

Introduction: Patients in the History of Homoeopathy

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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 Gumpenberg. 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 Krankenjournalen D 5 (1803–1806)* (medical dissertation, Munich, 1987); Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournalen von Samuel Hahnemann* (2 vols., Heidelberg, 1998). Johanna Bussmann, *Edition und Kommentar des Krankenjournalen 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 Melanie 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 Gennep, *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 Materialien 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 Boeninghausen 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 homöopathische 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 Voswinkel, *Der schwarze Urin: Vom Schrecknis zum Laborparameter* (Berlin, 1993); Jens Lachmund, *Der abgehörchte Körper. Zur historischen Soziologie der medizinischen Untersuchung* (Opladen, 1997), esp. 76 ff. On physical examination as practised by Hahnemann, see Gennep, *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 Homöopathieggeschichte* (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 Konkurrenz sei für das Publikum stets von Vorteil." 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 Zufriedenheit 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, 'Homöopathie im europäischen Trend', *Biologische Medizin* 28, 5 (1999), 242–47.
- 97 Marcos Mantero de Aspe, *El ejercicio médico de la homeopatía 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 gleichzeitigen 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 Ethnomöopathie 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 Krankenhäusern 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