the casual labourer with nervous pains in his whole body. More information was provided in 1927 by the clergyman in a village in the province of North Brabant. His 23-year-old daughter had been ill for about

five years and the doctors had always supposed that she was suffering from nervous complaints. When Femia Haverhoek was visiting the clergyman's neighbour, the daughter had also wanted to consult her. Both father and daughter had supposed her to be a clairvoyant as homoeopathy was not mentioned at all.[38]

The first witness at the trial in Middelburg (Zeeland) in 1930, a sergeant of the military police in Flushing, did not say why he had chosen to consult Femia Haverhoek, but he did reveal that a booklet with patients' attestations (*attestenboekje*) had been enclosed with the medicines that had been sent him by post. On the cover of the booklet was 'Mrs Haverhoek Dr Homoeopath'. The other six witnesses all testified that they had decided to consult Femia after they had read this *attestenboekje*. They did not provide further details,[39] nor did the six patients who testified in Sommelsdijk and Rotterdam in 1930. However, they did mention that they had been informed about Femia through an advertisement in the regional newspaper, announcing that she 'would be in session every Wednesday during certain hours in Sommelsdijk in hotel Harmonie and could be consulted for all diseases'.[40]

The patients' testimonies tell more about how they had come to know about Rudolph or Femia Haverhoek, than about their reasons to consult either of them. Thus, it is hard to establish if homoeopathy was the deciding factor. It may be suspected that quite a few of these patients were prepared to try anything, whether or not it was homoeopathy, though perhaps not anybody, after regular doctors had failed. The personal recommendations, the nameplates, the advertisements and the booklets about Rudolph's or Femia's wonderful cures will certainly have helped.

## Consultations, Rituals and Results

HOW MIRACULOUS WERE THEIR RESULTS, and what happened at their consultations? Both Rudolph and Femia Haverhoek are known to have visited patients at home if they were unable to go out. Most of the testifying patients, however, had come to their shop or surgery. In most cases the patients first offered information about their complaints, or were asked to do so. This was followed by some sort of examination, a diagnosis and the prescription and selling of medicines. Sometimes a patient had decided not to offer information immediately, as in the case of the clergyman and his daughter. They declared that they had decided to wait and see what Femia herself, as a clairvoyant, could discover. They obviously did not recognise the possibility that Femia could read their minds

and thus replicate the doctor's diagnosis, or that she had been informed already by the neighbours.

Over time the ways in which Rudolph and Femia examined their patients underwent some changes. Their methods ran partly parallel, but they also diverged. At first, Rudolph tended to touch his patients, but later he developed into an iriscopist. He assumed that he would no longer be convicted for unlicensed practice of medicine if he refrained from touching his patients, but examined them by simply looking at their eyes through a looking glass.[41] He also sometimes examined his patients' urine. Femia first and foremost examined her patients' urine, while later she also relied on her other gifts as a soothsayer, or by looking at her patients' eyes. Whether Femia's methods can be called masculine, as Willem de Blécourt has recently suggested, depends of course on historical definitions of masculinity and femininity.[42] It would seem that soothsaying at any rate was a mainly feminine business at the time. If examining the patient's urine was not, it would still be uncertain to conclude that Femia's choice of this method would have stemmed from its supposedly masculine connotations. After all, the repertoire of diagnosis was not all that large for unlicensed practitioners. What made Femia resemble her male colleagues was her medical entrepreneurship. She attempted, however unsuccessfully, to make a living out of 'medicine', competing with her predominantly male colleagues. Yet even if her tactics and methods very much resembled those of her male colleagues, would this also have impressed her potential clients as being masculine? And if so, what difference would this have made?

Both Rudolph and Femia had, at one stage or other, assistants. Their eldest sons assisted them, for example, with the mailing of medicines. In Rudolph's case this happened early on in his career, in Femia's case this is mentioned only at the later trials. For the rest the pattern diverges. When Rudolph had gone bankrupt in 1927, he himself became dependent as he subsequently assisted his eldest son in The Hague and, thereafter, Elisabeth Harm. Naturally, he did this still in his role of practitioner. Femia, on the other hand, availed herself of various types of assistants, apart from her eldest son. In Zwolle it was a medical practitioner who served unsuccessfully as a safeguard against prosecution by being present at her consultation sessions. In Haarlem it was a nurse or a seamstress who assisted Femia, in Sommelsdijk it was a woman who presented herself as an Italian somnambulist.

What happened during the consultations and what were the results of the cures? Rudolph Haverhoek's Utrecht patients, who testified in 1900, were told that most of them had cancer. Apparently, they had not used

this term themselves when they informed Haverhoek of their complaints. The remedies that Haverhoek prescribed and sold varied from granules to ointments or liquids for external use. Some of these patients consulted him two or three times. A female patient of just over 50 died soon afterwards. Whether or not the others were cured by Haverhoek, they at least survived for the time being. In 1901 a middle-aged woman declared that she had cancer in her stomach and abdomen. Haverhoek advised her to syringe herself with an irrigator, which he sold her, filled with tepid water.[43] She died more than three years later. Another patient was cured after Haverhoek had removed a swelling from her mouth. The other patients were treated with granules and ointments for complaints like stomach ache, open wounds or sore toes. They all remained alive for the time being, while a few of them testified that they had been cured.

From Rudolph Haverhoek's early consultations only one extensive testimony, from 1904, is available.[44] It is a fairly atypical case, as it does not concern his usual Utrecht clientele, but the young tuberculosis patient in Charlois (Rotterdam). His parents first went to see Haverhoek in Utrecht. They told him about their son's illness and his admittance into hospital some months previously, and they asked Haverhoek to come and see their son. Haverhoek consented on the condition that they would pay him 25 guilders, and that they would first fetch their son from the hospital and bring him home. They agreed to do this. After the son had come home with the instruction to lie on a plaster bed, the parents had called in their own medical practitioner. He had put a drain in a wound in the boy's groin and continued treating him for about four days. At that stage, the boy's father had told the doctor that his son would receive homoeopathic treatment. The boy's condition had been fairly good, according to the doctor. Then it was Haverhoek's turn. The parents testified that he had examined their son by means of percussion, although they did not use this term themselves. Haverhoek denied that he had examined the boy. According to the parents, Haverhoek had also taken out the drain and put it in again, after cleaning it in water. Again, Haverhoek offered a different version. In reply to the father's question whether the boy still had to use the plaster bed, Haverhoek's answer had been: 'let those bastards from the hospital lie in it themselves, that murderous scum'. Haverhoek testified that he had answered: 'if it were my son, it would not happen'. Haverhoek confirmed that he had supplied a jar of ointment and a box with granules, including instructions. A few days later some more ointment, a syringe and sublimate pastilles had been sent to them by mail. Haverhoek testified that perhaps his son had mailed these articles, but he had not as he had fallen ill

shortly after his visit to Charlois. He denied also that he had written to the parents, telling them that they should continue the cure, or that they had sent him the boy's urine for examination. The boy's condition deteriorated and Haverhoek gave up, two months after he had started treating the boy. Apparently he advised the parents to seek another doctor. They then called in their own doctor, who had the boy hospitalised again. Two years later the boy would die. The boy's parents testified that they had assumed that Haverhoek was a qualified doctor and that they had not discovered that he was not until much later. Obviously Haverhoek's ways had not given them cause for suspicion as he must have behaved like a proper doctor.

Later this was much less the case. Haverhoek no longer touched his patients, but diagnosed by looking into their eyes. However, if a patient brought his or her urine for examination, Haverhoek would not decline to comply with the patient's wish. An impression of Haverhoek's later consultations may be gained from the example of a butcher's wife, 50 years old, who consulted Haverhoek in Amsterdam in 1931. She testified as follows:

> For a few years I have been suffering from rheumatic pains. After an acquaintance had told me about the defendant, and after I had also received a booklet with the name of R. Haverhoek on it, his address and mention of 'the greatest miracle', I understood from the testimonies in this booklet by several people, that the suspect could cure ill people, and I decided to consult him. For that reason I went on the morning of 9 March 1931 to hotel 'de Pool' on the Damrak in Amsterdam. After I had taken a ticket (I can't remember if I paid for it) I was ushered into a waiting room, and after that I came into another room, where I saw the defendant sitting and where also a large woman [Elisabeth Harm] was present. When I walked towards the defendant he said: 'so, little woman, also pain in the leggies?' The defendant told me to be seated on a chair opposite to him and asked me, what I came for. I answered, that rheumatic pains gave me a lot of trouble. Then the defendant put a big loupe to his left eye and said: 'look at me', which I did ... 'Poor dear', he said, 'what a lot of pain you are suffering'. I had indeed pain. The defendant then said that I had sciatica and that I shouldn't use meat or coffee. I had brought my urine in a small bottle and gave this to the suspect, who handed it to the aforementioned woman ... who heated it over a flame ... The defendant told me that I had a problem with my kidneys and that I suffered from diabetes ... This announcement utterly confused me, for a doctor had examined me only a short while before and told me that I was not suffering from diabetes. When I told this to the defendant he changed the aforementioned diet and said that I was allowed meat and two or three potatoes ...[45]

This is not the end of the woman's story. She went on to say that

she had to pay 10 guilders, which was quite a lot of money, and that the woman gave her two boxes with pills, one bottle of medicine, and some herbs. After consulting Haverhoek she took her urine, just to be sure, once more to a doctor to have it examined, but again he told her that she did not have diabetes. It is not known what happened to the woman afterwards, except that she was still alive in 1941, when she moved from Amsterdam to Haarlem. Of two other patients who consulted Haverhoek in Amsterdam and who expressed their dissatisfaction, one could not be traced, the other was to die four years later at the age of nearly 68. Three of the other six patients from the later trials testified that they had visited Haverhoek for a second time. However, none of them indicated whether Haverhoek's cure had been successful. Except for an older man with cancer, four of them survived for the time being, while two could not be traced.

Femia Haverhoek's patients at the Rotterdam trials from 1923 to 1925 all told similar stories about their consultations, although their complaints varied. They had all brought their urine and offered information about their complaints. Femia then held the urine over a methylated spirits flame and inspected it. Sometimes she also looked at the sore part of the body. She then told the patient what was wrong or whether she saw progress. The medicines she prescribed consisted of pills, ointments, liquids and, unlike Rudolph Haverhoek, also herbs for making tea. After paying Femia five guilders the patient had to collect the medicines from her homoeopathic pharmacy in the same house,[46] or she provided the medicines herself. Only one of these six early patients had consulted Femia Haverhoek for a second time. On that occasion she told him that she saw progress.[47] None of these patients mentioned if they had benefited from Femia's treatment, but the three who could be traced all survived for the time being.

The patients who testified in Haarlem in 1926 and 1927 told similar stories. It appears, moreover, that it made no difference to Femia if she did not see the patient in person. All she needed was the patient's urine. Thus, the wife of a middle-aged engine driver from Amsterdam testified that she had gone to see Femia in Haarlem in 1926. She had brought her husband's urine and told Femia that he suffered from backache. Femia had held the urine over a methylated spirits flame and had said: 'your husband is much sicker than you think, your husband's pain moves from his back to his stomach. I will send drops, herbs and plaster ...'. A fortnight later, the wife had brought another bottle with her husband's urine. Holding it over the flame Femia had said: 'splendid, it is improving'. Indeed, the third time the patient was able to travel to Haarlem himself.[48] One of the six patients who

testified in Haarlem, a young casual labourer with nervous complaints, said explicitly that he had found relief from Femia's herbs and pills.[49] But the husband of another patient reported that his wife had not benefited from the cure. One of the older patients died nearly five years later. The other five could not be traced any further.

At her weekly sessions in Haarlem Femia was first assisted by a young student nurse and later by an elderly seamstress. The student nurse testified that she had been employed by Femia for about two years and that most patients had come to Femia for urine analysis. Some of them had been physically examined by Femia. At times a doctor had been present at these examinations, but not when she had been there. The nurse added that she had resigned from her job because she did not agree with Femia's way of behaving, for 'the defendant [Femia Haverhoek] never examined the patients' urine, but just put it in the kitchen and left it at that.'[50] Whereas the nurse did not report what her tasks were, her successor, the seamstress, was more explicit. At the second trial in Haarlem, she testified that it had been her task at Femia's sessions in both Haarlem and IJmuiden to collect the five guilders and 40 cents for the herbs and pills that Femia prescribed, and to forward the money to a son of hers, together with a card on which were written the name and address of the patient. The son then looked after the mailing, continuing to do so in the following years.[51]

Further information comes from the clergyman and his daughter in a North Brabant village. This time Femia seems to have eliminated testing the urine. The clergyman testified that he had requested Femia to come to his house in August 1927 stating:

> That she [Femia Haverhoek] had taken his daughter's hand in hers, had looked into her eyes, and soon after had asked to see her left leg; that the defendant had looked at the leg and had turned it around with her hand and said: 'yes, she is also nervous', and that she was not free from tuberculosis; that the defendant had then given his daughter a diet and had said that she would send medicines; that he [the clergyman] had then asked the defendant: 'and what do you say of me?', that the defendant had then answered, after having looked at him: 'your stomach is not in order, your heart is alright, but weak', and that she had a remedy; that he had then told her, that he suffered from transpiration when preaching; that the defendant then answered that she would send medicines.[52]

The daughter was to die two years later while the father lived into old age.

In Zwolle, the three policemen who had posed as patients testified, in 1928, that Femia had examined them by looking into their eyes.[53] She

asked one of them to send her his urine for examination at a later stage, after he had been using her medicines for some time. Apparently a medical practitioner had been present at her sessions and Femia was reported to have acted as his assistant. She had asked the patients questions which the doctor had required, after which he would name a number which corresponded to the patent medicines the patient should get.[54] Later in 1928 a patient testified in Utrecht that Femia had looked into her eyes with a magnifying glass.[55] The correspondence with her brother's behaviour is very striking. However, this was to change shortly afterwards. At the trials in Middelburg and Sommelsdijk/Rotterdam in 1930 it appeared that Femia no longer examined her patients' eyes, not even her blind patient's eyes. She had returned to her old and trusted method, the examination of the patient's urine. The urine could either be brought to the consultation, or it could, as advertised, be sent to Rotterdam.[56] Some of the patients testified that they had sent their urine to Femia in advance. It was also reported from her Sommelsdijk sessions that Femia was assisted by a woman whom she called her pharmacist. The assistant herself seems to have preferred a less prosaic title. According to the *Maandblad tegen de Kwakzalverij* Miss Kleerenbezem, as she was called, advertised herself as the Italian somnambulist.[57] The patients' testimonies also reveal a totally new element. It was reported repeatedly that Femia had attributed the patient's complaints to impurity of his or her blood. Thus, the sergeant of the military police in Flushing testified that:

> ... he was suffering from pain in his belly. He had had his urine sent to the defendant [Femia Haverhoek] in advance. The defendant told him that she had examined this urine and had seen what was wrong with him, telling him that it was in his blood, that his blood was not pure and that is should be purified, and that she had the gift to see in people's urine what was wrong with them.[58]

Femia's prescriptions remained the same, herbs and homoeopathic pills, drops or ointments, but she sometimes indicated that these remedies would only have the desired effect with God's help. None of these Middelburg and Sommelsdijk patients, 13 in all, reported whether the treatment had been successful. Six patients could not be traced further. Two patients, the elderly man and a young man with a lung disease, died soon after consulting Femia. The others were more fortunate.

## Epilogue: Patients' Choices and Patients' Voices

THE PATIENTS WERE ALL SHOPPERS on the medical market. Most will have chosen to consult a Haverhoek after regular doctors had failed to cure them. Only a small minority proved to be fatally ill. Whether the patients of the Haverhoeks felt especially attracted to homoeopathy is difficult to establish, as only a few mentioned that it was homoeopathic treatment they wanted. It may well have been the Haverhoeks' personal reputation, whether or not in combination with their homoeopathic medicines, that made people decide to consult them. Personal recommendations, nameplates, advertisements and booklets about the Haverhoek's miraculous cures all contributed to direct people's attention to these homoeopaths. The patients' voices reveal only a small part of their medical history and motivations.[59] Even if their testimonies had revealed more, this would not have sufficed. To gain a fuller understanding of patients' choices, knowledge of the relevant medical market and, more particularly, of the available alternatives is needed. The popularity of unqualified homoeopaths like Rudolph and Femia Haverhoek partly depended on what other options were available to the patients.

*With many thanks to Willem de Blécourt for passing on information which helped me find relevant data in the archives, and to the many helpful archivists who were willing to send me copies of trials and data from the register.*

## Notes

1 *Homoeopathisch Maandblad* (*HM*) 17 (1906), 143.

2 On the Dutch medical laws of 1865, see D. Cannegieter, *Honderdvijftig jaar gezondheidswet* (Assen, 1954).

3 Medicines which contained ingredients mentioned in the so-called 'list C' could, below 50 grammes, only legally be sold by pharmacists. See A.I. Bierman, *Van artsenijmengkunde naar artsenijbereidkunde. Ontwikkelingen van de Nederlandse farmacie in de negentiende eeuw* (Amsterdam, 1988), 41–44.

4 See Marijke Gijswijt-Hofstra, 'Homoeopathy and its concern for purity. The Dutch case in the early twentieth century' (forthcoming).

5 *HM* 16 (1905), 33.

6 On the Society for the Repression of Quackery (SRQ), see Gerrit van Vegchel, *Medici contra kwakzalvers. De strijd tegen niet-orthodoxe geneeswijzen in Nederland in de 19e en 20e eeuw* (Amsterdam, 1991).

7 'Homoeopathie', *Maandblad tegen de Kwakzalverij* (*MtK*) 5, 2 (1885), [1–2].

8 '50 jaren van ongelijken strijd', *HM* 42 (1931), 1.

9 *MtK* 48, 8 (1928), [3–4].

10 Rijksarchief Zuid-Holland (RAZH), Arrondissementsrechtbank (district court) Rotterdam, inv. nos. 331 and 475, no. 425, deposition 11 May 1905 and sentence 25 May 1905.

11 Rijksarchief Noord-Holland (RANH), Arrondissementsrechtbank Amsterdam, inv. nos. 48 and 74, no. 458, deposition 23 February 1932 and sentence 8 March 1932.

12 RANH, Arrondissementsrechtbank Amsterdam, inv. nos. 48 and 74, no. 456, deposition 23 February 1932 and sentence 8 March 1932. Caiaphas, the high priest from Matt. 26:3, 57.

13 RAZH, Arrondissementsrechtbank Rotterdam, inv. no. 580, no. 1460, sentence 15 August 1919; inv. no. 632, no. 605, sentence 30 December 1924; inv. no. 661, nos. 617–19, sentence 30 December 1930.

14 Rijksarchief Gelderland (RAG), Kantongerecht Nijmegen, inv. no. 281, no. 783, sentence 25 May 1906.

15 *MtK* 27, 10 (1907), [2].

16 Rijksarchief Utrecht (RAU), Kantongerecht Utrecht, inv. nos. 1609, nos. 3213 and 3387, sentence 3 December 1915 and confirmation sentence 24 December 1915; Arrondissementsrechtbank Utrecht, inv. nos. 196 and 271, no. 93, deposition 14 February 1916 and sentence 21 February 1916. Algemeen Rijksarchief (ARA), Hoge Raad, inv. no. 311, no. 248, judgement 29 May 1916.

17 *MtK* 36, 12 (1916), [2].

18 *HM* 39, 10 (1928), 83–85. See also RAU, Arrondissementsrechtbank Utrecht, inv. no. 596, documents concerning Rudolph Haverhoek's bankruptcy, 30 November 1927. Haverhoek's assets amounted to just over 15,000 guilders, his debt was over 26,000 guilders. Haverhoek's car (make 'Paige') was sold for 3,500 guilders.

19 RAU, Kantongerecht Utrecht, inv. no. 300, no. 155, sentence 22 February 1927. ARA, Hoge Raad, inv. no. 431, no. 177, judgement 12 March 1928.

20 RAZH, Kantongerecht Den Haag, inv. no. 1270, no. 11556, deposition and sentence 29 November 1928; Arrondissementsrechtbank Den Haag, inv. no. 625, nos. 391–92, sentence 7 February 1929. ARA, Hoge Raad, inv. no. 433, no. 32561, judgement 3 June 1929.

21 *MtK* 49, 11 (1929), [1]. RAZH, Arrondissementsrechtbank Den Haag, inv. no. 633, no. 478, sentence 6 March 1930.

22 RANH, Arrondissementsrechtbank Amsterdam, inv. no. 47, no. 540, deposition 10 March 1931.

23 RAZH, Arrondissementsrechtbank Rotterdam, inv. no. 580, no. 1460, sentence 15 August 1919.

24 *MtK* 44, 11 (1924), [2].

25 RAZH, Kantongerecht Rotterdam, inv. no. 261, nos. 8839a and 10133, deposition and sentences 30 November 1924.

26 RAZH, Arrondissementsrechtbank Rotterdam, inv. no. 657, no. 594, sentence 12 November 1929. See also *MtK* 49, 6 (1929), [2–4] and 49, 11 (1929), [1].

27 An unskilled worker would have earned about 30 guilders per week.

28 On early developments in Amsterdam, see *HM* 13 (1902), 55.

29 Everard E. Gewin, 'De kring van aanhang der homoeopathie', *Stemmen des tijds* 15 (1926), 341–51.

30 RAU, Kantongerecht Utrecht, inv. no. 1453, no. 2494, sentence 28 November 1900. Advertisement of 19 March 1900.

31 RAU, Kantongerecht Utrecht, inv. no. 1467, no. 3778, sentence 3 December 1901.

32 RAU, Kantongerecht Utrecht, inv. no. 1467, no. 3778, sentence 3 December 1901.

33 RAU, Kantongerecht Utrecht, inv. no. 1466, no. 2475, sentence 22 November 1901; Arrondissementsrechtbank Utrecht, inv. no. 50, no. 21, sentence 6 January 1902.

34 RAU, Kantongerecht Utrecht, inv. no. 1505, no. 4599, sentence 31 December 1905; Arrondissementsrechtbank Utrecht, inv. nos. 61 and 249, no. 116, deposition 2 February 1905 and sentence 9 February 1905.

35 RAZH, Arrondissementsrechtbank Rotterdam, inv. nos. 331 and 475, no. 425, deposition 11 May 1905 and sentence 25 May 1905.

36 RANH, Arrondissementsrechtbank Amsterdam, inv. nos. 47 and 66, no. 540, deposition 10 March 1931 and sentence 24 March 1931. Unfortunately no copy of the booklet could be found. A similar booklet was also distributed in Utrecht, see *HM* 39, 10 (1928), 83–85.

37 RAZH, Kantongerecht Rotterdam, inv. no. 423, no. 3221a, sentence 27 April 1923.

38 Rijksarchief Noord-Brabant (RANB), Arrondissementsrechtbank, inv. nos. 722 and 651, no. 8383, deposition 2 February 1928 and sentence 16 February 1928.

39 Rijksarchief Zeeland (RAZ), Arrondissementsrechtbank Middelburg, inv. nos. 143 and 321, no. 518, deposition 12 November 1930 and sentence 26 November 1930. Unfortunately no copy of the attestenboekje could be found.

40 RAZH, Arrondissementsrechtbank Rotterdam, inv. no. 661, nos. 617–19, sentences 30 December 1930.

41 RANH, Arrondissementsrechtbank Amsterdam, inv. no. 48, no. 457, sentence 23 February 1932.

42 Willem de Blécourt, *Het Amazonenleger. Irreguliere genezeressen in Nederland, c.1850–1930* (Amsterdam, 1999), 141–43.

43 RAU, Kantongerecht Utrecht, inv. no. 1467, no. 3778, sentence 3 December 1901.

44 RAZH, Arrondissementsrechtbank Rotterdam, inv. nos. 331 and 475, no. 425, deposition 11 May 1905 and sentence 25 May 1905.

45 RANH, Arrondissementsrechtbank Amsterdam, inv. no. 48, no. 456, deposition 23 February 1932.

46 It is not mentioned who assisted her.

47 RAZH, Kantongerecht Rotterdam, inv. no. 261, no. 8839a, sentence 30 September 1924.

48 RANH, Arrondissementsrechtbank Haarlem, inv. no. 156, no. 307, deposition 21 April 1927.

49 RANH, Arrondissementsrechtbank Haarlem, inv. no. 156, no. 585, deposition 15 September 1927.

50 RANH, Arrondissementsrechtbank Haarlem, inv .no. 156, no. 307, deposition 21 April 1927.

51 RANH, Arrondissementsrechtbank Haarlem, inv. no. 156, no. 585, deposition 15 September 1927.

52 RANB, Arrondissementsrechtbank 's-Hertogenbosch, inv. no. 722, no. 8383, deposition 2 February 1928.

53 Rijksarchief Overijssel, Arrondissementsrechtbank Zwolle, inv. no. 938, no. 361, sentence 5 July 1928.

54 ARA, Hoge Raad, inv. no. 432, no. 32121, judgement 29 October 1928.

55 RAU, Kantongerecht Utrecht, inv. no. 1775, no. 3098, deposition and sentence 31 October 1928.

56 RAZH, Arrondissementsrechtbank Rotterdam, inv. no. 661, no. 618, sentence 30 December 1930.

57 *MtK* 51, 2 (1931), [4].

58 RAZ, Arrondissementsrechtbank Middelburg, inv. no. 321, no. 518, sentence 26 September 1930.

59 See also Eberhard Wolff, 'Perspectives on Patients' History: Methodological Considerations on the Example of Recent German-Speaking Literature', *Canadian Bulletin of Medical History* 15 (1998), 207–28.

# Homoeopathy in Nineteenth-Century Flanders: the Patients of the Ghent Homoeopath Gustave van den Berghe (1869–1902)[1]

*Anne Hilde van Baal*

## Introduction

> Courrières le 17 Mai 1899
>
> Monsieur, Je continue de tousser beaucoup et d'avoir des crachats jaunes. Mon appetit ne va pas du tout et j'ai souvent un point au coeur. Voila dans quel etat je me trouve. Recevez Monsieur l'assurance de mon plus profond respect.
>
> Carpentier Hippolyte, Rue de l'eglise, Courrières[2]

THE ABOVE LETTER MUST BE ONE OF MANY that the Belgian doctor of medicine Gustave Adolphe van den Berghe (1837–1902) received during his life as a homoeopathic practitioner. The letter is of much interest, because it reveals some features of a homoeopathic patient. The history of Belgian homoeopathy is largely unexplored and this is even more true with respect to the history of the clientele of Belgian homoeopaths. So far, studies into Belgian homoeopathy have largely concentrated on the professional representation of its practitioners.[3] The history of Belgian homoeopathy is written from the perspective of homoeopathic practitioners and their struggle for official recognition of their therapy. Therefore, it is primarily concerned with the relationship between allopaths and homoeopaths. This

essay will start to uncover what Roy Porter once called the 'patients' view'.[4] Of course, unravelling people's desires, expectations and attitudes towards health and illness depends heavily on the availability of source material. Van den Berghe carefully wrote down the contents of his consultations for a period of over 30 years. Covering the years between 1865 and 1902, his casebooks have all been preserved and leave us with a tremendous opportunity to write a history of Belgian homoeopathy 'from below'. The inventory of Van den Berghe's practice is based on a division into three periods, corresponding with Casebook One (July 1865–October 1869), Eight (May 1881–August 1882) and Seventeen (November 1898–February 1901). The notes give an insight into the lives of 3,224 sufferers and the analysis is based on information drawn directly from the casebooks. Thus, it can be established who were Van den Berghe's patients, what were the length and results of the treatment, why the patients decided to consult Van den Berghe and whether they were so-called shoppers on the medical market or regular visitors.

## Gustave van den Berghe: his Life and Works

GUSTAVE VAN DEN BERGHE was born at Zwevegem, in the southeast of the province of West Flanders, on 9 May 1837. His parents earned a living as merchants and were not at all involved in medicine. Van den Berghe studied medicine successively in Louvain, Ghent and Brussels from where he graduated in 1863.[5] Immediately after his graduation he set up an allopathic practice in his home town. He would not perform allopathy for very long for, influenced by his close friend Dr D.L.E. Gailliard (1838–98), Van den Berghe started experimenting with homoeopathy in 1864. The first patient he treated homoeopathically was a labourer suffering from a severe inflammation of the mouth. He could not speak nor swallow, he respired heavily and had a high fever. Van den Berghe considered an incision of the tongue, but found it an uncertain procedure. He then prescribed mercury and the patient's recovery was obtained within days.[6] Van den Berghe's definite change to homoeopathy dates from 1865 when patients he had treated earlier in an allopathic manner now received a homoeopathic therapy.[7] At this point Van den Berghe had not had any theoretical education in homoeopathy. His conversion to homoeopathy was based solely on personal experience, including Gailliard's advice, and study of homoeopathic publications. This changed with the arrival of Dr G.H.G. Jahr (1801–75) at the Hahnemann dispensarium in Brussels in 1870. The German Dr Jahr was forced to leave Paris at the outbreak of

the French–German war.[8] In March 1871 Van den Berghe went to Brussels to attend Dr Jahr's classes. He recorded the contents of this course in a notebook called 'Leçons sur l'homoeopathie par le Dr Jahr'.[9]

On 29 February 1866 Gustave married Angela Rosalie Vanhoutte. They would have eight children of whom two died. In 1869 the family moved to Ghent and eventually settled down in the Stationsstraat where Van den Berghe practised and lived until his death in 1902. By that time his two sons, Samuel and Ferdinand, had become homoeopathic practitioners and also practised in Ghent. The latter would eventually take over his father's practice. Van den Berghe kept in touch frequently with his colleagues. He was a member of several homoeopathic societies and also contributed to periodicals. In 1874 Van den Berghe became a corresponding member of the *Société du dispensaire Hahnemann*.[10] His first active membership was of the *Société belge de médecine homoeopathique* (Société Belge) (1877–82). He was a member as long as this society existed and he was almost always present at the monthly gatherings. For the first two years its minutes were published in *L'Homoeopathie Militante* (Brussels, 1878–82), for which Van den Berghe was an author.[11] Through these minutes and his writings Van den Berghe's commitment to the 'homoeopathic cause' can be deduced. He emphasised, for instance, the importance of the publication of Hahnemann's correspondence for the dispersion and understanding of homoeopathy.[12] Van den Berghe's involvement in the homoeopathic movement is probably best underlined by his membership and, later, on the presidium of the *Cercle médical homoeopathique des Flandres* (Cercle) in Ghent. This society had been founded in 1872 and Van den Berghe's absence at that time was, although not explained, sincerely regretted.[13] Possibly, Van den Berghe's growing practice and his membership of the Société Belge did not leave him time. In April 1882 Van den Berghe finally joined the Cercle and he would become president from 1887 until 1896. Furthermore, Van den Berghe was actively involved in homoeopathic periodicals. Besides his contributions to *l'Homoeopathie Militante*, he published in *l'Union Homoeopathique* (Antwerp, 1886–92) and the *Journal Belge d'Homoeopathie* (Brussels, 1894–1914). In these periodicals Van den Berghe published articles on case studies regarding, for instance, inflammation of the hip joint (coxarthrocace), chronic hydrocephalus, asthma, cholera, pneumonia and the treatment of shingles. During the 1880s Van den Berghe twice petitioned the Belgian parliament on behalf of the Cercle. The first petition aimed at the prohibition of the usage of lead pipes for beer production to prevent lead intoxication. The second fulminated against the laws on the sale of

medications.[14] In 1881 Van den Berghe's only book *De homoeopathie en hare teegenstreevers* (*Homoeopathy and its Opponents*) was published by Gailliard. It is the only work on homoeopathy in Dutch published in nineteenth-century Belgium. Van den Berghe thereby enhanced the accessibility of knowledge about homoeopathy amongst the Flemish and the neighbouring Dutch population. At the end of his life this Ghent homoeopath was still very productive. In 1900 he wrote a work on influenza based on practical observations, which was published in the *Journal Belge* and independently in Brussels.[15] During that same period Van den Berghe worked on another book named *Médecine des régions* or *Therapeutique des régions*. He was not able to finish it, but the manuscript has been preserved.[16] His colleagues knew Van den Berghe had been working on it and at his grave the wish was expressed that one of his sons would finish and publish the work posthumously.[17] The wish has never been fulfilled.

## The Belgian Medical Market: People's Choices

THE LIFE AND WORK of a homoeopathic practitioner at Ghent has been described but what about his patients? It is necessary to examine the general situation of the nineteenth-century Belgian medical market to explain people's attitudes and choices. What possibilities for medical aid did sick people have? Although it is not relevant to provide a list of all the healing methods available, some comments can be helpful in establishing people's motivations.

Nineteenth-century Belgian homoeopaths competed, as elsewhere, with their allopathic counterparts. This competition was not based on the presumption of practising medicine illegally on the part of homoeopaths. According to Dutch legislation of 1818, Belgium would become independent of the Netherlands in 1830/31; only those who had had a scientific and, therefore, academic education were allowed to practice medicine. Such a monopoly also existed with regard to the sale of medications; this right was reserved for apothecaries. The combination of both medical treatment and the selling of medicines was forbidden, and some homoeopaths were convicted for illegal medical practice because they were selling medication personally.[18] However, most of the medical discourse between homoeopaths and allopaths was based on the latter's refusal to acknowledge the curative powers of homoeopathic therapy. The Belgian homoeopaths contended for homoeopathic education at university level, for setting up homoeopathic hospitals where the poor could be treated and for the admittance of homoeopathic medication into the pharmacopoeia. These requests were

never rewarded because, as Van den Berghe said, the allopathic judges at the Royal Medical Academy declined all justifiable demands.[19]

Existing research does not reveal any unlicensed healers practising homoeopathy. What is even more surprising is the lack of lay support for the homoeopathic movement. Between 1874 and 1914 no less than six homoeopathic societies were founded, eight periodicals were published and at least 20 dispensaries (including private ones) were set up. Some of these institutions disappeared as fast as they had emerged. Remarkably all the above initiatives came from homoeopathic practitioners. The only known pledge on behalf of homoeopathy expressed by lay people dates from 1874, when several inhabitants of the municipalities of Durby, Waver and Tubize petitioned parliament.[20] In contrast with developments in Germany and the Netherlands no lay societies have ever been founded in Belgium.[21] Notwithstanding, the growth of homoeopathy could not have taken place without any lay interest, namely that of sufferers. Moreover, some dispensaries were set up with the financial aid of charity committees.

During the period of Van den Berghe's Ghent practice the homoeopathic movement faced both its flourishing era and its decline. In 1875, 55–59 medical doctors practised as homoeopaths in Belgium. In 1894 the number of homoeopaths had declined to 47–51. The lowest point was reached in 1904 when there were 34–36 practitioners. Most of them resided in the province of Brabant followed by, respectively, the provinces of East Flanders, Antwerp and West Flanders. Within these provinces homoeopaths apparently preferred the city to the countryside.[22]

Besides allopaths, midwives, surgeons and homoeopaths (professional, licensed practitioners) other types of (unlicensed) healers existed. Unlicensed medicine and the struggle against the illegal practice of medicine was a major phenomenon in the nineteenth century.[23] Only a little is known but some indications have been found. A contemporary of Gustave van den Berghe, A. de Cock, a teacher at Denderleeuw, provides an impression of Belgian unlicensed healers.[24] According to De Cock many rural inhabitants mistrusted the medical doctor and, therefore, sought quack remedies that could be found anywhere. He writes of the existence of wonder doctors, cancer healers, rebouters who were able to cure dislocated limbs through rubbing, 'readers' and exorcists. Furthermore, there was a belief in the healing powers of pilgrimages: disorders were believed to be cured by different saints connected with the diseases, and 'pilgrim healers' were paid for going to the place of pilgrimage that was supposedly connected with the ailment.

Although all sorts of licensed and unlicensed medical practitioners were available to people suffering ill health, a large part of the population

dealt with it personally. Self-treatment (via 'remedy books') or seeking health advice within one's own family were methods for individually dealing with illness. Some studies suggest that this family or home medicine has similarities with homoeopathic principles. [25] For instance, it was common knowledge that a dog's bite could be cured by putting its hair on the wound. If one was suffering from a reddish skin eruption a red towel was wrapped around the body. Although the difference with homoeopathy (no medicines prescribed and no ill effects on healthy people) is profound, examining self-treating behaviour might be helpful in determining people's interest in homoeopathic therapy.

The low grade of medical consumption in nineteenth-century Belgium was primarily due to cultural factors.[26] Velle states that people's attitudes towards health, illness or death were strongly connected with religious presumptions. Most misfortune was considered to be part of divine providence and, therefore, could not be altered. Moreover, many people held prejudiced ideas regarding health and illness, were afraid of hospitals, rejected new medical concepts and mistrusted representatives of the medical profession. To determine why people finally chose to consult a doctor or a homoeopathic physician after all (or refused to do so), further research is needed. Perhaps it could be argued, for example, that homoeopaths were not associated with the orthodox medical profession and, therefore, were less distrusted. However, it remains open for discussion to what extent sufferers were aware of having consulted a homoeopath in the first place. Family or home medicine and unlicensed healers were available to many. Self-treatment was common and often applied, especially in those areas where doctors were not nearby. Self-treatment was easy and, more importantly, cheaper than visiting a doctor.[27] However, licensed practitioners were consulted for health issues. Amongst them were homoeopaths, who had been present in Belgium since the late 1820s.

## The Practitioner and his Patients

VAN DEN BERGHE'S CASEBOOKS yield information on a broad variety of subjects including the name, age, gender, residency and, occasionally, the marital status of his patients. Their social status is difficult to deduce from the journals, because Van den Berghe hardly ever mentioned occupations. However, Van den Berghe treated many people for free who, therefore, are most likely to have been poor. Not surprisingly, he also noted his patients' physical features. This, however, apparently depended heavily on Van den Berghe's time. The more patients that consulted him, the less effort he made

to write down remarks on appearances. Moreover, the archive provides substantial information on the ailments people suffered, on the duration of their illnesses and on the sorts of treatment provided. He was very accurate in describing the consultations he had with his patients, as well as the various symptoms they showed and the medicines prescribed. In this respect Van den Berghe carefully followed the instructions of Hahnemann as to how the cases should be noted.[28] During one of the meetings of the Société Belge Van den Berghe emphasised the recommendations made by Hahnemann in the matter of individual diagnostics. Not only the origins of the disorder should be taken into account, it was even more relevant to consider age, personal circumstances, profession and constitution.[29]

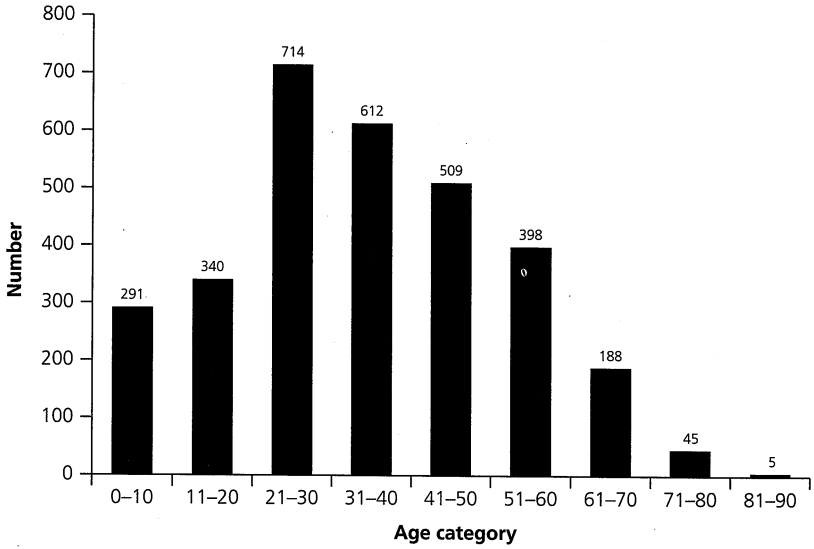
Every patient was recorded on his or her own page. This means that if a patient consulted Van den Berghe for the first time in December 1865 and continued to do so for 15 years, he or she could only be found in Casebook One. This leaves the near impossibility of establishing exactly how many patients visited Van den Berghe during one year of practice. All 18 books would have to be studied and every single consultation of a patient within a year counted. Nevertheless, establishing how many new patients visited Van den Berghe each year is possible. The first casebook covers the largest number of years, 1865–69. Within those four years 1,019 patients consulted Van den Berghe, an average of nearly 254 each year. Casebook Eight contains 1,065 new patients during one-and-a-half years (1881–82), an average of 710 new patients a year. The last casebook, 1898–1901 (2.2 years of practice) shows that 1,093 patients consulted Van den Berghe for the first time, an average of nearly 497 per year. If the three casebooks are put together the average of new patients per year comes to 487. The number of new patients, thus, grew substantially during the first 10 years of practice, a development that would slow down at the end of the century.

## Age and Gender

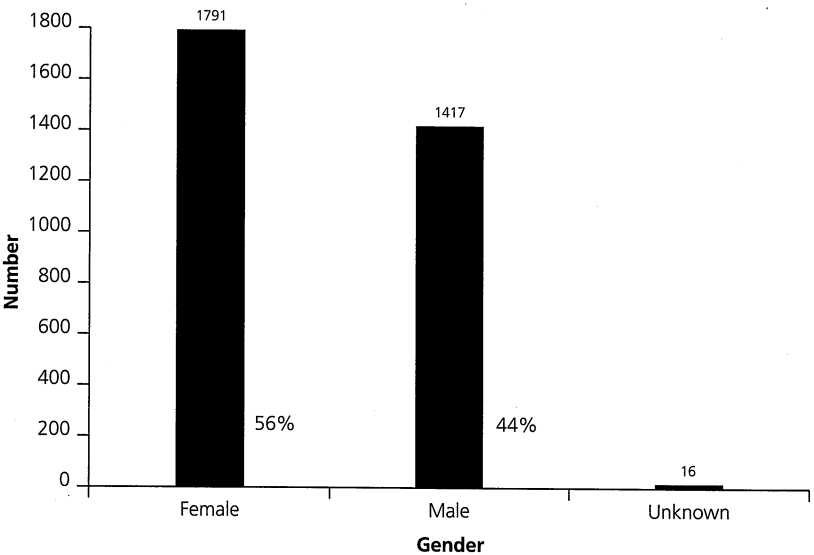
GRAPH 1 SHOWS THAT THE DECISION to visit a homoeopath for the first time did not depend on age. It was possible to establish the age of 96 per cent of Van den Berghe's patients. The age of those treated varied between 0 and 87 years, the youngest one being only three weeks old. Most of his patients were between 21 and 30 (23 per cent), closely followed by those aged between 31 and 40 (nearly 20 per cent). Only five patients above the age of 80 chose to consult Van den Berghe for the first time.

The average age of both males and females (including children) changed slightly over the years and according to the same pattern. It was

**Graph 1. Number of Van den Berghe's new patients per age category (1865–69; 1881–82; 1898–1901)**




**Graph 2. Gender of Van den Berghe's new patients (1865–69; 1881–82; 1898–1901)**



the highest during the period 1865–69: 39 males and 37 females. The average age of both men and women was the lowest during 1881–82, at 33. And in 1898–1901 female patients were on average one year older than male patients: 35 against 34. The changing average age is connected directly with the number of children, younger than 19, visiting Van den Berghe (12 per cent in 1865–69; 19 per cent in 1881–82; 17 per cent in 1898–1901). It is uncertain whether this shift was due to a change in medical practice or that parents were more ready to make use of homoeopathy for their children.

As becomes clear in Graph 2, Van den Berghe attracted both men and women to his practice, even though a slight female predominance existed. If children are excluded from this gender analysis the percentage of female visitors rises slightly to 58 per cent against 42 per cent male patients. The sex ratio (the number of males per 100 females) did change remarkably over the years.[30] The sex ratio was 92.4 in 1865–69, 76.6 in 1881–82 and 70.5 in 1898–1901. Women were only a minority in age categories 61–70 and 71–80.

Why did the number of male visitors decrease and that of women increase to this extent? During his early years, Van den Berghe practised in Zwevegem, a rural community in West Flanders. The medical behaviour of seventeenth-century English sufferers suggests that a female predominance was more overt in the cities. Women could easily find work as domestic servants, whereas men worked as agricultural labourers.[31] If Van den Berghe mentioned women with an occupation, they mostly worked as servants. Perhaps a female predominance occurred also in nineteenth-century Ghent and is reflected in the increase of female patients in Van den Berghe's practice. It is known, for example, that the Ghent textile industry made massive use of a female labour force.[32] Another reason for the predominance of women may be that they were more ready to consult a doctor or that they simply suffered from illnesses more often than men did. An indication could be the 'typical' female disorders which are mentioned in the casebooks. Many women who consulted Van den Berghe suffered from menstrual disorders, post-birth ailments, pregnancy difficulties or diseases of the womb.

## Children and Youngsters as Patients

WORRIED PARENTS AND THEIR SICK CHILDREN frequently visited Van den Berghe. He sometimes treated whole families, especially during the period 1880–81. One Ghent family, for instance, was represented by five members, all women.[33] Together they visited Van den Berghe 24 times

between 1881 and 1886. Three daughters suffered from menstrual disorders, the youngest (age 5) complained about abdominal pain. The mother of the family was five months pregnant when she first visited Van den Berghe in 1881. The largest family Van den Berghe counted amongst his patients also came from Ghent. No less than 11 family members consulted Van den Berghe during a period of over 30 years. His son Ferdinand treated them for the last 16 years.[34] Both families were treated for free, which might be an explanation for the large number of patients from one family and the long period of treatment.

The distress of parents regarding their children's health is not surprising given the high child mortality rate in nineteenth-century Belgium. Until the end of the nineteenth century an average of 18 per cent died before the age of one, 29 per cent before the age of five, and 33 per cent before the age of 10.[35] Most children died of enteritis, diarrhoea, chronic bronchitis, pneumonia, pleurisy, measles, small pocks, scarlet fever, whooping cough and diphtheria. Nearly 16 per cent (514) of Van den Berghe's patients were aged under 19; 292 children were between 0 and 10, the youngest being only three weeks old. Some of these young patients just disappeared from his practice after only one consultation. Some of them may have died without Van den Berghe knowing, or one visit relieved their ailments to an extent which made returning unnecessary.

But what did they suffer from? Did the regular children's diseases strike them, or did they suffer from all kinds of different ailments? And what were the results of Van den Berghe's treatment? Table 1 indicates that almost a quarter of Van den Berghe's youngest patients (65 or 22 per cent) suffered the typical children's diseases. Remarkably none of the children consulting Van den Berghe suffered from enteritis, pleurisy or diphtheria. One patient was recovering from smallpox and was left with a cough.[36] The complaints varied from a bad cough, diarrhoea, constipation and vomiting, to substantial emaciation. At least 45 children were noted to have diarrhoea and were often facing weight loss, nausea and lack of appetite.

**Table 1. Number of new patients younger than 11 years old suffering from children's diseases (1865–69; 1881–82; 1898–1901)**

| | |
|---|---|
| Measles | 8 |
| Diarrhoea | 45 |
| Whooping cough | 11 |
| Scarlet fever | 1 |
| Total | 65 |

It is not surprising that parents took their children to a doctor with only a cough or diarrhoea, given the possibility of having caught whooping cough with its mortal implications. Besides, if one child fell ill with a particular disease, the others could easily become infected. Perhaps this was the case with the Mortier sisters. The first, Cordula, was diagnosed with whooping cough on 29 May 1881. Three days later her sister came to visit Van den Berghe with a severe cough. Their parents may well have been worried about contamination.[37] Of course it did occur quite often that siblings were suffering from the same illnesses. The Herbauw sisters were diagnosed with whooping cough and the Van Koebosch children had ringworm.[38] Many children suffered skin eruptions like eczema, rashes and itch, or endured ringworm. Another illness mentioned is a very contagious eye infection ('opthalmie'). However, this was not a typical children's disease, for many of Van den Berghe's adult patients also suffered from it.

In 1878 Van den Berghe published his findings on affections of the hip joint.[39] Of the eight cases described seven concerned children between 20 months and 14 years old. Some of them had previously visited allopaths, but they had been unable to improve their situation. One father faced a very bad allopathic diagnosis for his three-year-old son who refused to walk. A Dutch boy, age 11, had been treated by several Dutch doctors in vain. Thereupon his parents decided to go to the Byloke hospital in Ghent hoping to find surgical relief for their child. At the hospital they were told that new treatment would be useless and that their son would never be able to use that part of his body again. On their way back to the Dutch province of Zeeland, the family met one of Van den Berghe's clients who told them about the successes of homoeopathy and were advised to consult a homoeopathic practitioner. They went to Van den Berghe and the child was cured within three months. Van den Berghe used these cases to exemplify the ignorance of allopathy. He stated that both the allopathic inability to cure affections of the hip joint and the success of homoeopathy in this area proved the superiority of Hahnemann's therapy.[40]

In 197 out of the 292 cases the results of Van den Berghe's treatment remain unknown. The majority of the unknown results refer to Casebook Eight, the period during which Van den Berghe's practice was at its busiest. Only 12 patients were certainly cured. Others (21 children in total) are known to have visited Van den Berghe without attaining any result whatsoever. The majority of the results known refer to patients being relieved, but whether or not these positive effects of treatment were due to Van den Berghe's medical skills is impossible to establish. After all, many children may have recovered themselves.

## Country and Province of Residence

As TABLE 2 INDICATES, a Frenchman travelling to Ghent was not an exception. Out of the 3,224 patients 62 lived in France. However, this does not automatically mean that they were French nationals. They could have been Belgian seasonal labourers. Most of Van den Berghe's Dutch patients came from the province of Zeeland, directly bordering East Flanders. Remarkable is the presence of one Austrian male in Van den Berghe's casebooks. This patient had been ill for 10 days and visited Van den Berghe only once on 15 April 1882. The presence of this Austrian is most probably based on sheer coincidence. Perhaps he was in Ghent for business or just travelling through.

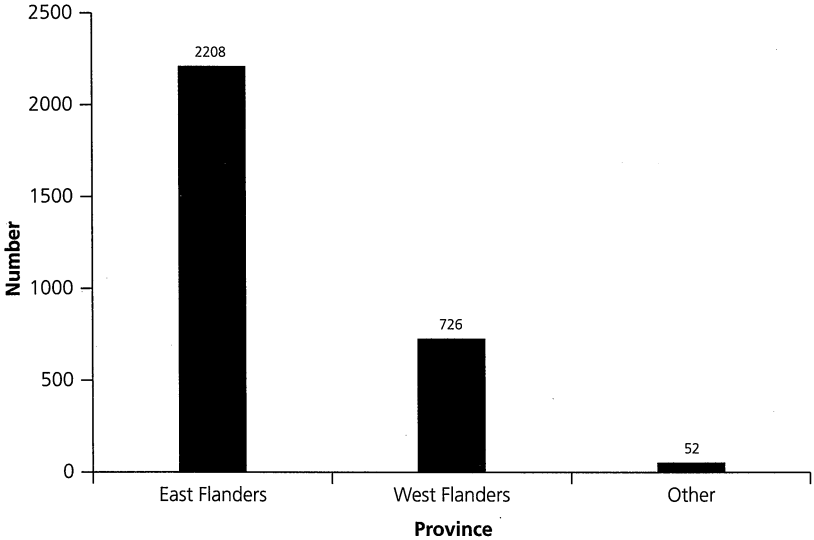
Of 141 patients the country of residence is unknown, mostly because their place of residence was illegible. Of course, the majority of Van den Berghe's patients were Belgian. But what was their province of residence? Were most patients residing near Van den Berghe's practice or were they willing to travel for hours to consult him?

During the whole period of Van den Berghe's homoeopathic practice the provinces of East and West Flanders were best represented (Graph 3). Of 2,988 Belgian patients 2,936 resided in these provinces. The number of patients travelling from other provinces is small; Antwerp 26, Brabant 12 and Hainaut 13. No patients from Belgian Luxembourg and only one patient from the province of Liège have been found. The fact that there were many homoeopaths practising in Brabant and Antwerp might be an explanation for the small number of patients from these areas. Nearly 64 per cent of the patients travelling from provinces other than the ones in which Van den Berghe practised were male. This might be due to ideas regarding proper female behaviour; a middle-class woman was probably not supposed to travel by herself. It did happen that female patients stopped the treatment when their husbands, or other male family members, were no longer able to accompany them.[41] Logically there is a strong connection

**Table 2. Country of residence of new patients (1865–69; 1880–81; 1898–1901)**

| | |
|---|---|
| Belgium | 2,988 |
| France | 62 |
| The Netherlands | 32 |
| Austria | 1 |
| Unknown | 141 |
| Total | 3,224 |

**Graph 3. Province of residence of Van den Berghe's new Belgian patients (1865–69; 1880–81; 1898–1901)**




between the residence of Van den Berghe's practice and the residency of his patients: most of the West Flemish patients who visited him during his Zwevegem years are noted in Casebook One. The majority resided in Zwevegem itself or nearby. The same can be said for the years Van den Berghe practised in Ghent. More than a third of all patients resided in this East Flemish city. Although West Flemish patients continued consulting Van den Berghe in Ghent (the nearest West Flemish border being 23 kilometres away), the total number of patients from East Flanders increased. If they did not live in Ghent they mostly came from the direct vicinity. Other East Flemish patients, however, had to travel long distances considering the size of this province and the relatively poor travelling conditions. A patient from Renaix, in the southwest, had to travel 35 kilometres to consult Van den Berghe.

## Consulting Van den Berghe

THREE THOUSAND TWO HUNDRED AND TWENTY-FOUR PATIENTS consulted Gustave van den Berghe on 22,752 occasions, an average of seven consultations per patient. This number represents both male and female

patients. The frequency of visitation, however, differed markedly. As can be seen from Table 3, some sought medical aid on only one occasion, whereas others continued to do so for many more. One lady consulted Van den Berghe 654 times over 15 years.[42] More than a quarter of Van den Berghe's patients (833) consulted him only once. It could be argued that they were just trying to find the therapy or doctor that would suit them most. In addition, many patients were cured after only one consultation.

Comparing the three casebooks with each other (Table 4) there is one remarkable conclusion. Even though the number of male patients decreased over the years, their average number of visits increased, especially

**Table 3. Frequency of consultations to Van den Berghe (1865–69; 1880–81; 1898–1901)**

| Number of consultations | Patients |
|---|---|
| 1 | 833 |
| 2 | 577 |
| 3 | 394 |
| 4 | 235 |
| 5 | 212 |
| 6–10 | 459 |
| 11–20 | 285 |
| 21–30 | 104 |
| 31–50 | 74 |
| 51–100 | 36 |
| > 100 | 11 |
| > 200 | 1 |
| > 600 | 1 |
| Unknown | 2 |
| Total | 3,224 |

**Table 4. Average number of consultations based on gender (1865–69; 1880–81; 1898–1901)**

| CB | Number of males | Number of females | Total consultation males | Total consultation females | Average consultation males | Average consultation females |
|---|---|---|---|---|---|---|
| 1 | 489 | 528 | 2,749 | 4,367 | 5.62 | 8.32 |
| 8 | 477 | 623 | 3,929 | 3,622 | 8.25 | 5.81 |
| 17 | 451 | 640 | 3,332 | 4,722 | 7.39 | 7.38 |
| | 1,417 | 1,791 | 10,010 | 12,711 | 7.09 | 7.17 |

during the years 1880–81. More women consulted Van den Berghe, but they visited him less often, again particularly during this same period. Although a possible reason could be that more men than women were treated for free during the period this was not the case. The men who did receive free treatment consulted Van den Berghe 12 times on average, compared with seven female visits.

What happened to these people during consultations and what were the results? Although Van den Berghe always allowed the patients to report on their ailments first, he also wrote down his own findings. These were probably based on his physical examination of the patient but, unfortunately, nothing is known of his methods. Apparently, Van den Berghe asked questions about their personal circumstances and mental state. He occasionally inquired if the patient had any ideas about the origin of their complaints. Remarkably, patients did not always seek the reasons for their ailments outside their own control but, on the contrary, blamed themselves. One gentleman, for instance, thought he had caught his aches during urinating after 'seeing a woman'.[43] After the investigation was completed Van den Berghe decided on the proper medication. According to the law, he ought to hand over a prescription but, sometimes, he delivered the medicines himself. He would then write down 'donné moi-même' (given myself). This may well have happened during evening consultations when the apothecaries were closed.[44]

Of those patients who continued the treatment, 2,124 (63 per cent) returned for their second consultation within 14 days. Thus, Van den Berghe's practice differed from that of Hahnemann as the latter made more of his patients (85 per cent) return within two weeks.[45] These follow-up visits did not take as long as the first one. Usually, Van den Berghe wrote down only the current state of his patients (worse, same, or improved) and their new complaints if present. The patients, on average, remained under treatment for nearly five months (men 4.2 months against women 5.4 months). In the majority of the cases of patients aged over 10 (2,932 patients) the results are, again, unknown. However, 198 patients were cured by Van den Berghe and 602 (21 per cent) felt relieved. Only 16 patients are known to have died, three of them as a result of tuberculosis, one patient had stomach cancer. It is not quite clear whether these patients all died whilst being under Van den Berghe's care. He just wrote down 'mort' (dead), without mentioning the date or the cause. Some people will have been disappointed with Van den Berghe's medical skills as nearly 10 per cent of all patients displayed unchanged physical conditions.

## Why choose Homoeopathy, why choose Van den Berghe?

SINCE HARDLY ANY CORRESPONDENCE with personal information on patients has been preserved, it is very difficult to establish why people chose to consult Van den Berghe, let alone why they preferred homoeopathic treatment. There could be a connection between unlicensed medicine and a tradition of self-medication on the one side and the interest for homoeopathy on the other. Perhaps prevailing attitudes and ideas regarding health-related issues formed lower barriers for consulting homoeopathic practitioners than for visiting an orthodox physician. However, there are two important considerations. First, did the sufferers have any knowledge of homoeopathy and, if so, to what extent? Secondly, did these patients know that Van den Berghe was a homoeopathic practitioner? There are some indications that several patients were aware that they consulted a homoeopathic doctor. However, sufferers' awareness of having chosen homoeopathy should not be overestimated.

Nevertheless, the number of people visiting Van den Berghe on just a few occasions suggests that they were searching for a remedy for their ill health, rather than making a conscious, let alone a definite, choice in favour of homoeopathy. This behaviour of shopping on the medical market becomes clear in the medical histories of the patients. Previous treatment by allopaths had been unsuccessful and, in consulting Van den Berghe, they hoped to find relief. A servant from Ghent, for instance, felt very discouraged and longed to die. She had been treated in an allopathic manner for two years, which had only made her condition worse. Another woman had been treated for a permanent asthmatic condition by 10 different allopaths before she decided to consult Van den Berghe. The outcome of this treatment is unknown. A 39-year-old man with a heart condition, from Courtrai, consulted Van den Berghe after two years of allopathic treatment had not brought any improvement.[46] Moreover, people did not hesitate to go from homoeopathy to allopathy, even when under Van den Berghe's care. In 1867, a male patient of Van den Berghe went to see an allopath, probably because the homoeopathic treatment had not been successful. The allopathic therapy, however, made him feel even worse and he continued his consultations with Van den Berghe. One female patient went to hospital immediately after her first visit to Van den Berghe. She suffered from serious abdominal pains and had been given belladonna which, apparently, made her condition worse.[47] A male patient suffered severely from all sorts of vague aches. An allopath relieved his illness through morphine injections but by the time he consulted Van den Berghe the diagnosis was of chronic morphine poisoning.[48] Nevertheless, some

sufferers made a conscious choice in favour of homoeopathy. Some of Van den Berghe's patients had been treated previously by other homoeopaths. Perhaps these patients had moved to the area in which Van den Berghe was active and wanted a homoeopath nearby. The travel distance could have been the reason for a Dutch woman from Terneuzen to change from a Brussels homoeopath to Van den Berghe.[49] He was admired not only for his precise diagnostics, but also for his ability to comfort and encourage his patients.[50] This personal approach to patients and his interest in their mental state could have made them more at ease and, therefore, more willing to continue to consult him. Sufferers could be repelled or attracted by a physician's personality.[51] However, it seems that the choice of Van den Berghe was based, on many occasions, on the recommendation of friends, neighbours, colleagues or even passers-by as, for example, the previously mentioned Dutch boy suffering from a dysfunctional hip.

## Conclusion

THERE IS STILL MUCH WORK TO BE DONE in establishing people's ideas, attitudes and motivations towards health issues. Did Van den Berghe's patients consider themselves to be ill or did they simply experience their ailments as annoying and interfering with their daily activities? However, this initial analysis indicates that sufferers were actively seeking improvement. They tried every remedy they believed to be helpful and switched to the next if no result was obtained. Therefore, a tentative conclusion might be that many of Van den Berghe's patients were shoppers on the market, instead of regular visitors. Although there is a profile of Hahnemann's clientele, the issue of their behaviour on the medical market is hardly addressed.[52] The number of patients visiting Hahnemann only once is unknown nor is their previous experiences with allopathy or homoeopathy.

There were changes in Van den Berghe's practice over the years. In the beginning the number of patients was relatively low, which gave him the opportunity to improve his homoeopathic knowledge. As time went on, the number of new patients per year increased, as did the number of female patients. Although the number of new male patients decreased, their average consultation ratio increased as did the total number of visits. The majority of both male and female sufferers was between 21 and 40 years old. Male sufferers were only in the majority between the ages of 61 and 80. The age structure of Van den Berghe's patients does not differ from that of the clientele of other homoeopaths. However, a gender difference

seems to have existed as the majority of Van den Berghe's patients were female. Hahnemann and his pupil, Clemens von Bönninghausen during his practice in Rotterdam, counted more men amongst their clientele in the first half of the nineteenth century.[53] On the other hand, the homoeopathic hospital in London admitted more women than men in the 1890s.[54] Most of Van den Berghe's patients lived in the area in which he was practising. A minority were willing to travel, such as the patients from France and the Netherlands. Unfortunately, the results of Van den Berghe's treatment remain unknown in many cases. However, in relation to the ailments and treatment of children, Van den Berghe had, at least, an ability to bring relief to many of them.

## Notes

1 All primary sources mentioned belong to the archive of Van den Berghe owned by Dr J.-F. Vermeire, great-grandson of Gustave van den Berghe and homoeopathic practitioner at St Nicolas, Belgium. Unless specified differently this material will be referred to as AVB (Archive Van den Berghe). I would like to thank Dr Vermeire for lending me his great-grandfather's archive.

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10 Van Praet, *De receptie van de homoeopathie*, 132.

11 Van Praet, *De receptie van de homoeopathie*, 132 and 137; Anon, 'Société belge de médecine homoeopathique. Séance du 2 Décembre 1877', *Homoeopathie militante (HM)* 1 (1878), 34–37.

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13 AVB, E. de Keghel, *Notice historique du Cercle Médical homoeopathique des Flandres*, 1872–97, unpaged. Lue le 30 avril 1922.

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27 For information on rates for medical treatment, see C. Vandenbroeke, 'De medische consumptie sinds de 16e eeuw', *Handelingen der maatschappij van geschiedenis en oudheidkunde te Gent* 34 (1980), 143–65; C. Vandenbroeke, 'De dokter heeft altijd veel gekost', *Knack* 10 (1980), 33–40.

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30 This method is based on M. MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge, 1981), 36.

31 MacDonald, *Mystical Bedlam*, 36–38.

32 P. Penn Hilden, *Women, Work and Politics. Belgium 1830–1914* (Oxford, 1993); P. Scholliers, *De Gentse textielarbeiders in de 19e en 20e eeuw. Dossier 6: Herkomst, huisvesting, arbeids-en levensomstandigheden van de werkkrachten van het bedrijf A. Voortman-N.V. Texas* (Brussels, 1981).

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34 AVB, Casebook 8 (1880–81), 487.

35 K. Velle, *Hygiëne en preventieve gezondheidszorg in België in de 19de eeuw (c.1830–1914). Bewustwording, integratie en acceptatie* (unpublished licentiate thesis, University of Ghent, 1980–81), 82–83.

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43 AVB, Casebook 1, 71.

44 Kind remark of Dr J.-F. Vermeire.

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48 AVB, Casebook 8, 954.

49 AVB, Casebook 17, 396.

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# Co-operation and Tensions between Homoeopathic Lay Societies and Homoeopathic Doctors: the Homoeopathic Lay Movement in Württemberg during the Professionalisation of the Medical Profession, 1868–1921[1]

*Osamu Hattori*



## Introduction

In the view of many US sociologists,[2] independence from the state is always an important element for professions, for they do not acknowledge a model of professions that is dependent on the state. However, this model of independence from the state describes only British and US society. The American historian, Charles E. McClelland, has therefore designed a different model capable of embracing the reality of European, Asian and socialist countries. According to him, independence from the state is not always the deciding factor for a profession. In his study, he illustrates the German type of professionalisation process, which was dependent on the state. He lists the following nine elements of the *ideal* profession: '(1) highly specialized and advanced education, (2) a special code of conduct ("ethics"), (3) altruism/public service, (4) rigorous competency tests, examinations, licensing, (5) high social prestige, (6) high economic

rewards, (7) occupational career pattern or ladder, (8) monopolization of market in services, and (9) autonomy.' He stresses that not every profession need exhibit all these elements. Autonomy does not always mean autonomy vis-à-vis the state but also autonomy vis-à-vis the client.[3] In the light of these elements, coupled with the historical developments described by Claudia Huerkamp,[4] it is easy to understand why, under the Empire, Germany's doctors enjoyed great success as a profession, despite the fact that they possessed only a small measure of autonomy vis-à-vis the state.

In Hahnemann's day there was already a trend towards professionalisation in connection with homoeopathic treatment, as the homoeopaths of the time believed that practising this mode of healing, the fruit of long years of scientific research on Hahnemann's part, required special training. In this sense homoeopathy, like academic medicine, was a medicine of specialists.[5] Professionalisation of homoeopathic doctors is found not only in the USA but also in Germany. However, its development in Germany was less typical than that in the USA. For homoeopathic doctors in Germany there was no possibility of creating a separate licence since the state, which had the power to grant medical licences, refused to recognise alternative medicine. Nevertheless, Germany's homoeopathic doctors had their own societies that laid claim to autonomy with regard to establishing and structuring additional training and with regard to formulating a code of ethics within the group of homoeopathic doctors, the German Central Society of Homoeopathic Doctors (*Deutscher Zentralverein homöopathischer Ärzte*).[6] Against this background, the present essay sets out how one lay homoeopathic society in Germany operated as a group of patients in the period of the professionalisation of the occupation of doctor.

## Treatments by Lay Practitioners

IN THIS ESSAY MEMBERS OF LAY SOCIETIES are defined generically as 'lay practitioners'. All members of lay societies were able to compete with approved doctors at least with regard to simple cases, having learned the appropriate treatments from leaflets, lectures, various courses, etc. However, only certain lay practitioners might belong to the 'publicly active' group. Such activists had an extensive clientele or were influential as agitators. Consequently, it was not simply a matter of whether a lay practitioner acquired a reputation as a competent non-medical practitioner. If he played an important role as an agitator, he also belonged to the 'publicly active' group; even if he performed no medical treatment outside his own family or circle of friends, through his presence in the media he encouraged many

people to treat themselves. This had the effect of damaging the treatment monopoly enjoyed by homoeopathic doctors. So those who contributed to the spread of homoeopathic medicine through printed media or lectures should also be placed in this 'publicly active' group. The other lay healers belonged to the 'privately interested' group. In emergencies or cases of mild illness they treated their own families or neighbours on the basis of knowledge and experience acquired through various lay society media.[7] However, such members needed doctors when they had a serious illness. In their case, the possibility of genuine competition with doctors was slim. They were non-medical practitioners in their families or among friends but, at the same time, they were patients of doctors. Most members of lay societies belonged to this group. The boundary between the two groups was fluid.

Even in Hahnemann's day, lay practitioners made a contribution to homoeopathic treatment and research.[8] Important lay practitioners in the first half of the nineteenth century included Clemens von Bönninghausen (1785–1864)[9] and David Steinestel (1808–49)[10] and, in the middle of the century, Arthur Lutze (1830–70).[11] A noted lay practitioner in the second half of the nineteenth century, Werner von der Recke-Volmerstein, successfully treated epilepsy, menstrual disorders, rheumatism, facial neuralgias, stomach cramps, palpitations with breathing difficulties, and various skin disorders. Because of his great fame, patients came from far and wide or wrote asking for the treatments he employed.[12] Nevertheless, the influence of lay practitioners in homoeopathic treatments should not be overestimated as a result of these examples. For instance, homoeopathic doctor Emil Schlegel (1852–1934) warned against the dangers of treatment by lay practitioners: 'Some lay practitioners, who practise homoeopathy as a pleasant recreation, do contrive to pull off a more successful coup than we have sometimes done ourselves; nevertheless, the unfortunate fact is that judgement, a level head, or a degree of modesty in rating one's own understanding are things we shall rarely find among lay homoeopaths.'[13] Most lay homoeopathic practitioners treated only their families or neighbours. The mother of Richard Haehl (1873–1932), for example, was a convinced and zealous champion of homoeopathy, not only treating members of her family in accordance with its principles but also readily giving friends and acquaintances advice when asked.[14] However, lay practitioners lacked all-round experience and knowledge. Here, a priest describes one such example:

> The wife of my schoolteacher once came and told me her boy was having peculiar fits. They made him shake and grind his teeth. After a while the

> fit passed and the boy felt quite well again, but next day or the day after the fit would return. Since between fits the boy felt well, I did not regard the matter as serious and tried out various homoeopathic remedies without knowing what disease I was dealing with. I achieved nothing, of course. After a while the district medical officer [*Oberamtsarzt*] was summoned. He explained that the boy had malaria and soon cured him with quinine. That is in fact the weakest point with us lay homoeopathic practitioners – that we very often fail to diagnose correctly.[15]

Homoeopathic doctors were afraid of losing their privilege as a profession because of the treatments by lay practitioners. One homoeopathic doctor, Hermann Welsch, wrote in 1886 that lay practitioners were bringing homoeopathy into disrepute and doctors were suffering from being in competition with laymen:

> *Because of them* [lay practitioners], not because of us doctors, Hahnemann's teachings are becoming a mockery in the eyes of our opponents. A therapy that can be administered just as well by laymen as by doctors, a body of doctrine that any schoolmaster may acquire in his leisure hours – these do not need a state professorship, nor do they deserve one ... Has he [the young doctor] studied in order to sit down now with Brother Glovemaker to read the *same* medical journal, looking on as he himself becomes daily more dispensable?[16]

But not all doctors were so critical of treatment by lay people. Other doctors gave full acknowledgement to the treatment provided by lay practitioners for family and neighbours in emergencies or for mild illnesses in order to propagate homoeopathy. However, they felt that lay practitioners should be under the control of doctors. Doctors made repeated calls on the one hand for the activities of lay practitioners to be restricted and on the other for their knowledge to be improved. Friedrich Arnold Heinrich Lorbacher (1818–99), for example, who edited the homoeopathic journal *Allgemeine Homöopathische Zeitung*, expressed misgivings about the abilities of lay practitioners and called upon homoeopathic doctors to improve the state of knowledge of such practitioners through relevant publications.[17]

## Who came over to Homoeopathy?

MANY PATIENTS WHO EMBRACED HOMOEOPATHY warmly had had bad experiences with allopathic treatments and allopathic doctors generally. One illustration of this is an article in the 1889 issue of *Homoöpathische Monatsblätter* entitled 'Once an allopath, now a homoeopath'. The author

relates how he gave up allopathic medicine and came over to homoeopathy. A (male) patient with a slight temperature was also suffering from headaches and a sore throat, which made swallowing very difficult. A doctor diagnosed diphtheritis [sic!] and prescribed tannin, to be gargled with water. When the treatment produced no effect, the doctor tried carbolic acid, ice compresses, turpentine, etc. Although the patient was able to eat and drink again reasonably well, the right tonsil was still very inflamed. His doctor recommended that he have the tonsil removed. After the operation the man, feeling unwell, consulted the doctor again because of persistent pain, this time in the left tonsil. The doctor diagnosed severe pharyngeal catarrh and again prescribed tannin for gargling with the recommendation that the patient get plenty of fresh air, eat and drink cold things, make cold compresses, etc. But there was no improvement. The doctor then tried a 'warm treatment': the patient had to take to his bed and do the exact opposite of what had previously been prescribed. Again there was no improvement. When the man asked him whether he should see a specialist, the doctor was offended and said simply: 'Do as you please, but specialists have no other medicines than we do ourselves; in fact, cases have occurred in which a patient, having been discharged by specialists, was subsequently cured by ourselves.' He thereupon gave up treatment with that doctor. A friend eventually gave him a little book about homoeopathy to read, and he tried the homoeopathic remedies. In this way he got rid of his complaint.[18]

The example illustrates the weaknesses of allopathic treatment. If a doctor is unable, on the basis of the symptoms, to identify the illness correctly, he will also be unable to find the right therapy. Many people turned to homoeopathic treatment after being disappointed by orthodox medicine. Josef Kirn, for example, a teacher and later a committee member of the Hahnemannia lay society, came to homoeopathy after the death of his eldest child, who had succumbed to pneumonia.[19] A senior primary-school teacher by the name of Fischer had had such poor health as a child that, at the age of 28, allopathic doctors had pronounced him a potential consumptive; however, since being introduced to homoeopathy by a friend had he had enjoyed good health.[20] It might be, though, that such cases were reported because they made good publicity for homoeopathy. Homoeopathy was also chosen instead of orthodox medicine. There were still rural municipalities where no doctor lived. One parish priest appointed to a small village in the 1860s began administering homoeopathic treatment because he had no expectation that he and his family would ever be treated by a doctor in their new home.[21]

The side effects of allopathic treatment also drove people to homoeopathy. For example, during the Boer War, a doctor in South Africa fell ill with rheumatic fever. He took salicylic acid, as he had himself advised many patients to do. However, rather than giving him relief it brought him a deal of trouble. Even after reducing the dosage, he suffered greatly from such symptoms of poisoning as buzzing in the ears, hardness of hearing, nausea and stomach disorders. The salicylic acid cure weakened him to such a degree that his body scarcely managed to survive a severe attack of pericarditis, against which allopathy had no remedy at the time. He had to make do with palliatives and anaesthetics that alarmed more than calmed him. When the doctor was sent to Germany he was able, eventually, to recover from his illness with the aid of homoeopathy.[22] Another reason why people turned to homoeopathy was fear of vaccine damage.[23] Allopathic doctors and the state simply relied on the effectiveness of smallpox vaccination, ignoring the harm it could do. For instance, the Prussian government did not fully investigate the damage done when large numbers of children in Lebus, a town near Frankfurt an der Oder, fell ill with syphilis after being vaccinated.[24] Almost every issue of the Hahnemannia society's press organ reported on cases of vaccine damage as well as on homoeopathic remedial methods against vaccine damage and the then anti-vaccination movement worldwide. The Hahnemannia anti-vaccination movement involved a sharp critique of orthodox medicine and led many people with misgivings about vaccination to switch to homoeopathy. Knowing about homoeopathy within the family circle was another factor leading patients to familiarise themselves with this mode of healing. Richard Haehl's mother treated her family homoeopathically, and 'there was scarcely a house in the neighbourhood in which one inhabitant or another [had not turned to his mother] for advice and information in cases of illness.'[25] Growing up in such an atmosphere, Haehl was reading homoeopathic texts at the age of 10. Robert Bosch Sr (1864–1942) also came from a home that had a homoeopathic family doctor.[26]

## Origin and Role of the Lay Homoeopathic Society in Württemberg

THE HAHNEMANNIA LAY HOMOEOPATHIC SOCIETY in Württemberg began as a small study group organised by a lay practitioner in the early 1860s in order to exchange experiences.[27] The study group soon grew into a small society which was then set up as a national body in 1868. The society was established by lay people: 116 lay homoeopaths attended the

inaugural meeting, but there were no doctors present. At that meeting it was decided to adopt the name 'Hahnemannia'. Nine persons were elected to form the first committee.[28] The object of the society was to propagate knowledge of homoeopathic treatment for lay people. The society's journal, *Homöopathische Monatsblätter*, chiefly served the same purpose. The first issue announced that the journal was being published in order that 'people with no prior knowledge of medicine can set about administering the most widely used homoeopathic remedies.' Accordingly, it explained the symptoms of commonly occurring illnesses and the medicines needed to deal with them. The idea was to save the expense of purchasing literature and, above all, to prevent the inexperienced non-doctor from acquiring a large number of remedies that would only make it harder for him to select the most suitable one.[29]

The society also saw itself as representing the interests of homoeopathy. Traditionally, the Württemberg government had adopted a tolerant stance towards homoeopathy. Homoeopathic doctors were exceptionally licensed by the state to dispense homoeopathic medicines themselves. Yet, even in this phase, an instance of state suppression directed against homoeopathy can be found. Georg Rapp (1818–86), having been professor at the medical faculty of Tübingen University since 1850, lost his job in 1854 when he tried to get his homoeopathic treatment accepted.[30] From the late 1850s, the situation of homoeopathy in Württemberg worsened very substantially. Control of homoeopathic treatment was tightened up. Under a ministerial decree of 19 March 1859, homoeopathic doctors were no longer permitted to dispense their own medicines. It is true that pharmacists were obliged 'to keep a stock of simple or composite homoeopathic remedies not prescribed in the national pharmacopoeia in good condition and the requisite quantity as soon as these are asked for by a doctor regularly practising in their area and furnishing an assurance regarding use of such medicines.'[31] However, this order was of no help to Württemberg homoeopaths, who could not expect most pharmacists to manufacture homoeopathic remedies correctly.

Against this background, Hahnemannia started by making propaganda for homoeopathy, sending out various leaflets to doctors, teachers, clergymen, top civil servants in the kingdom, and the court itself. The aim was to improve the situation of homoeopathy in the country, for example by winning back the freedom to dispense for homoeopathic doctors or getting a chair of homoeopathy established at the medical faculty. In this respect, homoeopathic doctors themselves expected great things of the lay movement.[32] At the Hahnemannia annual general meeting on 1 May 1870, Georg Rapp urged the society not to flag in the efforts it had made hitherto

in terms of propagating homoeopathy. He claimed that there was to be found in medicine a system of guilds and castes such as had existed only in the Middle Ages or at the time of the Pharaohs. Rapp concluded by saying: 'Let homoeopathy be set free! If it is a lie, then let it perish; but if there is truth in it, then it must take its natural and lawful place alongside all the other truths of the medical sciences!'[33] In his talk, Rapp recalled his expulsion from the medical faculty of Tübingen University and the dispensing ban imposed on homoeopathic doctors. It was his hope, he said, that as a result of the Hahnemannia movement conditions for homoeopathic treatment might be improved. There was little change in the society's goals in the period that followed. In 1898 (28 years later), a homoeopathic doctor by the name of Hermann Moser, a former scholarship holder of the Foundation for Students of Medicine (*Stiftung für Studierende der Medizin*), stated that he expected the lay society's propaganda in the press to bring homoeopathy to the attention of the public. He went on to challenge the lay society to become so strong financially and in terms of its membership as to be able to assume the role of lobby for homoeopathy.[34] Because of its small membership, the separate professional group of homoeopathic doctors in Germany was not as influential as the *Ärztevereinbund*, the association that gave positive backing to the interests of doctors with an orthodox orientation. According to figures from the *Allgemeine Homöopathische Zeitung*, the membership of the German Central Society of Homoeopathic Doctors (*Zentralverein der homöopathischen Ärzte*) in 1904 accounted for only about 0.6 per cent of civilian doctors in Germany.[35] That is why Germany's homoeopathic doctors needed the help of the lay society as an interest group aiming to improve the basic conditions for their method of treatment.

## Organisation of the Hahnemannia Lay Society

A KEY ROLE IN THE MANAGEMENT of the society was played by the nine-person committee. The most influential member was the secretary of the society. Important projects such as appointing a doctor to the society[36] or collecting donations for starting up a homoeopathic hospital[37] were initiated by the secretary at the time. Motions were debated at the annual general meeting, but they were usually adopted as they stood or with only minor amendments. August Zöppritz (1833–1926),[38] a founder member of the committee and secretary of the society from the early 1870s until 1897, monopolised almost all the important positions in the society. He was, at the same time, editor of the society's publication, *Homöopathische*

*Monatsblätter*, and secretary of the Foundation for Students of Medicine, and he proved a businesslike propagandist for the lay homoeopathic movement. Similarly, his successor, homoeopathic doctor Richard Haehl (1873–1932), occupied the positions of secretary to the society, editor of the society's journal, and cashier of the committee set up to launch a fund to build a homoeopathic hospital in Württemberg.

The growth of the lay homoeopathic movement at local level was driven ahead by local societies. Zöppritz reported that, by the end of 1887, there were already 15 local societies with a total of 1,652 members, including 178 in Pforzheim, 113 in Cannstatt, 58 in Münster, 66 in Ravensburg, 26 in Feuerbach, 200 in Heidenheim, 246 in Gmünd, 76 in Gaisburg, 127 in Brötzingen, 52 in Hedelfingen, 18 in Heslach, 64 in Würm, 24 in Oeschelbronn, 66 in Niefern and 300 in Göppingen.[39] By 1900, the number of local societies of Hahnemannia had reached 50, and on 1 April 1914 there were 121 societies in existence.[40] Through lectures, using the society's library, exchanging medical experiences in study groups, and through the society's publication, members of local societies were trained in homoeopathic cures for emergencies and in self-help in connection with mild illnesses. They could also call upon the services of the society's doctor and the society's pharmacy at reduced cost or for nothing.[41] Membership numbers illustrate the growth of the movement. Yet it was only until 1894 that the membership numbers of Hahnemannia and its local societies were regularly published in the society's journal; after that they were occasionally given out at annual general meetings. The inaugural meeting had been attended by 116 persons; by 1886 the membership of Hahnemannia stood at 2,450. Because, from the 1880s, local societies were established in various towns and cities, some Hahnemannia members transferred to such societies. So, while the membership of Hahnemannia showed a steady decline, the total number of members (including local societies, which were able to gain new members) continued to increase until 1893. After 1894 a dispute within the organisation[42] caused many members to leave Hahnemannia and the local societies. But after the secretaryship and editorship had passed from Zöppritz to Haehl, numbers increased again to reach 12,792 by 1914.

The social structure of Hahnemannia was composed of a considerable number of members who were teachers and clergymen, playing an important social role in villages and towns. In 1879, for example, the 1,705 members included 161 clergy and 269 teachers, in addition to 141 [barber] surgeons and veterinarians.[43] In 1886, the society had 2,450 members, of whom 303 were teachers, 172 clergy, 88 surgeons and vets and 32 pharmacists.[44]

According to a report to the society's 1894 annual general meeting, 'our membership is now over 2,000, including 143 clergy and more than 300 teachers (all grades).'[45] The committee members of Hahnemannia were from a higher social class than the ordinary members. Elected by the 1868 inaugural meeting, the first committee comprised two knight members of parliament, two teachers, a pharmacist, an engineer, a manufacturer, a secretary of the Roman Catholic Church Council and a parish priest.[46] The 1882 committee had two knight members of parliament, a major, a manufacturer, three teachers and a top civil servant.[47] However, after the retirement of the two knight MPs no further members of the aristocracy were to be found on the committee which, in 1909, consisted of three teachers, a doctor, two civil servants, a manufacturer, a pharmacist and an engineer.[48] Compared with the natural-healing societies of the German Confederation of Societies for Health Care and Healing Methods without Medication (*Deutscher Bund der Vereine für Gesundheitspflege und arzneilose Heilweise*), Hahnemannia members came from a relatively higher stratum of society. In 1908, for example, over half the members of the confederation were craft-tradesmen and manual workers; very few were civil servants, clergy, or teachers. In 1889, only two per cent of the confederation's branch chairmen were academics.[49]

The high-handed leadership of Zöppritz as secretary of Hahnemannia increased the tension between the society and homoeopathic doctors. He wanted to decide who was a true homoeopathic doctor.[50] He also ignored the recommendation of Emil Schlegel, the only approved doctor on the board of the Foundation for Students of Medicine, when Schlegel sought to make it compulsory for scholarship holders to read the principal homoeopathic texts during their medical studies and to attend his private colloquium for homoeopathy.[51] Although doctors welcomed such activities of the lay society as setting up the Foundation for Students of Medicine and agitating for the spread of homoeopathy, they nevertheless objected to the society's laying claim to an autonomous position as regarded treating patients or training doctors. They wished to retain the powers and privileges of doctors as a profession. This is where tension occurred between the doctors' society and the lay society.

## Hahnemannia Initiatives in the Medical Field

*Appointment of a 'Doctor to the Society'*

THE SIZE OF THE MEMBERSHIP of the local society in Heidenheim depended not only on the economic situation of members but also on the medical infrastructure with regard to homoeopathic treatment. Where there was no homoeopathic doctor living in the city and people could not expect to find an adequate range of medicine on offer, the lay society lost many members.[52] The Heidenheim society did not consider a non-medical practitioner who had not studied medicine a substitute for an approved homoeopathic doctor. Moreover, in that society lay treatments of society members were recognised only in connection with mild illnesses or in emergencies.[53] The same can be seen in another local society: after a homoeopathic doctor settled in Metzingen and became active on the committee, membership of the local society increased.[54]

Treatment by a doctor was also deemed important by Hahnemannia. When, at the 1887 annual general meeting, Zöppritz called for the appointment of a special doctor for Hahnemannia, he justified the demand on the grounds that 'it is simply impossible for non-local members without means to send for a homoeopathic doctor, and in view of the great shortage of such doctors this is why so many friends of our cause find themselves obliged, in the event of illness, to stick with the allopathic doctor after all.' He further asserted that, if a doctor 'is firmly engaged with the duty of advising members of Hahnemannia and of local societies less expensively than non-members, both the national society and local societies will enjoy such growth as a result ...'.[55] Zöppritz suggested paying the doctor 1,200 marks a year, but the annual general meeting decided, after some discussion, on a salary of 'up to 1,800 marks'.[56] The resolution makes clear that the members of Hahnemannia and the local societies emphatically expected treatment by a homoeopathic doctor. In mid-May of that year (1887) a young doctor, Heinrich Göhrum (1861–1945), was taken on as doctor to the society. Contrary to the decision of the annual general meeting, he received only 100 marks a month from the society's funds, out of which he had to pay 30 marks for a consulting room and a waiting room, provided by Zöppritz.[57] However, the system developed by Zöppritz did not work, and the doctor's task was not an easy one. Each morning he had a surgery in Stuttgart from 7.30 to 9.30; then in the afternoons he was out and about: in Pforzheim on Mondays and Thursdays, in Göppingen on Tuesdays and Fridays, in Gmünd on Wednesdays, and on Saturdays in Cannstatt and Münster; he was also in Stuttgart on the afternoon of the first Sunday in the

month, in Gmünd on the second and third Sundays, and in Pforzheim on the fourth Sunday.[58] Apart from minor changes of location and organisation in connection with his surgeries,[59] the doctor was unable to achieve any amelioration of his working conditions. After approximately 10 months Dr Göhrum tendered his resignation to the committee through the secretary. His resignation was accepted following the appointment of a new doctor to the society at a meeting of the committee on 5 March 1888.[60] Göhrum remained in Stuttgart, where he ran a practice.

His successor, Dr Quesse from Mecklenburg, not only took over Göhrum's practices in Göppingen, Gmünd and Kirchheim but also opened new practices in such places as Heidenheim and Hall.[61] However, he remained in post for an even shorter time than his predecessor. Having been offered a more lucrative position in Bremerhaven, he asked the committee to release him from his contractual obligations. He further asked for a 300 mark loan from Hahnemannia funds to enable him to meet his commitments. Both requests were approved when the committee met on 15 October 1888.[62] At the same meeting it was decided to appoint Dr Fritz Donner (1896–1979), the son of a member, as the third doctor to the society. He was to take over the once-weekly practices in Göppingen and Nagold from Dr Quesse and, in return, receive 50 marks a month.[63] Donner practised as doctor to the society in many towns but, in 1890, he decided to leave Stuttgart. He had received offers from north Germany, but he also said he would move to Heilbronn if Hahnemannia would support him. The committee decided to offer him 100 marks with the proviso that he should return the sum if he left Heilbronn before two years had expired.[64] From 1 December 1890 until 1893 he practised in Heilbronn and Öhringen; then, following six months' continuation training in Vienna, he settled in Stuttgart as a specialist for gastric and urinary disorders. He was succeeded in Heilbronn and Öhringen by Dr Fröhling.[65]

It is clear that Zöppritz's plan, to employ a doctor to the society with an itinerant practice, did not work. A separate official needed to be appointed in each large town instead. Consequently, an advertisement appeared in the *Homöopathische Monatsblätter* in 1892 looking for 'a competent homoeopathic doctor for a large Württemberg town'.[66] Three years earlier, the 1889 annual general meeting had authorised the committee to help Pforzheim by granting a young homoeopathic doctor an interest-free loan of 500 marks on condition that he undertake to settle in or near Pforzheim for a minimum of three years and, in any case, until the loan had been repaid.[67] Following a refusal from Dr P. Krömer, a former scholarship holder of the Foundation for Students of Medicine who had

initially acceded to Zöppritz's demands,[68] these positions were taken over by Dr Immanuel Kirn, the son of inaugural committee member Josef Kirn and, likewise, a former scholarship holder of the Foundation for Students of Medicine, with a 1,000 mark loan at 4.5 per cent interest.[69]

The local society in Heidenheim was also keen to appoint its own doctor. Consequently, the committee of the society decided, in 1902, to advertise in the *Frankfurter Zeitung*. The minutes expressly recorded that it was immaterial whether the postholder was 'Prussian, Bavarian, French, a Jew, or a Christian'.[70] The words show how strong was the desire for a doctor of their own in the Heidenheim society. The faith lay people placed in homoeopathic doctors is illustrated by this passage in the *Festschrift* of another local society: 'We therefore wish to introduce our members to an understanding of the principal homoeopathic remedies as the best means of cleansing the blood, in order that suitable use may be made of them at any time and by any person, whether for humans or animals, as preventive and healing medicinal stimuli. In this we have no intention of replacing the expert ...'.[71]

*The Foundation for Students of Medicine*

The plan to set up a Foundation for Students of Medicine was also brought before the committee by Zöppritz. After the committee had approved the plan, it was presented to members in the *Homöopathische Monatsblätter*.[72] By December 1881 a total of over 5,000 marks had been donated; by February 1883 the figure was 7,968.41 marks, made up of 3,173.48 marks in 561 payments from members of the society and 4,794.93 marks from 48 non-members. The list of donors includes Queen Olga of Württemberg (1822–92), Dr Willmar Schwabe (1839–1917), and Prof. Dr Rapp.[73] According to the foundation's statutes,[74] its object was 'to provide support for those students of medicine who have decided to make their purpose in life the study and practice of homoeopathy as it is shaped by temporal conditions and who are unable to complete their studies out of their own funds' (§ 1). The foundation was to be run by a seven-member board (§ 2). When applicants were being selected, preference was to be given to those whose parents were sympathetic to the cause of homoeopathy (§ 4). A scholar had to give a written undertaking that after 10 years he would without fail pay the money received back to the foundation if he was not practising as a homoeopathic doctor (§ 5).

In April 1882 the board decided to accept a student, the son of a member of the society, as the foundation's first scholar and to pay

the sum of 150 marks per semester for his training. Between then and 1919 a total of 35 students were selected to receive scholarships, of whom Immanuel Kirn, Carl Kiefer, Albert Beeskow, F. Regneri, P. Krömer, Hermann Moser, Gotthold Layer, Reinhold Honkamp, Friedrich Glöckler, Robert Boffenmezer, Eckermann, Richard Haehl and August Sachsenweger subsequently practised homoeopathic medicine. The remaining students either broke off their medical studies or went on to practise allopathically. The foundation stopped paying the scholarship for the first recipient, Th. Hafner, because of poor grades.[75] According to Zöppritz's notes he died 'as cand. med. married (!!!) [sic!] in 1895. Having obtained a position as district medical officer in the vicinity of Würzburg with false papers and practised homoeopathically with success, he was imprisoned for fraud!'[76] Additionally, although Richard Zöppritz, nephew of August Zöppritz, worked hard at his studies and passed the state exam with a grade one, he decided to concentrate on surgery and became an allopathic doctor.[77]

It is hard to judge whether the foundation was a success. A large number of students took shameless advantage of it, never keeping their promise in that they neither took up homoeopathy nor repaid the grants they had received.[78] On the other hand, the homoeopaths attracted some very good doctors such as Richard Haehl. However, of greater importance in this context is the awareness and active response of members of the lay societies. They knew that the shortage of homoeopathic doctors caused many problems in connection with the homoeopathic treatment of serious illnesses. Most members preferred to turn to a doctor in such an event.

### *Hospital Building*[79]

The *Diakonissenhaus* in Stuttgart, which was supported by the royal family, functioned as a homoeopathic hospital because the hospital's director, Paul Sick (1836–1900), was a homoeopath and had won acceptance for homoeopathic treatment there. After Sick's death[80] the position of director was filled by an allopathic doctor and this base for homoeopathy in Württemberg was lost. In this situation, prompted by secretary Richard Haehl, who had put a motion to the 1901 annual general meeting of Hahnemannia, the lay homoeopaths launched a campaign to found a homoeopathic hospital.[81] In November 1901 an appeal by the committee to establish a fund to erect a homoeopathic hospital in Württemberg appeared in the *Homöopatische Monatsblätter* stating that it was 'no great pity that we are not yet in the university. A homoeopathic hospital is what we need.'[82] There it would be possible not only for homoeopathic treatments

to be administered but also for young homoeopathic doctors to gain clinical experience.[83] The Hahnemannia annual general meeting, held on 15 May 1904, received a report to the effect that the hospital fund had already raised 11,000 marks.[84]

For reasons that cannot be explained precisely, the Society of Homoeopathic Doctors in Württemberg was against these activities on the part of the lay society.[85] In 1904, on the initiative of the former, a separate Stuttgart Homoeopathic Hospital Society was set up with the aim of building a homoeopathic hospital in the city. At the inaugural meeting, Privy Councillor Karl Stiegele (1850–1937) spoke of the hospital planned by the homoeopathic doctors as the successor to the homoeopathic outpatient clinic in which, since Sick's death, the homoeopathic doctors of Stuttgart had held a thrice-weekly surgery. But he was critical of the fact that Hahnemannia was agitating for a chair of homoeopathy to be established at Tübingen University. In Stiegele's view, the homoeopaths would have had a great many problems at the university hospital even if they had been given a professorship at the university because the medical faculty was dominated by allopathic professors. It was more important, therefore, to build a hospital than to lobby for a university chair.[86] However, he made no mention whatsoever of the hospital-building plan put forward by Hahnemannia.

The report of the inaugural meeting stated that the Stuttgart Homoeopathic Hospital Society had been founded with the collaboration of doctors and lay people. In fact, lay people filled the positions of director, accountant and deputy accountant while doctors filled those of deputy director, clerk and two assessors.[87] The gulf between Hahnemannia and the Society of Homoeopathic Doctors widened as a result of these conflicting initiatives to build a hospital. Hahnemannia members were not invited to the inaugural meeting despite the fact that the fund started by Hahnemannia had been championing, for more than three years, the construction of a homoeopathic hospital with as much energy as success. Hahnemannia was critical, therefore, of the way in which this disregard of its members by the doctors' society was a cause of some surprise.[88] The conflict was settled in 1906 by a compromise that benefited mainly the doctors. Hahnemannia was to hand over its hospital fund and the leaflets it had published in support of the hospital building plan to the Stuttgart Homoeopathic Hospital Society. Any money that Hahnemannia collected was also to be given to the Stuttgart Homoeopathic Hospital Society's building fund. Hahnemannia was not permitted to establish any fund that would compete with that of the Stuttgart Homoeopathic Hospital Society.

In return, the latter society undertook to offer Hahnemannia members using the hospital the same advantages as its own members. Two members of the hospital society's inner committee were always elected by the Hahnemannia committee from among its members.[89] In addition to the two Hahnemannia members, the 1911 committee comprised five homoeopathic doctors (Adolf Lorenz, Stemmer, Boeckh, Göhrum, Alfons Stiegele (1871–1956)), Mayer, a pharmacist, and von Völter, a senior court official.[90] Given this situation, Hahnemannia can hardly have wielded much influence within the Stuttgart Homoeopathic Hospital Society.

All the efforts of the now partially united homoeopaths notwithstanding, construction costs increased so dramatically after the First World War that a special homoeopathic hospital could not be built. Nevertheless, because of the financial backing of Robert Bosch Sr it was possible, after many vicissitudes, to open a small hospital in the centre of Stuttgart in 1921.[91] Eventually, after various conversions, this became the Robert Bosch Hospital on the Pragsattel.[92] The campaign to build a hospital was one of the most important activities of Hahnemannia in the twentieth century. However, after the compromise with the Stuttgart Homoeopathic Hospital Society (in which homoeopathic doctors were dominant) Hahnemannia not only forfeited the initiative here but also lost influence as a lay movement generally. With the hospital, what the members of Hahnemannia had hoped for became reality. Among the things they expected a homoeopathic hospital to provide were specialist care, clinical research into new homoeopathic treatments, training for young homoeopathic doctors, and so on. In other words, the members of Hahnemannia had faith in the highly qualified treatment administered by homoeopathic doctors. It meant that they shrank from no sacrifice on behalf of the lay movement.

## Conclusion

BECAUSE THE HOMOEOPATHIC DOCTORS' ORGANISATION was too weak as an interest group, they expected and needed the help of lay societies to propagate the method and to overcome the restrictions on homoeopathic treatment. The leaders of Hahnemannia understood these expectations and directed their efforts accordingly. Basically, lay practitioners acknowledged the authority of doctors, although sometimes they looked for a greater degree of independence from doctors and sought to push through initiatives of their own. Hahnemannia, which emerged from a small study group of homoeopathic lay practitioners (the 'publicly active' group), was set up in 1868 on the initiative of lay people as a lobbying, propaganda,

and educational organisation for homoeopathy. In the 1880s the society attracted many new members who belonged to the 'privately interested' group. This transformed Hahnemannia into a consumer organisation for homoeopathic treatment. The appointment of a doctor to the society or the hospital building campaign characterised the society as the organisation of the group that was mainly interested in treatment. After the 1906 compromise with the homoeopathic doctors over the construction of a hospital, Hahnemannia functioned as the body responsible for collecting donations and making propaganda for the hospital that had been planned by the homoeopathic doctors. The society lost most of its power to initiate action and became more dependent on the doctors than it had been previously.

Compared with the activities of the German Confederation of Societies for Health Care and Healing Methods without Medication, Hahnemannia had relatively little autonomy from doctors. The German Confederation established a training course for lay practitioners to improve their proficiency. A licence for non-medical practitioners was also created. Only an individual who had passed the examination was, in future, to be recommended as a *Naturarzt* to treat the sick.[93] *Naturarzt* should not be regarded as a profession, lacking as it did many of the elements of a profession as described by McClelland. But such 'nature doctors' had created a licence outside state control and the authority of the medical profession. Initially, the qualification was valid only within the membership of nature healing societies, but those who held it later received state recognition as *Heilpraktiker* (non-medical practitioners). Unlike the nature healing societies, Hahnemannia did not introduce a special licence for homoeopathic non-medical practitioners, further demonstrating that it clung to the authority of doctors.

## Notes

1 The author thanks the Fukutake Science and Culture Foundation in Japan for financial support for this research.

2 See Talcott Parsons, 'Profession' in David L. Sills (ed.), *International Encyclopedia of the Social Sciences* (New York, 1968); Talcott Parsons, *The Social System* (New York, 1951; Glencoe, IL, 1958); Eliot Freidson, *The Professional Dominance: The Social Structure of Medical Care* (New York, 1970); Eliot Freidson, 'The Theory of Professions: State of the Art' in Robert Dingwall and Philip Lewis (eds.), *The Sociology of the Professions* (New York, 1983).

3 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), 14.

4 Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert* (Göttingen, 1985).

5 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), 49; Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' 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), 174 ff. For the problems of professionalisation in connection with homoeopathic treatment in Germany, see also Robert Jütte, 'The Paradox of Professionalisation: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century', in Jütte, Risse and Woodward (eds.), *Culture, Knowledge, and Healing*; Martin Dinges, 'Professionalisierung homöopathischer Ärzte: Deutschland und Vereinigte Staaten von Amerika im Vergleich' in *Medizin, Gesellschaft und Geschichte*, 14 (1995).

6 Dinges, 'Role of Medical Societies', 180.

7 For the role of Willmar Schwabes for the spread of lay homoeopathic treatment, see Joachim Willfahrt, 'Wie der homöopathische Apotheker und Verleger Willmar Schwabe (1839–1917) und seine Wegbegleiter im Laufe des 19. Jahrhunderts der Homöopathie ein Millionenpublikum verschafften' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996).

8 Eberhard Wolff, *Gesundheitsverein und Medikalisierungsprozess – Der homöopathische Verein Heidenheim/Brenz zwischen 1886 und 1945* (Tübingen, 1989), 45 ff.

9 See Friedrich Kottwitz, *Bönninghausens Leben. Hahnemanns Leiblingsschüler* (Berg am See, 1985); see also Martin Stahl, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen* (Heidelberg, 1997).

10 See Elisabeth Häcker-Strobusch, 'Johann David Steinestel (1808–1849). Drechsler – Missionar – Homöopath: ein Beruf, zwei Berufungen' in Dinges (ed.) *Homöopathie.*

11 See Ingeborg Streuber, '"Der Mensch kann, was er will, doch er muß glauben und vertrauen" Ein Macher: Arthur Lutze (1813–1870)' in Dinges (ed.), *Homöopathie*, 160–184.

12 *Homöopatische Monatsblätter* (HM) 15 (1890), 1 ff., 17 ff.

13 *Allgemeine Homöopathische Zeitung* (AHZ) 112 (1886), 34.

14 Erich Haehl (ed.), *Zum Arzt berufen. Heilkunst der alten und der neuen Welt im Lichte eines ärztlichen Lebens. Nach einem Manuskript von Dr med. hom. Richard Haehl* (Leipzig, 1934), 55.

15 *HM* 28 (1903), 57.

16 *AHZ* 113 (1886), 76.

17 *AHZ* 104 (1882), 33 ff. See also the article by Emil Schlegel referred to in note 13.

18 *HM* 14 (1889), 84 ff.

19 *HM* 36 (1911), 50.

20 *HM* 24 (1899), 120 ff.; see also Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), 163 ff., 167.

21 Wolff, *Gesundheitsverein*, 47.

22 *Homöopathische Rundschau* (1903), 5 ff.

23 *HM* 18 (1893), 4 ff.

24 *HM* 3 (1878), supplement to no. 4. For the critical evaluation of orthodox medicine by the opponents of vaccination, see Eberhart Wolff, 'Medizinkritik der Impfgegner im Spannungsfeld zwischen Lebenswelt- und Wissenschaftsorientierung' in Martin Dinges (ed.), *Medizinkritische Bewegung im Deutschen Reich (c.1870–c.1933)* (Stuttgart, 1996), 79–108.

25 As note 14.

26 Theodor Heuss, *Robert Bosch* (6th ed., Tübingen, 1946), 594.

27 *Geschichte der Entwicklung der Homöopathie in Württemberg* (Stuttgart, 1889), 15. See also Eberhard Wolff, '"... nichts weiter als eben einem unmittelbaren persönlichen Nutzen." Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung', *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 4 (1985; published 1987), 61–97; Dörte Staudt, 'The Role of Laymen in the History of German Homoeopathy' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 199–215.

28 *Geschichte der Entwicklung der Homöopathie in Württemberg*, 31 ff.

29 *HM* 1 (1876), 1.

30 *Geschichte der Entwicklung der Homöopathie in Württemberg*, 20 ff. Afterwards he was compulsorily transferred to a senior medical officer post in Rottweil and from 1882 he served as personal physician to Queen Olga of Württemberg (1822–92). See

Christian Lucae, *Homöopathie an deutschsprachigen Universitäten. Die Bestrebungen zu ihrer Institutionalisierung von 1812 bis 1945* (Heidelberg, 1998), 46 ff.; Wolff, *Gesundheitsverein*, 43.

31 *Regierungs-Blatt für das Königreich Württemberg* (1 April 1859), 52.

32 Staudt, 'Role of Laymen', 207.

33 *Populäre Zeitschrift für Homöopathie* 1 (1870), 117 ff., 25 ff.; See also *Aus der 25jährigen Geschichte der Hahnemannia von ihrer Gründung am 24. Februar 1868 bis 24. Februar 1893* (Stuttgart, 1893), 6 ff.

34 *HM* 23 (1898), 162 ff. See also Dörte Staudt, '"... dem Blick der Laien auf das Ganze gerichtet." – Homöopathische Laienorganisationen am Ende des 19. und zu Beginn des 20. Jahrhunderts' in Dinges (ed.), *Homöopathie*, 96.

35 Thomas Schlich and Reinhart Schüppel, 'Gibt es einen Aufschwung für die Homöopathie? Von der Schwierigkeit, die Verbreitung der Homöopathie unter Ärzten festzustellen' in Dinges (ed.), *Homöopathie*, 217; see also Huerkamp, *Der Aufstieg der Ärzte*, ch. VII.

36 *HM* 12 (1887), 51.

37 *HM* 26 (1901), 96.

38 *HM* 51 (1926), 65 ff.

39 Institut für Geschichte der Medizin der Robert Bosch Stiftung (IGM), V 7, Hahnemannia minutes, 136.

40 *HM* 4 (1900), 92; *HM* 39 (1914), 25. See also Wolff, *Gesundheitsverein*, 55, 58; Staudt, 'Role of Laymen', 200.

41 For the lay society in Heidenheim, see Wolff, *Gesundheitsverein*, 66 ff.

42 Haehl (ed.), *Zum Arzt berufen*, 154. See also Staudt, 'dem Blick der Laien', 95 ff.

43 *HM* 4 (1879), 124.

44 *HM* 11 (1886), 189.

45 *HM* 19 (1894), 50.

46 *Geschichte der Entwicklung der Homöopahtie in Württemberg*, 51.

47 *HM* 7 (1882), 46.

48 *HM* 34 (1909), 87. The doctor was Richard Haehl, who after training in Germany only as a craft-tradesman had studied homoeopathy in the USA on a Hahnemannia scholarship; see Haehl (ed.), *Zum Arzt berufen*.

49 Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889–1914)* (Stuttgart, 1995), 70 ff.

50 *AHZ* 120 (1890), 168 ff.

51 *AHZ* 112 (1886), 25 ff.

52 Wolff, *Gesundheitsverein*, 84 ff.

53 Wolff, *Gesundheitsverein*, 142 ff.

54 *100 Jahre Homöopathischer Verein Metzingen* (Metzingen, 1992). The local society in Feuerbach also endeavoured to attract a homoeopathic doctor; see also Homöopathischer Verein Feuerbach, *40jährige Jubelfeier* (Feuerbach, 1926), 8 ff. For the Heidenheim example, see Wolff, *Gesundheitsverein*, 84 ff.

55 *HM* 12 (1887), 51.

56 *HM* 12 (1887), 51.

57 IGM, V 7, 134.

58 *HM* 12 (1887), 96.

59 *HM* 12 (1887), 112, 175, 189; *HM* 13 (1888), 16.

60 IGM, V 7, 137.

61 *HM* 13 (1888), 87. For the practice in Heidenheim, see Wolff, *Gesundheitsverein*, 87.

62 IGM, V 7, 139.

63 IGM, V 7, 140.

64 IGM, V 7, 171.

65 *HM* 15 (1890), 189; *HM* 18 (1893), 176; *HM* 19 (1894), 32.

66 *HM* 17 (1892), 62.

67 IGM, V 7, 154.

68 IGM, V 7, 160, 162.

69 IGM, V 20, list of scholarships awarded.

70 Wolff, *Gesundheitsverein*, 140 ff.

71 Verein für Homöopathie und Lebenspflege Laichingen, *Festschrift zum 25. Stiftungsfest am 14. Juli 1935* (Laichingen, 1935), 6.

72 *Aus der 25jährigen Geschichte der Hahnemannia*, 37; *HM* 5 (1880), 165 ff.

73 *HM* 6 (1881), 177; *HM* 7 (1882), 15; *HM* 8 (1883), 62.

74 *HM* 7 (1882), 67.

75 IGM, V 16, Protokollbuch der Stiftung für Studierende der Medizin 1882–98, 10, 15.

76 IGM, V 20, 3.

77 IGM, V 17, Protokollbuch der Stiftung für Studierende der Medizin 1882–98, 41, 51.

78 *HM* 51 (1926), 66.

79 For homoeopathic hospital building in Stuttgart, see Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser. Von den Anfängen bis zum Ende des Ersten Weltkrieges* (Heidelberg, 1995), 106 ff.

80 *AHZ* 142 (1901), 17 ff.

81 *HM* 26 (1901), 96 ff.

82 *HM* 26 (1901), 165.

83 *HM* 26 (1901), 165 ff.

84 *HM* 29 (1904), 95.

85 *HM* 29 (1904), 95.

86 *AHZ* 148 (1904), 199 ff. For the debate about the chair of homoeopathy in Württemberg, see Lucae, *Homöopathie an deutschsprachigen Universitäten*, 106 ff.

87 *AHZ* 148 (1904), 201.

88 *HM* 29 (1904), 103 ff.

89 *HM* 31 (1906), 101 ff., 125 ff.

90 *HM* 36 (1911), 64.

91 *HM* 47 (1922), 60 ff.

92 *HM* 65 (1940), 41 ff.; *AHZ* 188 (1940), 64 ff.

93 Cornelia Regin, 'Naturheilkundige und Naturheilbewegungen im Deutschen Kaiserreich', *Medizin, Gesellschaft und Geschichte*, 11 (1992), 184 ff.

# The Homoeopathic Patient in General Practice: Findings of a Comparative Poll of Patients in Conventional Medical Practices and Homoeopathic Private and Health Insurance Scheme Practices

*Martina Günther and Hans Römermann*



IN GERMANY HOMOEOPATHY, together with nature healing in the narrower sense, neural therapy and acupuncture, is among the most frequently used 'alternative medicines'.[1] Estimates reveal that, in Germany, between 4,000 and 16,000 doctors regularly practise homoeopathy.[2] So-called 'classical homoeopathy', which prescribes only one remedy at a time and carries out an individual choice of remedy, is distinguished by intensive doctor–patient contact and has its own concept of sickness and healing, different from that of conventional medicine.

Up to now, a small number of studies have concerned themselves with the patients of homoeopathic doctors.[3] They suggest that the homoeopathic patient exhibits special characteristics. The following study presents parts of the findings of a survey of patients that was conducted in 14 general medical practices in the German state of North Rhine-Westphalia in 1993–94. As regards the choice of practices, it is important to know that in Germany classical homoeopathy is often used in private practice. In 1993, for example, of the 141 general practitioners who belonged to the German Central Association of Homoeopathic Doctors (*Deutsche Zentralverein homöopathischer Ärtzte*) in North Rhine-Westphalia, some 50 per cent were in private practice.

## Methodology

A QUESTIONNAIRE COMPRISING MULTIPLE CHOICE and free questions was developed. In addition to sociodemographic data, expectations, ideas and experiences, this was also intended to capture patients' state of knowledge. Patients undergoing homoeopathic treatment were asked supplementary questions regarding their social network and their reasons for deciding to opt for homoeopathic treatment.

Patients were chosen at random from among those waiting and could fill in the questionnaire themselves or be interviewed. Interviews lasted on average between 35 and 40 minutes. Approximately 20 patients were surveyed per practice. Of 324 patients approached, 284 took part (83 per cent response rate).

Patient distribution among practices was as follows: 81 patients undergoing homoeopathic treatment were surveyed in homoeopathic private practices; 80 patients receiving conventional therapy were surveyed in orthodox[4] medical practices treating patients under health insurance schemes; 123 patients were surveyed in practices that treated patients under health insurance schemes using both homoeopathic and orthodox medicine but predominantly operating with 'single remedy homoeopathy'; of those 123 patients in 'homoeopathic health insurance scheme practice', 93 were being treated homoeopathically and 30 conventionally. The survey thus covered a total of 174 patients undergoing homoeopathic treatment and 110 receiving conventional therapy.

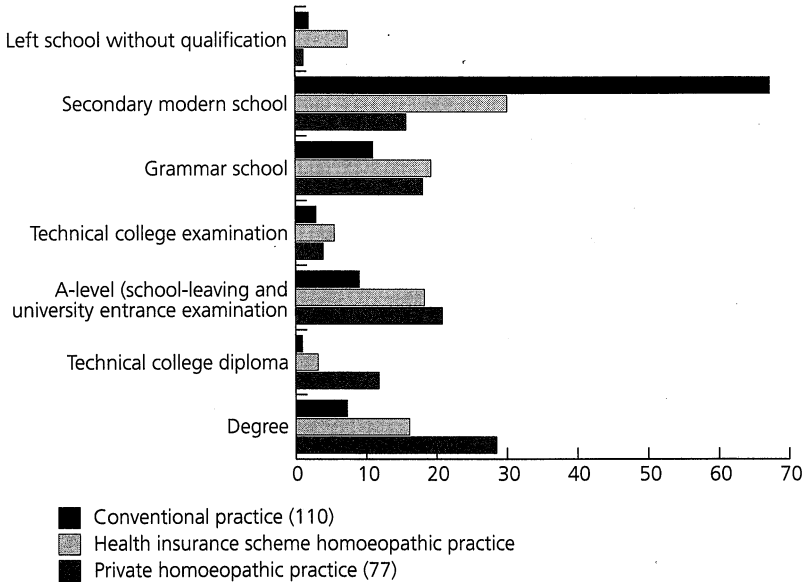
Since the process of evaluation is not yet complete, in what follows it is only possible to present certain findings, picking out points of emphasis. For the most part, all patients undergoing homoeopathic treatment are compared with all patients being treated conventionally. In the main, the contrast between patients being treated homoeopathically in private practice and those receiving conventional therapy in purely orthodox practices comes across as particularly extreme. However, the tendency is also visible in a comparison of all patients.

## Demographic Data

SEX: GENDER DISTRIBUTION in both groups showed no clear difference: 59.2 per cent of patients undergoing homoeopathic treatment and 57.3 per cent of patients receiving orthodox therapy were female.

*Age*: Average age of patients being treated homoeopathically was markedly lower (38.3) than that of patients receiving orthodox therapy (49.4).

**Figure 1. Percentage distribution of educational qualifications**




This is partly because homoeopaths treat markedly more children and young people. Even leaving under-18s out of account when calculating average age, the average age of patients undergoing homoeopathic treatment is markedly lower (42.9 against 51.4 for patients receiving orthodox therapy). The different age profile gives rise to a distortion of other demographic data. For example, among homoeopathic patients there are more single persons, fewer widows and widowers, and they have fewer children.

*Education*: Figure 1 shows that, at least in the sample studied here, patients undergoing homoeopathic treatment are markedly better educated. Patients in private practice exhibit a higher level of education than those in health insurance scheme practices.

*Jobs*: Figures 2 and 3 show that caring, teaching and health professionals are markedly overrepresented in homoeopathic practices. In private homoeopathic practices they account for nearly half of patients.

**Figure 2. Professional distribution of patients receiving conventional treatment**

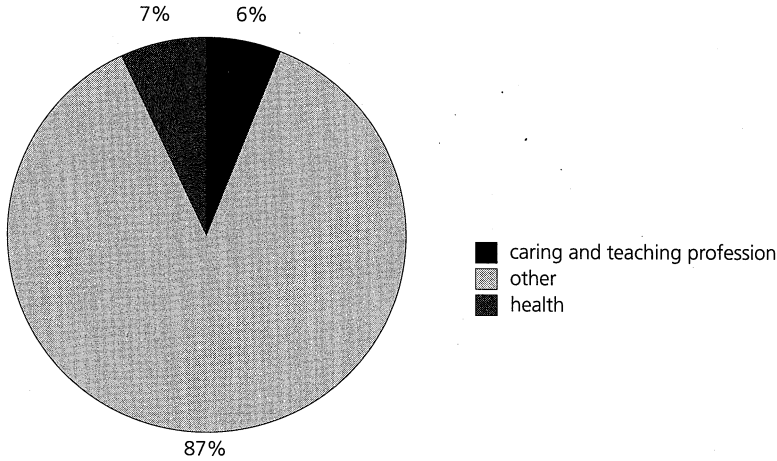



**Figure 3. Professional distribution of patients receiving homoeopathic treatment**

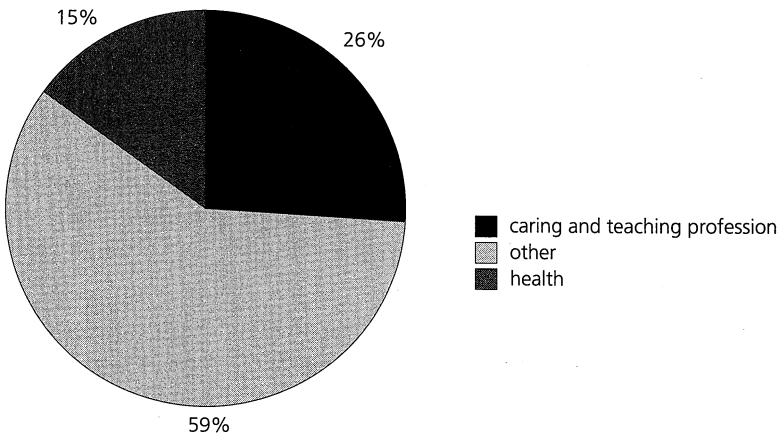
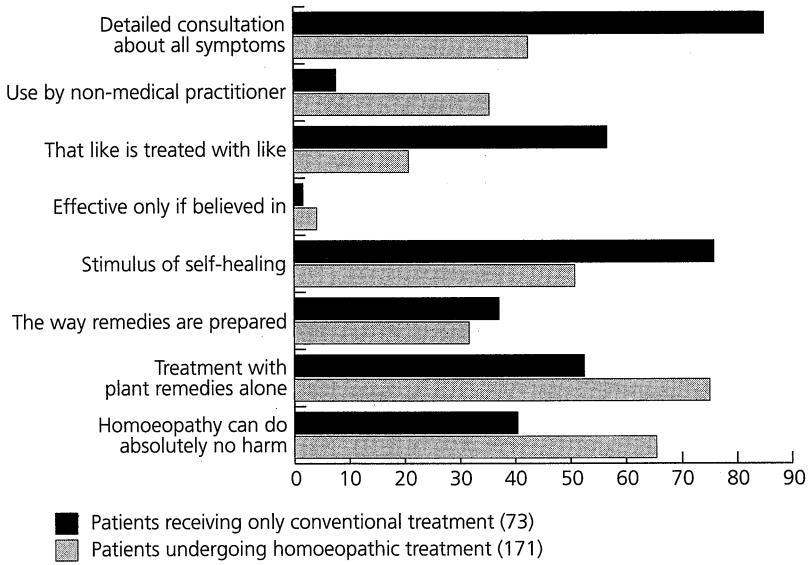


**Figure 4. Percentage of patients marking statements relating to the question 'What do you think is special about homoeopathy?' with a cross as correct**

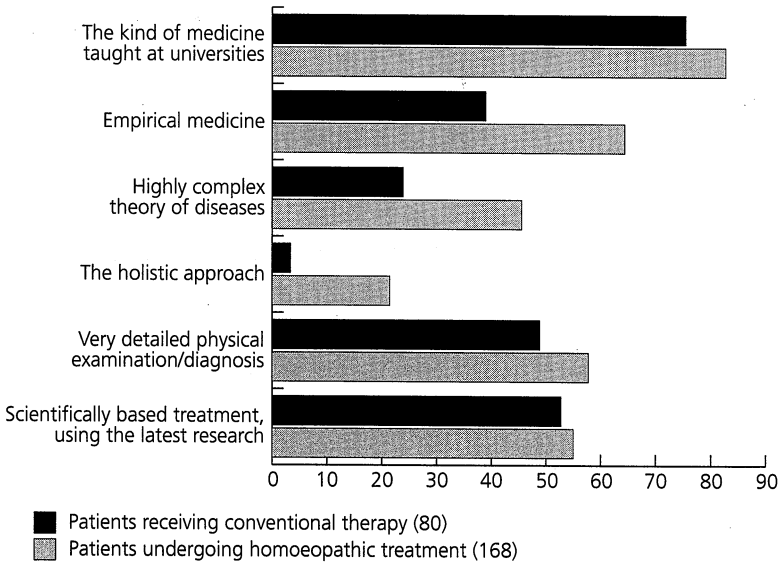



## Patients' Knowledge of Homoeopathy

TO TEST PATIENTS' KNOWLEDGE of homoeopathy, they were presented with a series of statements and asked: what do you think is special about homoeopathy? (Figure 4).

Surprisingly, patients' knowledge of homoeopathy is relatively poor. For example, over 50 per cent of patients undergoing homoeopathic treatment think that homoeopathy treats with plant remedies alone. This confusion of homoeopathy with phytotherapy is also apparent in 75 per cent of patients receiving conventional therapy. It is also notable that even patients receiving conventional therapy do not suppose that homoeopathy is effective only if believed in, i.e. has a purely placebo effect. Nevertheless, more than 50 per cent of homoeopathic patients choose the stimulus to self-healing, the rule of similars and the detailed case history as typical of homoeopathic treatment. A clear majority of homoeopathic patients assume that homoeopathy can also do harm.

**Figure 5. Percentage of patients marking statements to the question 'What do you think characterises orthodox medicine?' with a cross as correct**




## Characterisation of Orthodox Medicine

WITH THE QUESTION 'What do you think characterises orthodox medicine?' patients were asked their opinion of orthodox medicine (Figure 5).

The best characterisation of orthodox medicine is, in the opinion of patients, the kind of medicine taught at universities. Both groups find orthodox medicine not very holistic. Even the statement 'Scientifically based treatment, using the latest research' is one that only approximately half of patients can agree with.

The biggest differences between the patient groups are over the statements relating to empirical medicine and the complex theory of diseases. Regarding these points, markedly fewer homoeopathic patients think that orthodox medicine meets such criteria.

## General Attitudes to Sickness and Health

PATIENTS WERE PRESENTED with a number of statements about sickness and health. Here they could choose from five possible answers: not true (= 1), tends not to be true (= 2), half true (= 3), tends to be true (= 4), quite true (= 5).

Table 1 shows in rounded percentages how many homoeopathic patients and how many patients receiving orthodox therapy agreed with the statement with a 'tends to be true' (= 4 on the scale) or a 'quite true' (= 5).

Patients undergoing homoeopathic treatment are much more critical of modern medicine. For example, fewer homoeopathic than orthodox patients believe that medicine can usually help and that it finds coherent explanations for complaints. Patients undergoing homoeopathic treatment also more frequently accuse medicine of underestimating the psychological causes of disease.

On the other hand, they assent more frequently to statements that come close to the homoeopathic concept of disease: homoeopathy posits a disturbance of the 'life force' as causing illness (complaints express an

**Table 1. What do you think is basically true as regards health and sickness?**

| Percentages of patients agreeing | homoeopathic | conventional |
|---|---|---|
| Modern medicine can help with the vast majority of diseases/problems | 29 | 67 |
| Serious illnesses require strong medication | 14 | 48 |
| Suitable 'remedies' stimulate the body's self-healing powers | 84 | 67 |
| Natural substances (plants, herbs ...) can often do more good than chemical drugs | 72 | 50 |
| Modern medicine has a coherent explanation for every complaint | 15 | 28 |
| Modern medicine underestimates the fact that diseases have psychological causes | 76 | 57 |
| I have sole responsibility for my health | 55 | 60 |
| In administering treatment, the doctor should concentrate on the physical symptoms | 15 | 40 |
| Some medicines help even when we don't know how they work | 60 | 30 |
| Nature with its harmony and rhythm offers an example for a healthy way of life | 88 | 82 |
| The various complaints a person suffers are an expression of that person's 'inner' disturbance | 65 | 47 |

'inner disturbance') and hopes by administering homoeopathic remedies to make the body heal itself. Yet it is not known how such remedies work.

Statements denying that homoeopathy is a holistic (no concentration on physical symptoms) and gentle medicine (no powerful drugs) tend to be rejected by patients undergoing homoeopathic treatment.

## Patients' Expectations

PATIENTS WERE ASKED what they expected from treatment with this doctor. Again, they were able to choose from among five possible answers, ranging from rejection to agreement.

Table 2 shows in rounded percentages how many homoeopathic patients and how many patients receiving conventional therapy answered positively with a 'tends to be true' or a 'quite true'.

The patient undergoing homoeopathic treatment less often expects the doctor to give him/her a good examination as well. This undoubtedly has to do mainly with the fact that, in our patient sample, only in 60 per cent of cases was the homoeopath also the family doctor. Particularly the patients of homoeopathic private practice often deliberately visit the homoeopath only for treatment, whereas for diagnosis they visit other doctors. Among patients receiving conventional therapy, in 95 per cent of cases the doctor also functions as the family physician.

Rapid relief of complaints is markedly less often expected by patients undergoing homoeopathic treatment than by patients receiving orthodox therapy. This is partly because the patient undergoing homoeopathic

**Table 2. What do you expect from treatment with this doctor?**

| I expect him/her | Percentages of patients agreeing homoeopathic | conventional |
|---|---|---|
| ... to give me a thorough physical examination | 47 | 69 |
| ... to get rid of my symptoms or relieve my complaints quickly | 35 | 78 |
| ... to increase my resistance to disease | 83 | 57 |
| ... to give me the reason for my complaints | 80 | 95 |
| ... to treat the deeper cause of my being ill | 91 | 77 |
| ... when treating me, to take account of my personality/psyche as well | 91 | 75 |
| ... to help me learn something about the 'meaning' of this illness for my life | 57 | 43 |

treatment more often visits the practice with chronic complaints than the patient receiving orthodox therapy. On the other hand, nowadays no one seems even to expect rapid healing by homoeopathy.

Treatment of the deeper cause of illness (disturbance of life force), together with boosting of resistance, both take the psyche into account and are also, as part of homoeopathic teaching, more frequently expected by patients undergoing homoeopathic treatment than by patients receiving orthodox therapy. Interestingly, more patients receiving orthodox therapy expect to be given a reason for their complaint, while for the patient undergoing homoeopathic treatment the meaning of the illness is more important.

## Previous experience

IN A FURTHER QUESTION, patients were asked about their previous experience with medical treatment, in which connection the current doctor was explicitly excluded. Table 3 shows what percentages of patients tended to agree or were in full agreement.

Patients treated homoeopathically have less often had good and more often had bad experiences of previous medical treatment than patients

**Table 3. What has been your previous experience of medical treatment (your current doctor excepted)?**

| | Percentages of patients agreeing | |
|---|---|---|
| | homoeopathic | conventional |
| Through taking medication I have experienced great relief from my complaints | 21 | 60 |
| I have had bad experiences with side effects of medication | 37 | 22 |
| I think I was prescribed the wrong medication | 22 | 14 |
| A coherent reason was found for my complaints | 26 | 67 |
| Doctors were/are competent people to talk to about my health problems | 28 | 74 |
| The doctors took sufficient time over me | 27 | 59 |
| I felt the doctors accepted me as a person | 37 | 66 |
| I was able to play an active part in my recovery | 32 | 63 |
| Doctors have the same ideas about sickness and health as myself | 13 | 46 |
| I was/am afraid that chemical drugs are harmful | 68 | 41 |

treated in accordance with conventional medicine. This might on the one hand be because patients treated homoeopathically are more critical and less easily satisfied. On the other hand, however, chronic invalids (the largest group consulting homoeopathic doctors) in particular are more often disappointed by conventional medicine than other patients.

## Experience with Current Doctor

IN A SIMILAR MANNER to patient expectations, previous experience with the patient's current doctor was also studied. However, as well as being able to chose between rejection and agreement on a scale of one to five, patients could also answer 'Don't know'. Table 4 shows what percentages of patients were in broad or full agreement with the statements.

Asked about their general satisfaction with their current doctor, 89 per cent of patients undergoing homoeopathic treatment said they were 'satisfied' or 'very satisfied' and 94.5 per cent of those receiving conventional therapy.

As regards satisfaction with current doctor, then, there is little difference between the two groups of patients. Other experiences with the patient's current doctor also tend to be on the positive side among both groups. Apparently, homoeopathic doctors less frequently give the reasons for complaints, but this (as explained earlier) is also less expected by patients undergoing homoeopathic treatment.

**Table 4. What has been your experience with your doctor here?**

| | Percentages of patients agreeing | |
|---|---|---|
| | homoeopathic | conventional |
| I believe my doctor is concerned about my wellbeing | 88 | 86 |
| I can discuss everything with my doctor | 84 | 86 |
| My doctor takes sufficient time over me | 88 | 84 |
| I believe my doctor has similar ideas about health/sickness to myself | 73 | 71 |
| My doctor gives me the reasons for my complaints | 60 | 83 |
| I feel my doctor accepts me as a person | 88 | 90 |
| My doctor gives me a good physical examination | 88 | 90 |
| I believe my doctor to be competent as regards choice of treatment | 90 | 90 |
| Here I am able to take an active part in my recovery | 77 | 78 |

## Health Behaviour and Self-Estimates of Health

ON THE WHOLE, patients undergoing homoeopathic treatment seem by their own account to behave rather more healthily than those receiving conventional therapy.

For example, 55 per cent of patients undergoing homoeopathic treatment regularly practise *sport* (51 per cent of those receiving conventional therapy), only 17 per cent of patients undergoing homoeopathic treatment *smoke* (37 per cent of those receiving conventional therapy), 78 per cent of patients undergoing homoeopathic treatment are concerned about *healthy eating* (61 per cent of those receiving conventional therapy), 31 per cent of patients undergoing homoeopathic treatment regularly perform *relaxation exercises* (17 per cent of those receiving conventional therapy), and 71 per cent of patients undergoing homoeopathic treatment are concerned about *restful sleep* (65 per cent of those receiving conventional therapy).

Patients undergoing homoeopathic treatment also have a better estimate of their general *state of health* than those receiving conventional therapy: for example, 60 per cent of patients undergoing homoeopathic treatment describe their state of health as 'very good' or 'pretty good', whereas only 46 per cent of those receiving conventional therapy do so.

However, if patients are asked about individual points of *wellbeing* that are important for the progression of homoeopathic treatment, patients undergoing homoeopathic treatment score better only for sleep.

Individually, the following categories received a 'pretty good' or 'very good': *resistance* from 49 per cent of patients undergoing homoeopathic treatment and 60 per cent of those receiving conventional therapy, *energy* from 63 per cent of patients undergoing homoeopathic treatment and 66 per cent of those receiving conventional therapy, *mood* from 46 per cent of patients undergoing homoeopathic treatment and 52 per cent of those receiving conventional therapy, *relationships* with the people around them from 79 per cent of patients undergoing homoeopathic treatment and 89 per cent of those receiving conventional therapy, and *sleep* from 57 per cent of patients undergoing homoeopathic treatment and 53 per cent of those receiving conventional therapy.

## Changes in Wellbeing under Treatment

PATIENTS ATTENDING THE PRACTICE for at least the third time were also asked about how their complaint was changing under treatment. Here patients could choose between: 'clearly worse', 'somewhat worse', 'fifty-fifty', 'somewhat improved', 'clearly improved', and 'no change'. In

**Table 5. Improvement in wellbeing during treatment**

| | Percentages of patients | |
|---|---|---|
| | homoeopathic | conventional |
| Improvement in complaint | 81 | 81 |
| Improvement in resistance | 52 | 28 |
| Improvement in energy | 42 | 21 |
| Improvement in mood | 46 | 16 |
| Improvement in relationships with people around me | 28 | 6 |
| Improvement in sleep | 23 | 9 |

exactly the same way patients were asked to comment on changes in resistance, energy, etc.

Table 5 shows what percentages of patients indicated an improvement ('clearly improved' or 'somewhat improved') in each particular category.

Improvement in their complaints is assessed more or less equally by patients undergoing homoeopathic treatment and those receiving conventional therapy (Figures 6 and 7).

The other aspects of patient 'wellbeing' asked about were indicated as improved with clearly greater frequency by patients undergoing homoeopathic treatment than by patients receiving conventional therapy. The difference is particularly marked in assessment of mood (Figures 8 and 9).

On the one hand, this difference can be explained by the fact that the homoeopath more often asks patients about their mood, so that a greater awareness of changes is present. After all, patients receiving conventional therapy may simply not relate changes in mood to their therapy. On the other hand we need to consider whether homoeopathic treatment does not in fact have more effect on patient wellbeing.

## Reasons for Choosing Homoeopathic Treatment

HOMOEOPATHIC PATIENTS WERE PRESENTED with a number of reasons for choosing homoeopathic treatment and had to decide, on a scale of one to five, between 'not important' (= 1) and 'very important' (= 5). They also had the opportunity to add reasons they had formulated themselves (free responses).

Table 6 shows what percentages of all homoeopathic patients rated the said reasons as important by crossing '4' or '5' on the scale. In a second column, the same evaluation is carried out for patients who had never

**Figure 6. Alteration of complaints among patients receiving conventional therapy**

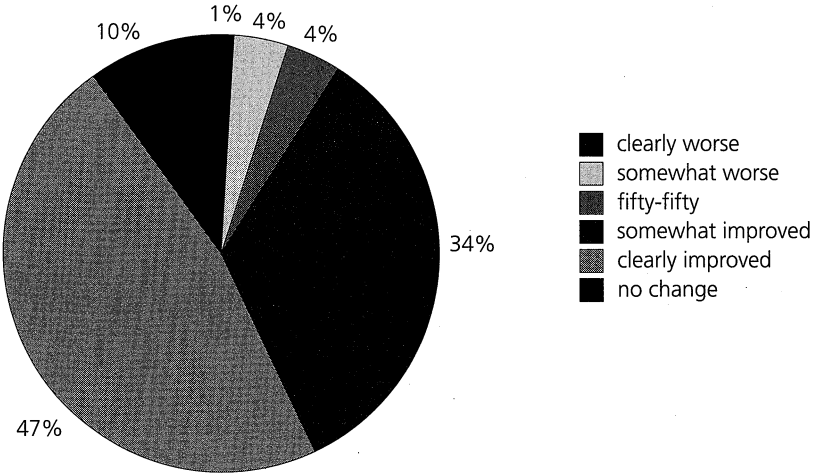



**Figure 7. Alteration of complaints among patients undergoing homoeopathic treatment**

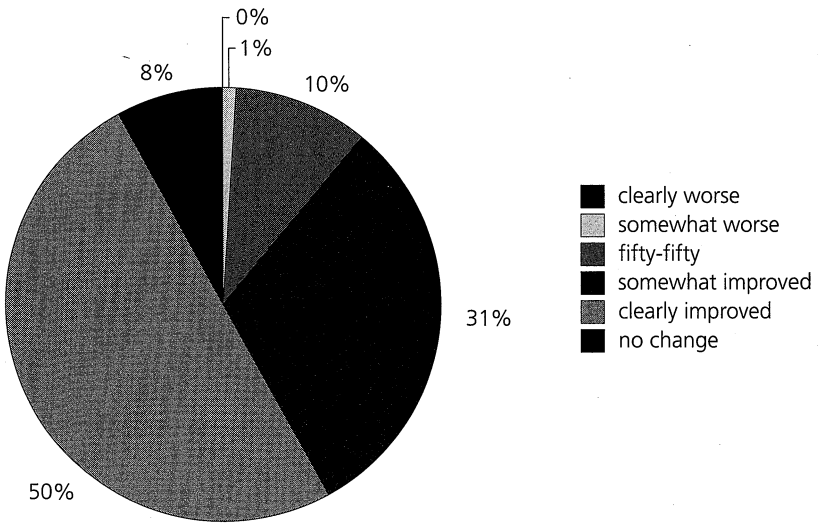


**Figure 8. Change of mood among patients receiving conventional therapy**

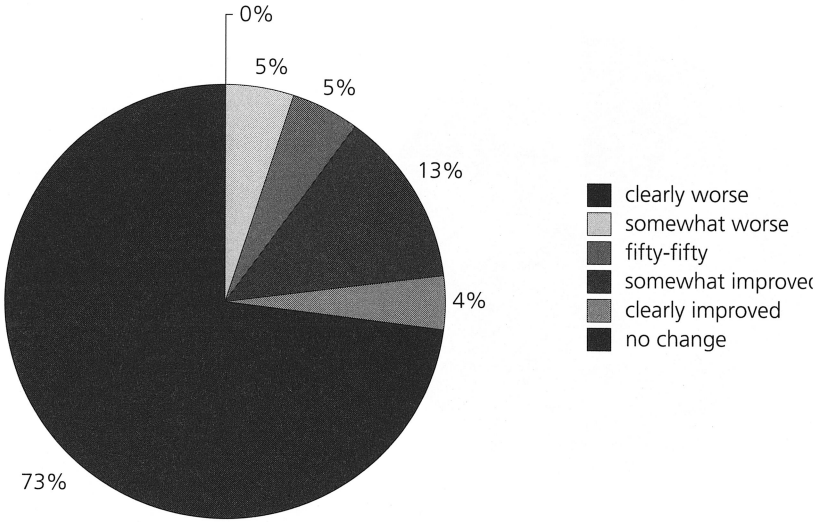
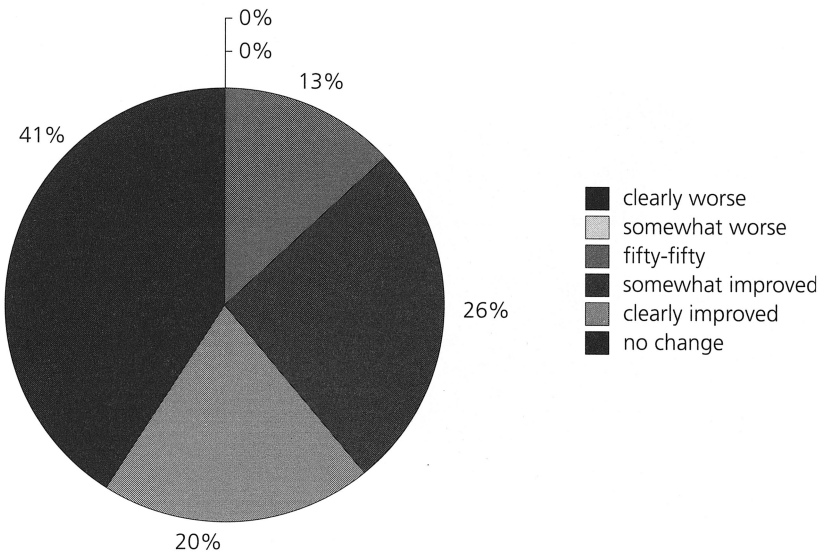



**Figure 9. Change of mood among patients undergoing homoeopathic treatment**



had homoeopathic treatment previously and were attending the practice in question for the first or second time. In other words, these were patients who had only recently opted for homoeopathic treatment. In our survey, there were 21 of them.

It is clear from the figures that the effectiveness of homoeopathy is the most important reason for opting for homoeopathic treatment, irrespective of whether patients have already been in treatment for some time. Among new patients, dissatisfaction with conventional medicine as the second reason played a major role in their decision, followed closely by the good care and greater personal responsibility associated with homoeopathic treatment. With the longer duration of treatment, dissatisfaction with orthodox medicine obviously declines as a reason for choosing homoeopathic treatment (it is back in fifth place), while at the same time the good care provided by the doctor gains in importance.

The chance to formulate their own reasons for choosing homoeopathy was used by 55 patients. Here, *good personal experiences or good experiences by others* were given as a reason 19 times. Of these, there were six mentions of good experiences with the treatment of patients' own children, which eventually persuaded the parents to undergo homoeopathic treatment themselves. *Avoidance of antibiotics, chemical or powerful drugs and their side effects* were mentioned 16 times. *Holistic treatment or involvement of the psyche* received eight mentions. *Homoeopathic treatment at the request or on the recommendation of the doctor* occurred four times. It was the wish of four patients to have the *real cause of the ailment treated.*

Two mentions each were given to (summarising): confidence in the doctor, explanation of emotional context, that the doctor takes plenty of time, failure of orthodox medicine, and the administering of milder or more natural medication. There was one mention each of: stimulating self-healing

**Table 6. What is the importance to you now of the following reasons in connection with your decision in favour of homoeopathic treatment?**

| Percentages of homoeopathic patients finding these reasons important | all patients | new patients |
|---|---|---|
| The effectiveness of homoeopathy | 92 | 81 |
| Dissatisfaction with conventional medicine | 47 | 67 |
| Homoeopathy matches my approach to life | 61 | 57 |
| The good care provided by the homoeopathic doctor | 78 | 62 |
| The greater personal responsibility for my recovery | 64 | 62 |
| Because I want to try everything | 13 | 24 |

power, orthodox medicine does not really improve health, permanent cure, homoeopathy does not induce dependence.

Looked at altogether, then, the effectiveness of homoeopathic treatment backed up by personal experience or the experience of others is the most important reason for deciding in favour of such treatment. Surprisingly, failure of or dissatisfaction with orthodox medicine seems to play a somewhat minor role.

## Social Network

IN ORDER TO LEARN SOMETHING about the importance of the social backing received by homoeopathic patients from their environment, questions were asked about social network.

The picture that emerged was as follows: 90 per cent of patients undergoing homoeopathic treatment have at least one person with a positive attitude to homoeopathy in their environment, this being usually a friend (41 per cent), family members (35 per cent), or acquaintances (18 per cent). Of those persons with a positive attitude to homoeopathy, according to the patients polled, 86 per cent had received successful homoeopathic treatment, nine per cent were not in homoeopathic treatment, and in the case of five per cent the treatment had not helped. More than half (57 per cent) of all patients undergoing homoeopathic treatment say yes, they keep meeting more and more people who are having homoeopathic treatment, and as many as 80 per cent actively recommend homoeopathic treatment to others. On the other hand, 63 per cent of patients indicate that they have persons antipathetic to homoeopathy in their environment. In fact, 16 per cent go so far as to say that there are certain persons from whom they keep their homoeopathic treatment secret.

## Summary

THE PATIENTS UNDERGOING homoeopathic treatment studied in this survey are younger, better educated, and more often exercise teaching, caring, or medical professions than those receiving conventional therapy. A higher level of education among patients undergoing homoeopathic treatment has also been demonstrated in previous studies.[5] Patients' state of knowledge about homoeopathy is relatively poor, as also emerges from other studies of this subject.[6] In the expectations of patients undergoing homoeopathic treatment and in attitudes to illness and medical treatment, key portions of homoeopathic concepts are reflected more frequently than

among patients receiving conventional therapy. The general approach to life among patients undergoing homoeopathic treatment appears to be in partial correspondence with the philosophy of homoeopathy.[7] Patients undergoing homoeopathic treatment are more critical vis-à-vis medicine and have more frequently had bad experiences with earlier treatment.[8] Patients receiving conventional therapy and patients undergoing homoeopathic treatment are more or less equally satisfied with those treating them and with the therapy received. From the point of view of patients, homoeopathic treatment shows good levels of success[9] and as regards improvement of complaints is comparable with conventional therapy. In addition, a good many homoeopathic patients indicate an improvement in other aspects of wellbeing.[10] Patients undergoing homoeopathic treatment indicate a healthier lifestyle than those receiving conventional therapy. The effectiveness of the therapy seems to be the most important reason for deciding in favour of homoeopathic treatment. In this connection, patients base their assessment of effectiveness partly on the experience of people from their social environment. Most patients undergoing homoeopathic treatment receive a positive echo from their environment regarding homoeopathic therapy, actively recommend the latter, and extend their 'circle of acquaintances undergoing homoeopathic treatment' during therapy.

To sum up, dissatisfaction and bad experiences with orthodox medicine may be of great importance as regards the decision to start homoeopathic treatment. However, permanent reasons for choosing homoeopathic treatment seem to be more the following: effectiveness, the good care provided by the homoeopathic doctor,[11] a matching approach to life,[12] and the greater degree of personal responsibility for treatment.[13]

## Notes

1 Anon, 'Naturheilverfahren in der Praxis' (series), in *Der Praktische Arzt* 5 (1991), 45–50; Roy Marioth and D. Bartelt, *Naturheilverfahren in der Praxis*, Niedersäschsische Akademie für Homöopathie und Naturheilverfahren e.V. (Hannover, 1990); Joachim Noll, *Heutiger Stellenwert der Naturheilverfahren in der Krankenversorgung* (medical dissertation, Ulm, 1987); H. Ritter, 'Über die Verbreitung allgemein nicht üblicher Heilverfahren in der freien Praxis', *Deutsche Ärztezeitung* 39 (1968), 2113–16; H. Ritter and H.G. Habighorst, 'Über die Verbreitung allgemein nicht anerkannter Heilverfahren in der freien Praxis', *Zeitschrift für Allgemeinmedizin/Der Landarzt* 26 (1996), 1215–18; Holger Schönrock, *Aussenseitermethoden in der Allgemeinpraxis* (medical dissertation, Freiburg, 1978); H.H. Schrömbgens, 'Aussenseitermethoden in der Allgemeinpraxis', *Münchner Medizinische Wochenschrift* 120 (1978), 1620–21; R. Winkler, 'Aspekte zur Arzt-Patient-Beziehung in einem Krankenhaus für Naturheilweisen', *Physikalische Medizin und Rehabilitation* 19 (1978), 357–64.

2 FDG, *Unkonventionelle Medizinische Richtungen. Bestandsaufnahme zur Forschungssituation*, ed. Projektträger Forschung im Dienste der Gesundheit (= Materialien zur Gesundheitsforschung 21) (Bonn, 1992).

3 E.g. Robert L. Avina and L. Schneidermann, 'Why patients choose homoeopathy', *Western Journal of Medicine* 128 (1978), 366–69; Gabriele Förster, *Homöopathie und Krankheitserleben: Die Suche nach dem Sinn* (Münster, 1993); Adrian Furnham and Chris Smith, 'Choosing alternative medicine: a comparison of the beliefs of patients visiting a general practitioner and a homoeopath', *Social Sciences and Medicine* 26 (1988), 7, 685–89; Clare Harrison, J. Hewison, P. Davies and P. Pietroni, 'The expectations, health beliefs an behaviour of patients seeking homoeopathic and conventional medicine', *British Homoeopathic Journal* 78 (1989), 210–18; Johannes Latzel, *Homöopathische Therapie im Erleben des Patienten* (medical dissertation, Freiburg, 1989); Marioth and Bartelt, *Naturheilverfahren*; M. Tauer-Angerer, 'Die Homöopathische Lehrambulanz im Krankenhaus Linz', Documenta Homoeopathica 6 (1985), 49–69.

4 The terms 'orthodox' and 'conventional', as applied to medicine, are used synonymously in this article to denote scientifically oriented medicine and its methods.

5 See also Avina and Schneidermann, 'Why patients choose homoeopathy'; Förster, *Homöopathie und Krankheitserleben*; Tauer-Angerer, 'Die Homöopathische Lehrambulanz'.

6 See also Förster, *Homöopathie und Krankheitserleben*; Harrison *et al.*, 'Expectations'.

7 Likewise in Avina and Schneidermann, 'Why patients choose homoeopathy'; Latzel, *Homöopathische Therapie*.

8 Avina and Schneidermann, 'Why patients choose homoeopathy'; Harrison *et al.*, 'Expectations'; Latzel, *Homöopathische Therapie*; Smith, 'Choosing alternative medicine'.

9 Avina and Schneidermann, 'Why patients choose homoeopathy'; Latzel, *Homöopathische Therapie*; Tauer-Angerer, 'Die Homöopathische Lehrambulanz'.

10 Latzel, *Homöopathische Therapie* .

11 See also Avina and Schneidermann, 'Why patients choose homoeopathy'; Latzel, *Homöopathische Therapie*; Tauer-Angerer, 'Die Homöopathische Lehrambulanz'.

12 Tauer-Angerer, 'Die Homöopathische Lehrambulanz'.

13 Tauer-Angerer, 'Die Homöopathische Lehrambulanz'.

# Homoeopathy from the Patient's Standpoint: an Empirical Study in the City of Curitiba (Brazil), 1998–99

*Lore Fortes and Ipojucan Calixto Fraiz*



## Introduction

OUR FIRST OBJECTIVE is to analyse certain homoeopathic terms to facilitate a discussion on the relationship between homoeopathy and the patient. The central hypothesis is that patients make positive use of homoeopathy based on the idea that patients who use homoeopathy have a certain amount of knowledge about the current role of homoeopathy which enables them to opt for and to use it deliberately. Evaluating the findings of empirical surveys carried out in Curitiba between October 1998 and March 1999, we found it necessary to reconsider certain homoeopathic terms. Those findings surprised us because of the active participation of the patients who demonstrated a high degree of knowledge regarding the role of homoeopathy in its present state. It was a major concern to find new terms which took account of the growth of so-called 'alternative' therapies in their ongoing relationship with orthodox medicine. So, in the first part, those terms will be reconsidered and, in the second part, the findings of the empirical survey carried out in Brazil both quantitatively and qualitatively will be analysed.

In Brazil, resolution no. 1499 issued by the Federal Council of Medicine (*Conselho Federal de Medicina*) in 1998 banned doctors from using therapies not recognised by the council.[1] That resolution allowed alternative therapies to be practised only if a doctor had already embarked

on scientific surveys aimed at finding proof for the therapy concerned. Even then, the doctor was not permitted to demand money for treatment. Although homoeopathy and acupuncture are often regarded as alternative therapies, in this debate they enjoyed acceptance because since 1980 homoeopathy and 1995 acupuncture had had official recognition as separate medical disciplines. Notwithstanding such official recognition, even today these therapies very often still encounter scepticism and prejudice among allopathic doctors. On the other hand, society's attitude towards homoeopathy and so-called 'alternative' therapies is changing, as the results of the survey show.

## Fresh Insights with regard to Terms[2]

HOMOEOPATHY HAS LONG BEEN CONSIDERED as an alternative or nonconventional therapy and, for many years, it was even regarded as opposed to orthodox medicine. Nowadays, homoeopathy is seen frequently as a complementary therapy to orthodox medicine – a trend of the last decades of the twentieth century. Homoeopathic doctors expected this complementarity with orthodox medicine to confer recognition upon homoeopathy but, in reality, this has yet to occur. Thus, does the fact that homoeopathy is seen as complementary to orthodox medicine imply, at the same time, the subordination of homoeopathy to allopathy? To answer that question the term 'gender' will be used as it has evolved in the debate about the position of women in society. In the man–woman relationship, the man was regarded for a long time as the head, responsible for the income of the household, and the work of the woman was seen as complementary to that of her male partner. At first, the differences are registered mainly in the context of the family, where the activities of men and women are seen as complementing rather than competing with one another. The jobs typically done by men and women were later transferred to the field of paid labour, and this happened in the context of a tendency to reflect the mutually complementary relations between the genders. This differentiated allocation of activities gives rise to a division of the labour market that allocates to women activities that are less important, call for less expertise and command lower wages.[3] Transferred to homoeopathy or alternative therapies, this means that the terms 'alternative' and particularly 'complementary', as applied to therapies, lead by association to such therapies being assigned a subordinate position vis-à-vis allopathy. The antagonism that still exists between homoeopathy and allopathy should also be looked at critically. The two therapies are usually analysed from

a bipolarising, mutually antagonistic viewpoint. It is proposed, therefore, to stand back from this viewpoint and to distinguish and stress the complementary aspects of the relationship between the various therapeutic alternatives on the basis of what, in this context, are new terms such as 'interaction' and 'mediation'.

'Interaction' means that individual elements come together to form a whole, thereby undergoing combination.[4] This can only happen on the basis of communication between the elements concerned. Thus, by representing interaction in the relationship between homoeopaths and allopaths, the dependent position of homoeopaths can be abandoned, with the latter obliged to follow the guidelines of orthodox medicine. This paper suggests that the relationship should be recast in such a way that the paradigms of action of the two therapeutic alternatives are placed in a single dynamic, reciprocally corresponding context. The process should take account not only of the common goals of those therapeutic alternatives but also of the means and methods that such therapies employ. Orthodox medicine built up its recognition by the state and by society through the nineteenth century and, in the twentieth century, the development of medical technology further confirmed its status. As a result, allopathy has been able to attain a position of hegemony in the medical world. Even though homoeopathy was acknowledged as a separate medical discipline in Brazil in 1980,[5] receiving official recognition from the Federal Council of Medicine, it has yet to be accorded any scientific acknowledgement by orthodox medicine since it still has no place in the medical courses run by the universities.[6] Moreover, because of its (not exclusively!) empirical nature, homoeopathy has difficulty in providing scientific proof of its method of producing remedies and of how those remedies work in terms that are acceptable to orthodox medicine.[7] Part of this problem is the classification of the various ways in which these therapies have become 'authorised'. First, politico-institutional authorisation, which is governed by institutions, by how doctors practise their profession and by health departments. Secondly, the kind of authorisation that is defined by the scientific sphere and that determines the current status of homoeopathy at universities. Thirdly, the social authorisation that society defines through the demand for homoeopathic treatment. Since the 1980s, Brazil has seen a significant development in the first kind of authorisation, achieved as a result of the recognition of homoeopathy as a separate medical discipline and the rapid growth that has occurred in the area of training for homoeopathic doctors in many specialist courses. Despite the fact that such courses still inevitably meet with reservations in academic and general scientific circles, they have

received politico-institutional authorisation. At the same time, as a result of the growing demand for homoeopathic treatment, there is increasing social authorisation. Alternative medical therapies and orthodox medicine remain divided to this day; they are still regarded either as conflicting or as alternative or complementary therapies. The terms 'complementary' and 'alternative', as applied to therapies, are both capable of implying a degree of subordination. Because of the power of scientific medicine, homoeopathy is seen and represented either in a bipolar way or as a different kind of therapy that is not placed specifically within the field of orthodox medicine. However, there is also, recognisably, a certain amount of integration in connection with alternative medical therapies.[8] The historical perspective provided by Robert Jütte has made it possible 'to see underlying structures and common features of alternative modes of healing that cannot be seen clearly from close up.'[9]

If the term 'field', as used by Pierre Bourdieu, is taken and then all therapeutic alternatives are placed together, some progress may be made. Bourdieu's theory defines this term as follows: '... the space can also be described as a field of forces: in other words, as a set of objective power relations imposed on all those who enter this field, relations that are not reducible to the intentions of individual agents or even to direct interactions between agents.'[10] Various authors have taken up this term of Bourdieu and defined it more precisely. 'Fields are at all times a system of objective relations of power between social positions which correspond to a system of objective relations between symbolic points.'[11] Rather than see such therapies as homoeopathy, acupuncture, phytotherapy, etc. as alternative or complementary therapies to orthodox medicine, it is necessary to reflect on the role of therapeutic alternatives to allow for the various possibilities of treatment and cure available in Western society. This will lead to a new way of looking at therapeutic alternatives based on the interaction of all therapies to give patients access to all the modes of healing on offer. Adopting this new viewpoint, all medical therapies (including orthodox medicine) are brought together because they all pursue simultaneously a common goal: healing their patients or consumers. Allopathy is placed in the same context as the other modes of healing and regarded as one among many therapeutic possibilities. As a result of this new way of looking at therapeutic alternatives, the hierarchy governing all existing therapies is theoretically done away with in such a way that those therapies are no longer assigned a subordinate role. In consequence, the term 'therapeutic alternatives' embraces all existing therapeutic possibilities available on the market in the West. Despite this rejection of a hierarchy seeking to

place all therapies in a fixed order, therapies should be seen, because of their differences in status, in terms of their politico-institutional and social authorisation, as being of different kinds in order to take proper account of the development of the professional standards of homoeopathic doctors and the growing demand for homoeopathic treatment. The propagation of quite different therapeutic alternatives is the clear tendency of a demand for new medical possibilities that is very much a late twentieth-century phenomenon. Assuming that an ever-increasing role is played by social authorisation as a result of the growing numbers of homoeopathic patients, the term 'patient of homoeopathy' also needs to be defined. Here, a meaningful approach would seem to be to analyse the doctor–patient relationship in homoeopathy in the context of the term 'interaction'. How, then, should 'patient of homoeopathy' be defined? Can such a patient be described in precisely the same way as a 'patient of orthodox medicine'? What proportions of activity and passivity characterise patients of homoeopathy and orthodox medicine respectively? These are the questions the survey focused on. A qualitative change in the doctor–patient relationship needs to be thought about if justice is to be done to the increased awareness that patients bring to their own organisms. That change includes a heightened qualitative relationship between doctor and patient. This is not only because of the level of training of homoeopathic doctors or because of certain aspects of homoeopathic treatment, though these also play a role; what is important here is that the change in the behaviour of the patient who has opted for homoeopathy may possibly be the stance deliberately adopted by a proactive patient who, through contemplating his/her own organism, arrives at a better knowledge of him/herself.

## Empirical Survey of Patients of Homoeopathy in the City of Curitiba

### *Objective*

THE FORMULATION OF THESE NEW TERMS is based on an empirical survey carried out in Curitiba (population, c.1.6 million), the capital of Paraná state, between October 1998 and March 1999. This took the form of a poll of patients in private homoeopathic practices. Hitherto, homoeopathy has been studied more from the standpoint of the homoeopathic doctor than from that of the doctor's patients. What did patients think about homoeopathy? Why had patients chosen homoeopathy and how much did they know about it? The survey was able to establish beyond any doubt

that patients had chosen homoeopathy knowingly; in fact, patients were even able to formulate a definition of homoeopathy. A profile of patients from Curitiba was established, using the data collected, in order to furnish a provisional pattern, though one which is not necessarily transferable to other parts of Brazil or to other countries.

*Method*[12]

Using the list[13] of a total of 122 homoeopathic doctors in the city of Curatiba, a random sample of 30 homoeopathic doctors was selected. These doctors were given 10 questionnaires each, making 300 questionnaires altogether. Their practice assistants were asked to hand out the forms to patients aged 14 or over before or after treatment. Patients were to be told about the aims of the survey and the fact that it was anonymous. To preserve anonymity, secretaries were asked to place each questionnaire in an envelope immediately. The form comprised 22 different questions. Often the questions were very open in order to enable not only quantitative but also qualitative data to be gathered. Two hundred questionnaires were returned, giving the field study a response rate of around 67 per cent. The questionnaire begins with seven questions about the patient's general characteristics: gender, age, education, occupation, marital status, family income and religion. The other questions concern homoeopathy, health insurance or treatment plan (homoeopathic treatment paid for or not paid for), and the patient's definition and assessment of homoeopathy. Patients were also asked about the attitude of homoeopathic patients to other alternative therapies such as acupuncture, phytotherapy, Bach flower remedies and chiropractice.

*Socio-Demographic Characteristics*

A very large number of women (82 per cent) turn to homoeopathy. Most of them (35 per cent) belong to the 31–40 age group. When the next age group (41–50) is included, the figure rises to 52 per cent. Most women (49 per cent) are married. Female consumers of homoeopathy at college or university total 56 per cent, most of whom come from higher income families: 35 per cent said they had access to family incomes of between 10 and 20 times the minimum wage,[14] while for a further 35 per cent family income was in excess of 20 times the minimum wage. Over two thirds had more than 10 times the minimum wage at their disposal. For 19 per cent of female patients, schooling had ceased after the secondary stage. A total of 47 per cent of patients were Catholic. In second place was spiritualism with

12 per cent. Most patients are practising believers. Protestants, Lutherans, Adventists and Methodists were also represented but accounted for only 8 per cent altogether. Twenty-four per cent of patients polled described themselves as having 'no religion'. Occupations were divided into groups, following the tax office classification. Accordingly, it can be established that most patients belong to the group referred to as 'employees in scientific, technical, artistic, and similar occupations'.[15] Such occupations generally require a university degree, which explains the large percentage of patients with high incomes. The survey data show that 34 per cent of patients were in employment, with 26 per cent self-employed. The remaining patients polled were students, housewives, or persons who gave no details of their occupation. Persons in employment included engineers, psychologists, doctors, various employees in the business field, bank staff, teachers, social/education workers and secretaries.

*Opting for Homoeopathic Treatment*

Nearly half of patients (48 per cent) had been receiving homoeopathic treatment for anything between a few months and five years. Of these, 20 per cent had only been receiving homoeopathic treatment for about a year. Twenty-two per cent of patients had already been in receipt of homoeopathic treatment for more than 10 years; a total of 34 per cent of patients had been in treatment for between six and nine years. These extended periods of treatment explain how well informed were the patients interviewed regarding what homoeopathy represents in contrast to or as a supplement to allopathy. The length of time patients had been treated by the particular doctor at whose practice they were interviewed was in 56 per cent of cases between a few months and, for example, two years. The majority had been treated for only a short time. The other extreme case, of patients belonging to the group with periods of treatment between five and 10 years, accounted for 21 per cent of patients interviewed. Thirty-three per cent of interviewees clearly opted for the homoeopathic form of therapy for the whole family. A further 17 per cent gave this as their answer with respect to two thirds of the family. An initial assumption had been that this statistical third member of the family who refused to accept homoeopathic treatment would be the father, the majority of the persons interviewed being women. However, closer inspection revealed that that figure of 17 per cent also included a number of men, with the result that the assumption could not be proved. It is clear in any event, if the 17 per cent are added to the 33 per cent mentioned above, that in the case of 50 per cent of

the patients interviewed most members of the family accept homoeopathy. In this survey, 19 per cent of patients had had homoeopathic treatment since childhood and 6 per cent of these since birth. Over half (53 per cent) of those interviewed said that the homoeopathic doctor was their family doctor. Forty-three per cent indicated that he was not the family's confidential physician, and 3.5 per cent declined to answer the question. Paradoxically, some patients whose first visit to the practice this was or who had been having treatment from this doctor for only a few months already felt him to be their confidential physician and also regarded him as their family doctor.

*Insurance Background*

Brazil has a national health system providing the entire population with comprehensive care at all levels and in all areas. However, the system has its shortcomings and the so-called 'supplementary health care' offered by the private sector is permitted by law. Altogether, 82 per cent of patients, whether state or private, make use of this opportunity, but for only 46 per cent of patients was homoeopathic treatment paid for by their insurance companies. A total of 10 per cent of patients said they had no insurance. Remarkably, 50 per cent of patients paid for their homoeopathic treatment privately, despite being insured. This is explained by the fact that many patients wish to make their own choice of doctor. It follows that many homoeopathic patients do not accept the regulations governing the health system. They would rather choose for themselves, even if they have to pay for this out of their own pockets.

*Diseases Treated with the Aid of Homoeopathy and other so-called 'Alternative' Therapies*

The diseases that brought patients to homoeopathy were, for the most part, skin and respiratory disorders. The responses show clearly that homoeopathy was chosen because it takes into account not only physical but also psychological and emotional symptoms. It was the view of 15 per cent of patients that all diseases could be treated with the aid of homoeopathy, while 8 per cent said they only have themselves treated homoeopathically. In other words, 23 per cent of patients gave unqualified acceptance to homoeopathy. Diseases that in the view of other patients are not curable with the aid of homoeopathy were cancer and AIDS (17 per cent), cases requiring surgical intervention (12 per cent), and accidents and fractures (10 per cent). Altogether, 19 per cent of patients did not answer this

question, suggesting that for them homoeopathy has no limitations. On the whole, homoeopathic patients show great faith in this mode of healing, although some do make qualifications.

*Familiarity with Alternative Therapies*

Sixty-three per cent of patients used another therapeutic medium alongside their homoeopathic treatment, while 8 per cent of those polled did not answer this question. The fact that two thirds of patients undergo homoeopathic treatment in conjunction with other therapeutic alternatives shows that a certain parallelism of therapies is already in existence. The following other 'alternative' therapies are also known to the patients in the poll: acupuncture (57 per cent), Bach flower remedies (50 per cent), phytotherapy (41 per cent) and chiropractice (26 per cent). Percentages of previous use (mostly successful) were: acupuncture (25 per cent), Bach flower remedies (25 per cent), phytotherapy (18 per cent) chiropractice (9 per cent).

*How does the Patient Define Homoeopathy? A Qualitative Evaluation*

Under this question, patients were given the opportunity of formulating their own definition of homoeopathy. For the qualitative analysis of those definitions, the most important and most frequent formulations were allocated to groups illustrating the basic principles of homoeopathy. In first place was the definition that 'homoeopathy treats the whole person', meaning that homoeopathic treatment is directed not only at physical symptoms but also at emotional and psychological symptoms, with the patient being considered as a whole. Such ideas were expressed by 36 per cent of patients polled. They were often accompanied by the remark that the patient feels that the homoeopathic doctor sees him/her as a individual. Twenty-one per cent of patients gave no answer when asked to define homoeopathy. Here it should be mentioned that a number of patients were attending for homoeopathic treatment for the first time, which is why they were unable to express an opinion about homoeopathy. The aim of homoeopathy is to bring the individual into equilibrium. This view was expressed by 9 per cent of patients in their definition of homoeopathy. Equilibrium in this connection was characterised either as physical, mental and emotional, or as body–mind feelings; the phrase 'balance of energy' was also used. Another definition should be highlighted because it talks about the properties of homoeopathy that Samuel Hahnemann defined all those years ago: 'homoeopathy is a slow method but a permanent,

effective, and safe one.' This was a sentiment expressed by 2.5 per cent of patients. Several patients contributed original definitions. One 42-year-old (female) psychologist who belongs to the family income group of between five and 10 times the minimum wage and has been receiving homoeopathic treatment for a year said that homoeopathy is 'a type of medicine that sees the individual as a whole (it does not treat in parts: stomach ache or a respiratory problem); that attributes a certain importance to the emotional side of patients.' A biologist (also female) with a family income of more than 20 times the minimum wage, a homoeopathic patient for more than 17 years, put it this way: 'I believe in a holistic definition of the world in which the human being is understood as a creature. I cannot restrict myself to one organ or one part if I wish to understand the human being. The Cartesian view of humanity does not produce a balance as the basis of life. Looking for such a balance of body and mind, homoeopathy gives rise to this holistic view, with the result that a healthy, active life becomes possible.' In these two definitions the direction of homoeopathic treatment comes across clearly as one in which the patient is seen in terms of his/her physical, emotional and psychological aspects. These two patients thus view homoeopathy as a therapy that treats the whole human being. Refusing to limit homoeopathic treatment to its understanding of a single organ or part of the body, they see homoeopathy as understanding the person as an entity. In the second definition, the patient seeks to find health by looking for a balance between body and mind. Her words make clear that the term 'health' is understood as a recovery of the organism's equilibrium.

Five further definitions likewise give expression to ideas of treating the individual as a whole, on top of which they also touch on the causes of disease. Homoeopathy is seen as a separate medical discipline, and its side effects are rated as slight; in fact, the latter is considered a major advantage of this form of therapy. The first patient (again female) is 24 years old, single, a biochemical pharmacist who belongs to the group enjoying a family income more than 20 times the minimum wage; she has been receiving homoeopathic treatment for some two years only. Her definition is: 'Homoeopathy is a type of medicine that treats the individual as a whole and takes account of the psychological side of the patient as well as the physical side. It is a natural form of therapy with less side effects; it is used as a method for every type of disease. I say this because I am a patient and consumer of homoeopathy and through it have the feeling that my organism, in striving for physical and mental equilibrium, is exposed to fewer aggressions.' The second patient is a female teacher, 30 years old, married, with a family income between 10 and 20 times the minimum

wage; she has been receiving homoeopathic treatment for several months. She defines homoeopathy as 'a type of medicine that makes use of various elements to heal disease; it tries to see the person as a whole and the causes of disease as an imbalance of energy.' The third patient is a psychologist, 26, married; her family income lies between 10 and 20 times the minimum wage, and she has been in receipt of homoeopathic treatment for the past 11 months. Her definition: 'Homoeopathy was my choice of therapeutic avenue to health because it does not cure symptoms alone; it seeks solutions for the causes and for the attitude of mind that prompted those symptoms; the patient is sensitised in such a way as to be able to make a better assessment of his/her potential instead of being one of life's marionettes.' The last two patients in this group are both civil engineers, 54 and 53 years old respectively, married, each having a family income more than 20 times the minimum wage, both having had homoeopathic treatment since childhood. The first defines homoeopathy as 'a medicine that does not treat the illness only but the whole individual. It tries to reach the vital principle of each person, looking for that person's physical, mental, and emotional equilibrium. It is a medicine with the correct treatment without side effects and damage to the organism.' For the second patient 'the great advantages of homoeopathy as against all other allopathic treatments lie in the fact that it takes the entire scope of a person into consideration; as a system it is complete and indivisible, which is why it is able to combat the causes of disorders of the organism.' Each of these patients embodies a different way of looking at this global mode of healing: one speaks of a holistic view (the phrase used is 'the entire scope of a person'), the other of the fact that homoeopathy does not treat the causes of disease only but also the whole individual. Notice, by the way, that patients are described as consumers of homoeopathy. The very phrase that should be brought into the debate as a theoretical basis for a new way of looking at homoeopathic patients today is here employed in an interview.

Finally, one other patient's definition ought to be quoted. It was formulated by an agricultural engineer, 35 years of age, whose family income is between 10 and 20 times the minimum wage and who has been treated homoeopathically since the age of one: 'A system that uses positive and correct principles in regard to persons and specific situations. [The system] uses different concentrations of plant extracts, with treatment beginning with lower concentrations that are gradually increased. The resultant cure is not temporary but permanent. [The system] takes account of the emotional and also the psychological aspects of each patient. Treatment is personal. Allopathy regards all people and all metabolisms as the same. This is not

right!' Although it would have been more correct for this definition of homoeopathy to speak of potencies rather than 'concentrations of plant extracts', the holistic concept in personal homoeopathic treatment comes across clearly; the differences between homoeopathy and allopathy are also made clear.

*Homoeopathy: 'Alternative' Therapy or Specialist Field of Medicine?*

Analysing the answers to questions about the status of homoeopathy as a separate medical discipline recognised by Brazil's Federal Council of Medicine and as a field that the public regards as an alternative therapy throws light on the attitude of patients towards homoeopathy. Fifty-seven patients (i.e. 38 per cent of all those polled) replied that they considered homoeopathy an alternative therapy. By contrast, a further 112 patients (56 per cent) did not consider homoeopathy an alternative therapy but were aware that homoeopathy is recognised by the Federal Council of Medicine as a separate medical discipline. A further seven per cent of patients (i.e. 13 persons) did not answer the question. Remarkably, almost two thirds of patients no longer regard the concept of homoeopathy simply as an alternative medical treatment. The replies of 153 (76.5 per cent) of the 200 patients polled indicate that they are very well aware that homoeopathy is a separate medical discipline. A further 43 patients (21.5 per cent) did not know this. Four patients (two per cent) failed to answer the question. This appears to prove a very widespread state of awareness with regard to the current situation of homoeopathy in Brazil. The two questions alluded to above prompted some readily comprehensible, logical reflections by patients. It would have been expected that those patients who do not regard homoeopathy as an alternative therapy to be aware of its official status. Precisely this was the case: 82 per cent of those patients who do not regard homoeopathy as an alternative therapy knew about the recognition of homoeopathy by the Federal Council of Medicine, whereas of the patients who do regard it as an alternative therapy, only 69 per cent are aware that it is a recognised specialism. The relationship between knowledge of homoeopathy as a recognised separate medical discipline and the opinion that homoeopathy is a non-alternative therapy comes out clearly here. The conclusion is that it is ranked alongside a hegemonial allopathy as an alternative therapy.

## Conclusions

THE FIRST AND MOST IMPORTANT conclusion to be extracted from the empirical survey is this: patients possess highly concrete information about homoeopathy. This can be seen from their advanced level of awareness regarding the differences between homoeopathy and allopathy; it can also be seen from the way in which patients mention the therapeutic advantages and from the fact that, in their view, homoeopathy is able to help in each and every specific case. Surprisingly, this awareness was in evidence even in patients who had been receiving homoeopathy treatment for up to two years. This characterises the homoeopathic patient as a proactive consumer of homoeopathy – in other words, as a person who knows his/her own organism. That patient sees him/herself as a whole and blends physical, emotional, and psychological aspects together with a view to maintaining his/her organism in equilibrium.

The fact that most of the patients polled were women shows their concern for their children's and their own state of health. Here it should be stressed, once again, that these patients in the survey were making a sizeable financial investment with the intention of safeguarding the family's health – even where this meant a double investment, since they were already paying health insurance. When patients decide they have no faith in the homoeopathic doctors attached to their health insurance scheme, they prefer to seek treatment from an additional homoeopath whom they have to pay privately. The fact that a third of patients undergo their homoeopathic treatment in conjunction with other therapeutic alternatives shows that a parallelism of alternative therapies already exists.

The definitions of homoeopathy given by patients reflect a substantial level of knowledge. Most patients were aware that homoeopathy has already been recognised by the Federal Council of Medicine as a separate medical discipline, and those patients do not regard homoeopathy as an alternative therapy. The patients covered by the study can be said to have grasped the opportunity, seriously and at the same time, of expounding what they knew of homoeopathy.

It is possible to conclude from the findings of this empirical survey that these patients constitute an active potential that will be in a position to support further expansion in the social recognition of homoeopathy. In the history of Brazilian homoeopathy hitherto, homoeopathic doctors have seen their struggle as being the responsibility of their own professional group; only occasionally have they fought in conjunction with homoeopathic pharmacists. In today's context of globalisation, in which there is more and more talk of networking amongst people and groups, the conclusion can be

drawn that these patients of homoeopathy could become the future allies of homoeopathic doctors, both as regards a broadening of understanding about health and with the intention of drawing together the various existing therapeutic alternatives.

From this standpoint, the public health policy pursued by a democratic state should give citizens the right to make their own choice of so-called 'alternative' therapies.[16] Passive patients who are required to accept an 'official' therapy should no longer be expected, changing instead to an image of the proactive patient who, as a consumer, is in a position to choose. This will lead to a gradual change in the doctor–patient relationship and to an approach in which there are no 'alternative' therapies any more but only a number of different therapeutic alternatives, all of equal rank. Such a concept of medicine would bring together all the therapies available to our society.

## Notes

1 Carla Gullo and Cirene Pereira, 'De Volta á Inquisição: Conselho Federal de Medicina proíbe médicos de usar terapias alternativas e quer estudos para comprovà-las', *Revista Isto É* (1998), 1–4.

2 On the subject of patients and homoeopathy, see the findings of other empirical surveys, e.g. Ulrich Gregor Schultheiss and Thomas Schriever, *Warum gehen Patienten zum Arzt mit der Zusatzbezeichnung Homöopathie oder Naturheilverfahren?* (medical dissertation, Ulm, 1991).

3 Anita Brumer, 'O Sexo da ocupaçao', *Revista Brasiliera de Ciências Sociais*, 8 (1988), 3, 20–38. See also Karen Hausen, 'Frauenerwerbsfähigkeit und erwerbstätige Frauen. Anmerkungen zur historischen Forschung' in Gunilla-Friederike Budde (ed.), *Frauen arbeiten: weibliche Erwerbsfähigkeit in Ost- und Westdeutschland nach 1945* (Göttingen, 1997), 19–45.

4 Francis Balle, 'Communicação' in Raymond Boudon (ed.), *Tratado de Sociologia* (Rio de Janeiro, 1995), 561–93.

5 Resolution no. 998, issued by the Federal Council of Medicine in 1980. As a medical discipline, it was given the title 'Homoeopathic pharmacology and homoeopathic therapy'.

6 See Lore Fortes, 'Homöopathie auf dem Weg in das staatliche Gesundheitssystem: Brasilien' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 347.

7 See Jos Kleijnen, Paul Knipschild and Gerben ter Riet, 'Clinical Trials of Homoeopathy', *British Medical Journal* 302 (1991), 316–23.

8 See Wolfgang Schoene, 'Alternative *Medizinen und die Medizin*: Zum Kontrast ihrer sozialen Funktionsweise', *Medizin, Mensch und Gesellschaft*, 5 (1980), 228.

9 Robert Jütte, *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 15.

10 Pierre Bourdieu, *Language and Symbolic Power* (Oxford, 1997), 230. Pierre Bourdieu, *The Field of Cultural Production* (Oxford, 1993).

11 Cheleen Mahar, Richard Harker and Chris Wilkes (eds.), *An Introduction to the Work of Pierre Bourdieu* (London, 1990), 8.

12 The field study in Curitiba was carried out under the direction of Dr Ipojucan Fraiz. The person responsible for the second phase of evaluating the data was the sociologist Lore Fortes. The final version of the text was a joint effort.

13 The list was organised with the help of two associations: *Associaçao Médica Homeopática do Paraná* and *Associaçao Paranaense de Farmácias Homeopáticas*.

14 The minimum wage at the time of the field study was R$ 130, corresponding to approx. US$ 100.

15 Tax office questionnaire: 'Formulário para imposto de renda – pessoa fisica', *Receita Federal* (1999), 28.

16 See Madel T. da Luz, *A Arte de curar versus a ciência das doenças: história social da homeopatia no Brasil* (São Paulo, 1996), p.293.

# Patients and Homoeopathy: an Overview of Sociological Literature

*Gunnar Stollberg*



THIS PAPER IS DIVIDED into three parts. First, an overview of the sociology of the doctor–patient relationship in general; secondly the sociology of homoeopathy as a heterodox form of medicine and as an element of medical pluralism; and thirdly some sociological views on patients in homoeopathy. The general thesis is that the homoeopathic doctor–patient relationship may be characterised both as being premodern, and being postmodern; as being an order characterised by partial expertise of the patient, and by longer patients' accounts.

## Sociology of the Doctor–Patient Relationship

THE QUANTITATIVE ASPECT OF HOMOEOPATHY in Germany demonstrates that it is regularly practised by some 16,000 physicians. The professional organisation, the *Zentralverein homöopathischer Ärzte*, comprises some 3,000 members. Homoeopathy is the medical heterodoxy most frequently used in Germany. It is not the intention to give a quantitative sociology of homoeopathic patients, or to outline their numbers, their social structure and their sex in relation to biomedical patients etc., but rather to reflect upon the ways sociologists and historians perceive the doctor–patient relationship in its historical and its current forms.

The doctor–patient relationship is a classical topic of medical

sociology but the centrality of this relationship is no more than some hundred years old. Previously, a medical pluralism consisting of different healers can be found. As a 70-year-old German journalist put it in 1878: '51 (doctors) treated me ... up to now ... I do not count the sympathetics, magnetisers, magic healers, well-informed shepherds, and the old wives.'[1] This medical pluralism still exists and homoeopathy forms part of it. But the elements of this pluralism have changed and the doctor–patient relationship has become central. These processes form part of the medicalisation of society, which was a central topic of historiography in the 1980s.[2] Learned doctors were successful in establishing their 'jurisdiction'[3] in the field of health and illness; based on scientific knowledge and supported by the state, they could make their way from a learned state to a modern profession and, thus, extend their power in society. The centrality of the doctor–patient relationship formed part of medicalisation. Starting from the educated middle classes, learned doctors were accepted as experts in all questions of health and illness reaching its peak in the decades after the Second World War. The structure of consultation in this period may be classed as, first, limited to an impatient and abbreviated style of history-taking and, secondly, cursory attention to physical examination while giving painstaking attention to laboratory data and diagnostic imaging.[4] Shorter called this period 'post-modern' by contrasting it with the 'modern' nineteenth century. This period will be called 'modern', by contrasting it with the last three decades of the twentieth century, which have been conceptualised as a period of postmodernism and postindustrialism in Western countries.[5] The 'modern' role of the patient will be juxtaposed with the 'post-modern' one.

First, the modern patient differed from that of the early nineteenth century in not being the dominant part in the doctor–patient relationship. Patients, in about 1800, formed the dominant part in the medical patronage system.[6] Doctors were integrated into a form of public structure by the everyday life of their patients; there was a triangle shaped by the patient, her/his public and the doctor. Medical knowledge was shared by all members of the educated classes, whether medically trained or not. Learned doctors and other healers were consulted in a parallel manner; this parallelism was not an act of patients' counterculture.[7] Secondly, the homoeopathic consultation did not undergo many changes on its way to modernity. Shorter characterised the structure of 'traditional' consultation at the beginning of the nineteenth century where the traditional doctor (1) did fairly well in history-taking; (2) virtually omitted any kind of clinical investigation, in the sense of observing and examining the patient; and (3) had almost no sense of differential diagnosis.[8]

In biomedicine, all these things changed during the course of the nineteenth century. The role of the patient in the 'modern' period was outlined by Parsons[9] in a classical manner. He placed the doctor–patient relationship in the centre of medical sociology. This relationship was formed by two complementary roles. The achievement role was to be played by the doctor, and was characterised by scientific knowledge, by emotional neutrality etc. The complementary role to be played by the patient was characterised by the obligation to want to regain his/her health, in order to be able to fulfil functional roles in all other social systems. Therefore, the patient was obliged to be compliant, and to trust his/her doctor.[10] Parsons' conception of the doctor–patient relationship was adopted by subsequent historiography. The progress of medical knowledge, practices and techniques was said to have enabled the doctors to detach themselves from the patients' control.[11] Parsons' medical sociology was criticised by Freidson, who differentiated between various patterns of doctor–patient interaction: in paediatrics and in surgery, the active doctor controls the passive patient (paediatricians and beauty surgeons certainly will see this point differently); interior medicine and the practice of general practitioners run a model of leadership and co-operation; in psychotherapy, in rehabilitation and in the treatment of chronic diseases mutual participation is necessary.[12] Neither Parsons nor Freidson extended their analyses to homoeopathy.

A number of sociological and linguistic studies performed in the 1970s and 1980s were dedicated to verbal communication between doctors and patients. The medical round in hospitals was analysed as a structural conflict between doctors and patients. The patients preferred to talk to their doctor, while the doctor preferred a bodily examination.[13] Doctors played their roles as primary speakers; they conducted longer explanations, asked questions, interrupted their patients etc.[14] Similar results were found in communications taking place in intensive care units.[15] A negotiated order instead of a hierarchical order was recommended to improve doctor–patient communication.[16] Mishler[17] differentiated between a voice of medicine which was decontextualised and performed by the physician, and a voice of the life-world, performed by the patient and based upon biographical experience. He was criticised by Atkinson,[18] who identified various voices performed also by doctors, one of personal experience, one of journal science, etc. Thus the dichotomic view of doctors and patients became replaced by a differentiated one.

In contrast to the thesis of the doctors' dominance, patients do influence medicine. Medical definitions of certain diseases, mostly psychiatric ones, have been advanced by medical lay persons. One example

is the post-traumatic stress disorder. Veterans of the Vietnam war co-operated successfully with sympathetic health professionals in defining this syndrome as a disease.[19] Another example is the sudden infant death syndrome. Parents of children who had died from this phenomenon, co-operated with medical moral entrepreneurs.[20] Homosexuality was removed from the American medical index under the influence of the gay movement.[21] A second form of patients' influence on medical expertise is the lay referral system.[22] Most medical consultations confirmed the patients' view.[23] Thus, Tuckett *et al.* characterised biomedical doctor–patient consultations as 'meetings between experts'. Willems analysed the communications between a specialist in lung diseases, a general practitioner and their patient with the following result: 'What happens ... is a modification of the division of knowledge and skills between physicians and patients. A clear division between their seemingly fundamentally different competences becomes more and more fractal.'[24] The linguist Gülich analysed communications between medical experts and patients with similar results: 'The analysis of empirically ascertained data from authentic situations of communication renders terms like "expert" and "lay person" relative in a double sense: first it becomes clear that also lay persons can impart special knowledge to experts ...; secondly it is evident that the way in which the roles of experts and non-experts are constituted in interaction, is important for communication.'[25]

Giddens saw that globalisation and de-traditionalising influences allowed many aspects of (post-)modern everyday life to be invaded by expert systems of knowledge. But this invasion intertwines with 'reflexivity', and medicine is characterised especially by a lay scepticism, which does not subvert trust, but makes it active:

> All forms of expertise presume active trust, since every claim to authority is made alongside those of other authorities, and experts themselves often disagree with one another ... The prestige of science itself, so central to earlier phases of the development of modern institutions, becomes subverted by that very scepticism which is the motor of the scientific enterprise ... A person with health problems ... might still turn first of all to the sphere of orthodox science and medical technology to resolve them ... Against a backdrop of active trust mechanisms, however, the choice might very well be to get a second or third opinion. Outside orthodox medicine a host of alternative treatments and therapies vie for attention ...[26]

Thus, more recent studies no longer see a dichotomy between doctors and patients, as outlined by Parsons. The patients' knowledge can best be characterised by Alfred Schütz's (1899–1959) ideal type of the well-

informed citizen. Schütz made a distinction between three types of social distribution of knowledge: that of the expert; that of the man in the street, and an intermediate type, that of the well-informed citizen.

> The expert's knowledge is restricted to a limited field but therein it is clear and distinct ... The man on the street has a working knowledge of many fields which are not necessarily coherent with one another. His is a knowledge of recipes indicating how to bring forth in typical situations typical results by typical means ... [the well-informed] citizen stands between the ideal type of the expert and that of the man on the street ... To be well informed means to him to arrive at reasonably founded opinions in fields which as he knows are at least immediately of concern to him although not bearing upon his purpose at hand ... [He] considers himself perfectly qualified to decide who is a competent expert and even to make up his mind after having listened to opposing expert opinions.[27]

## Homoeopathy in Medical Pluralism

HOMOEOPATHY FORMS PART OF MEDICAL PLURALISM. This is true not only for the nineteenth century, but also today. What is medical pluralism? For the last hundred years, Western medical knowledge has spread worldwide. It is called academic medicine, because it is taught in universities, or biomedicine, because it uses biology and the natural sciences in general for reference. In addition, it has gained a dominant, but not exclusive, position in most countries of the third world. The medical pluralism consisting of Western biomedicine, American osteopathy and traditional Chinese medicine (TCM) on the island of Taiwan has been described by Kleinman.[28] Such a pluralism exists also in Germany. Biomedicine, folk medicine, homoeopathy and naturopathy formed its elements at the end of nineteenth century. Anthroposophical medicine was added after the First World War, while folk medicine declined. More recently, medical knowledge like acupuncture and Ayurveda spread from the Far East to the United States and to Western Europe. Pharmacy, homoeopathy, naturopathy and anthroposophical medicine were recognised by German law as 'special schools of therapeutic thought' (*besondere Therapierichtungen*) in 1976. A poly-referential structure of recognising drugs was established. Homoeopathic pharmaceuticals are not tested in double-blind, randomised studies, but are authorised by a committee of doctors engaged in homoeopathy.[29] Homoeopathy is practised not only by non-medically qualified personnel, but also by medical doctors. And these doctors can take courses in homoeopathy which are recognised by the German Medical Association (*Bundesärztekammer*).

Homoeopathy differs from biomedicine. The dynamism of the *simile*, the concept of potentisation, is incompatible with biomedical knowledge. Yet, in Hahnemann's (1755–1843) time his medical concept was not too far away from academic concepts. Georg Ernst Stahl (1650–1734) taught that the soul was the dynamic force in human beings; Paul-Joseph Barthez (1734–1806) assumed a principle of life moved the organs; Christoph Wilhelm Hufeland (1762–1836) conceptualised illness as resulting from various stimuli irritating the human vital force. Homoeopathy became a heterodoxy when academic medicine shifted its references from philosophy to natural sciences, while homoeopathy did not. Some additions were made to Hahnemann's concepts, such as Hering's (1800–80) rule[30] or Vithoulkas's cybernetic mechanism of defence.[31] But the Hahnemann core of homoeopathic concepts did not change. Homoeopathy did not change in a changing world of biomedicine, where iatrotechnical and biocybernetic concepts became prevalent.[32] Thus, it was excluded from 'normal' science, from biomedicine. Today, it forms part of a body of medical knowledge and practices which are called 'alternative' or 'complementary'. The term 'alternative' went out of fashion, when social movements such as women's liberation, the ecological and the peace movements became integrated into social organisations, including political parties, and when some of their demands became integrated into everyday life. The term 'complementary' refers to an empirical question, whether these forms of medicine are used in a complementary manner to biomedicine. Thus, the non-biomedical forms of medical knowledge are better referred to as 'heterodox'. This term is often used by English social anthropologists. In sociology, it may be ennobled by being traced back to Bourdieu. This knowledge has doctrines of its own, which are opposed by biomedicine. The homoeopathic doctrine is somewhat 'old-fashioned'. Are the patients also 'old-fashioned'?

## Sociology of the Heterodox and Homoeopathic Patient

AN OLD-FASHIONED FORM OF MEDICINE is folk medicine. It can be defined by: (1) the notion of transmission and the notion of tradition associated with it; (2) the intervention of oral culture; and (3) the marginalised situation of folk culture.[33] While this folk medicine flourishes in the countryside and in medically under-served areas, this is not true for other forms of heterodox medicine for 'where conventional medicine increases its coverage, complementary medicine follows suit'.[34] Empirical studies on patients of heterodox therapists were published in Britain, the USA, the Netherlands and Australia which have been synthesised by

Fuller.[35] Heterodox patients were 'predominantly young to middle-aged'. They appeared to come 'from all social classes.' However, there were more patients from professional, managerial, technical, business and academic backgrounds than from other backgrounds. 'They are also likely to be more highly educated than [biomedical] doctors' patients ... Nearly two thirds of the patients are women, much the same distribution as doctors' patients.'[36]

Sharma[37] found three types of users of heterodox medicine: the experimental or eclectic user, the stable and regular user of one form of alternative medicine, and the 'restricted' user of one form of alternative medicine for a single illness. Generally, 'smart users' of heterodox medicine are said to increase in number.[38] They come close to Sharma's type of eclectic user. There are patients following an 'alternative medical ideology', on the one hand, found especially among AIDS patients and, on the other hand, those following spiritual healers. This is also true among acupuncture patients.[39] Elder *et al.*[40] reported on a group of users who denied the use of pills or surgery, in general, while others used heterodox and biomedicine in pragmatic and complementary ways.[41] Two studies found acupuncture patients adhering more closely to anti-biomedical ideologies,[42] while homoeopathic patients did not differ from others in this point. This is a surprising result, which Furnham *et al.*[43] explained by the fact that the homoeopathic patients who had been questioned were out-patients of the Royal Homoeopathic Hospital. This hospital is part of the National Health Service, and maybe the patients did not specially select it as a provider of medical care.

Studies which focus on homoeopathic patients will now be outlined. Furnham and Smith found that 'two groups of patients, one visiting a G[eneral] P[ractitioner] and the other a homoeopath, were not significantly different in terms of sex, age, education, marital status, religion and income.' But 'the homoeopathic group were much more critical and sceptical about the efficacy of traditional medicine ... (They did so) from disenchantment with, and bad experiences of, traditional medical practitioners, rather than believing that traditional is itself ineffective.'[44] This particular disenchantment of homoeopathic patients with biomedicine was corroborated by Vincent and Furnham.[45] Biomedicine is called 'traditional' whereby prompting the question whether the authors imply that homoeopathy is more modern? Furnham and Smith enquired into the characteristics of homoeopathic patients. May and Sirur put the question the other way round. They explored the ways in which medically qualified practitioners employed homoeopathic treatments in their everyday work

within the British National Health Service. They found some significant aspects for the sociology of homoeopathic patients:

> The profession now recognises much minor illness and chronic health problems (low back pain and other musculoskeletal problems; undifferentiated syndromes and fatigue), in terms of psychological rather than somatic categories. The homoeopathic consultation, with its detailed account of the 'personality' of the patient, offered a means of recovering not only the patient's authentic self to medicine, but also detailing more precisely the connections between somatic and psychological problems.[46]

These results concerning the illnesses for which homoeopathy is seen to be efficient correspond to other data outlining the use of heterodox medicine.[47] The second point made by May and Sirur is the special character of the homoeopathic consultation. This is corroborated by an empirical study by Fairclough, who distinguished between a biomedical type of medical interview, which is characterised by cycles of question by the doctor, answer by the patient, judgement by the doctor, and a heterodox type, where the patient speaks for a long time.[48] This comes close to Shorter's 'traditional' form of medical consultation.

Scott published a study on 'homoeopathy as a feminist form of medicine'. She interviewed British non-medically qualified female homoeopaths and saw the feminist character of homoeopathy. 'Homoeopaths, and particularly feminist homoepaths, have begun creating a "holistic" system of medicine which addresses the problem of [biomedical] ontological dualism [of body and soul].'[49] Commenting upon this holism Scott found 'a complex medicalisation/demedicalisation movement at work within the alternative ... therapies. While their tendency to shift power and responsibility from the practitioner to the patient is demedicalising, their tendency to bring all of social life within the medical domain can be profoundly medicalising.'[50] Armstrong had argued about this dualism between medicalisation and demedicalisation. From a Foucauldian perspective, he interpreted the integration of patients' accounts into medical work as a new medical perspective. While the perspective analysed by Foucault had made the sick man disappear from medical cosmology about 1800,[51] the sick person re-entered biomedicine after the Second World War. This new perspective completed medicalisation.[52]

## Conclusion

THE HOMOEOPATHIC DOCTOR–PATIENT RELATIONSHIP is both traditional and postmodern. Patients played an active role in the client-dominated medicine about 1800 as their account formed an important part of medical consultation, not only in homoeopathy. With the development of hospital and laboratory medicine the importance of these accounts was replaced by medical data produced by artefacts. The patients' role became passive and merely complementary to the doctors' role. Today, this medicalised role is criticised widely as even biomedical authors demand patients' activities and responsibility. These are elements of the postmodern patients' role, which corresponds in some way to the traditional and the modern role of the homoeopathic patient.

## Notes

1 Friedrich Oetker, *Lebenserinnerungen* (2 vols., Stuttgart, 1878), I, 31.

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

*Bernard Leary*



## Introduction

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

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

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

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

## The First Patients

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

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

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

Twenty years later there were over 50 homoeopathic doctors in

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

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

## Working-Class Patients

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

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

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

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

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

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

## Early Lay Support

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

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

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

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

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

## The Advent of Scientific Medicine

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

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

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

## The Change to Kentian Philosophy

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

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

## The British Homoeopathic Association

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

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

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

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

But there were still problems:

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

## Royal Patronage

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

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

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

> Doubtless you have seen the enclosed re [regarding] treatment of burns by tannic acid.
>
> Curiously enough, I met the King and he raised the question of burns in the Air Force. I gave His Majesty a copy of this report, and he mentioned that I ought to write to you about the efficiency of Urtica Urens in such conditions. It ought to be a simple matter to add some to the saline baths; at least the M.O. [Medical Officer] would be carrying out his orders and you would have control experiments. I assure you it does work, as I know from personal experience.
>
> One does not wish to be interfering, but at the same time, it is only fair to offer additional help.
>
> Best wishes, etc.
>
> Sir John Weir.[45]

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

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

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

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

With kind regards etc.,

Sir John Weir.[46]

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

## The Coming of the National Health Service

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

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

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

> That in order to ensure that this widespread demand from the public is met through the National Health Service they wished certain homoeopathic hospitals to be designated Teaching Hospitals under the Bill so that doctors specialising in homoeopathy may be trained ...
>
> The Minister in reply said he hoped the homoeopathic hospitals in general would come into the National Health Service scheme, and he would try and preserve their special character by making suitable appointments to Management Committees etc.
>
> He could not give any assurance as regard designating homoeopathic hospitals as teaching hospitals. It was not his function to determine what kind of training was to be given in teaching hospitals and University Authorities must come into the question. [50]

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

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

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

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

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

## Homoeopathic Groups

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

## Government Organisations

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

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

## Unorganised Patient Pressure

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

## Conclusion

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

## Notes

1 See *Bristol Homoeopathic Hospital. A Brief History* (Bristol, undated).

2 Edward Hamilton, *A Memoir of Dr Frederick Hervey Foster Quin, MD* (London, 1878), 94.

3 There appears to be some argument as to whether Graham, who did not complete his original training, later acquired an MD. The fifth Duke of Devonshire and his first wife were unsuccessful patients of his. The Duchess who Quin served was the Duke's second wife, formerly Lady Elisabeth Foster; see note 4.

4 *Journal of the 6th Duke of Devonshire*, Chatsworth Archive, unpublished.

5 He is known to have practised homoeopathy from 1823 until at least 1848.

6 Hamilton, *Memoir*, 76.

7 Hamilton, *Memoir*, 26.

8 Hamilton, *Memoir*, 31. Quin achieved a nil death rate in the epidemic at Tischnowitz in Moravia in 1831. He published a pamphlet on the subject in May 1832.

9 Hamilton, *Memoir*, 50–53, 96.

10 Lord Ronald Gower, *My Recollections* (London, 1883), II, 251–54.

11 Bernard Leary, 'The Homoeopathic Management of Cholera in the Nineteenth Century with Special Reference to the Epidemic in London in 1854', *Medizin Gesellschaft und Geschichte*, 16 (1998), 125–44.

12 As the younger son of a peer, Lord Robert Grosvenor had been entitled to the courtesy title 'Lord' although, technically, a commoner. By 1858 he had been created Baron Ebury in his own right.

13 Simpson was the Scottish obstetrician who introduced chloroform.

14 H. Wynn Thomas, 'The Dudgeon Cup', *British Homoeopathic Journal*, 39 (1949), 213–17.

15 It is impossible from the information available to determine the degree of duplication in the figures. They can only indicate approximate proportions of occupations of the residents in the area.

16 William Beaumont (1785–1853) observed many of the physiological changes in digestion through direct observation via a stoma resulting from a healed gun shot wound in a patient, Alexis St Martin. For a discussion of Curie's views see John Epps, *Homoeopathy and its Principles Explained* (London, 1850), Appendix.

17 Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London, 1988), 111 and n. 15.

18 *Homoeopathic Medical Directory* (London, 1853), p. 48. The English Homoeopathic Association was a mixed organisation of medical and lay members. Curie's medical society, the Hahnemann Medical Society, appears to have been confined to London.

19 The committee of the Association numbered some 20 persons some of whom were medical. Others were not shown as having a qualification but at least one was a doctor in training (C.T. Pearce who later became the Secretary of the EHA). The overall number of members of the Association is not known. See the *Homoeopathic Medical Directories* (London, 1853 and 1866).

20 *Proceedings of the British Homoeopathic Society* 5, 22 (1847), 529. The background to the split is outlined in the obituary of Dr P.F. Curie, *British Journal of Homoeopathy* 47 (1854), 160–66.

21 *Minutes of the British Homoeopathic Society* (1854) [manuscript, no page numbers].

22 The exact date is uncertain but it is not mentioned in the *Homoeopathic Medical Directory* (1866).

23 See *The Monthly Homoeopathic Review* (April 1886), 288 which gives the objects and rules of the League. In the edition for June 1886, 374, the medical staff of the Birmingham Homoeopathic Hospital stressed that this appeal to the public by means of the Tracts should be made by laymen. Note that throughout this paper the term 'lay' refers to patients and supporters and not to non-medically qualified practitioners. No. 1 gave the reasons for the establishment of the League; no. 2, 'What is Homoeopathy?'; no. 3 described the origins of homeopathy; and no. 4 recounted Hahnemann's achievments (*Monthly Homoeopathic Review* (2 August 1886), 494). Unfortunately, there is no record of the other tracts.

24 Those mentioned in homoeopathic literature were increasingly of the upper middle class rather than the aristocracy proper. For example, a new wing of the London Homoeopathic Hospital was named the Sir Henry Tyler Wing and the cornerstone was laid in 1909 by Sir George Truscott. Sir Henry Tyler (1827–1908) was chairman of a Canadian railway company; Sir George Wyatt Truscott owned a printing company. He became Lord Mayor of London and was created a baronet. Of the Wills family in Bristol (see note 1), George Wills (1854–1928) was knighted and William Henry Wills (1830–1911) was created a peer. See *Dictionary of Business Biography*, 5 (1984), 591, 841–45; *Burke's Peerage and Baronetage* (London, 1963), 2440 and Geoffrey Hamilton, *Queen Square* (London, 1926), 11.

25 The Italian and Alexandra hospitals were in Queen Square, opposite the LHH. University College Hospital, St Bartholomew's, the Euston Womens' Hospital and the Royal Free Hospital were all within easy reach. See map in the *Daily Mail*, 'London Hospitals Should Move, a map of the congested area', (27 November 1902).

26 *Annual Report of the London Homoeopathic Hospital* (London, 1899), 25. Perhaps five per cent were from outside the London area. See also the 300 volumes of clinical and administrative records of the London Homoeopathic Hospital (1889–1923) which contain references to patients coming from as far as Wigan in the North of England. Records for other hospitals are not available for comparison.

27 Christopher Lawrence, 'Physiological Apparatus in the Wellcome Museum, 2. The Dudgeon Sphygmograph and its Descendents', *Medical History* 23 (1979), 196–201.

28 'Leading Article', *Lancet* (19 August 1882), 281.

29 Margaret Tyler, 'A Scheme for the Advancement of Homoeopathy in this Country', *Homoeopathic World*, 43 (August 1908), 355–63.

30 One of the functions of this committee, which had responsibility for non-clinical aspects of the hospital, was to oversee admissions policy and to ensure that prospective patients were eligible under the rules.

31 Margaret Tyler, 'Advancement of Homoeopathy'.

32 Octavia Lewin, 'Cases Illustrating Constitutional Treatment', *British Journal of Homoeopathy* (1903), 131–39. Probably the first British homeopathic woman doctor, she allegedly studied under Kent in Chicago where she took her MD but her entry in the Medical Directory, which was regularly updated by her, never showed any qualification other than her original MB, BS.

33 The names Epps and Tyler occur repeatedly in *Annual Reports* and *Minute Books* of the London Homoeopathic Hospital and Newspaper reports of the time.

34 *Minutes of the 5th Annual Meeting of the Childrens' Homoeopathic Dispensary* (London, 1919), 2. This committee was mainly lay and included Colonel Clifton Brown, Sir George Truscott and others from the committees of the London Homoeopathic Hospital. The secretary was a doctor. Several of the medical staff of the London Homoeopathic Hospital supported the project although they were not committee members.

35 Dudley Wright, 'Experiences of Fifteen Months Work in a French War Hospital', *British Homoeopathic Journal*, 6 (1916), 233–56.

36 The British Committee sitting at the London Homoeopathic Hospital in conjunction with the French Red Cross Society (eds.), *The Anglo-French-American Hospital: an account of the work carried on under homoeopathic auspices during 1915–16 at the Hopital Militaire, Neuilly sur Seine* (1918).

37 *Minutes of the Inaugural Meeting of the British Homoeopathic Association* (London, 1902).

38 The relationship between lay and medical members was harmonious in the early years. In the period 1930–60, when there was greater involvement of non-medical practitioners in the Association, some friction did arise due to differing ideas about policy.

39 The BHA has wide powers defined to support research and teaching, to finance hospitals and other medical units and to support homeopathy in any other way. Prior to its amalgamation with the Homeopathic Trust in 2000, the Council had up to 25 members of whom only three could be medical.

40 *Homoeopathy, Its Extension by a 20th Century Fund* (1903), 1, John Weir Archive, uncatalogued, British Homoeopathic Association, London.

41 *Homoeopathy, Its Extension by a 20th Century Fund*, 3.

42 Although the Queen Mother takes no formal part in the running of the Association she expects to be kept informed and has, in the past, been present at events publicising homoeopathy.

43 John Weir Archive, uncatalogued, British Homoeopathic Association, London.

44 S.C. Rexford-Welch (ed.), *History of the Second World War: Royal Air Force Medical Services*, 1 (1954), Administration, 305.

45 John Weir Archive, uncatalogued, British Homoeopathic Association, London.

46 John Weir Archive, uncatalogued, British Homoeopathic Association, London.

47 The file of *Minutes of the RAF Sub-Committee on Burns* has not been preserved. One doctor who worked with MacIndoe denied any knowledge of such a trial. Advertisement failed to find anyone with knowledge of the trials. It is possible that although the remedies were provided they were not used.

48 See Zachary Cope (ed.), *History of the Second World War: Surgery* (1953), 312–20. Although this describes the management of burns, no mention is made of homeopathy.

49 Royal Archive, Windsor Castle, PS/GV1/PS 07265.

50 Official Report Issued by the Ministry of Health of The Deputation Sponsored by the British Homoeopathic Association Received By the Right Hon. Aneurin Bevan, MP, Minister of Health, on 27 June 1946, 1, London.

51 Report of the Deputation sponsored by the British Homoeopathic Association received by Mr J. Edwards, Parliamentary secretary to the Minister of Health on 3 March 1947, 1, London. Since the membership of the British Homoeopathic Society/Faculty of Homeopathy stayed between 200 and 250 throughout the century these figures must be suspect. The general medical profession totalled about 30,000 doctors.

52 Anon, *Homoeopathy*, 28 (1978), 40–41; Hilary Jenkins, late Chief Nursing Officer, London Homoeopathic Hospital, personal communication.

53 When Dr Margery Blackie, Weir's successor as Royal Physician, published a book about homoeopathy the Association dealt with 1,500 enquiries in a week. Every enquirer now receives an explanatory pamphlet, the journal and a doctor's list.

54 Bernard Leary, personal survey of 26 groups (1999), unpublished.

55 A. Chandola et al., 'Use of Complementary Therapies by Patients Attending Musculoskeletal Clinics', *Journal of the Royal Society of Medicine*, 92 (January 1999), 13–16.

56 *The Case for Homoeopathy in Faculty of Homoeopathy Resource Pack*, http://www.trusthomeopathy.org (2000) and, Galen Ives, 'The Blackie Memorial Lecture: Homeopathy versus orthodoxy, the current state of play', *British Homeopathic Journal*, 89 (January 2000), 17–25.

# The Public Face of Homoeopathy: Politics, the Public and Alternative Medicine in the United States, 1900–40

*Naomi Rogers*



In 1948 Philadelphia's Hahnemann Medical College, the last remaining homoeopathic school in the United States, celebrated its centennial. The keynote speaker for the celebrations was Joel Thompson Boone (1889–1974), a 1913 graduate and the most prominent homoeopath in the nation. Boone, a Navy officer, had fought in both world wars, won the Congressional Medal of Honor, been a physician at the White House, and was now medical director of the Veterans Administration, overseeing a nationwide system of government hospitals. In his speech, Boone admitted that he was not a strict homoeopath for 'over the years I have not limited my prescribing of drug therapy to drop dosage, the mediated pellet or the tablet triturate [but] I have prescribed the indicated remedy and the smallest dose that would produce a cure.'[1] Boone remarked that he knew of only two statues of physicians in Washington, DC: a monument to Benjamin Rush near the old Naval Hospital, and a statue of Samuel Hahnemann. 'Daily thousands pass this heroic figure as they go to and from their work or stroll in the Park area of Scott Circle,' Boone reflected; 'I wonder how many of the people who observe this figure of Hahnemann, depicted in studied mood, contemplating, as it were, the ills and infirmities of those who pass, know the greatness of this man! He was worthy to take his place among the figures of the Great who are sculptured in stone, copper or bronze.'[2]

The Hahnemann statue had been dedicated on 21 June 1900, four years before the Rush monument, during the fifty-sixth annual meeting of

the American Institute of Homeopathy (AIH), American homoeopaths' national organisation. 'Lay down your work for a few days and come to Washington, the Capital of your country', an AIH fund-raising committee had urged homoeopaths, 'when we will install the effigy of the founder of our faith.'[3] Hundreds of homoeopathic physicians and patients had sent contributions, most around $5 or $10, but three were over a thousand dollars: Mrs George Westinghouse, wife of the Pittsburgh industrialist; physician Nancy T. Williams (d. 1902) of Augusta, Maine, AIH second vice-president; and the AIH itself. A number of the donors were to play a prominent role in shaping homoeopathy in the new century. Charles Elmer Sawyer, physician to politician and later President Warren Harding, had donated $14; Hamilton Fisk Biggar (1839–1926), physician to industrialist John D. Rockefeller, $150; Julia Minerva Green (1871–1963), a recent graduate from Boston University's homoeopathic medical school who later established the American Foundation of Homeopathy, $2; and Royal Samuel Copeland, a homoeopathic ophthalmologist who would become mayor of Ann Arbor, Michigan, and later a US Senator, $27.[4]

The example of the Hahnemann monument in Washington, DC can stand as a starting point for my analysis of the public face of homoeopathy in America. In his 1948 speech, Joel Boone drew attention to the presence of President William B. McKinley (1843–1901) at the monument's dedication ceremony to highlight homoeopathy's former prestige in American life.[5] Boone made no reference to the chemo-therapeutic revolution convulsing American medicine in the 1940s, or to the upheavals at his own *alma mater*, on public probation by the American Medical Association (AMA) and in the process of jettisoning its trustees, administrators and faculty in favour of non-homoeopathic academic medicine. Like Boone, we must acknowledge the presence of the President at a ceremony honouring the founder of homoeopathy and ask about its political, social and cultural significance.

Patients are part of a larger public composed of those who used alternative care, whether as an exclusive or complementary practice, and of those who promoted its use. As voters, lobbyists and consumers, this public shaped both professional and patient expectations about healers, the body, disease and therapy. Thus, this study of American homoeopathy in the first three decades of last century will focus on interactions not just in hospitals and medical offices, but at city halls, state legislatures, and even the White House. Drawing attention to the remarkable prominence of homoeopaths in American public life allows a reconsideration of relationships between individual patients and individual practitioners through a wider perspective of crucial links among alternative healers, the public and the state.

## The Homoeopath in the White Coat

BY THE LATE NINETEENTH CENTURY orthodox physicians were urging the public to judge medical therapies not by creed but by affinity to the new German sciences, particularly clinical specialism and laboratory investigation. Science, as John Harley Warner has argued, was to be the 'ultimate arbiter' in the making of an 'egalitarian therapeutic ethic, cutting across artificial sectarian boundaries to judge all therapies objectively'.[6] The image of heroic 'men in white' at a hospital bed and a laboratory bench became a cultural icon, created and recreated in popular books and films, such as Sinclair Lewis's 1925 novel *Arrowsmith*, made into a Hollywood film in 1931.[7] Many American homoeopaths eagerly donned the white coat that promised professional equality and public respect. These 'New Homeopaths' fought against the popular tendency to see scientific medicine as the sole province of the regularly-trained physician.

The generation of homoeopaths who came of age in the 1880s and 1890s, reading front page stories of discoveries by Louis Pasteur and Robert Koch, saw themselves as part of this exciting new world.[8] They travelled to the research laboratories and state hospitals of Berlin, Munich and Vienna. Returning home as professional leaders, they tried to make homoeopathy as modern and scientific as possible, and founded national societies of eye, ear and throat specialists (1877), pediatricians (1880), surgeons and gynaecologists (1882), and obstetricians (1885).[9] It was difficult to maintain a balance between integrating the new sciences and retaining a commitment to a heritage that gave homoeopathy wider cultural validation, but the prospect of attracting a lay public entranced with new scientific discoveries helped to smooth the thorny path towards a modern scientific homoeopathy. In this competitive educational market orthodox and unorthodox schools recognised the value of making laboratory science a visible part of medical training, a movement pilloried by critics as those who 'talk of laboratories not because they appreciate their place or significance, but because it pays them to defer thus far to the spirit of the times'.[10]

Homoeopaths' public image as therapeutic experts made it difficult to establish homoeopathy as an alternative research field. Since the early 1880s, Boston homoeopath Walter Wesselhoeft (1838–1920) had proposed a national Association for Clinical Research but, although a few faculty members at the Boston, Philadelphia, New York and Michigan schools were engaged in such research, the Association did not materialise.[11] In 1902 a small group of staff at a homoeopathic hospital in Buffalo, New York, began publishing a clinical research journal entitled the *Homeopathic Journal of Pediatrics*, but it lasted only a year. Efforts to develop homoeopathic

research were further hindered by the policies of the Rockefeller Institute for Medical Research. In the early 1900s John D. Rockefeller's advisors had assured him that his new research institute would not discriminate against physicians of any school but, in fact, no homoeopaths were ever appointed there. In 1915 the Rockefeller Institute's refusal to participate in a scientific investigation of homoeopathic therapy to be jointly organised by the AMA and the AIH doomed the project, and the death in 1926 of homoeopath Hamilton Biggar, Rockefeller's personal physician, doomed any other prospect of gaining Rockefeller funding for homoeopathic research.[12]

'New Homeopaths' embraced not only the substance and structure of the new scientific medicine, but also its popular image. Students at Philadelphia's school, for example, ranked *Arrowsmith* as their most popular novel. The constant references to 'the ultra-scientific progress of the laboratory' by one senior student who was 'blind to anything external' convinced his peers that 'Max Gottlieb, the fiction-pathologist of *Arrowsmith*, was his prototype'.[13] Nor was the persona of the medical scientist seen as necessarily inimical to a homoeopathic identity. Another student, 'deeply interested in Homeopathy, and ... already recognized as a crack prescriber', was 'often called "Arrowsmith" by some of his pals' for, the editors of the student yearbook explained, 'the nick-name, though chosen in jest, is truly symbolic of John when it comes to his persistent perseverance in the pursuit of the higher levels of knowledge.'[14]

White-coated 'New Homeopaths' did not replace traditional 'high potency' homoeopaths. The 'classical homeopathy' writings of James Tyler Kent (1849–1916) and new editions of Samuel Hahnemann's translated works found a wide market. By 1920, for example, Robert Ellis Dudgeon's (1820–1904) translation of the fifth edition of the *Organon* was in its seventh printing, and in 1922 there was a new translation of the sixth edition of the *Organon* by California homoeopath William Boericke (1849–1929). Numerous editions of homoeopathic domestic manuals suggest that the lay public was also seeking homoeopathy as self-medication.[15]

## Homoeopaths and State Regulation 1900–20

IN THE 1890S AND 1900S REFORMERS at the municipal and state level began to expand government powers to regulate medical schools, hospitals and medical practice. This movement to use the state to reform medicine, part of an expanding popular belief in expertise and standardisation known as Progressive reform, did not, as some historians of American medicine have assumed, lead to a significant decline in alternative medicine. Indeed,

as studies of American anti-vivisection advocates, Christian Scientists, osteopaths and chiropractors have shown, regular physicians did not gain hegemonic control of health policy or the provision of medical care until at least the 1940s; and, even then, the AMA lost an antitrust case at the Supreme Court level in 1943.[16] Deciding who should legally be allowed to practice medicine and how their qualifications should be assessed remained highly controversial.[17]

New state licensing boards were supposed to judge applicants objectively – by ability not creed – but few homoeopaths – even those who shared reformers' scientific values – were convinced that regularly-trained examiners could judge homoeopathic candidates without sectarian bias. Homoeopathic societies, therefore, began organising 'legislative sub-committees' to report on proposed legislation.[18] In 1901 Frederick Halsey (1849–1922), president of the Boston Homeopathic Society, urged his members to give greater 'attention to politics, which we should do if we expect to influence legislation ... favoring us ... Politics is an unknown science to most of us and will bear better and closer study.'[19] As the result of lobbying, legislators established separate or mixed licensing boards, making sure that each major medical system (typically regular, homeopathic and Eclectic [botanic]) were formally represented and could examine candidates of their own school, either in every subject or in therapeutics alone. Indeed, a new nine-man examining board established by New York's state legislature in 1907 did not test candidates in therapeutics at all, but did demand that every applicant had graduated from a four-year medical college.[20]

The battles over whether and how healers should be licensed were not between homeopaths and regular physicians alone. Chiropractors and osteopaths fought for and achieved state licensing protection in the 1910s and 1920s; and Christian Science practitioners developed a sophisticated legal argument that, as a 'drug-less' system, they were exempt from medical practice laws. Homoeopaths sometimes joined regular physicians against other alternative groups in these licensing fights. In 1903, for example, New Jersey homoeopaths worked with regulars to oppose a licensing bill that would have recognised osteopathy.[21] Members of the lay public who defended such groups were depicted as 'ignorant' and a 'motley mob', especially by homoeopathic specialists and medical school faculty.[22] In the battle between the medical establishment and medical populism many homoeopaths chose medical orthodoxy.

A loose coalition of Christian Scientists, osteopaths, chiropractors and other critics of state regulation of medicine and healing began to articulate a newly invigorated medical populism over such issues as

vivisection, compulsory vaccination and licensing. In 1910, the Owens Bill, a proposal to set up a national health department, inspired the establishment of the League of Medical Freedom. Backed by patent medicine manufacturers and William Randolph Hearst's publishing empire, the League argued that the Owens Bill was designed by the AMA to create a government-sponsored 'medical trust'.[23]

The number of homoeopaths who joined the League is not known, although its journal *Medical Freedom* listed a number of homoeopaths including 'one prominent physician who seems to have been giving all his time in travelling up and down the country organising Leagues'.[24] The politics of homoeopath Jacob H. Gallinger (1837–1918), a Republican Senator from New Hampshire, appealed to both doctors and patients already suspicious of links between the AMA and the state. A fervent anti-vivisectionist, Gallinger attacked both the Owens Bill and the federal Children's Bureau which had been established in 1912 to improve maternal and infant mortality.[25] The group most suspicious of any role of government in medicine were homoeopaths and their patients in small, largely ethnic-German towns in rural Pennsylvania, Maryland and Ohio. Their *Homeopathic Recorder*, one of the few homoeopathic journals in this era which explicitly addressed lay readers as well as professionals, distrusted big-city medicine – homoeopathic or not – and warned against any reforms that might undermine what it considered 'true homoeopathy'.[26]

Most urban homoeopathic professionals were vehemently opposed to the League and its politics.[27] Physicians writing in the *Hahnemannian Monthly*, published by the faculty at Philadelphia's Hahnemann Medical College, and in its Boston counterpart the *New England Medical Gazette*, warned readers against the League. In 1912 the editor of the *Gazette* decried the League's journal *Medical Freedom* as 'a general tirade against everything medical, including public health, hygiene, and sanitation', and local Leagues 'which have for their real object the restriction of medical progress'. 'We as a school can fight our battles without any aid from the patent medicine fakirs and "new cult cureists" [sic].'[28] In 1912 the leadership of the AMA and the AIH issued joint policies in favour of the Owens Bill. Congress did not establish a national department of health until the 1960s, but modified legislation did expand the powers of the US Public Health Service, still a small part of the Treasury Department largely concerned with preventing epidemics. In 1917, as the political winds shifted, the AIH joined the AMA in opposing compulsory health legislation, with AIH president William Van Baun arguing that 'Compulsory Health Insurance will benefit the poor and the thriftless'.[29]

## Homoeopathy Courts the Public 1910–30

PERHAPS NO OTHER SINGLE EVENT stirred the American public over what kind of medicine should be taught and practised than the Carnegie Foundation's 1910 publication of Abraham Flexner's *Report on Medical Education*. 'At no time in the history of mankind,' John Sutherland (1854–1941), the dean of Boston University's homoeopathic medical school, told students, parents and faculty at the school's opening two months after the *Report* appeared, 'has medical education been so prominently before the public as it is at present. At no time has the laity taken so great an interest in the subject.'[30]

Homoeopaths, like regular physicians and the lay public, were both fascinated and horrified by Flexner's description of the 155 schools he visited during 1909 and 1910. Despite Flexner's claim to the objectivity of a Progressive reformer, his *Report* was clearly polemical.[31] Both doctors and patients enjoyed the scandalous details contained in the *Report*, and were swayed by its persuasive case for a new model of medical education, in which salaried teaching faculty pursued laboratory and clinical scientific research. Homoeopaths, like many regular physicians, praised some elements of the *Report*. Members of the public who had contributed to the growth of homoeopathic medical schools and hospitals, however, wanted to hear a rousing defence of those aspects of the *Report* that most closely pilloried local institutions and threatened to undermine local pride. In defending the strengths of specific institutions, homoeopaths successfully confronted Flexner's argument that alternative medical systems could not and should not survive alongside modern scientific medicine, and that 'science, once embraced, will conquer the whole'.[32]

The response by John Sutherland illustrates this newly self-conscious public debate. Flexner had been especially scathing about the 32 unorthodox schools he visited, 15 of them homoeopathic. Flexner's discussion of 'medical sects' was, Sutherland conceded, 'well written, with an entire absence of the various forms of defamatory remarks so frequent elsewhere in such discussions', and provided 'a careful presentation of the subject as seen by the non-sectarian layman'.[33] Sutherland was gratified that Boston University had 'fared so well' considering – he pointed out – that Flexner's visit had lasted no longer than two hours. The Dean deftly used some of Flexner's criticisms to challenge conservative medical school alumni and trustees unwilling to raise Boston University's standards. His school's entrance requirements were, Sutherland agreed, too low, and the hospital was, as Flexner had pointed out, insufficiently connected with the school's laboratories.[34] Flexner, Sutherland concluded, 'did his work faithfully and

conscientiously' and 'that he may have made a few misstatements is possible and excusable in a work of such magnitude and accomplished in so short a period.'[35]

The *Report* was designed to discourage any funding of unorthodox schools by philanthropic foundations, and it did, leaving alternative schools that tried to emulate Flexner's model even more financially dependent on alumni and patients.[36] American homoeopathy never again reached its peak of 1903, when it was practised by around 10 per cent of American physicians across the country. Yet, when homoeopathic medical schools began closing precipitously – from 22 in 1900 to 11 in 1913 – homoeopathic reformers were quick to place this decline in the context of wider changes affecting medical education.[37] Nonetheless, the numbers of homoeopathic medical societies grew, as did general hospitals where homoeopaths were either the sole staff or practised alongside regular physicians. Homoeopathic hospitals became part of the urban health infrastructure: New York City's homoeopathic Metropolitan Hospital, Boston's Massachusetts Homeopathic Hospital, and Philadelphia's Hahnemann Hospital which, in 1928, opened the first high-rise hospital building in that city.[38]

Thus, American homoeopaths found that they needed active political lobbying and sophisticated propaganda to attract patients. The AMA was reaching the lay public through public lectures, radio programmes, short films and, in 1923, it began publishing a popular health magazine, *Hygeia*. In 1917, in a new central office in Chicago, the AIH established a Board for the Promulgation of Homeopathy with a full-time physician-educator who travelled the country talking to the public about homoeopathy.[39] 'The present generation, outside of the immediate homeopathic patrons, knows little and cares less of what homeopathy is,' complained one Boston homoeopath; 'Yet in the early days it was the public which fought and won our battles for us, and it is the public today to which we must appeal if we hope to have homeopathy adopted as a generally recognized therapeutic measure.'[40] Homoeopaths must 'use one of the most effective methods of letting the public know that Homeopathy is alive and prosperous by seeing that the newspapers are furnished with an account of your proceedings,' a New York physician agreed, urging colleagues to 'get an enthusiastic patient in newspaper work to send an account of our society proceedings to the public press. We owe this to the cause.'[41]

America's entrance into World War One provided a powerful way to demonstrate homoeopathy's civic responsibility.[42] In 1917, after pressure from the AIH, the federal Council of National Defense agreed to include homoeopathic physicians as members of its General Medical Board:

Charles E. Kahlke (1870–1958) President of the Illinois Homeopathic Medical Association and Dean of Chicago's Hahnemann Medical College; surgeon William Van Lennep, former Dean of Philadelphia's homoeopathic school; Charles E. Sawyer, Chair of the AIH Board of Trustees; and Florence W. Ward (1860–1919), the first woman elected as a Fellow of the American College of Surgeons. Medical and nursing staff from New York's Metropolitan and Flower Hospitals and Boston's Massachusetts Homeopathic Hospital sailed to France as Red Cross units, and an estimated 1,862 homoeopathic physicians served as commissioned officers. The most prominent homoeopathic hero of the war was Joel Boone who had joined the Navy in 1914, after graduating from Philadelphia's Hahnemann Medical College. During the war Boone was wounded at Belleau Woods and Blanc-Mont, promoted to Lieutenant Commander, and received the Congressional Medal of Honor and the Distinguished Service Cross.[43]

Outside the AIH, homoeopathic physicians Julia Green and Julia Loos (1869–1929) sought to inspire patients and doctors to become advocates for homoeopathy. In 1921 they set up the American Foundation of Homeopathy (AFH) (its designation 'foundation' echoing the unresponsive Rockefeller Foundation) and, in 1925, Green's women patients established the first Laymen's League. Some senior homoeopaths, as historian Anne Taylor Kirschmann has pointed out, were suspicious of an organisation that granted any role for lay members and employed as a lobbyist suffragist and birth control reformer Mary Ware Dennett.[44] Green's and Loos's alliance with conservative 'high potency' homoeopaths, further, created, according to one Chicago New Homeopath, a serious dissension in the movement. High potency advocates were, he recalled, 'really sellers and pushers of their ideas' and 'doctors had to defend themselves against the critics of their own colleagues. It made us look like we didn't understand medicine, and as a result, we lost credibility and respect.'[45]

During the 1920s American homoeopaths became conscious of themselves as a dwindling minority in a medical marketplace that continued to be diverse; one 1932 study estimated that almost one quarter of American healers were unorthodox.[46] AMA leaders disparaged New Homeopathy as not scientific enough; lay critics warned that homoeopaths were not alternative enough, and subscribed 'loyally to all the fallacies and barbarities of modern Medicine, even borrowing some of its bigotry.'[47] In parts of Europe and Latin America, however, homoeopathy was attracting doctors and patients, and the American homoeopathic community turned to the international homoeopathic network, participating in the International Homeopathic Congress and in the Pan-American Homeopathic Congress.

Over 400 doctors and members of their families attended one 1929 AIH trip to Europe, were received by government officials, entertained at official receptions and met King George, through the intercession of Sir John Weir (1879–1971), the British royal family's homoeopathic physician.[48]

Homoeopathic practitioners and their patients still made up significant numbers in cities such as Chicago and Philadelphia. In 1928 the Illinois State Homeopathic Society had 3,000 members, 1,000 of them in Chicago.[49] Nor had homoeopathy lost all its influential patrons. Charles Kettering of General Motors was reported to have donated two million dollars to the cause of homoeopathy.[50] However, even as regular hospitals solidified their role as major sites for health care and for the advancement of medical careers, homoeopathic hospitals languished, a situation worsened by the Great Depression. In 1928, a plan to set up a homoeopathic 'Medical Center' in Chicago was, reflected one Illinois homoeopath later, 'wiped out like everything else ... [and] afterward, when other institutions got on their feet again, homeopathy couldn't recover.'[51] During the 1920s and 1930s homoeopathy retained a public face, not through professional organisations nor as a significant provider of health care, but through the actions and public profile of individual homoeopaths, especially a homoeopathic Senator, a homoeopathic federal bureaucrat, and a President who was the son of a homoeopath.

## Homoeopathy in the White House 1920–32

WITH THE ELECTION of President Warren Gamaliel Harding (1865–1923) in 1920, the Republican party, already the affiliation of most homoeopathic and regular physicians, provided a place for homoeopathy in the nation's capital. The last time homoeopathy had played a significant role in Washington was in the 1870s when homoeopath Susan Edson (1823–97) had been the personal physician of President James Garfield and homoeopath Tullio Suzzara Verdi (1829–1902), physician to Abraham Lincoln's secretary of state, had been a member of the short-lived National Board of Health.[52] Warren Harding, a Republican from Ohio, was the son of homoeopath George Tryon Harding (1844–1928) and Phoebe Dickerson Harding, a Seventh-Day Adventist midwife.[53] As well as this longstanding commitment to alternative medicine, President Harding brought to the White House Charles Elmer Sawyer (1860–1923), his homoeopathic family physician.

Both Tryon Harding and Sawyer had graduated from the same Cleveland medical school. Harding, whose preceptor had been Hamilton

Biggar, became a general practitioner in rural Ohio, with a brief career as a pharmacist and local newspaper owner. Sawyer, by comparison, was a successful businessman and prominent physician; he owned two sanatoria, and worked as a contract surgeon for a railroad company.[54] A significant force in Ohio medical politics and in the AIH, Sawyer had pressured Ohio State University in 1914 to accept a homoeopathic department after the collapse of Cleveland's last homoeopathic private school.[55] As President, Warren Harding promoted Sawyer to Brigadier-General in the Army Medical Reserve Corps and appointed him head of the Federal Hospitalization Board, in charge of government health services which had expanded during the war, especially so-called soldiers' hospitals.[56] Harding hosted the AIH during its 1922 annual meeting on the White House lawn, and wrote the dedication to the 1923 AIH collection *American Homeopathy in the World War*, praising 'that army of medical and surgical heroes who served with the American forces in the World War'.[57]

The Harding connection was an ambiguous one for American homoeopaths for, while Harding did bring homoeopathy to the White House, his administration was also one of the most corrupt of that era. American political historians have mostly ignored Harding's and Sawyer's homoeopathic affiliations, other than in passing.[58] Sawyer's clinical skills were, reluctantly, praised: when Sawyer refused to allow an operation on Harding's wife, 'the stubborn little homeopath was right' and the patient improved.[59] Sawyer was accused of contributing, either through incompetence or for more nefarious reasons, to the death of President Harding on 2 August 1923. Historian Andrew Sinclair noted that Sawyer's 'erroneous diagnosis of ptomaine poisoning was later interpreted as a doctors' plot to hush up the truth about Harding's death.' This rumour gained credence with Sawyer's own unexpected death at his White Oaks sanatorium a month after the president had died.[60]

After Harding's death, his Vice-President, Calvin Coolidge, became President. Joel Boone was a major figure in this administration. Boone had a close relationship with President Coolidge and his family, and a great knowledge of Washington and Republican politics.[61] He remained at the White House during Herbert Hoover's administration, but was ousted with the election of Democrat Franklin Delano Roosevelt. Perhaps by 1932 homoeopathy had become too closely identified as a 'Republican' medical alternative.

## A Homoeopath in the Senate 1924–38

THE MOST RESPECTED HOMOEOPATH in the United States during the 1920s and 1930s was Royal Samuel Copeland (1868–1938), a homoeopathic ophthalmologist whose career successfully mixed homoeopathy, health reform and politics.[62] Copeland was probably the model for William R. Stanton, the protagonist in William Trites's 1929 novel *Paterfamilias*. An honourable old-fashioned doctor in a 'frock coat', unlike his son Jack, a homoeopathic medical student who smoked and chased show girls, Stanton, by the end of the novel, is elected as the reformist Republican governor of Pennsylvania.[63]

Copeland was a Democrat but, like Stanton, a social reformer and a political conservative, later highly critical of Franklin Roosevelt's New Deal administration. An 1889 graduate from the homoeopathic department of the University of Michigan, he had solidified his professional credentials by travelling to Europe for postgraduate study.[64] After five years of private practice as an eye and ear specialist, Copeland was appointed professor of ophthalmology and otology at his *alma mater*. Copeland's activities as a Mason, an officer in local homoeopathic societies and President of Michigan's state homoeopathic society in 1897, gave him regional prominence and political skills which led to his election as mayor of the town of Ann Arbor, the site of the University of Michigan, during 1901–03; President of the city's board of education; President of the national American Homeopathic Ophthalmological, Otological and Laryngological Society in 1905; and then, in 1907, president of the AIH.[65]

In 1908 Copeland moved to New York to become Dean of the New York Homeopathic Medical College. At a celebratory banquet for Copeland at the Astor Hotel, John Prentice Rand (1857–1923), President of the Alumni Association, commented that 'Dr Copeland has had an extensive experience with all sorts and conditions of men ... The people of Ann Arbor showed their confidence in him by electing him mayor, – I presume he may yet be the mayor of New York.'[66] With the turmoil following Flexner's 1910 *Report* Copeland narrowly escaped losing his position as Dean; William Van Lennep, his counterpart in Philadelphia, was not so lucky. By then Copeland had wider ambitions. In 1918 he was named New York City's commissioner of health, a position he held until 1924 when he was elected a Democratic Senator for New York State, and was then re-elected in 1929 and 1935.[67]

In Copeland's promotion of the 1938 Food, Drug and Cosmetic Act, he had to tread a path between health reform and medical freedom. As New York's Health Commissioner he had considered chiropractors 'a public menace and peril' but, at Senate hearings introducing the Act,

he opposed any 'interference with various schools of healing such as chiropractic, osteopathy, hydrotherapy and the like'. He managed to have the Homeopathic Pharmacopeia formally recognised in the Act, and all references to any 'consensus of medical opinion' replaced with the phrase 'general agreement of medical opinion'.[68]

It is not known to what extent the Act's homoeopathic provision fitted within New Deal policies towards alternative medicine. By the mid-1930s, the connections American homoeopaths had made with an international community became less advantageous. European homoeopathy was publicly identified as the medicine of both the aristocracy and officials of the Nazi Party.[69]

By the 1930s a new medical orthodoxy had emerged, one that linked professionalism and politics. As Roosevelt's liberal expansion of federal control of health and welfare gained widespread popular support, the AMA felt increasing pressure to maintain medical unity. In November 1935 Herman G. Weiskotten visited Philadelphia to inspect its four regular schools and Hahnemann Medical College. His advice, in a private report to Hahnemann, emphasised the school's public face. 'Make clear to the public the nonsectarian character of your institution,' Weiskotten wrote, and show that 'the phenomenal advances of medical sciences' had 'rendered obsolete the sectarian divisions among physicians which had prevailed a century ago.' Further, 'make it unmistakably clear to the laity that in the teaching and practice of medicine all recognized schools stand upon common ground and that in opposing influences detrimental to the health of the people, the entire medical profession should present a united front.'[70] In 1936 the Philadelphia school revised its catalogue, deleting most of its references to homoeopathy and praising 'the remarkable advances' of medical science that had made sectarian divisions 'unnecessary and undesirable'. By the 1940s its faculty and graduates were welcomed as members of the local regular society and the prestigious College of Physicians of Philadelphia.[71]

## Conclusion

IT WOULD BE EASY TO MAKE THIS ACCOUNT part of the familiar narrative about the American public's declining support for alternative medicine, a decline that began with Pasteur and Koch and lasted until the hippie era of the 1960s and the New Age movement of the 1980s and 1990s. However, the history of homoeopathy between 1900 and 1940 challenges assumptions about the public's rejection of medical alternatives and embrace of orthodoxy.

Certainly, for much of the twentieth century, American homoeopaths were not able to make a particularly successful case for their alternative system. Indeed, homoeopathic doctors and patients forged no consensus over whether to make homoeopathy a part of the new medical populism – as anti-orthodox and anti-scientific – or to seek the mantle of scientific respectability. As a complementary system, however, homoeopathy retained a place in American social and political life with its associations with Republican administrations.

The history of American homoeopathy, indeed of alternative medicine broadly, is currently in flux. The term 'a medical heresy', used by historian Martin Kaufman, in his 1971 study and again in his 1988 article, is no longer widely accepted, although just how the analytical vacuum will be filled is less certain.[72] Clearly such terms do not help an understanding of the continuing interest by the lay public in unorthodox medicine even into recent decades, an era that might, from one perspective, be considered the pinnacle of Western biomedicine.

Drawing attention to patients and the lay public in the history of homoeopathy begins to address this conundrum. Yet, a focus on individual patients alone can sometimes obscure broader influences; in this case, the state. Through the twentieth century, government played an increasingly powerful and interventionist role in regulating medical education and health care.[73] Although many of these laws favoured orthodox physicians, they were by no means designed by the AMA, but were the result of political struggles. As homoeopathic medical schools began to close their doors, homoeopathy lost a major source of professional sustenance. At the same time a few homoeopaths became more prominent in public life: in the Army and Navy, the Senate and even the White House. Historians have only recently begun to explore the connections between orthodox medicine and the state; in seeking to understand the shaping of alternative medicine, an explanation must be given also of the presence of presidents, politicians and the public.

*My thanks to the participants of the 'Patients in the History of Homoeopathy', Second International Conference on the History of Homoeopathy, Bosch Institute, Stuttgart, July 1999; and also to June Factor, John Harley Warner, and especially Susan E. Lederer.*

## Notes

1. Joel T. Boone, 'Centennial Commencement Address of the Hahnemann Medical College of Philadelphia', *Hahnemann Hospital Tidings* 53 (1948), 89–90.
2. Boone, 'Centennial Address', 90.
3. William R. King (chair, local arrangements committee) to Dear Doctor, 15 June 1900, letter in 'Hahnemann Monument and Centenary Celebration of His Law of Cure' Scrapbook in Thomas Lindsley Bradford Collection, Archives and Special Collections, MCP-Hahnemann Medical School, Drexel University, Philadelphia, Pennsylvania.
4. 'What did Hahnmann do for you?' (pamphlet, [1900]), n.p. in 'Hahnemann Monument' Scrapbook, Bradford Collection; see also Craig Repasz, 'On the Cutting Edge of Extinction: How the Quest for Modernity Led to the Subsequent Erosion in American Homeopathy from 1865–1900' (senior thesis, Yale University, 2000).
5. Boone, 'Centennial Address', 90; see also Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick, 1998), 96–97.
6. John Harley Warner, 'Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America' 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), 5–29, quotes 17, 16.
7. For a discussion of these issues, see Susan E. Lederer and Naomi Rogers, 'Media' in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London, 2000), 487–502. The place of alternative practitioners and ideas in twentieth-century popular culture is also worthy of investigation. For pointing to the portrayal of a chiropractor in the Hollywood film *There Goes My Heart* (1938) I would like to thank Susan Lederer. I do not know of any homoeopaths portrayed in films.
8. See Bert Hansen, 'America's First Medical Breakthrough: How Popular Excitement about a French Rabies Cure in 1885 Raised New Expectations for Medical Progress', *American Historical Review* 103 (1998), 373–418.
9. See Rogers, *Alternative Path*, 64–68; Naomi Rogers, 'American Homeopathy Confronts Scientific Medicine' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 31–64; and Naomi Rogers, 'Ärzte, Patienten und Homöopathie in den USA' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 269–300.
10. Abraham Flexner, *Report on Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York, 1910), 163. Flexner was referring to Eclectic schools.

11 For a discussion of homoeopathic laboratories in New York, Chicago, Ohio State, Philadelphia, Ann Arbor and Boston see Herbert D. Schenck, 'Laboratory Work in Materia Medica', *The Chironian* 32 (1916), 438; see also Nadav Davidovich, 'Alternative Visions of Scientific Medicine: University of Michigan Homeopathic Medical College in the Post-Flexner Era', (unpublished paper, Department of History of Science, Harvard University, 2000).

12 See E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley, 1979), 105, 190–111; Martin Kaufman, *Homoeopathy in America – the Rise and Fall of a Medical Heresy* (Baltimore and London, 1971), 158; Rogers, *Alternative Path*, 94, 293 n. 42; and the paper by Anne Taylor Kirschmann in this volume.

13 Leroy Wilkins Falkinberg of Collingswood (New Jersey), no title, in *Medic* (1931), 113. In an informal poll of Hahnemann's 63 seniors in 1928, *Arrowsmith* received the most votes for 'favorite novel' (13 votes); in *Medic* (1928), 119. It is not clear whether these students shared these values or whether they were 'borrowing' them; for this point I thank Susan Lederer.

14 John Robertson Glassburn of Wilkinsburg (Pennsylvania), no title, in *Medic* (1934), 87.

15 The eighth edition of Humphrey's *Homeopathic Mentor* was reprinted in 1916, 1917, 1922 and 1925; William Boericke's *Pocket Manual of Homeopathic Materia Medica* reached its eighth edition in 1922; and a new *Guide to Homeopathic Practice: designed for the use of families and private individuals*, was first published in 1921.

16 See Ronald L. Numbers, 'The Fall and Rise of the American Medical Profession' in Judith Walzer Leavitt and Ronald L. Numbers (eds.), *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison, 1985), 191–94; Norman Gevitz, *The D.O.'s: Osteopathic Medicine in America* (Baltimore, 1982); Norman Gevitz, 'The Fate of Sectarian Medical Education' in Barbara Barzansky and Norman Gevitz (eds.), *Beyond Flexner: Medical Education in the Twentieth Century* (New York, 1992), 83–97; J. Stuart Moore, *Chiropractic in America: The History of a Medical Alternative* (Baltimore, 1993); Susan E. Lederer, *Subjected to Science: Human Experimentation in America before the Second World War* (Baltimore, 1995); and Rennie B. Schoepflin, 'The Christian Science Tradition' in Ronald L. Numbers and Darrel W. Amundsen (eds.), *Caring and Curing: Health and Medicine in the Western Religious Traditions* (Baltimore, 1998), 421–46.

17 The historian who has most influenced me in recognising the continuing strength of alternative medicine in early and mid-twentieth-century America is Numbers, 'Fall and Rise,' 191–94.

18 See, for example, the Legislative Committee of the Illinois State Medical Association; Rhoda Pike Bartsow, 'Chicago Letter', *New England Medical Gazette* 46 (1911), 791.

19 Frederick M. Halsey, 'Annual Address by President of the Boston Homeopathic Society', *New England Medical Gazette* 36 (1901), 84.

20 Kaufman, *Homeopathy in America*, 162.

21 Kaufman, *Homeopathy in America*, 161.

22 Editorial, 'Pending Legislation', *New England Medical Gazette* 36 (1901), 145.

23 See Kaufman, *Homeopathy in America*, 162–66. B.O. Flower, the former head of the Flower Medicine Company, was one of the founders of the League; Kaufman, *Homeopathy in America*, 164.

24 Editorial [John Sutherland], 'Medical Retrogression', *New England Medical Gazette* 47 (1912), 35. Sutherland criticised the League's attacks on the Food and Drug Administration, infectious disease reporting, inspection of public school children, and compulsory vaccination, 35. See also Editorial, 'Vivisection and Anti-Vivisection', *New England Medical Gazette* 46 (1911), 880–82.

25 Lederer, *Subjected to Science*, 52–53; Suzanne White Junod, 'An Alternative Perspective: Homeopathic Drugs, Royal Copeland, and Federal Drug Regulation', *Food and Drug Law Journal* 55 (2000), 168–69.

26 See Rogers, *Alternative Path*, 85–86; Kaufman, *Homeopathy in America*, 166. On an alliance in the 1920s between Berlin homoeopaths and drug-less healers, see Martin Dinges, 'The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 188.

27 On the consistent support by American homoeopaths of smallpox vaccination (as a scientific application of homoeopathic law), see Eberhard Wolff, 'Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century' in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 217–50; see also Rogers, 'American Homeopathy', 44–48.

28 Editorial [John Sutherland], 'Medical Retrogression'.

29 See Editorial, 'Compulsory Health Insurance', *North American Journal of Homeopathy* 65 (1917), 387–90, quote 388.

30 John P. Sutherland, 'Opening Address: Thirty-Eighth Annual Session, Boston University School of Medicine, October 6, 1910', *New England Medical Gazette* 45 (1910), 511; and see DeWitt G. Wilcox, 'The Value of Homeopathic Colleges', *The Chironian* 27 (1911), 277.

31 On Flexner as a muckraker see Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York, 1985), 179.

32 Flexner, *Report on Medical Education*, 156, 161; see also Rogers, *Alternative Path*, 87–101.

33 Editorial, 'The Carnegie Report and Homeopathy', *New England Medical Gazette* 45 (1910), 371.

34 Editorial, 'The Carnegie Report and Boston University', *New England Medical Gazette* 45 (1910), 372, 373.

35 Sutherland, 'Opening Address', 512. It 'contains so much that is reliable and true that one looks leniently upon what may be called its defects.'

36 For an example of professional propaganda see a pamphlet reprinted from *The Chironian* (1909): 'Send Your Son to a Homeopathic College', Royal S. Copeland papers, Bentley Historical Society, University of Michigan, Ann Arbor, Michigan.

37 At its peak, in 1903, American homoeopathy had 22 schools (15 per cent of all medical schools), in 1912 12, and in 1920 five. In 1903 there were 420 graduates (seven per cent of nation's medical graduates), falling to 97 in 1920; see Rogers, 'American Homeopathy', 46–48. By 1907 the AIH had formed a Council on Medical Education, modeled on the AMA's Council, as had the Eclectic National Medical Association; see *American Institute of Homeopathy: Transactions of the Sixty-Fourth Session held in Kansas City, MO. June 22, 1908* (Cleveland, 1908), 81.

38 Claude A. Barrett, 'What About Homeopathy in the South', *New England Medical Gazette* 53 (1918), 20–23. By 1922 the homoeopathic departments at the University of Michigan, Iowa State University and Ohio State University were abolished, ending American homoeopathy's history as part of state-funded universities. Only two private colleges remained: the New York Homeopathic Medical College and Philadelphia's Hahnemann Medical College; see Rogers, *Alternative Path*, 90.

39 William W. Van Baun, 'A National Movement of Homeopathic Propaganda', *New England Medical Gazette* 52 (1917), 231. See also Royal S. Copeland, 'Publicity for the Purpose of Education the Intelligent Public including the Homeopathic Profession', *North American Journal of Homeopathy* 65 (1917), 278; and G.H.W., 'Homeopathic Propagandism', *Hahnemannian Monthly* 51 (1916), 788.

40 D[ewitt] G. W[ilcox] [editorial], 'Getting Our Case Before the Public', *New England Medical Gazette* 49 (1914), 452.

41 Herbert Dana Schenck, 'Homeopathy of the Present and Future', *The Chironian* 27 (1911), 520.

42 On public protests against the exclusion of homoeopaths as medical officers during the American Civil War (1861–65), which forced a subsequent administration to commission homoeopathic medical officers during the 1898 Spanish–American War; see Bonnie Blustein, *Preserve Your Love for Science: Life of William A. Hammond, American Neurologist* (Cambridge, 1991), 76–81; Lainie Rutkow, 'Their Own Civil War: The Struggle by Homeopathic Physicians in the United States Army to Achieve Medical Pluralism, 1861–1865' (senior thesis, Section of the History of Medicine, Yale University School of Medicine, 1999).

43 Charles E. Sawyer, 'War Activities of Organized Homeopathy', in Frederick M. Dearborn (ed.), *American Homeopathy in the World War* (n.p. 1923); DeWitt G. Wilcox, 'Homeopathic Physicians in the War', *New England Medical Gazette* 52 (1917), 435–39.

44 Anne Taylor Kirschmann, 'Adding Women to the Ranks, 1860–1890: A New View with a Homeopathic Lens', *Bulletin of the History of Medicine* 73 (1999), 429–46 and the paper by Kirschmann in this volume.

45 Adelaide Suits, *Brass Tacks: Oral Biography of a 20th Century Physician* (Ann Arbor, 1985), 29, 35; see also Kaufman, *Homeopathy in America*, 174–76.

46 See Louis Reed, *The Healing Cults* (1932), quoted in Numbers, 'Fall and Rise', 193.

47 See Morris Fishbein, *The Medical Follies: An Analysis of the Foibles of Some Healing Cults, Including Osteopathy, Homeopathy, Chiropractic, and the Electronic Reactions of Abrams, with Essays on The Anti-Vivisectionists, Health Legislation, Physical Culture, Birth Control, and Rejuvenation* (New York, 1925), 36–38; and Annie Riley Hale, *'These Cults': An Analysis of the Foibles of Dr Morris Fishbein's 'Medical Follies' and an Indictment of Medical Practice in General, with a Non-Partisan Presentation of the Case for Drugless Schools of Healing, Comprising Essays on Homeopathy, Osteopathic, Chiropractic, The Abrams Method, Vivisection, Physical Culture, Medical Publicity, The Cost of Hospitalization and State Medicine* (New York, 1926), 32.

48 Suits, *Brass Tacks*, 75. On Americans' awareness of homoeopathy in Brazil and Mexico, see Rogers, *Alternative Path*, 99.

49 Suits, *Brass Tacks*, 28.

50 Suits, *Brass Tacks*, 83. Kettering became better known for his funding, along with another GM executive, of New York City's Memorial Hospital which, in 1945, was renamed the Sloan-Kettering Institute for Cancer Research.

51 Suits, *Brass Tacks*, 29; see also Rogers, *Alternative Path*, 99.

52 Homoeopathic students at Hahnemann Medical College in Philadelphia, for example, proudly identified themselves and their teachers as Republicans; see Rogers, *Alternative Path*, 118.

53 Francis Russell, *The Shadow of Blooming Grove: Warren G. Harding in His Times* (New York, 1968), 30–36, 40–44. See also Samuel Hopkins Adams, *Incredible Era: The Life and Times of Warren Gamaliel Harding* (Boston, 1939), 4; Joe Mitchell Chapple, *Life and Times of Warren G. Harding: Our After-War President* (Boston, 1924), 28; and Andrew Sinclair, *The Available Man: The Life Behind the Masks of Warren Gamaliel Harding* (New York, 1965), 11. Sawyer supposedly saved the Harding family from scandal when a baby under Phoebe and Tryon's care died in 1887, and proclaimed the death due to 'brain fever' rather than poisoning or neglect; Russell, *Shadow of Blooming Grove*, 100–01.

54 See 'Charles Elmer Sawyer' in Thomas Lindsley Bradford, *Biographies of Homeopathic Physicians: Collected and arranged in twenty years and now given in present form to the Librarian of Hahnemann Medical College of Philadelphia* (35 vols., Philadelphia, 1916), in Bradford Collection; William H. King, (ed.), *A History of Homeopathy and Its Institutions in America* (4 vols., New York, 1905).

55 Editorial, 'Another Homeopathic Victory', *New England Medical Gazette* 49 (1914), 335; Editorial, 'The National Federation of Homeopathic Societies', *Hahnemannian Monthly* 52 (1917), 119.

56 On the 'poor quality and administration' of veterans' hospitals staffed by civil servants during the 1920s and 1930s, see Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York, 1989), 221.

57 Warren G. Harding, '[Dedication]', in Dearborn (ed.), *American Homeopathy*, 10; Julian Winston, *The Faces of Homeopathy: An Illustrated History of the First 200 Years* (Tawa, 1999), 224. My thanks to Barbara Williams for finding this latter reference.

58 Russell cited Sawyer's report of the mismanagement of supplies by Veterans Bureau director Charles Forbes, revelations which led to the reorganisation of the Bureau and to Forbes' resignation; Russell, *Blooming Grove*, 554–55. See also Willis Fletcher Johnson, *The Life of Warren G. Harding: From the Simple Life of the Farm To the Glamor and Power of the White House* (Chicago, 1923); and Sinclair, *Available Man*, 4–12.

59 Russell, *Blooming Grove*, 549–50.

60 Sinclair, *Available Man*, 286–87; Russell, *Blooming Grove*, 638. For the most balanced and detailed account, see Robert H. Ferrell, *The Strange Deaths of President Harding* (Columbia, 1996).

61 Robert H. Ferrell, *The Presidency of Calvin Coolidge* (Lawrence, KA, 1998) 22–23, 49–57, 192–97 (Ferrell makes no mention of homoeopathy). On comparisons between Sawyer and Joel T. Boone 'a naval medical officer of more orthodox training'; see John D. Hicks, *Republican Ascendancy 1921–1933* (New York, 1960), 79.

62 See Junod, 'Alternative Perspective', 161–83; and Raymond Joseph Potter, 'Royal Samuel Copeland 1868–1938: A Physician in Politics' (unpublished PhD dissertation, University of Cleveland, 1967). Perhaps a useful comparison to Copeland is the career of Woodrow Wilson, who used his experience as a professor of political science at Princeton University to become President of the university and then, with the backing of the New Jersey Democratic Party, was elected President in 1912.

63 Stanton and his son agreed that 'medical research is the noblest calling in the world' and, after Jack admitted to his father that he wanted to study 'regular medicine', Stanton reluctantly let him leave Hahnemann for another school, saying 'if you were a homeopath, you'd be barred from the big research laboratories, but now they'll be open to you, and you'll have a chance at all the scholarships and fellowships besides'; see W.B. Trites, *Paterfamilias* (New York, 1929) discussed in Rogers, *Alternative Path*, 115–18.

64 His visits to London, Paris, Berlin, Vienna, Heidelberg and Munich suggest that he may have been what John Harley Warner has termed a 'medical tourist';

see John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Princeton, 1998).

65 See Junod, 'Alternative Perspective', 165–75; and see also Potter, 'Royal Samuel Copeland'.

66 Rand, at 'Complimentary Dinner Tendered to Royal S. Copeland, A.M., M.D., Hotel Astor, Friday December 4, 1908', *The Chironian* 25, (1909), 217.

67 See Josef M. Schmidt, 'Homeopathy in the American West: its German Connections', in Jütte, Risse and Woodward (eds.), *Culture, Knowledge and Healing*, 159.

68 Junod, 'Alternative Perspective', 171, 173; see Junod's comment that 'it was astutely perceived by nearly everyone that it was unlikely medical experts ever would achieve a consensus on anything', Junod, 'Alternative Perspective', 174. Until the 1980s this official recognition of homoeopathic drugs was largely ignored by the Food and Drug Administration but, with the expansion of homoeopathic drug manufacturers and public self-medication, this provision has become highly controversial.

69 See Dinges, 'Role of Medical Societies', 181–82, 188; and Eberhard Wolff, 'Politische Soldaten der Gesundheitsfuehrung?: Organisierte Patienten im Nationalsozialismus: das Beispiel ausserschulmedizinischer Laienbewegungen' in Juergen Peiffer (ed.), *Menschenverachtung und Opportunismus: Zur Medizin im Dritten Reich* (Tuebingen, 1997), 108–30.

70 H.G. Weiskotten and M.W. Ireland, 'The Hahnemann Medical College of Philadelphia, Philadelphia, Pennsylvania, January 17, 18, 19, 1935' discussed in Rogers, *Alternative Path*, 129–32.

71 *The Hahnemann Medical College and Hospital of Philadelphia: Announcement for the Eighty-Ninth Annual Session 1936–1937*, 26, 65–66; see also Rogers, *Alternative Path*, 132.

72 Martin Kaufman, 'Homeopathy in America: The Rise and Fall and Persistence of a Medical Heresy' in Norman Gevitz (ed.), *Other Healers: Unorthodox Medicine in America* (Baltimore, 1988), 99–123, quote 123.

73 See, for example, Stevens, *In Sickness and In Wealth*, 65–70.

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

*Anne Taylor Kirschmann*



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

During its approximately 50 years of programme activity, the Foundation fell far short of its original goals.[65] Plans for a national centre

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

## Notes

1 In 1923, only the New York Homeopathic Medical College and Hahnemann University in Philadelphia were in existence.

2 Based on reports of interviews with 200 homoeopathic physicians and 100 patients conducted by Mary Ware Dennett between 1925–27, National Center for Homeopathy Collection, Alexandria, VA, Box 56. Hereafter, reports cited will include patient's/physician's name, location and date of interview.

3 Harris Coulter makes this argument in *Divided Legacy: The Conflict Between Homoeopathy and the American Medical Association* (Berkeley, 1982).

4 James C. Wood, 'Modernism vs Fundamentalism in Medicine', *Journal of the American Institute of History* (=*AIH*), XVII, 3 (1924), 269–70.

5 'Certificate of Incorporation', and 'Trustees of the American Foundation for Homoeopathy', National Center for Homeopathy, Alexandria (=NCH), Box 6. Trustees included physicians Alonzo E. Austin (1868–1948); Cyrus M. Boger (1861–1935); George E. Dienst (1858–1932); Herbert A. Roberts (1868–1950); Fredericka E. Gladwin (1856–1931); Julia C. Loos; Julia M. Green; and lay trustee George E. Fleming, Vice President of the Union Trust Company in Washington, DC.

6 *Minutes to the Meeting of the Board of Trustees of the AFH*, 25 June 1924, Cleveland, Ohio. All board minutes and correspondence between Dennett and Green are located in NCH Box 6.

7 Elizabeth B. Magruder, 'Some notes on the Early History of the Homoeopathic Laymen's League of Washington, DC' (30 June 1936), *Record*, NCH Box 6.

8 Constance M. Chen, *'The Sex Side of Life': Mary Ware Dennett's Pioneering Battle for Birth Control and Sex Education* (New York, 1996), 135–36.

9 Mary Ware Dennett (MWD) to Julia Minerva Green (JMG), 21 April 1925; and Addendum Adjourned Meeting (16 June 1925), 1.

10 MWD to JMG (14 August 1925), 2.

11 Dennett was a patient of Boston homoeopaths William Wesselhoeft and Frank Patch.

12 Constance Chen, *'The Sex Side of Life'*, 57.

13 Constance Chen, *'The Sex Side of Life'*, 160.

14 Constance Chen, *'The Sex Side of Life'*, 50, 16, 23, and 246.

15 MWD, *AFH/IHA Meeting*, 26 June 1925, 169.

16 See T.J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880–1920* (Chicago, 1981).

17 MWD, *AFH/IHA* 'Meeting', 26 June 1925, 169.

18 Stella Q. Root, Stamford, Connecticut, 29 March 1926, 2–3.

19 'Confidential for Dr Green', Dr Elizabeth Wright interview by MWD, 5 April 1927, 1.

20 Martin Kaufman, *Homoeopathy in America – the Rise and Fall of a Medical Heresy* (Baltimore and London, 1971), 153–55.

21 See John S. Haller, Jr. and Barbara Mason, *Forging a Medical Practice, 1884–1938, An Illinois Case Study: Wilber Price Armstrong* (The Pearson Museum, Southern Illinois University, 1997).

22 Stella Q. Root (discussing Wesselhoeft) interview, Stamford, Connecticut, 29 March 1926.

23 Margaret Lewis, Philadelphia, 9 December 1925; Cornelia Chase Brant, NYC, 28 November 1925; Dr John Hutchinson, NYC, 1 December 1925; Morris Elting Gore, NJ, 27 January 1926; Cornelia Chase Brant, NYC, 28 November 1925.

24 Vesta Charlotte Wandell, Oak Park, IL, 27 January 1927.

25 Based on analysis of 100 interviews.

26 Mrs John Reed, Waltham, MA, 24 March 1927.

27 Mrs C.M. Sigler, Harrisburg, PA, 19 March 1926; Mrs B.F. Snavely, Lancaster, PA, 20 March 1926; Horace J. Bridges, Chicago, 18 February 1927; Louis Musil, New York, 6 January 1926.

28 Mrs Frank A. Hall, Montclair, NJ, 1 February 1926; Mrs William S. Hallowell, Philadelphia, 9 December 1926; Harrison A. Bispham, Philadelphia, 11 December 1925; Mrs John S. Reed, Waltham, MA, 17 March 1927; D.V. Thompson, Boston, 16 February 1926.

29 Mrs Leopold Auer, 24 November, 1925.

30 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927.

31 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927.

32 John S. Dove, Jr., Philadelphia, 1 March 1926; Bruce Walter, Pittsburgh, 20 April 1926.

33 Mrs J.A.L. Waddell, NYC, 13 March (n.d.).

34 Alma Hiller, NYC, 10 May 1926; Decatur M. Sawyer, Montclair, NJ, 6 January 1927.

35 Mr and Mrs Walter A. Sheriffs and Mrs R.J. Gaudy, Winnetka, IL, 2 February 1927; Edward C. Bostock, Philadelphia, 17 December 1925; Hermann L. Grote, Pittsburgh, PA, 17 April 1926.

36 Mr and Mrs Harry Parkhurst, Baltimore, 7 November 1926.

37 Mr Albert D. Henderson, Chicago and Glenview, 17 February 1927.

38 Professor Charles A. Lee, 'Homeopathy', *The New Church Messenger*, I, 23 (1854), 365.

39 See Robert C. Fuller, *Alternative Medicine and American Religious Life* (New York, 1989), 25, 56.

40 Bryn Athyn report by MWD, 16 December 1925 and 6 March 1926.

41 Mr Albert D. Henderson, Chicago and Glenview, 17 February 1927.

42 Report of 4 April 1927 meeting at the home of Rev. William L. Worcester, Cambridge.

43 Mrs John C. Moses, Cambridge, MA (n.d.).

44 By 'real homeopaths', I assume Moses was referring to Hahnemannian or 'Kentian' patients. Report of 4 April 1927 meeting at home of Rev. Worcester. The italics are those of this author.

45 Mrs George D. Pike, 13 April 1927.

46 Dr Julia Strawn, Chicago, 18 February 1927.

47 MWD to JMG, 12 April 1926.

48 JMG to MWD, 10 April 1926.

49 Mr Ehrhart, Chicago, 18 January 1927; A.H. Gordon, Chicago, 4 February 1927.

50 Dr Mary E. Hanks, Chicago, 11 February 1927.

51 Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York, 1989), 129.

52 C. Louis Olds, Bryn Athyn, PA, 11 December 1925.

53 JMG to MWD, 17 September 1926.

54 MWD to JMG, 25 November 1926.

55 E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley, 1979), 193–94.

56 Mary Ware Dennett, 'Patient Summaries', NCH Box 56.

57 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927, 4.

58 MWD to JMG, 6 January 1926.

59 Dr Alice H. Basset, Boston, 11 February 1926.

60 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927.

61 *Minutes to the Semi-Annual Meeting of the Board of Trustees*, 1 July 1927, 63–70.

62 Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York, 1985), 232–65.

63 Morantz-Sanchez, *Sympathy and Science*, 4.

64 *Minutes to the Meeting of the Board of Trustees of the AFH*, 24 January 1928.

65 In order to conform to new tax regulations, AFH board members separated fund-raising activities from programme administration, creating the National Center for Homeopathy in 1975. After that time, the AFH raised funds for the National Center and other organizations whose purpose was to promote homoeopathy.

66 Between 1922 and 1970, approximately 120 physicians attended the school.

67 Leagues in existence included those in Washington, DC, Minnesota, Washington, Pennsylvania, NY, Arizona, Massachusetts, Michigan, New York, Canada, California and Florida. 'Report of the Laymen's Bureau, 5 October 1968', NCH Box 6.

68 *Membership Directory and Homeopathic Resource Guide*, National Center for Homeopathy, 2000.

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