

Reforming towards a Scientific Medicine and a  
Changing Social Identity: British Homoeopathy,  
1866–1893

Ju-Yi Chou

Science and Technology Studies, University College London

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## **Declaration**

I, Ju-Yi Chou, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Ju-Yi Chou

25 Jan 2016

To *my father*.

## **Abstract**

This study aims to investigate whether homoeopathy declined in Britain during the second half of the nineteenth century, when an emerging medical profession converged with the dawn of biomedicine. Previous studies of the history of homoeopathy are often coloured by controversies over homoeopathy today. To avoid the pitfalls of a presentist definition of homoeopathy and a dichotomous view of the relationship between homoeopathy and orthodox medicine, I analyse 'homoeopathy' as a social identity, rather than a medical system or a collection of medical institutions. This study focuses on the 'homoeopathies' of medically-qualified practitioners. I identify two important aspects of the social identity of professional homoeopaths: the idea of scientific medicine, and the identification with the medical profession. In this thesis I trace how the changes in these two aspects were translated into new homoeopathic practice, theories, and relationships with the medical profession and lay public between 1866 and 1893. I examine the extensive discussions among professional British homoeopaths regarding medical theory and practice, and their relationship with other medical practitioners and the public as represented in homoeopathic journals, publications and archival sources during the time period. This study challenges four prevailing notions in the historiography of heterodox medicine: the use of dichotomous frameworks to analyse a conflicting relationship between heterodox and orthodox medicines, the negligence of the ideas of science in heterodox medicine, the notion of the "decline" of heterodox medicine during the second half of the nineteenth century, and a grand narrative of Anglo-Saxon homoeopathy. I conclude that professional homoeopathy did not 'decline' or become 'static' during the second half of the nineteenth century in Britain. Professional homoeopaths identified themselves first as scientific and professional practitioners rather than homoeopathic physicians. 'Homoeopathy' did not establish itself as an independent identity and its practitioners gradually merged with orthodoxy in the name of scientific medicine.



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# Chapter 1

## Introduction

The main research question of this study is whether homoeopathy declined in Britain during the second half of the nineteenth century, when an emerging medical profession converged with the dawn of biomedicine. Clarifications of this question will provide insights into the emergence of orthodox medicine, and the origins of homoeopathy today. I argue that previous studies of the history of homoeopathy are often coloured by controversies over homoeopathy today. To avoid the pitfalls of a presentist definition of homoeopathy and a dichotomous view of the relationship between homoeopathy and orthodox medicine, I analyse ‘homoeopathy’ as a social identity, rather than a medical system or a collection of medical institutions.<sup>1</sup> As a social identity, ‘homoeopathy’ gains its meaning in a social structure through the process of a collective subjective association between the new concept and existing values. As ‘homoeopathy’ was understood and interpreted differently according to acting agents’ values, multiple homoeopathies co-existed. To better address the question of the rise of orthodox medicine and the fall of homoeopathy, this study focuses on the ‘homoeopathies’ of medically-qualified practitioners, especially those who were interested in homoeopathy for its potential for reforming medicine as scientific and professional. I identify two important aspects of the social identity of professional homoeopaths: the idea of scientific medicine, and the identification with the medical profession. In this thesis I trace how the changes in these two aspects were translated into new homoeopathic practice, theories,

1. Throughout this thesis, I use ‘homoeopathy’ in two ways. Firstly I use it to refer to the common term used in communication, although each agent might interpret the term differently. It is used in singular form. Secondly, I use the term as a representation of a collection of ideas it is associated with. As I will show in Part I there were multiple representations, and there were also multiple homoeopathies.

and relationships with the medical profession and lay public between 1866 and 1893. I examine the extensive discussions among professional British homoeopaths regarding medical theory and practice, and their relationship with other medical practitioners and the public as represented in homoeopathic journals, publications and archival sources during the time period.

Using the theoretical framework of Social Identity Theory (SIT), this study challenges three prevailing notions in the historiography of heterodox medicine:<sup>2</sup> the use of dichotomous frameworks to analyse a conflicting relationship between heterodox and orthodox medicines, the negligence of the ideas of science in heterodox medicine, and the notion of the “decline” of heterodox medicine during the second half of the nineteenth century, due to either the process of professionalisation, or the emergence of biomedicine. I emphasise that intra-group differences amongst homoeopaths, as well as inter-group conflicts between homoeopaths and orthodox practitioners, played an important role in shaping professional homoeopaths’ practice and social identity. I argue that by analysing the professional conflicts from the perspective of this diverse, instead of unifying, “other,” one can better address the difficulties of the dichotomous and presentist view on orthodox and heterodox medicines prevailing in the historiography of heterodox medicine.

## 1.1 The historiography of heterodox medicines

From the 1970s, there has been an increasing visibility of a wide variety of healing methods in countries where biomedicine is widely accepted as the primary form of medicine.<sup>3</sup> The emergence of these practices has brought about new businesses, new social relationships, new experiences, and new debates. Sociologists, philosophers, anthropologists, historians, policy makers and even the mass media have been attempting to make sense of the phenomena. The fact that so many different terms have been adopted to describe the phenomena, including alternative, unorthodox,

2. In this study, I follow Bivins’ argument to use ‘heterodoxy’ to denote medical practices not based upon nor validated by the orthodoxy. I am aware of the danger in using any dichotomous term of over-generalisation and over-simplification of the relationship between various medical practices and their practitioners. I will further discuss the use of terminology in the following section. Roberta Bivins, “Histories of Heterodoxy,” in *The Oxford Handbook of the History of Medicine*, ed. M. Jackson (Oxford University Press, 2011), 578–79.

3. Bivins, “Histories of Heterodoxy,” 578; Sarah Cant and Ursula Sharma, *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the States* (London: Routledge, 1999), 1–20; Roger Cooter, ed., *Studies in the History of Alternative Medicine* (London: Macmillan, 1988), x.

unconventional, complementary, marginal, fringe, quackery, heterodox and medical pluralism, illustrates the diversity of methodologies involved. Medical historians turn to the eighteenth and nineteenth centuries, when multiple medical choices co-existed before a unified medical profession was formed, to study the rise and fall of heterodox medicines prior to the twentieth century, and to make sense of the ‘re-emergence’ of heterodox medicines.

Historiography of heterodox medicines is coloured by different agendas of roughly three groups of scholars. Physician historians, as well as many historians of orthodox medicine, aim to ridicule heterodox practices as ‘unscientific’ and portray their practitioners as quacks, charlatans or knaves. Juxtaposed with the social turn of the history of medicine since the late 1970s, where professional historians replaced physician historians and the Whiggish notion of medical history was challenged, a colourful subfield has emerged studying heterodox medicines in various historical, political, social and economic contexts. Most are interested in the ‘alternative’ perspectives which heterodox medicines can offer in understanding the rise of orthodox medicine.<sup>4</sup> Lastly, in the 1970s sociologists of profession also took interest in investigating how certain medical practices became ‘heterodox’ to construct social theories of professionalisation.<sup>5</sup> This sociological trend has informed medical historians to approach medicine as an institutional structure or as a social group bond by vested financial interests. Mostly sympathisers with heterodox medicines, these historians argue that certain medical approaches were ‘marginalised’ during the process of professionalisation.<sup>6</sup> Therefore, Jütte warns that scholars should be careful of adopting any dichotomous framework for its presentist value-laden implications stemming from both current and historical medical-political discourses in the historiography of heterodox medicine.<sup>7</sup>

4. Three important edited volumes initiated this new field of study. W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750–1850* (London: Croom Helm, 1987); Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (London: John Hopkins University Press, 1988); Cooter, *Studies in the History of Alternative Medicine*.

5. Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (London: University of Chicago Press, 1988); Noel Parry and José Parry, *The Rise of the Medical Profession: A Study of Collective Social Mobility* (London: Croom Helm, 1976).

6. For example, Harris L. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, four volumes (Berkeley, Calif.: North Atlantic Books, 1973–77); Roy James Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States” (PhD diss., University of Leeds, 1985); Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London: Croom Helm, 1988); Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care* (London: Continuum, 2003).

7. Robert Jütte, “Alternative Medicine and Medico-Historical Semantics,” in *Historical aspects of unconventional medicine : approaches, concepts, case studies* (Sheffield: European Association

Amongst heterodox medicines, British homoeopathy in the nineteenth century offers interesting insights into the establishment of orthodox and the decline of heterodox medicine. Contrary to the impression of anti-profession quackery, its founder and many practitioners were medically-qualified. It gathered a significant number of followers within the medical profession in the name of science and medical reform. It survived the ‘fall’ of heterodox medicines near the end of the nineteenth century. Moreover, Britain is one of the few countries which have never officially outlawed homoeopathy. The historiography of British homoeopathy is also important in understanding cross-cultural medicine and the local history of medicine in ex-British colonies. It was the British version of homoeopathy which spread to ex-British colonies, such as India, Australia, New Zealand and Canada, where homoeopathy still flourishes today.

Nevertheless, the historiography of homoeopathy is largely influenced by the contemporary debates of homoeopathy. As Campbell observes, despite the significant differences in both homoeopathic and orthodox practice now and then, the controversies of homoeopathy in the nineteenth century and today bear striking resemblances.<sup>8</sup> As a medical practice and theory, the differences between homoeopathy in the nineteenth century and today are often overlooked by presentist definitions in most studies. The notion that homoeopathy is an archaic, pseudo-scientific quackery from the nineteenth century, a view that is prevalent in physician historians’ accounts, does not inspire studies on the ‘science’ of homoeopathy. As a social group, the interpretation of the dichotomy between homoeopathy and allopathy actually reflects the tension between homoeopaths and orthodox medical institutions today.<sup>9</sup> Moreover, this tension motivates homoeopathic supporters to re-interpret ‘their’ history in two opposite ways. Some deliberately maintain the distinction between homoeopathy and orthodox medicine<sup>10</sup> by tracing the origins of homoeopathy to

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for the History of Medicine & Health Publications, 2001).

8. Craig Campbell, “Talk About Homeopathy: Discursive Strategies as Ways to Continually Marginalise Homeopathy from Mainstream Acceptance” (PhD diss., Queen Margaret University, 2009).

9. It is beyond the scope of this study to investigate the reasons for the tension between homoeopathy and orthodox medicine today. For a taste of these conflicts, see two discourse analyses of the language used in the controversy, and a sociological account of the infamous incident of between the French biologists Benevise and the *Nature*. Campbell, “Talk About Homeopathy: Discursive Strategies as Ways to Continually Marginalise Homeopathy from Mainstream Acceptance”; Colleen Joan Derkatch, “Rhetorical boundaries in the “New Science” of Alternative Medicine” (PhD diss., University of British Columbia, 2010); Michel Schiff, *Memory of Water: Homoeopathy and the Battle of Ideas in the New Science* (London: Thorsons, 1995).

10. Many heterodox medical practitioners prefer this approach to maintain their separate identity from orthodoxy. Cant and Sharma, *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the States*.

alchemical, magical and mystical traditions..<sup>11</sup> On the other hand, some emphasise the scientific tradition within homoeopathy.<sup>12</sup> These homoeopathic supporters are also in favour of the integration of homoeopathy within orthodox medicine.<sup>13</sup> Many of these theories, as I will argue later in the thesis, do not turn out to be solid historical arguments.

Before discussing how my methodology and theoretical framework address these issues, I would like to first discuss two important concerns in the historiography of heterodox medicine: dichotomous frameworks, and the notion of the ‘decline’ of these medical approaches. This overview does not intend to be exhaustive, but to serve as a starting point of how to approach a controversial topic differently.

### 1.1.1 In search of the demarcation between orthodoxy and heterodoxy in a dichotomous framework

A satisfactory historical approach towards heterodox medicines which is not based upon dichotomous perspective is yet to be found. The term ‘heterodox medicine(s),’ as well as other terms denoting the same phenomenon, indicates that these medical approaches are primarily understood as ‘what they are not’ against orthodoxy rather than ‘what they are.’ Overall, scholars have acknowledged that these terms are generic descriptions which include many different therapeutic approaches.<sup>14</sup> Social and cultural historians have successfully shown that there has never been any clear demarcation between orthodox and heterodox medicines. After analysing the philosophical content of homoeopathy, botanic medicine, hydropathy and mesmerism in the early nineteenth century, Cooter questions the extent to which heterodoxies held a significant different cosmology from the positivist, materialist and ‘scientific’ orthodox.<sup>15</sup> Medical qualifications also cannot be criterion for demarcation. Porter

11. For example, Elizabeth Danciger, *Homeopathy: From Alchemy to Medicine* (London: Century Hutchinson, 1987).

12. Notably Campbell’s theory of ‘two homoeopathies.’ Anthony Campbell, *Homeopathy in Perspective: A Critical Appraisal* (Lulu.com, 2008).

13. Attitudes towards the integration of homoeopathy within orthodox medicine seem to be divided between medically-qualified homoeopaths and lay homoeopaths. The demarcation between the two is also actively pursued by both sides. Martin James. Benwell, “Medical and Professional homoeopathy in the UK : A Study of Tensions in a Heterodox Healthcare Profession” (PhD diss., 1998).

14. Cant and Sharma, *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the States*.

15. Roger Cooter, “Alternative Medicine, Alternative Cosmology,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Macmillan, 1988), 62–77.

argues that Georgian quackery was more in collusion rather than in collision with regular medicine.<sup>16</sup> Qualified medical practitioners also took up heterodoxies for financial rewards and commercialised their practice similarly to quacks.<sup>17</sup> Other studies suggest that heterodoxy was connected to different political, social and religious concerns.<sup>18</sup> Different medicines were associated with different social classes. While Morrell and Leary argue that homoeopathy was favoured by the aristocracy,<sup>19</sup> Miley and Pickstone show that the popularity of medical botany in Britain was connected with the self-help traditions of the working class.<sup>20</sup> Rankin argues that different political ideologies divided homoeopaths into two factions in Britain.<sup>21</sup> More studies have made connections between nonconformist and heterodoxies, notably in America.<sup>22</sup> I will, however, using homoeopathy as an example, argue later in this thesis that these demarcation criteria are also too simplistic.

Probably acknowledging that an objective demarcation between orthodoxy and heterodoxy is untenable, in recent years the social and cultural study of heterodox medicines has expanded its subjects and emphasised the demarcation between heterodoxy and orthodoxy as subjective experience. The volume edited by Gijswijt-Hofstra, Marland and de Waardt expands the realm of heterodoxy to magical healing, witchcraft and cures for demonic affliction, where heterodoxy made sense of the illness and its cure differently from orthodoxy.<sup>23</sup> This argument corresponds to the

16. Roy Porter, *Health for Sale: Quackery in England 1660–1850* (Manchester: Manchester University Press, 1989), 222–36.

17. Hydropathy and mesmerism have been identified as ‘medicines for the rich.’ “Opportunity on the Edge of Orthodoxy: Medically Qualified Hydropathists in the Era of Reform, 1840–60,” *Social History of Medicine* 14, no. 3 (2001): 417–437; Kelvin Rees, “Hydropathy in Matlock,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Macmillan, 1988), 27–44; Susan Allison Kinder, “The Struggle for Legitimacy in Victorian Alternative Medicine: The Case of Hydrotherapy and Mesmerism” (PhD diss., Birkbeck College, 2004).

18. J. F. C. Harrison, “Early Victorian Radicals and the Medical Fringe,” in *Medical Fringe and Medical Orthodoxy 1750–1850*, ed. W. F. Bynum and Roy Porter (London: Croom Helm, 1987), 198–215.

19. Peter Morrell, “Aristocratic Social Networks and Homeopathy in Britain,” [http://www.homeoint.org/morrell/articles/pm\\_arist.htm](http://www.homeoint.org/morrell/articles/pm_arist.htm) (accessed August 2, 2014); Bernard Leary, “The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries,” in *Patients in the History of Homoeopathy*, ed. Martin Dinges (Sheffield: European Association for the History of Medicine & Health Publications, 2002), 331–350.

20. Ursula Miley and John V. Pickstone, “Medical Botany Around 1850: American Medicine in Industrial Britain,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Macmillan, 1988), 139–154.

21. Glynis Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Macmillan, 1988), 46–61.

22. Robert C. Fuller, *Alternative Medicine and American Religious Life* (Oxford: Oxford University Press, 1989); John S. Haller, *Swedenborg, Mesmer, and the Mind / Body Connection: The Roots of Complementary Medicine* (West Chester, Pa.: Swedenborg Foundation, 2010).

23. Marijke GijswijtHofstra, Hilary Marland, and Hans de Waardt, eds., *Illness and Healing*



findings of a survey done in the same year on the reasons for patients' choice of alternative medicine.<sup>24</sup> The survey concludes that patients do not choose alternative medicines because of the ineffectiveness of orthodox treatments, but because they offer more compatible views on diseases and body with those of their own that heterodox medicines offer. The volume edited by Johannessen and Lázár also holds similar opinion.<sup>25</sup> Bivins further extends this subjective view to cross-cultural medicines. She argues that the notion of orthodoxy and heterodoxy is dependent on the historical and cultural contexts. The boundary between the two is often flexible and hostility does not always exist.<sup>26</sup>

The untenable objective demarcation between orthodox and heterodox medicines encourages monograph studies of respective heterodox medicine. These monograph studies break away from the old dichotomous view between orthodoxy and heterodoxy, and show that each heterodox medicine has its unique history and relationship with other medicines. Recent works on the general history of heterodox medicines also do not attempt to present a grand narrative.<sup>27</sup> Nevertheless, individual heterodox medicine is still mostly regarded as a homogeneous, self-contained body, and its historiography is mostly physician-centred. This view is challenged by recent studies of the role of female practitioners/participants in different heterodox medicines,<sup>28</sup> and of patients' role in shaping medical practice.<sup>29</sup>

In this regard, the historiography of homoeopathy offers an abundance of evidence to show that homoeopathy in the nineteenth century was not a homogeneous group, either practically, theoretically, or politically. Coulter's study shows that conflicts

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*Alternatives in Western Europe* (London: Routledge, 1997), 1–13.

24. John A. Astin, "Why Patients Use Alternative Medicine: Results of a National Survey," *Journal of American Medical Association* 279 (19 1998): 1548–1553.

25. Helle Johannessen and Imre Lázár, eds., *Multiple Medical Realities: Patients and Healers in Biomedical, Alternative and Traditional Medicine* (New York and Oxford: Berghahn Books, 2006).

26. Roberta E. Bivins, *Alternative Medicine? : A History* (Oxford, 2007).

27. James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford University Press, 2004); Erika Janik, *Marketplace of the Marvelous: The Strange Origins of Modern Medicine* (Boston: Beacon Press, 2014).

28. Amy Lehman, "Theatricality, Madness, and Mesmerism: Nineteenth Century Female Performers" (PhD diss., Indiana University, 1996); Anne Taylor Kirschmann, *A Vital Force: Women in American Homeopathy* (New Brunswick: Rutgers University Press, 2004).

29. 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; Anne Hilde van Baal, *In Search of A Cure: The Patients of the Ghent Homoeopathic Physician Gustave A. Van den Berghe (1837–1902)* (Rotterdam: Erasmus Publishing, 2008); Martin Dinges, ed., *Patients in the History of Homoeopathy* (Sheffield: European Association for the History of Medicine & Health Publications, 2002).

between high-potency and low-potency prescribers were important episodes within American homoeopathy.<sup>30</sup> Although being the minority, high-potency prescribers also established themselves in Britain.<sup>31</sup> Rankin argues that the conflicts amongst British homoeopaths in the mid-nineteenth century were results of homoeopaths' different political affiliations.<sup>32</sup> Morrell recognises the importance of lay practitioners and calls for further studies in this regard.<sup>33</sup> These studies primarily focus on the impacts of the internal history of homoeopathy and, as I will argue later in the thesis, these dichotomous differentiations amongst homoeopathic practitioners are too simplistic. Nevertheless, this thesis takes the advantage of the possibilities that the historiography of homoeopathy offers to explore how variances within heterodox medicine shaped its practice and social relationships. I emphasise that by putting intra-group variances into considerations, one can better understand the motivations in preferring certain social relationships.

A theoretical framework which is not dichotomous is needed to disentangle the variances amongst homoeopaths. This study is inspired by the subjective demarcation between orthodoxy and heterodoxy of the above-mentioned cultural and social studies on heterodox medicines. However, to avoid the danger of relativism, as to how the cultural studies of medicine are often criticised, and due to the limitations of archival sources, this study does not intend to investigate individual practitioner's interpretations of homoeopathy. Rather, I use SIT from social psychology, devised to understand inter-group behaviours, as a meta-theoretical reference to analyse the underlying motivations for how professional homoeopaths expressed and communicated what homoeopathy was in public contexts.

Before I detail the key concepts of SIT, I would like to discuss another important issue in the historiography of heterodoxy: the notion of its decline.

### 1.1.2 The notion of the 'decline' of heterodox medicine

Until recently, the common narrative of the development of heterodox medicines has been that they rose in the early nineteenth century, flourished as the century

30. Harris L. Coulter, *Divided Legacy: A History of Schism in Medical Thought: The Conflict between Homeopathy and the American Medical Association*, Science and Ethics in American Medicine, 1800–1914, vol. 3 (Berkeley, Calif.: North Atlantic Books, 1973).

31. Nicholls, *Homoeopathy and the Medical Profession*.

32. Rankin, "Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy."

33. Peter Morrell, "A Brief History of British Homoeopathy," [http://www.homeoint.org/morrell/articles/pm\\_lay.htm](http://www.homeoint.org/morrell/articles/pm_lay.htm) (accessed August 1, 2010).

went on, and eventually reached their fall near the end of the century. This narrative based upon simple dichotomy is still largely unchallenged but with different theories attributed to the reasons for the rise and fall of heterodox medicines. Physician historians, with the intention of debunking heterodox medicines, argue that it was the advent of a more scientific and effective medicine which caused the inevitable fall of heterodox medicines. To what extent medicine had become scientific and effective near the end of the nineteenth century has since been under debate. Different ways of defining ‘science’ have been used by medical historians: be it laboratory-based practice, bacteriology, the use of technology or scientific management.<sup>34</sup> For the purpose of this study, it will suffice to know that although the ‘scientificness’ of the late-nineteenth century medicine is uncertain,<sup>35</sup> the ideal of scientific medicine did become important throughout the nineteenth century. Adopting diachronic definitions of science, Warner argues that heterodox medicines were well-justified with their respective scientific programmes for reforming medicine.<sup>36</sup> Sturdy also argues that the extent of how much ‘science’ contributed to the conflicts has been over-stated in the historiography of medicine.<sup>37</sup> So far, we are safe to conclude that ‘science’ was probably one of the reasons contributing to the ‘fall’ of heterodox medicines.

Sociologists of profession and medical historians inspired by sociological methodology, on the other hand, propose a different theory of how and why certain medicines were marginalised. As the historical demarcation between orthodoxy and heterodoxy has been flexible, Bynum suggests that the distinction between the two has been “socially constructed.”<sup>38</sup> The primary motivation for establishing an orthodoxy or professional structure, as these scholars argue, is to protect the financial interest of medical practitioners by limiting membership and imposing social control structures to minimise competitions from outsiders. It was through the process of professionalisation, not scientific debates, that certain medical systems became heterodox. In Britain, the Medical Act of 1858, as argued by Bynum and Saks, posed the official divide between the orthodox and heterodox medicines.<sup>39</sup> This dichotomous and conflicting

34. S. Sturdy and R. Cooter, “Science, Scientific Management, and The Transformation of Medicine in Britain c. 1870–1950,” *History of Science* 36 (1998): 421–466.

35. For example Keir Waddington, “More like Cooking than Science: Narrating the Inside of the British Medical Laboratory, 1880–1914,” *Journal of Literature and Science* 3, no. 1 (2010): 50–70.

36. John Harley Warner, “The History of Science and the Sciences of Medicine,” *Osiris* 10 (1995): 164–193.

37. Steve Sturdy, “Looking for Trouble: Medical Science and Clinical Practice in the Historiography of Modern Medicine,” *Social History of Medicine* 24, no. 3 (2011): 739–757.

38. Bynum and Porter, *Medical Fringe and Medical Orthodoxy 1750–1850*, 1.

39. Bynum and Porter, *Medical Fringe and Medical Orthodoxy 1750–1850*, 2; Saks, *Orthodox*

view influences early studies of the history of homoeopathy; more so than other heterodox medicines. Unequivocally, homoeopathy is described as being ‘ostracised,’ ‘attacked,’ ‘excluded,’ ‘marginalised,’ and ‘stigmatised’ by the medical profession, usually for its financial success.<sup>40</sup>

I argue that this conflicting narrative within the historiography of homoeopathy<sup>41</sup> is a combined result of four historiographical issues. First is the above-mentioned dichotomy between homoeopathy and allopathy. According to the minimal group paradigm of SIT, as I will explain later, the mere division of two groups will result in in-group members amplifying their differences with out-group members, which leads to inter-group prejudices, and ultimately, antagonism. Second is that the writing of history of homoeopathy is often informed by homoeopathic sympathisers’ interpretations of the contemporary controversy of homoeopathy. These interpretations often imply that homoeopathy is unjustifiably excluded from orthodoxy.<sup>42</sup> Third is the attempt at a grand narrative of the history of homoeopathy combining American and British homoeopathies. Fourth is the availability of primary sources. I will discuss the last two factors further.

### 1.1.3 Regional differences: British homoeopathy in the shadow of American homoeopathy

As I have discussed above, when analysing each heterodox medicine as a homogeneous body, differences in terms of theory, practice, regions are largely ignored. As I will argue throughout this study, these intra-group differences played important

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*and Alternative Medicine: Politics, Professionalization and Health Care*, 65–68.

40. The title of Squires’ thesis best illustrates this view. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States.”

41. Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: Johns Hopkins University Press, 1971); Coulter, *Divided Legacy: A History of Schism in Medical Thought*; Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States”; Nicholls, *Homoeopathy and the Medical Profession*; Lynda Karen Brierley-Jones, “How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920” (Durham University, 2007).

42. Schiff, *Memory of Water: Homoeopathy and the Battle of Ideas in the New Science*; Campbell, “Talk About Homeopathy: Discursive Strategies as Ways to Continually Marginalise Homeopathy from Mainstream Acceptance”; Derkatch, “Rhetorical boundaries in the “New Science” of Alternative Medicine.”

roles in shaping how in-group members interacted with out-group members. The ignorance of regional differences poses a historiographical issue in the study of the history of homoeopathies. The study of the history of British homoeopathy, in particular, has been overshadowed by that of American homoeopathy, which is blessed with an abundance of primary sources compared to British homoeopathy in the nineteenth century.

Most historical studies of homoeopathy bundle American and British homoeopathy together. Instead of adopting a comparative approach, it is often assumed that the conclusions and interpretations are applicable to both American and British homoeopathy. Considering the disparity of the amount of primary sources available in Britain and America, it is not surprising that in these studies the development of homoeopathy in America overshadows that in Britain. In its heyday in America, around 1900, there were 10,000 homoeopaths, eleven homoeopathic colleges, sixty-six general and seventy-four special homoeopathic hospitals.<sup>43</sup> In contrast, during the heyday of British homoeopathy in the 1870s, for example in 1874, there were no more than 284 homoeopaths, 113 dispensaries, eight hospitals and four homoeopathic journals in Britain.<sup>44</sup>

Considering the disparity of the amount of available primary sources, it is common that when British and American homoeopathy are studied together, the resulting grand narrative is based upon American homoeopathy. Coulter uses both American and British homoeopathic journals to argue that homoeopathic principles and remedies were integrated into nineteenth-century allopathic practice.<sup>45</sup> However implicitly, Coulter's main discourse is about the homoeopathy in America. He utilises British cases to illustrate historical trends in the US, instead of investigating them in their own context. Coulter argues that medical nihilism, a prevalent pessimistic feeling amongst medical practitioners about finding effective treatments, was responsible for allopaths' quest for alternatives outside of their own practice.<sup>46</sup> Nevertheless, medical nihilism might have been prevalent in America during the second half of the nineteenth century, but this was not the case for late Victorian medicine. Nicholls' study on British homoeopathy results in a counter argument towards Coulter's. Nicholls argues that it was not that allopaths imitated homoeopathic

43. Nicholls, *Homoeopathy and the Medical Profession*, 193.

44. J. Galley Blackley, ed., *The Homoeopathic Medical Directory of Great Britain and Ireland and Annual Abstract of British Homoeopathic Serial Literature* (London: Henry Turner & Co., 1874).

45. Harris L. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study* (Washington: American Institute of Homeopathy, 1973).

46. Ibid.

practice. Rather, in Britain, homoeopathic practice had become similar to allopathic practice, resulting in a ‘bastard homoeopathy’ during the last quarter of the nineteenth century.<sup>47</sup> I will investigate in Part II and III the issue of whether it was that homoeopaths imitated allopathic practices, or the other way round. I argue that the issue can only be clarified when examining the practice of British homoeopathy in its own historical context, instead of being a footnote to American homoeopathy.

Monograph studies of American homoeopathy first appeared in the 1970s. Kaufman’s *Homoeopathy in America: The Rise and Fall of a Medical Heresy* (1971) and Coulter’s *Divided Legacy: The Conflict between Homeopathy and the American Medical Association* (1973) set the dichotomous tone for the studies on homoeopathy that followed.<sup>48</sup> Coulter’s narrative, informed by the social study of profession, influenced Squires’ and Nicholls’ subsequent studies on British homoeopathy in the 1980s.<sup>49</sup> He argues that financial competition was responsible for the decline of homoeopathy. Homoeopathy was ostracised from the professional bodies by the joint efforts of the American Medical Association and pharmaceutical companies.<sup>50</sup> However, Coulter’s grand explanation for the decline of homoeopathy does not apply to British homoeopathy. As I will show later in next section, incidents of professional ostracism decreased in Britain after the 1870s. Pharmaceutical companies in Britain had never achieved a position as influential as those in America. On the contrary, the number of homoeopathic chemists increased dramatically during the last quarter of the nineteenth century.

Squires and Nicholls both concentrate on sociological analysis of profession and conclude that professional conflicts made significant impacts on the ‘decline’ of homoeopathy during the second half of the nineteenth century. According to Squires, homoeopathy was ‘marginalised’ and ‘excluded’ because it was financially successful. Its mild treatments were more appealing to clients compared to the then prevalent heroic treatments.<sup>51</sup> Squires’ argument for a financially lucrative and socially successful homoeopathy is echoed by later studies on the patients of homoeopathic treatments.

47. Nicholls, *Homoeopathy and the Medical Profession*, 165–192.

48. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*; Coulter, *Divided Legacy: A History of Schism in Medical Thought*.

49. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States”; Nicholls, *Homoeopathy and the Medical Profession*.

50. Coulter, *Divided Legacy: A History of Schism in Medical Thought*.

51. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States,” 379–412.

Nicholls, Leary and Morrell confirm that homoeopathy was an upper-class favourite.<sup>52</sup> Nevertheless, the primary sources sometimes show evidence against Squires' argument. For example, in 1850 a lay homoeopath named Wilson expressed that it was difficult to make a decent living by practising homoeopathy solely and therefore he would not abandon allopathy.<sup>53</sup> I argue that this contradiction is a result of neglecting the variances amongst homeopathic practitioners. Squires and Nicholls focus on medically-qualified homoeopathic practitioners, while Leary and Morrell attend to homoeopaths who were popular amongst the upper-class. In Part I of the thesis I will show the differences amongst homoeopathic practitioners and how they interpreted homoeopathy differently.

Nicholls' *Homoeopathy and the Medical Profession* (1988) is the only published monograph on the history of British homoeopathy, which therefore exerts much influence on later studies on British homoeopathy.<sup>54</sup> Nicholls' work is clearly influenced by Coulter's narrative of American homoeopathy. Nicholls gives detailed discussion on Coulter's dichotomous framework in understanding allopathic and homoeopathic medicines as rationalism and empiricism respectively.<sup>55</sup> Nicholls, too, emphasises the conflicting nature of the relationship between homoeopathy and the medical profession.<sup>56</sup> Nicholls' study, although it largely focuses on the professional conflicts, proposes a different explanation for the decline of homoeopathy in Britain. He argues that in Britain, homoeopathy actually "disappeared," rather than "declined," due to the fact that the practices of homoeopathy and allopathy had become similar during the second half of the nineteenth century. Heroic treatments were gradually given up amongst allopaths, while homoeopaths had adopted many allopathic practices. By the end of the nineteenth century, a separate homoeopathic identity therefore was no longer needed.<sup>57</sup> Haller's latest account of American homoeopathy

52. Phillip A. Nicholls, "Class, Status and Gender: Toward a Sociology of the Homoeopathic Patient in Nineteenth-Century Britain," in *Patients in the History of Homoeopathy*, ed. Martin Dinges (Sheffield: European Association for the History of Medicine & Health Publications, 2002), 141–156; Leary, "The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries"; Morrell, "Aristocratic Social Networks and Homeopathy in Britain."

53. Marmaduke B. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, an address delivered at a general meeting of the British Homoeopathic Association, together with a report of the proceedings, connected with the formation of a London Homoeopathic Hospital (London: The British Homoeopathic Association, 1850), 36.

54. Although it probably was written earlier, and examined aspects other than professional conflicts, Squires' PhD thesis unfortunately has never been published, and is not available in digital format either.

55. Nicholls, *Homoeopathy and the Medical Profession*, 16–38.

56. Ibid., 103–105.

57. Ibid., 165–192.

shares Nicholls' view. He argues that by 1900, due to the similarities between homoeopathic and allopathic practices, homoeopaths gradually started to refashion homoeopathy as a supplemental therapeutic field. In this way, homoeopathy was merged with the medical profession as a complementary medicine.<sup>58</sup>

There are several issues about this explanation. Firstly as I will show in Chapter 7, there were different practising approaches amongst professional homoeopaths. Some adopted allopathic practices, while others rejected them. It is therefore not entirely correct to generalise that homoeopathy had become allopathic. Secondly, in the theoretical framework of sociology of profession, the behaviours of human subjects are indicated by their financial concerns. I consider that a homoeopathic identity was not only constituted of financial interest, but also included one's values and beliefs. This identity makes sense of one's existence in social structure. One does not give up one's identity simply because it is not a profitable one. Rather, as predicted in SIT, there are at least four different strategies a group member might adopt when the status of their social identities is challenged (see later sections). The predictions of SIT correspond to what I will show in Part III. There were long debates amongst professional homoeopaths about how they should place themselves in the existing social and professional structures. Different strategies were also adopted in changing the social status of homoeopathy.

Despite its drawbacks, Nicholls' work continues to inform later studies on the history of heterodox medicines. Drawing upon Nicholls' study, Saks argues that homoeopathy was marginalised by the developing medical elites for the financial threat and criticism it posed to the profession.<sup>59</sup> Also based upon Nicholls' and Kaufman's works, Bivins states that the commercial success of homoeopathy during the mid-nineteenth century instigated competitions with other medical practitioners.<sup>60</sup> These researches conclude that professional conflicts partly account for the decline of homoeopathy in Britain.

The next monograph study on British homoeopathy is Brierley-Jones' PhD thesis *How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920* (2007).<sup>61</sup> In attempting a grand narrative for Anglo-Saxon

58. John S. Haller, *The History of American Homeopathy: The Academic Years, 1820–1935* (New York and London: Pharmaceutical Products Press, 2005), 292–294.

59. Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*, 63–71.

60. Bivins, *Alternative Medicine? : A History*, 98–103.

61. Brierley-Jones, "How Medicine Could Have Developed Differently: A Tory Historiographical



homoeopathy, this study has a similar issue to Coulter's'. For example, Brierley-Jones argues that homoeopathy declined in the end of the nineteenth century due to homoeopaths' static attitudes and professional structures in handling unexpected results in homoeopathic experiments. Nevertheless, in discussing British homoeopaths' response to the infamous Milwaukee test in America, which was designed to test if highly-diluted remedy was effective, Brierley-Jones did not cite any direct responses from homoeopathic publications or other sources in Britain.<sup>62</sup> She uses the response of one British homoeopath, James Compton Burnett (1840–1901), to support her argument.<sup>63</sup> Nevertheless, I would question whether Burnett's opinion can be considered as a competent representative of British homoeopathy.<sup>64</sup> As I will discuss in Chapter 7, Burnett had a close relationship with the Hahnemannians, a group of professional homoeopaths advocating the use of highly-diluted remedies. The Hahnemannians were excluded from professional orthodox homoeopathy, and therefore I argue that Burnett's view of homoeopathy was likely to differ from professional orthodox homoeopathy. Moreover, while the Milwaukee test might be important in American homoeopathy, it was barely mentioned in British homoeopathic literature in the nineteenth century. Overall, Brierley-Jones' narrative is primarily based upon the development of homoeopathy in America; and her conclusions do not often apply to British homoeopathy.

#### 1.1.4 Availability and nature of primary sources

The last factor which contributes to the narratives of a conflicting and antagonistic relationship between homoeopathy and the medical profession is the availability and the nature of primary sources. One can find around the mid-nineteenth century the biggest deposit of homoeopathic journals and archival sources. It is therefore reasonable that most studies of the history of British homoeopathy focus on this

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Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920."

62. Ibid., 117–121.

63. Ibid., 126–127.

64. Brierley-Jones' choice to discuss Burnett's viewpoints is probably justified by the fact that Burnett is given a disproportionate prominent status by contemporary homoeopaths. He was a great-uncle of Margaret Blackie (1898–1981), late homoeopath to Queen Elizabeth. See, for example, "Dr. James Burnett, a Devoted Homeopath!" <http://hpathy.com/past-present/dr-james-burnett-a-devoted-homeopath> (accessed February 5, 2015); Morrell, a homoeopath himself, also gives due attention to Burnett. Peter Morrell, "British Homeopathy during Two Centuries," A research thesis submitted to Staffordshire University for the degree of Master of Philosophy (Staffordshire University, 1999), 146–152.

time period, when the disputes between homoeopathy and the medical profession were at their peak.<sup>65</sup>

A brief examination of the medical journals in the nineteenth century will confirm this observation. A full-text search with the key word *homoeopath\** in the *British Medical Journal* (BMJ) and the *Lancet* returns that homoeopathy had the highest visibility between 1850 and the early 1860s. The common theme of these articles are disputes between homoeopathy and allopathy, consequences of the execution of the Brighton Resolution reached in the annual meeting of the Provincial Medical and Surgical Association (PMSA) in 1853, where any professional involvement with a homoeopath was prohibited for the members (more on the Resolution in Chapter 3). Before 1850 there were only a handful of articles about homoeopathy and these mainly served the purpose of introducing a new medical system. From the mid-1860s on, only a few incidents regarding homoeopathy (in 1866, 1875–77, and 1881) attracted limited attention from these two leading medical journals. Homoeopathic journals also evidently expressed a sense of crisis around the mid-nineteenth century (I will discuss this crisis further in Part II). Due to the availability of primary sources, most studies on the history of homoeopathy in Britain focus on the turbulent period of the mid-nineteenth century.<sup>66</sup> The first two historical studies of British homoeopathy both utilise published materials, especially medical journals, as primary sources.<sup>67</sup>

## 1.2 A preliminary examination of the notion of the ‘decline’ of homoeopathy

I will show that the notion of the ‘decline’ of homoeopathy in Britain during the second half of the nineteenth century is doubtful after examining the figures in the

65. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States”; Nicholls, *Homoeopathy and the Medical Profession*; Mark W Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in Mid-Victorian Britain,” *Social History of Medicine* 9, no. 2 (August 1996): 175–194.

66. Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy”; Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in Mid-Victorian Britain.”

67. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States”; Nicholls, *Homoeopathy and the Medical Profession*.

homoeopathic directories published in the nineteenth century and evaluating the reliability of these directories.

Both Nicholls and Morrell utilise these figures to support their arguments of the decline of homoeopathy. Based upon the number of members of the BHS, Nicholls suggests that British homoeopathy declined after the twentieth century.<sup>68</sup> Nevertheless, as I will show in Chapter 10, the authority of the BHS was questioned since the 1870s. As the membership of the BHS in the second half of the nineteenth century only guaranteed a homoeopath's employment opportunity in the London Homoeopathic Hospital (LHH), it is doubtful to what extent the number of members of the BHS could represent the popularity of homoeopathy in Britain. Indeed, the numbers of homoeopathic practitioners in the directories are invariably more than that of the BHS. Morrell, on the other hand, uses the number of dispensaries to evaluate the popularity of homoeopathy. He shows that the number of homoeopathic dispensaries peaked in 1876 at 120, and therefore concludes that homoeopathy in Britain declined after 1876.<sup>69</sup>

Although Nicholls and Morrell differ in their estimation of when British homoeopathy declined, their conclusions cast doubts on to what extent the professional conflict contributed to the decline of homoeopathy, as these conflicts peaked in the 1850s and 1860s. My preliminary examination of the figures of homoeopathic directories also poses questions on the notion of 'decline' of homoeopathy. The table below shows the numbers of medical-qualified homoeopaths, homoeopathic dispensaries and chemists. Similar to Morrell's argument, the number of medically-qualified homoeopaths reached its peak in 1874. Nevertheless, it is difficult to estimate the number of lay homoeopaths. Only the directory in 1888 included 41 lay practitioners, which constituted almost 15% of homoeopathic practitioners. On the other hand, the information of the number of homoeopathic dispensaries is incomplete. Although the number of homoeopathic dispensaries reached its peak in 1874 and dropped significantly, there was meanwhile the rise of a new profession: homoeopathic chemists, who prescribed over-the-counter remedies and home-kits. Therefore the decline of homoeopathic dispensaries does not necessarily mean the lack of popularity of homoeopathy; it could also mean that homoeopathic service appeared in another form.

Before I draw any concrete conclusions from the table, some background knowledge is required in interpreting various homoeopathic directories published in the nineteenth

68. Nicholls, *Homoeopathy and the Medical Profession*, 215.

69. Morrell, "British Homeopathy during Two Centuries," 139–142.

year	qualified homoeopaths	dispensaries	chemists	remarks
1853	180	47		another 41 lay practitioners
1863	246	23		
1867	252	64		
1874	284	113		
1888	252	N/A	87	
1898	203	39	81	
1911	204	N/A	73	

**Table 1.1.** Figures from homoeopathic directories.

Sources: George Atkin, *Homoeopathic Medical Directory and Record* (London: Aylott & Co., 1853)

*The British and Continental Homoeopathic Medical Directory* (London: Leath & Ross, 1863)

*The Homoeopathic Medical Directory of Great Britain and Ireland* (London: Henry Turner & Co., 1867)

Blackley, *The Homoeopathic Medical Directory of Great Britain and Ireland and Annual Abstract of British Homoeopathic Serial Literature*

*The British Homoeopathic Medical Directory (1888)* (Liverpool: Thompson & Capper, 1888)

Alexander Villers, ed., *British, Colonial and Continental Homoeopathic Medical Directory* (London: Homoeopathic Publishing Company, 1898)

*International Homoeopathic Medical Directory, 1911–12* (London: Homoeopathic Publishing Co., 1911)

century. A homoeopathic directory, as well as other medical directories, sometimes served as a manifesto of a separate social identity of medical practitioners, and sometimes served as a tool for medicine as a commercial activity. There was never an official homoeopathic directory published by, for example, the BHS. There was never an official qualification for homoeopathy in nineteenth-century Britain. The elitist character of the BHS confined its membership to those who were better-qualified or better-connected. Its members consisted of only a fraction of homoeopathic practitioners in the country and the number of the members had never exceeded three hundred. For patients all over the country seeking homoeopathic treatments, and for practitioners who wished to be identified as homoeopaths for whatever reasons, an additional list was necessary. In consequence, these directories were edited by homoeopaths and possibly sponsored by homoeopathic remedy sellers. The directories were available via homoeopathic chemists, who also sold homoeopathic medical chests consisting of selections of commonly-used remedies for self-medication.<sup>70</sup>

70. *The British Homoeopathic Medical Directory (1888)* (Liverpool: Thompson & Capper,

The information contained in these directories cannot be taken as accurate representation of the status of homoeopathic practice in the country. Without exception, all the homoeopathic directories published in the nineteenth century collected information via voluntary correspondence. Questionnaires were sent out directly to possible homoeopaths, and the lay public was encouraged to report homoeopaths practising in their neighbourhood.<sup>71</sup> Under the hostility of the medical profession, there were more cases where homoeopaths withdrew their names from the directories after the 1860s.<sup>72</sup> Moreover, an increasingly blurring boundary between homoeopathy and allopathy in the second half of the nineteenth century further raised the question of how 'homoeopathic' many medical institutions and practitioners were. I will give further examples of the ambiguous identities of medical institutions and medical practitioners in Part III. These examples remind us that the homoeopathic directories are voluntary lists, and it is quite likely that there were a wide range of practices offered under the title "homoeopathy." To conclude, it is probably too generalised to consider the homoeopathic directories as the ultimate guide for the status of homoeopathy during a certain time period. What they can tell us is which practitioners and institutions considered themselves as affiliated with homoeopathy and were willing to announce it to the public. And this willingness is related to the reputation of homoeopathy as a medical practice within the profession and to the public.

The first homoeopathic directory, *The British and Foreign Homoeopathic Medical Directory and Record*, was published in 1853, and republished in 1855, by an Edinburgh-educated homoeopath, George Atkin (1815–1887), in response to the decision to omit all homoeopaths and their supporters by the editors of the *London and Provincial Medical Directory*, who apparently followed the latest resolution achieved in the meeting of PMSA in Brighton.<sup>73</sup> The *London and Provincial Medical Directory* was published between 1845 and 1860 as a result of the general practitioners' intent to draw a clear boundary between the qualified and the unqualified. Atkin's *Homoeopathic Directory* was therefore, a "self defense."<sup>74</sup>

Nevertheless, the enactment of the Medical Act of 1858 and the subsequent appearance of the first General Medical Register in 1859 seemed to save professional homoeopaths from ostracism. From 1861 onwards, the *London and Provincial Medical Directory*

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1888).

71. George Atkin, *Homoeopathic Medical Directory and Record* (London: Aylott & Co., 1853), iii; *The Homoeopathic Medical Directory of Great Britain and Ireland* (London: Henry Turner & Co., 1867), 10.

72. *The British Homoeopathic Medical Directory* (1888).

73. Atkin, *Homoeopathic Medical Directory and Record*, iii.

74. Ibid.

included the General Medical Register. As qualified medical practitioners, professional homoeopaths were once again included in the *Directory*.<sup>75</sup> Atkin therefore did not edit further directories. Another homoeopathic directory, *The British and Continental Homoeopathic Medical Directory* published in 1863 seemed to mainly serve as a reference guide for patients.<sup>76</sup>

The eventual “silent treatment” of the medical profession towards homoeopathy from the early 1860s reminded professional homoeopaths that mere inclusion in the General Medical Register did not guarantee one’s acceptance within the profession. Professional homoeopaths were isolated and could not obtain privileged hospital posts and referral of patients.<sup>77</sup> Under this circumstance, homoeopaths struggled to find ways to break through the exclusion of homoeopathic news in medical journals. One such attempt was during the trials of homoeopathy in treating cattle plague between 1865 and 1866, as will be discussed in Chapter 5. The unsuccessful trials further encouraged the publication of another homoeopathic directory to address the issue of isolation and ostracism. *The Homoeopathic Medical Directory of Great Britain and Ireland* was published annually between 1867 and 1874. While homoeopathy was rarely mentioned in medical journals and failed to prove itself in the cattle plague trials, the editors clearly stated that a directory would show that homoeopathy was still flourishing and embraced by many: the best evidence of the efficacy of homoeopathy. In the preface of the first edition of the *Homoeopathic Directory*, the intention was clearly stated.

A Homoeopathic Directory is something more than a mere list of addresses and qualifications of physicians and surgeons practising Homoeopathy. [...] It is a list of witnesses in favour of that reform which Homoeopathy has introduced into the art and science of medicine. [...] It affords the strongest evidence in favour of Homoeopathy, as a practical science, to which it is possible to refer, when it is considered that each and all of these professors, lecturers, medallists, physicians, surgeons, and apothecaries, after full study and careful experiment in hospitals, dispensaries, and clinics, have abandoned the older system of medicine, and have given their adhesion to the new.<sup>78</sup>

75. John Churchill, ed., *The London and Provincial Medical Directory, inclusive of the Medical Directory for Scotland, and the Medical Directory for Ireland and General Medical Register* (London: John Churchill, 1861), 130, 184, 133.

76. *The British and Continental Homoeopathic Medical Directory* (London: Leath & Ross, 1863).

77. Nicholls, *Homoeopathy and the Medical Profession*, 133–164.

78. *The Homoeopathic Medical Directory of Great Britain and Ireland*, 7–8.

It was further expected that the directory served as “the testimony,” could be “a silent appeal to them, as individuals, to give Homoeopathy a personal investigation. It is a *prima facie* evidence that Homoeopathy is a safe and legitimate practice.”<sup>79</sup> In contrast to the previous appeals to the medical profession, which mainly advocated homoeopathy on the ground of statistical superiority of mortality rate in hospital records (see Chapter 3), the directory attempted to persuade the medical profession simply by the existential value of homoeopathy.

In contrast to Atkin's *Directory* in 1853, which protested the injustice of excluding medically qualified homoeopaths, the new series of the *Homoeopathic Directory* after 1867 advocated a different attitude towards professionalisation. The editors of the *Homoeopathic Directory* acknowledged that the grant of medical qualifications was not only a professional matter but also a political one. Instead of simply excluding unqualified practitioners from the list as the General Medical Register, the *Directory* included homoeopaths who were not registered with the Medical Council in a separate list alongside the registered ones. Another additional list of homoeopaths with qualifications unrecognised in Britain was drawn up. These were homoeopaths who obtained medical degrees from homoeopathic colleges in America, which were not recognised in Britain. These two separate lists, though only containing twelve unregistered and five unrecognised practitioners compared with two hundred and thirty four registered homoeopaths,<sup>80</sup> nevertheless proposed a critique of the General Medical Register, and even the policy of the BHS, that medical qualifications could also be a political matter. Moreover, the directory also suggested the existence of those practitioners who were not included due to the suppressed state of homoeopathy. The editor told that “the following list does not include the names of every practitioner of Homoeopathy in the British Isles. In some cases we have been requested not to publish the names of new converts, who, although fully persuaded of the truth of Homoeopathy, are not yet prepared to avow their belief openly.”<sup>81</sup>

*The Homoeopathic Medical Directory of Great Britain and Ireland* printed its last issue in 1874, for reasons which were not clearly-stated. For one thing, the *Directory* seemed to have achieved its aim in proving the efficacy of homoeopathy by the large numbers of its practitioners and institutions. In 1874 both numbers reached their peaks in record: there were 284 homoeopaths and 113 homoeopathic dispensaries in Britain alone. On the other hand, however, vehement disagreements

79. Ibid., 7.

80. Ibid., 9–10.

81. Ibid., 10.

among professional homoeopaths regarding the London School of Homoeopathy reflected that there was not a common idea of how homoeopathy should be practised and how the relationship between homoeopathy and allopathy should be (see Chapter 10). The *Homoeopathic Directory* also stopped its publication at this time.

It was not until 1895 that another series of the homoeopathic directory was published, but for very different reasons. *British, Colonial and Continental Homoeopathic Medical Directory*, later on *The International Homoeopathic Directory* after 1900, showed a changed landscape of the homoeopathic profession from the elitist policy set by the BHS, which was largely followed by professional homoeopathy into the 1870s, to a lay-dominated homoeopathy forming a group distinct from the medical profession. The primary audience for whom the *Directory* published was homoeopaths themselves, while the previous directories served either as guiding manuals for the public or as proof of the excellence of homoeopathy. Instead of gaining support from homoeopathic journals which advocated scientific and professional homoeopathic practice, such as the *Monthly Homoeopathic Review*, the *Directory* was supported by the *Homoeopathic World*,<sup>82</sup> a journal which was originally devised for educating the public regarding health matters. In this journal, whose main readers were lay people, appeared an article titled “A Plea for Solidarity” in December 1897, praising the fact that the new directory

affords a useful meeting-ground in which homoeopaths of all parts may know where others of the faith are to be found. As one among other external means towards achieving the solidarity we plead for, *The Homoeopathic World* will continue to give the Directory all the support in its power. It is something gained that the units have the possibility of knowing each other’s whereabouts.<sup>83</sup>

Instead of being sold locally for patients looking for homoeopathic practitioners, the *Directory* was bought by homoeopaths all over the world. The *Directory* listed prices charged in Australia, New Zealand, Belgium, Switzerland, France, Romania, Austria, Italy, Germany, Holland, Portugal, Russia, Spain, Norway, Sweden, Denmark, US and Canada.<sup>84</sup> As the *Directory* served as “an international catalogue for the homoeopathic fraternity,” it is not surprising that exhaustiveness rather than professional

82. More on homoeopathic journals in the following section.

83. Alexander Villers, ed., *British, Colonial and Continental Homoeopathic Medical Directory* (London: Homoeopathic Publishing Company, 1898), iv.

84. *Ibid.*, ii.



qualifications was the main concern of the editors. This attitude explained the support from the *Homoeopathic World*, a laymen-focused journal. Surprisingly, the new *Directory* was edited by “a member of the British Homoeopathic Society.” The decision that the main editor made to be anonymous showed that this stance for international coalition and appeal to the lay public was probably not accepted among the members of the BHS. Nevertheless, though the BHS had not officially announced a changed position regarding the relationship between homoeopathy and the medical profession, it seemed to have lost its authoritative position among professional homoeopaths and strict control over its members as before 1870. Indeed, it was commented that the BHS had become a stamp of approval for whoever wanted to practice in the London Homoeopathic Hospital (see Chapter 10).

Investigation of the context where these *Homoeopathic Directories* were produced shows that the status of the development of homoeopathy as recorded in the directories cannot be taken literally. The early editors of these directories wanted to include only those who were well-qualified, while the latter editors had the incentive either to show the prosperity of homoeopathy or to locate members of the community by including as many names and institutions as possible. On the other hand, due to the stigmatised reputation of homoeopathy, some would rather just practise homoeopathy than become the martyrs of it. Most importantly, however, was that the obscure boundary distinguishing homoeopathy from orthodoxy posed questions regarding what these self-claimed homoeopaths actually practised.

Having these observations in mind, we can still find a general trend of the development of homoeopathy in Britain when presenting the numbers of various directories together. Unfortunately there were no reliable homoeopathic directories between 1874 and 1898, but these data would suffice for the sake of considering the impact of ostracism from the medical profession on the development of homoeopathy.<sup>85</sup> The number of avowed homoeopaths seemed to be steadily increasing between 1867 and 1874. In fact, the actual number of homoeopathic practitioners could be even more as the editors of the directories suggested that some unknown number of homoeopathic practitioners withdrew their names from these publications. The number of homoeopathic dispensaries doubled between 1867 and 1874. The dramatic decrease of dispensaries between 1874 and 1898 is probably due to a changing structure in the form of medical service providers. The homoeopathic chemists

85. The directory for the year of 1888 was published by homoeopathic chemists in Liverpool. It serves as a guidance for patients to find homoeopathic practitioners and therefore included both professional and lay practitioners. *The British Homoeopathic Medical Directory (1888)*.

seemed to replace previously-expanded dispensaries to provide the public over-the-counter remedies and advice. Overall, the number of professional homoeopathic practitioners did not start to decrease until the mid-1870s. Meanwhile, there was substantial growth in over-the-counter homoeopathic service during the “silent treatment” period of homoeopathy, and the figure stayed stable at least until the end of the nineteenth century.

I would draw a preliminary conclusion that the professional conflicts, in the form of the Brighton Resolution in 1851 nor the Medical Act of 1858, did not show immediate impacts on the development of homoeopathy in Britain, as argued by Bynum, Saks, Squires and Nicholls.<sup>86</sup> On the contrary, homoeopathic institutions and practitioners increased between 1853 and at the latest 1874. The over-the-counter homoeopathic medical service flourished until at least the end of the nineteenth century.

These findings pose further questions: how do we explain the deep-felt sense of crisis among the professional homoeopaths after the mid-1860s, if the professional conflicts did not exert immediate impact on the expansion of homoeopathy? What happened to British homoeopathy after the mid-1870s?

Although the grand narrative of the ‘fall’ of heterodox medicines near the end of the nineteenth century persists, recent studies give different interpretations on what happened to these medicines after being ‘ostracised’ from the orthodoxy. The examples of hydropathy and mesmerism show that the legacy of heterodox medicines could thrive in arenas outside of professional structure. Nolte argues that hydropathy, although it ceased to appear in its nineteenth century form, has since re-appeared in the form of modern-day spas and bathrooms, the medicinal use of water, and the campaign for the benefits of water-drinking.<sup>87</sup> Mesmerism did not manage to establish itself as a professional medical science. No official schools nor official professional organisations were established. By 1900 mesmerism had quietly disappeared as a subject of popular interest. Nevertheless, the investigations of human mind that instigated by mesmerism were merged with psychology as a professional scholarly field.<sup>88</sup>

86. Bynum and Porter, *Medical Fringe and Medical Orthodoxy 1750–1850*; Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*; Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States”; Nicholls, *Homoeopathy and the Medical Profession*.

87. Annette Nolte, “The Ebb and Flow of Hydropathy: The Water-Cure Movement in Europe and America” (PhD diss., The University of Texas at Arlington, 2001), 148–165.

88. The new psychologists sought to demonstrate the superiority of their psychology to

## 1.3 Introducing Social Identity Theory

To avoid the pitfalls of dichotomous and synchronic views of heterodox medicines, I propose to understand ‘homoeopathy’ as how different subjects understood it. I choose to discuss professional homoeopaths’ subjective interpretations of homoeopathic theory and practice, and of the relationship between homoeopathy and orthodoxy. In this study I use SIT, developed within social psychology to understand group behaviours, as a meta-theoretical framework to understand the behaviours and motivations of various professional homoeopaths.

I believe there are three major benefits in adopting this approach. First is to resolve the issue of relativism when examining subjective perspectives. A main criticism towards the cultural and social study of medical history is its lack of overall theory and fragmentation. As a discipline, social psychology intends to bridge the gap between psychology and sociology, which studies human behaviours on individual and collective levels respectively. According to Allport’s classic definition, social psychology is “the scientific study of how people’s thoughts, feelings, and behaviors are influenced by the actual, imagined, or implied presence of others.”<sup>89</sup> In other words, social psychology assumes that human behaviour is a result of interactions between individuals’ mental states and social contexts. In SIT, each individual is also a member of certain social groups, and therefore an individual’s behaviours can also be understood as those of a group member. In this way, individual behaviours are connected with collective ones.

Secondly, SIT offers an alternative explanation of motivations in group behaviours to financial concerns, as argued by sociologists of profession. SIT was first proposed by Henri Tajfel (1919–1982) and his associates in the 1970s in response to Realistic Group Conflict Theory (RCT).<sup>90</sup> In many ways, RCT is similar to how sociology of profession explains the motivations of professionalisation. According to RCT, groups are formed by having common goals between group members. Inter-group hostility is produced by conflicting goals between groups, usually in the forms

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its philosophical predecessors by writing articles denouncing mesmerism and mind cures as speculative, irrational, and unscientific. Robert C. Fuller, *Mesmerism and the American Cure of Souls* (Philadelphia: University of Pennsylvania Press, 1982), 164–167.

89. G. W. Allport, “The Historical Background of Modern Social Psychology,” in *Handbook of Social Psychology*, ed. G. Lindzey (Reading, MA: Addison-Wesley, 1954), 3.

90. This theory is generally regarded as one of the most firmly established theories of inter-group conflicts. Jay W Jackson, “Realistic Group Conflict Theory: A Review and Evaluation of the Theoretical and Empirical Literature,” *The Psychological Record* (1993): 395–415.

of competing for scarce resources or incompatible interests. Such resources or interests may include, for example, real or imagined threat to the safety of the group, economic interests, political advantage, military consideration, or social status. RCT seems to be the social-psychological explanation of the process of professionalisation, where professions were created to protect the insiders from the competitions of outsiders.<sup>91</sup>

Commenting that RCT is “deceptively simple, intuitively convincing, and has received strong empirical support,”<sup>92</sup> Tajfel and Turner propose that inter-group conflicts do not have to be the results of competing for scarce resources. This argument is best illustrated by Tajfel’s famous *minimum group experiment*.<sup>93</sup> The experiment shows that a group can be formed without common traits or goals among in-group members, and without distinctiveness between in-group and out-group. Moreover, simply being aware of the existence of an out-group is sufficient to generate *in-group favouritism*. The feeling of group membership alone can generate biased opinions among in-group and out-group members.

This concept is especially useful in explaining the relationship between homoeopathy and orthodox medicine during the second half of the nineteenth century, as Coulter and Nicholls both argue that the actual practices of the two had become similar during this time period.<sup>94</sup>

SIT assumes that one behaves in a social context for *self-enhancement*, *uncertainty reduction* and *optimal distinctiveness*.<sup>95</sup> There is a social belief structure where different social categories are placed in relation to each other. This social belief structure functions as a mental guidance for group members to relate themselves with other social groups. As long as one feels good about oneself in this map, this structure offers uncertainty reduction for an individual.<sup>96</sup>

In this study, I propose that the notions of *being scientific* and *being professional* formed essential parts in professional homoeopaths’ social identity. The fulfillment

91. Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*.

92. Henri Tajfel and John C. Turner, “The Social Identity Theory of Intergroup Behavior,” in *Psychology of Intergroup Relations*, ed. William G. Austin and Stephen Worchel (Chicago: Nelson-Hall Publishers, 1986), 7.

93. Ibid., 13–15.

94. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*; Nicholls, *Homoeopathy and the Medical Profession*, 165–192.

95. Michael A. Hogg, “Social Identity Theory,” in *Contemporary Social Psychological Theories*, ed. Peter James Burke (Stanford, California: Stanford University Press, 2006), 120–121; Tajfel and Turner, “The Social Identity Theory of Intergroup Behavior,” 16.

96. Hogg, “Social Identity Theory,” 121–123.

of these two indicators would help to achieve the *optimal distinctiveness* of professional homoeopaths.

The third benefit of utilising SIT is that it predicts three different possibilities when social identities are not secure, according to how easy it is perceived to change the status of certain social identities. While previous studies often automatically assume that professional conflicts would end up in organised competitions, SIT predicts that other behaviours could also be motivated by insecure social identities. For example, the reforms in homoeopathic theory and practice during the second half of the nineteenth century can be understood as reactions towards insecurities of one's social identity (see Part II). The three categories of options are identified as follows.

*Individual Mobility:* Firstly, when one believes that it is difficult to change how one's original social group is perceived or placed in others' social belief structures, and it is possible for one to move about among different social categories, an individual may try to leave or disassociate oneself from the original group. This option does not change the social status of the original group. It is an individual's strategy to change one's own social status.<sup>97</sup> As I have discussed earlier about homoeopathic directories and will discuss further in Part III, some medical practitioners openly denounced their affiliation with homoeopathy so as to be accepted by the profession.

*Social Creativity:* Secondly, group members may seek to redefine their social identity by emphasising or creating positive distinctiveness for the in-group members. This option is usually chosen when the barriers to leave one's original group are strong. Social creativity, nevertheless, does not necessarily change the social position of the group since it will involve how others perceive the group. In other words, it does not necessarily affect out-group members but will contribute to a positive self-image for in-group members. However, inter-group conflicts may happen when group members seek to legitimise these newly-defined social identities. *Social creativity* is useful in explaining behaviour of in-group members which does not directly bring objective gains. The reforms of homoeopathic practice and theory as I will examine in Part II, can be seen as social creativities to create positive distinctiveness of homoeopathy.

*Social Competition:* Lastly, group members may seek positive distinctiveness by directly competing with the out-group. This is an endeavour in changing the objective position of the in-group within the social structure. Social competition usually

97. Tajfel and Turner, "The Social Identity Theory of Intergroup Behavior," 19.

results in inter-group antagonism and conflicts. This was the strategy adopted by homoeopathy during the mid-nineteenth century. It is also the most well-documented strategy by medical historians so far.

Overall, I have shown that SIT offers a useful meta-theory to make sense of seemingly independent incidents regarding homoeopathy during the second half of the nineteenth century.

## 1.4 An evaluation of primary sources

The primary sources used in this study include published and unpublished ones. I have utilised previously-unused materials which offer insights into the internal dynamic of homoeopaths. These internal relationships largely influenced how professional homoeopaths approached their relationships with the profession and the public.

There are few unpublished sources for the time period studied. Most archival sources fall into the period before 1860 and the twentieth century. This lack of primary sources explains why most previous studies focus on the conflicting period of the mid-nineteenth century. The archival sources utilised in this study are the meeting notes of the LHH between 1884 and 1893 in London Metropolitan Archive,<sup>98</sup> a letter in Institut für Geschichte der Medizin, Stuttgart,<sup>99</sup> and a prescription book in the Wellcome collection.<sup>100</sup>

There is also little information on professional homoeopathic practitioners active during the second half of the nineteenth century. This is probably because the approach developed by British homoeopaths during the second half of the nineteenth century was largely abandoned in the beginning of the twentieth century.<sup>101</sup> These homoeopaths therefore were omitted from the internal history of homoeopathy. In this regard, this study also helps to restore biographical information and contributions of these forgotten homoeopaths. The biographical information of the homoeopathic

98. Board of Management Minute Book, 1877–1888, H60/LH/A/01/001, Royal London Homeopathic Hospital, London Metropolitan Archive (LMA), City of London; Board of Management Minute Book, 1889–1899, H60/LH/A/01/002, Royal London Homeopathic Hospital, LMA, City of London.

99. Robert Ellis Dudgeon, Letter to Richard Hael on the 17th August 1898, A 1317, Institut für Geschichte der Medizin, Stuttgart, Germany.

100. Jane Margaret Lloyd, Homoeopathic Prescriptions, Western MS.8459, Wellcome Library, London, 1852.

101. Campbell, *Homeopathy in Perspective: A Critical Appraisal*.

practitioners mentioned in this thesis is largely based upon published materials and obituaries published in medical journals.

The published sources consulted are (1) homoeopathic journals, including BJH (1843–1884), *Monthly Homoeopathic Review* (MHR)(1856–1907), *The Organon* (1878–1879) and *Homoeopathic World* (HW) (1866–1932); (2) medical journals, including the BMJ and *The Lancet*; (3) *The Times* and (4) homoeopathic pamphlets and publications. Squires’ and Nicholls’ works were based largely upon the BJH, BMJ and *The Lancet*, but did not utilise the other three homoeopathic journals published during the same time period. As I will show in Chapter 7, during the formation of an orthodox professional homoeopathy, different opinions were excluded from the BJH and MHR. *The Organon* and HW were therefore established to show these different opinions. I argue that it is because of their choice of primary sources that Squires and Nicholls present British homoeopathy as a homogeneous body. By consulting a general newspapers, *The Times*, I can compare how professional homoeopaths discussed the same topic under a different context. This is especially important when utilising SIT, as it emphasises that an individual will change his behaviour according to the perceived or imagined perception of the audience.

## 1.5 Synopsis

This thesis is divided into three parts. In Part I I examine how ‘homoeopathy,’ as a newly-introduced concept, gained multiple meanings before the 1860s by investigating how ‘homoeopathy’ was associated with existing social networks and different subjects’ values and beliefs. I show that medical practitioners as well as the lay public both contributed to construct the meanings of homoeopathy. I discuss how outsiders’ perceptions of homoeopathy encouraged the supporters of homoeopathy to negotiate a common social identity, which encouraged professional practitioners to take active roles in spreading homoeopathy while excluding laymen’ participation.

Having established the co-existence of multiple homoeopathies in nineteenth-century Britain, in Part II and Part III I analyse important episodes related to homoeopathy from the perspective of professional homoeopaths. In Part II I examine the changes and internal discussions in homoeopathic practice and theory between 1866 and 1893, which were the results of professional homoeopaths’ idea of science and professional medicine. These changes involved professional homoeopaths in re-inventing and re-defining their own traditions and relationships with the medical profession and

the public. I again emphasise the influence of outsiders' perception in the directions of these reforms. During the process, an orthodox version of professional homoeopathy was gradually institutionalised as homoeopathic literature and education curriculum.

While I mainly investigate internal social creativities in Part II, in Part III I focus on how professional homoeopaths communicated this new orthodox professional homoeopathy to the medical profession and the public, and how the latter responded to this new social identity. After all, without recognition from other social groups, this new orthodox homoeopathy could not gain its meaning. This is a crucial aspect in understanding the 'fall' of homoeopathy in Britain. Overall, I will show that the hostility from the medical profession had softened, and the importance of the lay public's perception and contributions in spreading homoeopathy was once again recognised.



## Part I

# The Forming of ‘British Homoeopathy:’ Many Homoeopathies, Many Social Identities



Although the main focus of the thesis is the development of ‘British homoeopathy’ between 1866 and 1893, I deem it appropriate to start with the clarification of my subject of contention; namely, what homoeopathy was, or more in line with my approach, what ‘homoeopathies’ were in nineteenth century Britain. I approach ‘homoeopathy’ as a social category, as an alternative to a medical system (sometimes defined presentistally),<sup>1</sup> a conglomeration of institutions,,<sup>2</sup> a not-very-neat match of the previous two,<sup>3</sup> or a community bearing similarities with religious groups.<sup>4</sup> I argue that this approach offers better understanding of how historical figures *made sense* and *felt* about ‘homoeopathy.’ As a social category, the existence of ‘homoeopathy’ as a means for communication and understanding is defined and justified by how different agents relate it to other existing social categories. I argue that ‘homoeopathy’ was not defined by medical practitioners only. In the following pages, I trace the development of different ‘homoeopathies’ in Britain from its outset, and I focus on how their practitioners, promoters, critics and users picked and chose—including perceiving, interpreting, spreading and utilising—the new medical system from Germany. My main contention is that there was not a singular ‘homoeopathy,’ neither as a medical system, a social category nor a social identity. Rather, ‘homoeopathy’ gained multiple meanings by how one related it to one’s social networks and existing knowledge and values. I propose that the development of ‘homoeopathy’ as a social category in nineteenth century Britain

1. G. Ruthven Mitchell, *Homeopathy: The First Authoritative Study of Its Place in Medicine Today* (London: W. H. Allen, 1975); Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in Mid-Victorian Britain”; Michael Emmans Dean, *The Trials of Homeopathy: Origins, Structure and Development* (Essen: Union Betriebs-GmbH, 2004); Morrell, “British Homeopathy during Two Centuries”; Brierley-Jones, “How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920.”

2. Nicholls, *Homoeopathy and the Medical Profession*; Naomi Rogers, “The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in An Age of Scientific Medicine,” *The Pennsylvania Magazine of History and Biography* 108, no. 2 (1984): 179–201; Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy”; Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (London: Rutgers University Press, 1998); Felix Stefan von Reischwitz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid” (PhD diss., University College London, 2012).

3. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*; Coulter, *Divided Legacy: A History of Schism in Medical Thought*; Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States.”

4. Marijke Gijswijt-Hofstra, “Conversions to Homoeopathy in the Nineteenth Century: The Rationality of Medical Deviance,” in *Illness and Healing Alternatives in Western Europe*, ed. Marijke Gijswijt-Hofstra, Hilary Marland, and Hans de Waardt (London: Routledge, 1997), chap. 8.

can be understood as a series of negotiations or conflicts between these different ‘homoeopathies.’ I argue that an important motivation to negotiate a common social identity was different agents’ idea in how to relate to the emerging medical profession. Part I of the thesis thus presents a history of *homoeopathies* presenting, collaborating, negotiating and conflicting amongst medical practitioners as well as the lay public, to achieve a consensus of a homoeopathic identity.

My narrative is different from previous studies in the following two aspects. Firstly I consider that both medical practitioners and the lay public were important players in shaping what homoeopathy was as a social category.<sup>5</sup> Secondly, although most previous studies acknowledge the intra-group differences amongst homoeopathic practitioners, they do not address how the differences affect the inter-group relationship amongst homoeopaths, other medical practitioners and the lay public.<sup>6</sup> I will show in Part I and II important interplays between intra-group conflicts and inter-group ones. Lastly, this part of the thesis is also an attempt to interpret how a new social category might have come about; a phenomenon difficult to replicate and observe in a social psychology laboratory. A narrative produced in a historical laboratory might contribute to the formation of a new social category.

I argue that the status of a new social category is related to how different agents associate it with other existing social categories and values. Therefore in the first chapter I will investigate how ‘homoeopathy’ was first spread from the continent to Britain, and all across the country. I will show that the aristocracy and Victorian social reformers were crucial in spreading ‘homoeopathy’ and their motivations and interpretations of the new medical system gave rise to multiple homoeopathies. In the second chapter I shift the focus to how medical practitioners, including

5. Most works on the history of homoeopathy focus on medical practitioners and their institutions. Recent emergence of patients’ history has opened new possibilities in the historiography of homoeopathy and still further research is urgently needed in the role of laymen in the development of homoeopathy. For a collection of patients’ history of homoeopathy, see Dinges, *Patients in the History of Homoeopathy*; Morrell has investigated into lay practitioners, especially from the early twentieth century onwards. Morrell, “A Brief History of British Homoeopathy”; For a more general discussion on patients’ history of alternative medicine, see Johannessen and Lázár, *Multiple Medical Realities: Patients and Healers in Biomedical, Alternative and Traditional Medicine*.

6. An important aspect of Coulter’s discourse on American homoeopathy is the debate between high- and low-potency prescribers during the mid-nineteenth century. Coulter, *Divided Legacy: A History of Schism in Medical Thought*; Kaufman points out that after 1900 there were debates between conservative and progressive homoeopaths regarding the relationship between homoeopathy and the medical profession. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, 156–173; Rankin has successfully argued that the early division amongst British homoeopaths is a result of differences in their political outlooks. Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy.”

supporters and critics, interpreted 'homoeopathy.' I argue that 'science' and 'professionalness' were important measuring bars for acceptance and rejection of homoeopathies.

Homoeopathic supporters, knowingly or unknowingly, were in a gradual process of forming a common social group. This process was facilitated by critics of homoeopathy, who often did not distinguish one homoeopathy from another. This situation leads to my analysis in the third chapter of three homoeopathic organisations in the 1840s and 50s. My main contention is that the interactions amongst the three organisation were negotiations for a common social identity. I conclude that by the 1850s, a professional, scientific homoeopathy, with minimum lay involvement, had been institutionalised as the orthodox social identity amongst homoeopathic supporters.



## Chapter 2

# The Beginning of British Homoeopathy and the Social Networks Which Supported and Carried It

The term ‘homoeopathy’ arrived in Britain as a new therapeutic method in the late 1820s. During this ‘age of reform,’ British society was going through fundamental changes in politics, economics, religion and social structure, brought about largely by the Industrial Revolution. In many ways, medicine was at the centre of these reforms and changes. Firstly, with more wealth at hand, more people could afford medical service, which resulted in a large number of general practitioners. The long-established three-tiered structure of the medical profession, consisting of apothecaries, surgeons and physicians, was challenged by the large number of emerging general practitioners. Secondly, the lay public was even more concerned about the medical progress than in previous generations. Public health became an urgent issue in industrial towns. The middle-class merchants were eager to have, at least relatively, healthy workers in their factories. This concern in medical matters encouraged a more practical approach to medicine. The traditional medical education, emphasising classical studies in Oxbridge, was slowly replaced by education programmes in universities, hospitals and private schools focusing on clinical experience. Thirdly, the rational ideal of science as advocated in the Enlightenment inspired both laymen and medical practitioners to actively seek to justify their approaches in a ‘scientific’ or ‘rational’ way. New therapeutic approaches and theories were introduced as

‘scientific’ alternatives to existing heroic treatments. Homoeopathy was only one of the new therapeutic methods introduced during this time amongst hydropathy, mesmerism, and many others.

According to SIT, these changes brought about a situation where individuals’ original social belief structures, which define the relationships and hierarchy of different social categories, were challenged, and an alternative *status quo* was therefore “conceivable and achievable.”<sup>1</sup> The belief in an achievable alternative *status quo* motivates individuals to actively seek certainties and new balance amongst social categories. The desires for re-establishing a stable social structure were translated into new institutional structure, new legislation and new medical theories. The general practitioners, with Thomas Wakley (1795–1862) and his *The Lancet* as one of their most outspoken representatives, demanded that the Royal Colleges widen participation in licensing matters. The state and laymen as well as medical practitioners agreed upon a unified medical profession as the ultimate goal. The general practitioners formed the PMSA (later the BMA) in 1832, and together with *The Lancet* they actively defined the boundary of professional behaviour.<sup>2</sup> The Medical Act of 1858 was the first step towards an autonomous unified medical profession with a General Medical Council maintaining a Medical Register. ‘Science,’ which appeared in many different forms, gradually became a criterion to ascertain the ‘correctness’ of medical theories and approaches (more on ‘science’ in Part II).

I will discuss various strategies as outlined in SIT to achieve a new and stable social belief structure later. For now, I would like to discuss what kind of social category homoeopathy represented in nineteenth century Britain. How did people on British Isles associate a previously-unheard-of therapeutic method with the existing and changing social structure? My contention is that homoeopathy was associated with the social networks of those who introduced and spread it. It turns out that the beneficiaries of homoeopathy, especially the aristocracy, the clergy and wealthy merchants, played important roles in introducing the new medical system to Britain. In the early days they consisted of that fraction of the population who could afford extra paid medical service.<sup>3</sup> Moreover, their extensive international

1. Hogg, “Social Identity Theory,” 122–123.

2. “Nineteenth Anniversary Meeting: Third General Meeting—Report on Irregular Practice,” *Provincial Medical and Surgical Journal* s1–15 (17 1851): 421–447.

3. It is beyond the scope of this study to investigate who Hahnemann’s patients were. Hahnemann’s earliest patients during his time in Leipzig (1812–1820) included some influential public figures, see K Schreiber, “Expulsion from Leipzig? Hahnemann’s Medical Praxis in Leipzig: Reasons for Transferring to Kothen in 1821—Frequency of Patients and Polemics,” *Medizin, Gesellschaft, und Geschichte* 18 (1999): 137–48.



social networks brought homoeopathy from the continent to the British Isles, and then to the British colonies around the world. Indeed, homoeopathy has been associated with aristocracy and the rich since the nineteenth century.

## 2.1 The aristocracy

### 2.1.1 The aristocracy and their physicians, Quin and others

According to most historians and homoeopaths, Dr. Frederick H. F. Quin (1799–1878) is the “father of homoeopathy in Great Britain.”<sup>4</sup> Quin is credited for the close connection between homoeopathy and the aristocracy,<sup>5</sup> and for the professionalisation of homoeopathy in Britain.<sup>6</sup> Probably also because the primary materials related to Quin are more readily available compared to most early homoeopaths, biographies of Quin occupy most beginning chapters in the studies of British homoeopathy.<sup>7</sup> It is beyond the scope of this research to dive into Quin’s biography.<sup>8</sup> As I will show later, Quin was probably not the first homoeopath in Britain, but one of the influential early homoeopathic practitioners and promoters. Furthermore, I contend that Quin made his major contributions in spreading and institutionalising homoeopathy after he stopped being a family physician to the aristocracy. Instead of confining himself to aristocratic households, Quin established his own popular private practice in London in 1832. However, “Quin’s homoeopathy,” its practitioners being well-qualified medical elites and well-connected to the well-off, has become *the* homoeopathy among historians, professional homoeopaths, and to some extent, the lay public and the media. I will show, later in this chapter, how Quin’s homoeopathy became the orthodoxy through institutionalisation. Here I would like to use Quin’s

4. Within five years of his death, Quin was given this grand title; see John Moore, “Bird’s Eye View of Homoeopathy in Great Britain with Special Reference to the Hostility of the Medical Profession to the System,” The Presidential Address delivered at the British Homoeopathic Congress held at Matlock, September 11th, 1883, *Monthly Homoeopathic Review* 27 (10 1883): 582.

5. Morrell, “British Homeopathy during Two Centuries,” 92–97.

6. Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy,” 46–49.

7. Nicholls, *Homoeopathy and the Medical Profession*, 108–113; Morrell, “British Homeopathy during Two Centuries,” 92–97; Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 55–68.

8. The most detailed biography of Quin so far is Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 55–68.

story to show that homoeopathy was indeed closely connected with aristocracy, which was probably as much the result of Quin's fascinating character and birth, as of how homoeopathy spread from the continent to Britain.

In some ways, the mysterious physician serves well as a legendary founder and patron of a medical tradition for homoeopaths and homoeopath historians.<sup>9</sup> The doctor seemed to conceal his birth and backgrounds so well that the only clue left is his middle name, Hervey Foster.<sup>10</sup> It is alleged that Quin was the illegitimate son of the Duchess of Devonshire. In fact, we know very little about Quin before he graduated with an MD from the University of Edinburgh in 1820. Morrell attributes Quin's instant-rising fame among the aristocracy to the help from his illegitimate mother.<sup>11</sup> Bradford, the earliest biographer of homoeopaths, attributes it to his extraordinary manners and humour; a benchmark for a physician's success during a time when medical men were treated just a bit better than servants by their aristocratic patients.<sup>12</sup> Upon graduation, Quin was appointed physician to Napoleon I at St. Helena. The unfortunate patient died before Quin could attend his duty. Quin instead became the travelling physician to the Duchess, and accompanied her to Italy. While in Naples in 1821, Quin met an Austrian homoeopath Dr. Georg von Necker (1770–1848), a student of Hahnemann who had treated many aristocratic patients in Naples. Quin seemed to be impressed by the new medical system and in 1826 he visited Leipzig, home of the first flourishing homoeopathic hospital run by Hahnemann's students. There he studied the new medical system. It is not clear if Quin met Hahnemann in person, but he did maintain some personal correspondence with the founder. Quin was soon introduced to Prince Leopold of Saxe-Coburg, later Leopold I of the Belgians, and became his family physician until 1829. It is very likely that Quin treated the Prince with homoeopathy as the Prince was familiar with the new medical fashion within his territory. Travelling with the Prince, Quin went back and forth between London and the continent. Quin might have also introduced homoeopathy to fellow physicians during his visit in England. After serving the Prince, Quin established a popular clinic in Paris, where he practised homoeopathy before Hahnemann's arrival in 1835. His patients, not surprisingly, were those of aristocratic backgrounds.

9. The following biography of Quin is based upon Thomas Lindsley Bradford, *The Pioneers of Homoeopathy* (Philadelphia: Boericke, 1897), 532–547; Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 55–68.

10. For an analysis of Quin's middle name and his alleged birth, see Morrell, “British Homeopathy during Two Centuries,” 96.

11. Ibid.

12. Bradford, *The Pioneers of Homoeopathy*, 535–538.

So far, Quin's career had been closely connected with his aristocratic patrons. It was not until 1831, during the outbreak of cholera in Moravia (Czechoslovakia), that Quin took the opportunity to treat patients from lower classes homoeopathically, on a large scale. Large-scale experiments of homoeopathy in hospitals were conducted and reported since the 1830s (more on this later). After contracting cholera and recovering from it in Moravia himself, Quin published his own experience and successful result in Paris in 1832. In this way, Quin joined other medical practitioners who mainly adopted homoeopathy for its 'scientificness' and 'efficacy,' and actively advocated the new therapeutic method by publication. After 1832, Quin called an end to his adventures on the continent and established a private clinic in London. Thomas Uwins (1782–1857), a well-connected portrait artist and practised homoeopathy himself, observed that Quin had "a very extensive connexion amongst the highest English families, as well as amongst persons of distinction of all countries."<sup>13</sup>

Homoeopathy had been well known to the aristocracy in Britain before Quin. It seems that homoeopathy was a common practice among the British aristocracy in Italy.<sup>14</sup> Saxony-born Queen Adelaide had had one of Hahnemann's favourite students, Dr. Johannes Ernst Stapf (1788–1860), treated her in England before Quin's move to London. Quin was not the only British physician who encountered homoeopathy through working as a private physician to aristocracy. Dr. Harris F. Dunsford (1808–1847) learned about the new medical practice while travelling as the medical attendant to the family of the Marquis of Anglesey around 1830.<sup>15</sup> Dunsford later became the homoeopathic physician to Queen Adelaide and dedicated his *The Practical Advantages of Homoeopathy* to Her Majesty in 1841.<sup>16</sup> Dunsford soon introduced his new findings to Rev. Thomas Roupell Everest (1801–1855), a clergyman who later became one of the most passionate preachers of homoeopathy.<sup>17</sup> Dr. Guieseppe Belluomini (1776–1854), an Italian, learned his art through one of Hahnemann's students and commenced practice in London in the same year as Quin.<sup>18</sup>

13. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 32.

14. Reisz, "“Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 58–65.

15. In the first homoeopathic Medical Directory published in Britain, the editor George Atkin (1815–1887) mentioned that Dunsford was one of the first English medical practitioners who adopted the homoeopathic system of medicine. Atkin, *Homoeopathic Medical Directory and Record*, 205.

16. Harris Dunsford, *The Practical Advantages of Homoeopathy, illustrated by numerous cases* (London: H. Baillière, 1841).

17. Bradford, *The Pioneers of Homoeopathy*, 251–252.

18. Moore, "Bird's Eye View of Homoeopathy in Great Britain with Special Reference to the Hostility of the Medical Profession to the System," 582.

Quin's encounter with homoeopathy, as well as those of other early homoeopaths, shows that the new medical system probably had enjoyed popularity among the aristocracy and travelled all over the continent and Britain through the aristocratic social network, while its founder led a secluded life in a small town in Germany and did not even go out to visit his patients. With the growing interest of homoeopathy in Britain, Hahnemann was requested to find a homoeopathic doctor for the Earl of Shrewsbury in 1831. Two Italian doctors, Drs. Francesco Romani (1785–1852) and Rabata (?–?), were invited to Britain, but neither could tolerate the English climate for very long.<sup>19</sup> In 1835 Hahnemann married his second wife, Marie Mélanie d'Hervilly Gohier (1800–1878), a woman from a rich French noble family. With Mélanie's aristocratic connection, Hahnemann established a fashionable practice in the heart of Paris. The well-off finally could visit the founder of homoeopathy in person. According to the clinic journals, the patients of Hahnemann in Paris were predominantly members of the French and British upper and professional classes: nobles, clergy, military officers, and doctors.<sup>20</sup>

Upper-class patronage carried on throughout the 19th century in Britain in various forms. The travelling family physician was replaced by lucrative and exclusive practices in Wimpole Street and Harley Street. Examples of aristocratic patronage of homoeopathy are so numerous that it would be quite impractical to list them all. "Such a study would require a thesis in its own right."<sup>21</sup> Homoeopaths tend to cluster in big cities, industrial towns or spa towns, where they could find most of their aristocratic and middle-class clients. London, Liverpool, Manchester, Northampton, Brighton and Tunbridge Wells were among the homoeopaths' favourites. Homoeopathy was popular among the upper-class even when compared to other non-orthodox medical systems.<sup>22</sup> The fashion of homoeopathy among the European aristocracy was soon copied by affluent Americans.<sup>23</sup>

19. Rosa Hobhouse, *Life of Christian Samuel Hahnemann: Founder of Homoeopathy* (New Delhi, India: B. Jain, 2002), 251.

20. Rima Handley, *In Search of the Later Hahnemann* (Beaconsfield, UK, 1997), 20–22.

21. Morrell, "Aristocratic Social Networks and Homeopathy in Britain."

22. John B. Blake, "Homeopathy in American History," *Transactions and Studies of the College of Physicians of Philadelphia*, 5th ser., 3 (1981): 85.

23. William G. Rothstein, "Professionalization and Employer Demands: The Cases of Homeopathy and Psychoanalysis in the United States," ed. Paul Halmos, *Professionalization and Social Change*, Sociological Review Monograph, no. 20 (1973): 159–178.

### 2.1.2 The aristocracy and the professionalisation of homoeopathy

The aristocracy proved to be an important ally during the institutionalisation of homoeopathy in Britain. The extensive homoeopathic institutions set homoeopathy apart from other unorthodox therapeutic system, and these institutions conferred on ‘homoeopathy’ a separate identity. Quin was acknowledged as “the father of British homoeopathy” primarily due to his efforts in this regard. Most historians depict Quin’s career in Britain as episodes of how Quin and his aristocratic friends endeavoured to professionalise and institutionalise homoeopathy in the midst of oppression from other medical practitioners.<sup>24</sup> The BHS was founded in 1844, with Quin remaining as President until his death in 1878. Five years after the establishment of the BHS, the LHH started to receive patients at 32 Golden Square in 1849. Aristocratic patronage has been actively involved in the management of the hospital ever since. The hospital gained royal patronage in 1920, by which time homoeopathy had lost its popularity on the continent and the States. Both institutions have survived until today albeit with several modifications of their titles.

Generally speaking, the upper-class supported homoeopathic institutions primarily out of socio-economic reasons. To start with, it was probably fashionable to use and support homoeopathy among the rich. Secondly, homoeopathy was advertised by its early promoters in the continent as an answer to fatal epidemics, such as cholera, which strikes the rich and the poor equally. Reports about homoeopathy as a better treatment had been published in English since the 1830s. Homoeopathy was regarded as a useful tool for public health reform. Thirdly, homoeopathy corresponded to the values of the upper classes. It was considered to be mild and gentle, and rightly reflected a more civilised image preferred by the upper classes. In the heyday of homoeopathy, there were hospitals in London, Bath, Birmingham, Brighton, Doncaster, Manchester and Liverpool, and more than one hundred dispensaries during the early 1870s. These charitable institutions were supported by the aristocracy and the well-to-do. The Tate and Wills families sponsored the Liverpool and Bristol homoeopathic hospitals.<sup>25</sup> The Cadburys and Rowntrees supported the institutions in Birmingham and York.<sup>26</sup>

24. The earliest biographies of Quin, written by fellow homoeopaths Hamilton and Bradford soon after his death, set the tone of this working history of homoeopathy. Edward Hamilton, *A Memoir of Frederick Hervey Foster Quin, M.D.* (Privately printed, 1879); Bradford, *The Pioneers of Homoeopathy*, 532–548.

25. “Meetings: Farewell Dinner to Dr. Roth,” *Monthly Homoeopathic Review* 32 (7 1888): 442.

26. Morrell, “British Homeopathy during Two Centuries,” Part 2.

Aristocratic support stood as an important asset in the face of oppression of homoeopathy from either the medical profession or the government. During the cholera outbreak of London in 1854, the hospital was the closest medical institution to the infamous water pump, identified by John Snow as the source of the epidemic. The hospital had a much lower mortality rate in treating cholera patients during the incident compared to other London medical institutions. The outstanding result of the LHH, nevertheless, was originally omitted from the report commissioned by the Parliament to investigate effective treatment of cholera. Robert Grosvenor (1801–1893), a Whig politician and later 1st Baron Ebury, confronted the deliberate omission in the Parliament and had the result of the LHH printed in the final report. In 1851, Alfred Crosby Pope (1830–1908), later the co-editor of the MHR, was denied his MD degree from the University of Edinburgh. The incident attracted national attention and a petition was signed by twenty-six graduates of the University of Edinburgh, 1919 clergymen, forty-seven magistrates and sixty-seven military and naval officers, with Lord Lindsay among the supporters, Pope was eventually awarded his degree with support from Sir William Hamilton 9th Baronet (1788–1856), Professor of Logic at the University of Edinburgh.

In 1858, a new Medical Act was on its way in response to demands to reform the structure of medical profession. The Act was expected to establish the standard of legitimate medical practitioners, and therefore was of utmost concern for medical men. Homoeopaths were not welcomed by some sectors of the medical profession. Four years before the negotiation of a new Medical Act, the PMSA (later the BMA) had achieved the famous (or infamous, depending on whose perspective one chooses to take) Brighton Resolution during its annual assembly in Brighton in 1851. The Resolution is the epitome of drawing a boundary between appropriate and inappropriate professional behaviour, and between orthodox and unorthodox medical practitioners. Homoeopathy was at the centre of the discussions during the meeting. The Resolution prohibited the members of the PMSA from having any professional interaction with homoeopaths.<sup>27</sup> The ban was actively enforced and between 1851 and 1858 several violations were reported. A few homoeopaths, headed by Quin, appealed the case of homoeopathy to Grosvenor and several other members of the Parliament. A clause was therefore inserted stating that no medical student should be denied their degrees on the ground of their medical beliefs. This clause became a crucial argument of homoeopaths who claimed that homoeopathy is part of the medical profession.

27. "Nineteenth Anniversary Meeting."

### 2.1.3 A homoeopathy with an ‘aristocratic touch’

#### The rich’s physicians

What kind of homoeopathy, then, did upper-class patronage foster? Firstly, these famous names were often utilised by homoeopathic practitioners to add the lustre of superior quality to their service. Without doubt, they contributed to the impression that homoeopaths, like hydropaths and mesmerists, were “the rich’s physicians.”<sup>28</sup>

#### An eclectic medical approach

Secondly, upper-class patrons encouraged an eclectic medical approach centring on patients’ preferences and social networks, rather than on scientific accuracy or purity of method. In a patient–doctor relationship where the patient has higher social status, a physician’s priority is to please his patients rather than insisting on purity of the form of treatments. Many aristocratic physicians, therefore, did not practice homoeopathy exclusively and offered a wide range of therapies, including orthodox treatments. Quin, for example, admitted that his prescription was primarily based upon the patient’s preferences.<sup>29</sup> This situation persisted throughout the nineteenth century. Joseph Kidd (1824–1918) was a private physician to Disraeli and Gladstone. His name appeared in homoeopathic directories. However, when questioned by the Royal Colleges, he denied treating Disraeli homoeopathically.<sup>30</sup>

#### Homoeopaths showed little interest in spreading homoeopathy amongst the public

This patient-oriented relationship therefore did not encourage a separate identity of the physician. A physician identified himself more as an elitist physician rather than by the type of medicine he practised, such as a homoeopath. The aristocracy in the nineteenth century falls into the category of an intimacy group, according to Lickel et al.’s taxonomy of social groups.<sup>31</sup> An intimacy group is characterised

28. Moore, “Bird’s Eye View of Homoeopathy in Great Britain with Special Reference to the Hostility of the Medical Profession to the System.”

29. Rankin, “Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy.”

30. This incident will be discussed in details in Part III.

31. B Lickel et al., “Varieties of groups and the perception of group entitativity,” *Journal of Personality and Social Psychology* (78): 223–246.

by interpersonal connections and face-to-face interactions among group members. Personal ties play a crucial part in the group members' social identity. In order to win more patients, a physician would socialise within the social circle of the aristocracy instead of engaging himself with the public through publication.<sup>32</sup> This might explain why Quin, along with many aristocratic physicians, though dedicated to the professionalisation of homoeopathy, was not enthusiastic about spreading homoeopathy amongst the public.

### **Homoeopathic institutions and the institutionalisation of homoeopathic identity**

Ironically, the upper-class philanthropic support of homoeopathy facilitated the institutionalisation of a separate identity. Through the establishment of hospitals and dispensaries, the lay public became acquainted with the new medical system previously enjoyed almost exclusively by the upper class. 'Homoeopathy' gained its meaning in this way in the mind of the public. A reflection on the course of development of homoeopathy in Britain of Dr. John Murray Moore (1843–1919), his father also a homoeopath, summarised this influence of aristocracy on homoeopaths' self-image,

[...] the upper classes were first touched by the new system, and the poor next, through the establishment of dispensaries and hospitals; and the early converts amongst the medical profession were chiefly of the higher grades of our profession, pure physicians, or pure surgeons, and the general practitioners, or what is now called the rank and file of the profession, were only reached after several years.<sup>33</sup>

The close connection between homoeopathy and the well-to-do fostered the following impression of homoeopathy, which persisted and was institutionalised throughout the nineteenth century. The definition of homoeopathy as a medical approach was often vague. Sometimes it was simply a mild treatment, and sometimes, a therapy specialising in diet. Sometimes, homoeopathic institutions were even criticised as not practising homoeopathically (see Part III). Some homoeopaths were reluctant

32. Thomas R. Everest and A. Gerald Hull, *A Popular View of Homoeopathy*, from the second London edition, with annotations and a brief survey of the progress and present state of homoeopathia in Europe (New York: William Radde, 1842), 3.

33. Moore, "Bird's Eye View of Homoeopathy in Great Britain with Special Reference to the Hostility of the Medical Profession to the System," 583.



to identify with homoeopathy as their practice was a mixture of different medical traditions. On the positive side, the indifference of the rich patrons to homoeopathic principles in effect left plenty of scope for homoeopaths to develop and pursue their own ideals of medicine. With ample financial support and freedom, several different homoeopathies co-existed and arguments regarding the proper practice of homoeopathy occurred throughout the nineteenth century.

## 2.2 Quin's professional and elitist medicine

Quin and many early homoeopathic supporters recognised the potential of homoeopathy as a medical framework to enhance the social status of medical practitioners from its outset. However, Quin's ideal medical profession, based upon homoeopathic principles, differed from that of the general practitioners, but resembled that of the Royal Colleges. Essentially, the Royal Colleges, the PMSA and Quin and his homoeopathic friends shared the same strategy to enhance social status by membership control. However, while the PMSA demanded a more democratic profession with 'quacks' being prohibited, Quin intended to limit the membership of homoeopathy and to turn it to an elitist medicine in replacement of the Royal Colleges. Rankin argues that with a political stance leaning towards the Whig, the early members of the BHS set up a medical society with a constitution that largely mirrored that of the Royal Colleges. Both operated on a strict peer-reviewed membership admission process.<sup>34</sup>

I will show later that Rankin's theory of a dichotomous division of early homoeopathic supporters as Whigs vs. Tories is not always valid. Here, I argue that Quin and his allies chose to institutionalise homoeopathy as an elite medicine due to their different social backgrounds from the general practitioners and from the members of the Royal Colleges. Much-favoured by the aristocracy and the upper-class, Quin differed from the general practitioners, who mainly served clients who were less well-off. However, closely-connected to the aristocracy, Quin's upbringing and education background, similar to the general practitioners, did not fit into the three-tiered structure of the medical profession, especially the Royal Colleges, in the 1830s. He was educated neither in Cambridge nor Oxford, and did not pass any exam conducted by any College before practising in London. Quin's

34. Rankin, "Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy."

popular practice soon attracted a written warning from the London Royal College of Physicians, stating that his practice without the membership of the College was considered illegal. Quin ignored the warning, like many of his predecessors in the previous century, such as the famous anatomist and educator William Hunter (1718–1783). However, with the potential threat of losing its prestigious status, the Royal College seemed determined to hold its ground this time. When Quin was proposed for membership of the Athenaeum Club, an exclusive gentlemen’s club, the then President of the Royal College of Physicians, John Ayrton Paris (1785–1856), was determined to stop this “quack and adventurer” from entering the prestigious club. Again, Quin was saved by his good connections. A few days later, Lord Clarence Paget (1768–1854), an officer in the Guards, challenged Paris to either provide a written apology for his language or else justify it with pistols. Paris wisely chose to apologise instead of a duel with the Royal Guardsman.

### 2.2.1 The BHS as an inner circle of elite practitioners

From the 1820s onward, demands to reform current medicine, especially the three-tiered professional structure, increased significantly. Wakley started his cynical *Lancet* in 1823, advocating a professional medical structure excluding quackery. It was extremely successful and by 1830 it had a circulation of about 4,000. In 1834, two years before Quin settled in London, the PMSA was founded by Sir Charles Hastings (1794–1866) at a meeting in the Board Room of the Worcester Infirmary. In 1844, Quin joined this professional movement by setting up the BHS on Hahnemann’s birthday with three other homoeopaths, Dr. Hugh Cameron (1810–1897), Dr. Samuel Thomas Partridge (1800–1870), and Dr. William Henry Mayne (1819–1876), with Quin being the president. The BHS remained the biggest professional homoeopathic organisation until it became the Faculty of Homeopathy in 1944.

The constitution made the BHS more like an inner elitist club for qualified medical practitioners. In order to join the society, one had to first qualify as a medical practitioner, then be examined by the members of the society regarding one’s knowledge of homoeopathy. It was a professional body, not a mass movement (I will discuss homoeopathy as a mass movement later). Laymen were denied membership. The BHS’s main policy for spreading homoeopathy was to convert qualified medical practitioners instead of educating the public. Therefore one of its main missions was to publish literature to facilitate actual medical practice, such as a *Cyclopoedia*

of *Practical Homoeopathic Medicine*, containing monographs of acute diseases.<sup>35</sup> To publish pamphlets for the public was not of their concern. This policy might explain why most British homoeopaths in the nineteenth century were qualified doctors holding titles such as FRCS (Fellow of the Royal College of Surgeons), LRCP (Licentiate of the Royal College of Physicians of London), MD (Medicine Doctor), MRCS (Member of the Royal College of Surgeons), and their contributions can be seen in the *Lancet* as well as in the BMJ. The consequence of this strict policy is that there were only forty-four members in 1849. Quin proudly talked about the extraordinary status of these members during the general meeting on the 22nd August,

Of this body of forty-four, sixteen are metropolitan members; and I may state that no person is admitted as a member without the strictest examination of his credentials; the qualifications of a thorough medical education in the old school being required; as well as certificates of having passed the usual examinations, and received the diplomas of the recognised universities and schools of medicine.<sup>36</sup>

The early members of the BHS were not only qualified medical practitioners but also well-connected with the upper classes of the time. Out of the four initial members of the society, Cameron was the physician of Henry William Paget, Marquis of Anglesea. One of Partridge's brothers held several chief posts at the Royal College of Surgeons, and another was a fashionable portrait painter patronised by Queen Victoria and Prince Albert. As a medical system, homoeopathy also had elitist characteristics. It was mild and gentle. Most importantly, it did not involve surgery, a trade which, though starting to become more important, was still regarded as a second category below the physicians. Furthermore, though strict criteria were listed in the regulation, in practice it was the members of the BHS who decided if the candidate was suitable for the exclusive club. As I will discuss in Part II and III, there were a wide range of different ways of practising among the members of the society. Therefore, to get membership was more about who one knew, rather than what one practiced. Quin himself was not famous for his strict exclusive homoeopathic practice. In fact, he contributed little to the literature and education of homoeopathy during his long career.<sup>37</sup> He and his colleagues did not think of

35. "Proceedings of the British Homoeopathic Society," *The British Journal of Homoeopathy* 5, no. 12 (1847): 535.

36. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 24.

37. Quin seems to assume his readers to be well-educated physicians. When he writes, he

themselves as the dissenters of the medical profession, but the elite of it. Their main objective was to reform the medical profession, not to set up a separate medical branch. The policy of the BHS and homoeopathic theory distinguished homoeopathy from other medical reforms primarily led by general practitioners and plebeians as we shall see later.

### 2.2.2 A homoeopathy with an ‘elite’ and ‘professional’ touch

To Quin and his fellow homoeopaths, homoeopathy was maybe not so much a novel scientific idea as a medical ideology useful to reform the medical profession. The reformation Quin and his colleagues requested was not a brand new structure for the medical profession, but to allow more medical practitioners to join the elite structure of the Royal Colleges. The BHS focused on maintaining the privileged social status of the medical profession, in this case, homoeopathy. There is no wonder that during the second half of the nineteenth century, the BHS suffered the same criticism from the homoeopathic community as the Royal Colleges had suffered in the first half of the nineteenth century. Furthermore, the BHS was criticised for its lack of contribution to the development of homoeopathy as a medical system.

Quin’s main legacy for British homoeopathy was to make homoeopathy as a medical practice independent from the aristocratic social network, and to establish homoeopathy as an elite professional medical practice maintaining its good connection with the upper classes. Quin’s efforts successfully drew the boundary between homoeopathy and quackery. Like the Royal Colleges of his time, Quin did not use the theory of homoeopathy to distinguish it from allopathy and quackery but rather as a professional structure.

## 2.3 The popularisation of homoeopathy

The well-to-do facilitated the process of making homoeopathy used and known to the lay public through institutionalisation. Meanwhile, the lay public was informed of another type of homoeopathy after the 1830s. Just like some medical practitioners utilised homoeopathy as a framework for medical reform, some enthusiastic social,

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writes in Latin and dedicates it to his aristocratic patron. His *Pharmacopoeia Homoeopathica* was written in Latin in 1834, dedicated to the king of the Belgians.

religious and political reformers reckoned homoeopathy compatible to their causes, and actively promoted homoeopathy to the public. These activities were most active before the 1860s. The reformers' backgrounds and interpretations of homoeopathy varied, but what they had in common was the belief that homoeopathy should be available and understood by the general public. They encouraged domestic practice and lay education.<sup>38</sup> The popularisers of homoeopathy shared many in common with other plebeian medical reformers, notably the Thomsonians and the Coffinites. Distinguishing themselves from quackery, these movements emphasised the 'scientific' nature of their approach.<sup>39</sup> Patients were taught to make their own remedies and thus exempted from exploitation caused by an unjustifiable social structure, notably professional adulteration.<sup>40</sup> Charitable institutions, public speeches and demonstrations, and pamphlets were common means of reaching out to the public.

As the professionalisation of medicine has been the main focus of most previous studies on British homoeopathy, the popularisation of homoeopathy has not received much scholarly attention. The histories of homoeopathy written by homoeopathic practitioners often neglected these 'popularisers'.<sup>41</sup> Their biographies have received scant scholarly attention,<sup>42</sup> but the 'homoeopathies' they advocated have not been discussed yet. Nevertheless, it is probably these popularised versions of homoeopathy which significantly constituted the meaning of 'homoeopathy' in the nineteenth century. It is beyond the scope of this study for the biographical details of the early homoeopathic popularisers. Instead, in the following pages I will focus on

38. Harrison, "Early Victorian Radicals and the Medical Fringe."

39. Samuel Thomson (1769–1843) was an American lay herbalist and botanist. He advocated a 'scientific' herbal medicine free from magical traditions in rural areas. Another American Thomsonian, Albert Isaiah Coffin (1790/91–1866), introduced the new system to Britain during his visit in 1838. Conflicts between the 'scientific' Coffinites and herbalists with magical tint soon ensued in rural areas in mid-nineteenth-century Britain. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, 15–22; P. S. Brown, "Herbalists and Medical Botanists in Mid-nineteenth-century Britain with Special Reference to Bristol," *Medical History* 26 (1982): 405–420.

40. Porter points out that these movements were motivated by values cherished by the artisans and labouring men of the industrialising Midlands and North. They increasingly rejected the values of the titled, the rich and the fashionable, and embraced individualism, liberty, purity and self-help. Roy Porter, *Disease, Medicine and Society in England, 1550–1860* (London: Macmillan, 1987), 46–47.

41. For example, the Philadelphia-based homoeopath and educator, Bradford, wrote and compiled the earliest biographies of important figures in homoeopathy. Everest, an important lay practitioner and promoter, only received a space of two-page, while Quin had sixteen. Bradford, *The Pioneers of Homoeopathy*, 251–252, 532–548.

42. Reiswitz's biographies of Leaf and Curie are the most well-researched and extensive. Reiswitz, "'Globulizing" the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid," 43–55.

how homoeopathy was interpreted by three prominent figures who were dedicated to the popularisation of homoeopathy, and turned it into a mass movement: a rich silk merchant, William Laidler Leaf (1791–1874); a passionate clergyman, Thomas Roupell Everest (1801–1855); and a radical social reformer and homoeopath, John Epps (1805–1869).

### **2.3.1 A wealthy Saint-Simonien and his scientific physician: William Laidler Leaf (1791–1874) and Paul François Curie (1799–1853)**

William Laidler Leaf, possibly one of the wealthiest merchants of the City of London, was one of the most ardent donors to homoeopathy.<sup>43</sup> He traded two things between France and Britain: silk and Saint-Simonism, the latter an anti-feudalism movement advocating to rebuild society based upon science instead of irrational traditions.<sup>44</sup> A sufferer of chronic digestive problems, Leaf administered homoeopathic remedies for himself with help from a fellow French silk merchant, who was also a Saint-Simonien and was advocating homoeopathy in 1833. Leaf was impressed by the result and went to Paris to have himself treated under Hahnemann until 1837. The experience led to Leaf's life-long generous support of advocating homoeopathy among laymen and practitioners.

Determined to spread homoeopathy in Britain, in 1835 Leaf brought from Paris to London a prominent homoeopath, also a fellow Saint-Simonien, Paul François Curie. Curie was a cousin of Pierre Curie (1859–1906), the husband of the famous scientist, Marie Curie (1867–1934).<sup>45</sup> Before turning to homoeopathy, Curie had been an eminent medical practitioner, specialising in physiology and the pathological doctrines of Broussais.

Unlike most aristocratic patrons, who kept their homoeopathic physicians in their household, Leaf sponsored Curie's whole family to migrate to Britain, and opened

43. It was estimated that more than £20,000 was “invested” in the cause of homoeopathy. Bradford, *The Pioneers of Homoeopathy*, 423.

44. Leaf's biography presented here is largely based upon Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 44–49.

45. Morrell wrongly state that Curie was Marie Curie's cousin. Marie only changed her surname to Curie after marriage. Reisz corrects this in his thesis. Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” 49; Morrell, “British Homeopathy during Two Centuries,” Part 2.

the first homoeopathic dispensary for his doctor at 21 Finsbury Square, London in 1837. The French homoeopath could not speak English before his settlement in London. Within two years, Leaf managed to make Curie write and speak in English. Curie published the very first works explaining the actual practising principle of homoeopathy in English, *Principle of Homoeopathy* and *Practice of Homoeopathy* in 1836 and 1837 respectively. Two works on homoeopathy were published before Curie's books. In 1833 an Irish physician, Samuel Stratten, requested his lawyer friend to translate the fourth edition of Hahnemann's *Organon* into English.<sup>46</sup> In 1836 Everest published a pamphlet entitled *A Popular View of Homoeopathy*.<sup>47</sup> These two works unfortunately did not provide a practical base for medical practitioners. The *Organon* addressed the theoretical aspect of homoeopathy, and Everest's pamphlet was primarily to convey the benefits of homoeopathy to the public.

The dispensary soon became too small for Leaf's ambition. In 1842 Leaf bought a large house in Hanover Square with twenty-five beds as the very first homoeopathic hospital in Britain, the Hahnemann Hospital. It was seven years ahead of the London Homoeopathic Hospital, established in 1849. In 1843 the very first school of homoeopathy was established in connection with the hospital, offering courses to both laymen and medical students. Curie, of course, was in charge of both institutions. The school proved to be a successful centre for spreading homoeopathy among the medical practitioners. Many later prominent British homoeopaths, such as John James Drysdale, John Rutherford Russell, William Henderson and Robert Ellis Dudgeon, attended Curie's lectures between 1843 and 1845. In order to prove the superiority of homoeopathy over conventional treatments, *Annals of the London Homoeopathic Dispensary* were published between 1840 and 1845. It was "a purely professional publication."<sup>48</sup> Unfortunately neither institution survived Curie's early death in 1853; the problem was largely due to a conflict with the BHS as we will discuss later.

The homoeopathy Curie introduced to British practitioners was close to what Dean defines as 'nosological and pathological homoeopathy.' According to Dean, after Hahnemann's death in 1843 homoeopaths divided into roughly two camps: symptomatic classical homoeopathy, and nosological and pathological homoeopathy, with many intermediate mixed grades. The former emphasises an individualised,

46. Samuel Hahnemann, *The Homoeopathic Medical Doctrine, or, "Organon of the Healing Art"*, trans. Charles H. Devrient.

47. Everest and Hull, *A Popular View of Homoeopathy*.

48. Theodore Hook, ed., "Notes on New Publications," *Colburn's New Monthly Magazine and Humorist* (London) (1840): 296.

in contrast to standardised, approach to treatment. It tends to use lower potencies and mixes more than one remedy in a single prescription (poly-pharmacy).<sup>49</sup> Although I believe Dean's presentist division is purely based upon contemporary homoeopathic therapeutic approaches, it nevertheless illustrates how Hahnemann's system can be picked and chosen from, and interpreted significantly differently. Curie's approach towards homoeopathy suggests possible influences from the Parisian medical school, which emphasises careful observation and experiment in pathology and physiology. In *Principle of Homoeopathy* Curie cites heavily Gottlieb Martin Wilhelm Ludwig Rau (1799–1841). The German physician seemed to arrive independently at similar conclusions to Hahnemann: that it is more beneficial to use smaller doses and single remedies. He started experimenting on Hahnemann's theory but always “preserved a critical independent attitude.”<sup>50</sup> Curie emphasised that a proper understanding of pathology is the key to make sense of the seemingly irrelevant and often large number of symptoms recorded in homoeopathic materia medica. Citing Rau,

That a thirteen years' practice of Homoeopathy has fully convinced him of the necessity of a rational investigation of the real pathological character of a disease, to enable us to treat it successfully.<sup>51</sup>

Curie gave henbane as an example. Various symptoms, such as “watchful slumber, sleep-laughing, picking the bed-clothes, anxious sleeplessness, quarrelsomeness, and rage” were attributed to the herb. “[I]t is evident that we could not exhibit this remedy with confidence for such *apparently different states*, did we not know that they are *all consequences* of different degrees of the *oppression of the cerebral functions*.”<sup>52</sup> Emphasising investigations and experimenting, Curie reproached practising homoeopathy simply as symptom-matching, regardless of the cause and progress of disease. “It is wrongfully made matter of reproach to homoeopaths, that they attach more importance to the symptoms than to the origin or first cause of disease.”<sup>53</sup> Curie acknowledged that Hahnemann maintained that “it is impossible for any human being to penetrate the mystery which veils the nature or essence of disease.” However, “whether this opinion be correct or not, it cannot possibly affect the truth of facts established by actual experiment.”<sup>54</sup>

49. Dean, *The Trials of Homeopathy: Origins, Structure and Development*, 63–83.

50. Richard Haehl, *Christian S. Hahnemann: His Life and Work*, two volumes, ed. J. H. Clarke and F. J. Wheeler, trans. Marie L. Wheeler (London: Homoeopathic Publishing Company, 1922), 417.

51. Paul François Curie, *Principles of Homoeopathy* (London: Thomas Hurst, 1837), 131.

52. *Ibid.*, 132.

53. *Ibid.*

54. *Ibid.*, 133.



Leaf's indiscriminate support of homoeopathy illustrates that the actual practice was not his main concern. Leaf was a practical man and did not limit his financial help to his own institutions and physician. His financial support did not distinguish different groups of homoeopaths from one another. He practised homoeopathy himself and was not bothered with the professionalisation of homoeopathic knowledge. This attitude, as I will discuss later in this chapter, was considered harmful by Quin and the members of the BHS and some other lay supporters. Leaf donated lavishly both to Quin and his opponent Epps' English Homoeopathic Association, which printed many pamphlets to educate the public before Epps' death in 1869. As Leaf's first biographer Bradford put it, "there is no one unconnected with the profession of medicine to whom Homoeopathy is more indebted for the firm root it took in this country forty years ago than to Mr. Leaf."<sup>55</sup>

### 2.3.2 Rector Thomas Roupell Everest (1801–1855) and his scientific and loving homoeopathy

Leaf established the first homoeopathic dispensary, school and hospital, but he was not the first to instigate a mass movement to support homoeopathy in Britain. When Leaf was still undergoing his first homoeopathic treatments, a rector was already spreading the 'good news' about homoeopathy in his church. In fact, this 'good news' was probably the first entry of homoeopathy in British newspapers. Rev. Thomas Roupell Everest was the rector of the small village of Wickwar, near Stroud in Gloucestershire. Everest learned about homoeopathy through Dr. Dunsford, the family physician of the Marquess of Anglesey. He dedicated his first pamphlet, *A Popular View of Homoeopathy* to Dunsford.<sup>56</sup> It is not clear under what circumstances Everest learnt the new medical method. Handley and his son's biographer claimed that Everest fell ill in 1837 and lived in France for ten years to receive homoeopathic treatments.<sup>57</sup> Nevertheless, from the newspaper articles it shows that Everest was already preaching homoeopathy in 1834, and his first pamphlet was published in 1836. It is more likely that Everest was already practising homoeopathy before leaving for Paris.

The popularity of homoeopathy among clergymen, especially during the first half

55. Bradford, *The Pioneers of Homoeopathy*, 423.

56. Everest and Hull, *A Popular View of Homoeopathy*, dedication.

57. Handley, *In Search of the Later Hahnemann*, 21, 31, 130, 144.

of the nineteenth century, still demands further investigation.<sup>58</sup> In Russia and Germany, the clergymen were enthusiastic users and supporters of homoeopathy in the second half of the nineteenth century.<sup>59</sup> Clergymen offered medical support as part of their pastoral care package. This role is especially important when medical service was not readily and cheaply available outside of big cities. In Russia, thousands of priests treated patients who lived in villages where medical service was limited.<sup>60</sup> In Britain, homoeopathy seemed to be popular amongst clergymen already by 1851. During the Annual Meeting of the PMSA, a special committee was called to deal with the fashionable quackery in the churches.<sup>61</sup> The clerical connection to homoeopathy continued for some decades at least. In 1880 a request was received at the London School of Homoeopathy to train female missionaries, and a London Missionary School of Medicine was established in the 1910s with the London Homoeopathic Hospital.<sup>62</sup>

Both Morrell and Kotok argue that homoeopathy was popular amongst lay users because it was mild and safe.<sup>63</sup> However, these arguments do not reflect the social belief structure of the clergymen. To Everest, homoeopathy was a reliable medical method because it was scientific. “Science” was important in his rhetoric in promoting and justifying the use of homoeopathy. He compared homoeopathy to the three scientific disciplines adopted in medical education: anatomy, physiology and pathology, stressing that they were at the stage of “natural history” and could not offer much help to the physicians.<sup>64</sup> Hahnemann’s *Materia Medica Pura* offered clergymen and domestic practitioners a practical weapon in choosing correct and reliable remedies. He emphasised that each remedy recorded in the *Materia Medica Pura* was carefully tested on healthy subjects. He went to length to address the possibly

58. A project investigating the relationship between the Vatican and homoeopathy by Marisa Chironna is under way.

59. Osamu Hattori, “Cooperation and Tensions between Homoeopathic Lay Societies and Homoeopathic Doctors: the Homoeopathic Lay Movement in Wuerttemberg during the Professionalisation of the Medical Profession, 1868–1921,” in *Patients in the History of Homoeopathy*, ed. Martin Dinges (Sheffield: European Association for the History of Medicine & Health Publications, 2002), 259–280; 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.”

60. 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.”

61. “Nineteenth Anniversary Meeting.”

62. Reisz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid.”

63. Morrell, “A Brief History of British Homoeopathy”; 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.”

64. Everest and Hull, *A Popular View of Homoeopathy*, 67.

prevalent difficulties for most laymen to find remedies to treat ailments. Most entries in the old *materia medica* were without traceable sources. The prevalent taxonomy of medical substances, based on the physical and chemical qualities of the substances, was too simple and was not sufficient in finding right remedies for specific diseases.<sup>65</sup> He encouraged everyone to actively propagate this new medical system.

The public should know that the durable and beneficent cures which are everywhere produced, by the real members of our school, are not the work of fortunate conjecture, as is too generally the case in the good issues of the common method, nor of a stumbling routine of blind empiricism, but that they are results obtained upon the well-defined principles of a real, and imperishable art; results which may be repeated under an almost infinite variety of conditions and external circumstances. The practice of this art involves necessarily a fund of knowledge and a fullness of research, as well with respect to the laws of which it is composed, as of the peculiarities of each individual case of disease.<sup>66</sup>

Unlike most physicians and rich patrons, who were not particularly interested in the philosophy of homoeopathy, Everest found the theory of vital force along with minimum dose suitably conveyed the teachings of benevolence in the Bible. Apparently, Everest understood homoeopathy through the eye of the Bible. Homoeopathy is an expression of “harmony and love,” and this “medicine of love has prepared the soul for the Gospel of love.”<sup>67</sup> Everest also paid more attention and respect to the founder of homoeopathy than did medical practitioners. The way Everest speaks of Hahnemann reminds us of saints and sages in Christianity. Hahnemann was “the gifted sage,” “the Philosopher.”<sup>68</sup> He related Hahnemann’s theory of the cause of disease to the original sin, and thus implied that homoeopathy did not only heal one’s illness but also one’s soul, to “cure the moral disorder and the physical disorder together.”<sup>69</sup>

Homoeopathy was an effective weapon in social reform. In homoeopathy, Everest found the tool laymen could use to defend themselves from the exploitation of incapable, sometimes even adulterated medical practitioners. He expressed his

65. *Ibid.*, 67–74.

66. *Ibid.*, preface.

67. “Nineteenth Anniversary Meeting,” 467.

68. Everest and Hull, *A Popular View of Homoeopathy*, xi.

69. “Nineteenth Anniversary Meeting,” 466.

frustration towards contemporary medical practice and ethics, writing that the profession “leaves those mad whom it might have cured, or it maddens men by large doses of powerful medicines; and then we wonder at the crimes and folly that mark the career of man.”<sup>70</sup> Instead, he assured readers that God must have prepared a harmonious medicine which constitutes the real cures for human beings. This medicine “is so much in harmony with man’s happiness and brings with it so much good, that if it had been understood by those who teach it and had had fair play, it would long ago have altered the whole face of society.”<sup>71</sup> Considering Everest’s firm belief in the parallelism between the Bible and homoeopathy, it is ironic that Hahnemann was often criticised as an atheist.<sup>72</sup>

Everest went further to insist that medical reform should be initiated from without; it is laymen’s duty to inform and re-educate the profession. He justified himself by stating that since patients were the receivers of medical treatments they should be able to participate in the discussions of how medicine should be. Physicians were specialised in treating patients but probably not in educating the public. During a time when medical knowledge was not completely reserved for its practitioners only, it was common for the well-educated to have a good understanding about medicine.<sup>73</sup> He decided to take on the duty of educating the medical profession about the new medical system. In 1834, he published the first homoeopathic pamphlet in Britain, *A Letter Addressed to the Medical Practitioners of Great Britain on the Subject of Homoeopathy*. He made a strong and challenging appeal to the medical profession.

The post which you occupy is unquestionably an honourable one; none can be more so; but the more honourable it is, the greater will be our disappointment if we should ever discover that you have not kept that vigilant watch over our interests which we have a right to expect, and which we have been led to believe was the case. If we should ever discover that you have delayed to investigate, or have summarily rejected without due circumspection any single fact connected with the art of healing, which might be valuable to us, our resentment will have no more bounds than had our confidence.

70. “Nineteenth Anniversary Meeting,” 466.

71. Ibid.

72. Sydney Smith, “Reviews,” *The Edinburgh Review or Critical Journal* 50, no. 10 (October 1830): 504.

73. Everest and Hull, *A Popular View of Homoeopathy*, From his works one can tell Everest indeed had some in-depth medical knowledge.

Homoeopathy was worthy of experimentation because it “has been tried, and is being tried,” while the heroic treatments had not.<sup>74</sup> Furthermore, “very many of the nobility of England, with great disinterestedness, have consented to have them tried on their own persons.”<sup>75</sup> Everest also collaborated with Leaf and Curie. In support of Leaf’s Hahnemann Hospital, he preached, against Quin’s wish, in the Church of St. Augustine, Old Change, Cheapside in 1851 and published the sermon as a pamphlet to raise more funds for the institution. He was also one of the Vice-Presidents of the Hospital at 39 Bloomsbury Square.

Everest’s provoking statements produced responses among the medical practitioners ranging from violent antagonism to complete ignorance. The reasons were manifold. For one thing, qualified medical practitioners wanted to distance themselves from “unprofessional” practitioners and hence deliberately ignored the criticism of Everest. Nevertheless, Everest’s criticism of the current medical profession became popular among the public and the medical profession was forced to respond to him. Everest’s appeal was completely ignored by the *Lancet* and the *BMJ*, two medical journals claiming to reform the medical profession but reserving the right for reform from within the profession. Everest’s open letter to the profession “was feebly noticed” in the *Medical Gazette*,<sup>76</sup> a periodical reporting medical knowledge to the laymen.

The discussions instigated by Everest therefore did not happen in professional medical journals, but in the arena outside of professional jurisdiction: newspapers. A vehement discussion was stirred up in *The Essex Standard, and Colchester, Chelmsford, Maldon, Harwich, and General County Advertiser* from 1834 to 1835. The authors, presumably professionals, did not want to reveal their identities because only the unqualified should engage in conversations with a quack. The critics whom Everest could name were almost without any professional title.<sup>77</sup> They chose to discuss the matter in a newspaper, where most advertisements and news regarding quackery happened. As the author H put it, “are we to waste our time, risk our reputation, and the lives of our patients, by subjecting them to experiments proposed by impudent quacks, any crazy German enthusiasts?”<sup>78</sup>

74. Y, To the Editor of the Essex Standard: Nothing Off, *The Essex Standard, and Colchester, Chelmsford, Maldon, Harwich, and General County Advertiser* (Colchester, England), 206 1834.

75. A Greek Homoeopath, To the Editor of the Essex Standard: Homoeopathy, *The Essex Standard, and Colchester, Chelmsford, Maldon, Harwich, and General County Advertiser* (Colchester, England), 217 1835.

76. Y, Move On, *The Essex Standard, and Colchester, Chelmsford, Maldon, Harwich, and General County Advertiser* (Colchester, England), 204 1834.

77. Such as Mr. Edwin Lee, Mr. Pereira, Everest and Hull, *A Popular View of Homoeopathy*, preface.

78. H, To the Editor of the Essex Standard: Luff You May—Luff—Keep Her Close At It, *The*

From the letters and articles of the newspapers addressing the case of homoeopathy, the medical system and its practitioners were not criticised as quackery and quacks on the basis of lack of qualifications and education. It was known that Hahnemann was a qualified physician and even a member of the Faculty of Medicine of the University of Leipzig. Nevertheless, what made Hahnemann a quack and homoeopathy quackery, according to the anonymous author H, was not one's qualification or medical approach, but the way one dealt with the medical profession. Hahnemann and other proponents of homoeopathy did not follow the norms of introducing homoeopathy through the Colleges of Medicine in England. H questioned "why does he [Everest] not produce his testimonials to the Colleges of Medicine in England, and claim their support as a man of science, and one entitled to attention? This is the regular and proper mode of proceeding, and by this method alone can he gain any confidence in this country."<sup>79</sup> In other words, without the proper procedure, homoeopathy was not approved as being a legitimate practice. It seems that both "homoeopathy" and "science" were rhetorical devices for addressing the underlying disagreement of the structure of the medical profession and the distribution of medical knowledge.

Everest's next attempt did not bring him a favourable response either. In the following year, 1835, he published *A Popular View of Homoeopathy*. Again, the professional medical practitioners said "we have been much amused and not a little interested by the perusal of a small volume."<sup>80</sup> This time, the editor of *The Times* disclaimed any involvement with the difficult issue between the elite physicians and the Victorian medical reformer regarding experimenting with homoeopathy. "A subject of such immense importance cannot be properly discussed without great medical knowledge and long and careful investigation of numerous facts."<sup>81</sup> The editor adopted a pragmatic view, discarding the competition between medical service providers and the issue of being scientific or not; what mattered to the general public was to have a safe and efficacious medical system.

Everest's efforts in spreading homoeopathy to laymen did not gain much attention from his elite or professional British homoeopathic colleagues either. Nothing about the sensations Everest made outside of big cities among laymen were mentioned

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*Essex Standard, and Colchester, Chelmsford, Maldon, Harwich, and General County Advertiser* (Colchester, England), 218 1835.

79. H, To the Editor of the *Essex Standard*: Luff You May—Luff—Keep Her Close At It.

80. Literary Notice: *A Popular View of Homoeopathy*, *Royal Cornwall Gazette, Falmouth Packet & Plumouth Journal* (Truro, England), 1639 1834.

81. *The Times*, 15618 1834, 2.

in the BJH. While being the first author of homoeopathic books, Everest's obituary in the BJH was fairly short and with many mistakes.<sup>82</sup> His birth year was not mentioned and the dates of his publications were incorrect.<sup>83</sup> Only in the USA did Everest gain some recognition. His *A Popular View of Homoeopathy* went through two editions there and the second one even came with a one-hundred-page annotation written by Amos Gerald Hull (1810–1859), one of the first students of homoeopathy in America.

The following quotation might help us to understand why Everest's sermons were so powerful to the laymen, but so ridiculous to the medical profession. A sermon preached by Everest in aid of the Hahnemann Hospital:

Mothers! do you wish to see your children washed clear of that leprous tendency to disease which fills our grave-yards with sweet young flowers, cut off untimely, and which to those who survive, transmits a legacy of pain, sin, and sorrow? THEN AID US!

Fathers! do you wish to see your sons grow up faithful Christians, and sensible men, with a normal allowance of health, able to use calmly the reason which God has given to man for his comfort here, far from all extravagance, and all eccentricity, holding a course of life steady, reasonable, religious—such a course as man, healed, God-fearing, and intellectual, should hold? THEN AID US!

The medicine of love has prepared the soul for the Gospel of love. The seed of the word will soon strike root in such a soil, and bring forth much fruit; not the fruit of thievery and crime, afflicting folly and snarling religion, that exists at present, but a wholesome crop of sensible actions and sound opinions ripened by the steady rays of reason and religion. [...] The first care of the parents is, by proper dynamic medicines . . . to eradicate all those psoric tendencies which cause or increase all our aches, pains, ill tempers, obstinacies, rebellions, cachexies, and all chronic diseases.<sup>84</sup>

Everest is not alone to attach close connections between homoeopathy and religious

82. "Obituary: Thomas Everest Rupell," *The British Journal of Homoeopathy* 13 (57 1855): 477–478; "The Past, Present, and Future of Homoeopathy in Great Britain," *The British Journal of Homoeopathy* 14, no. 56 (1855): 190–208.

83. For fragmentary information on Everest's life, one can see *The Bury and Norwich Post; Or, Suffolk and Norfolk Telegraph* (Essex; Cambridge), 2307 1826; *The Bristol Mercury* (Bristol, England), 2111 1830.

84. "Nineteenth Anniversary Meeting," 466–467.

or spiritual beliefs, no matter whether they were Hahnemann's original ideas or not. In homoeopathy, Victorian and later religious dissenters found a medical theory compatible with their religious and social outlooks. Another early homoeopath, James John Garth Wilkinson (1812–1899), who established his successful practice in London in 1834, is also the sole English translator of Swedenborg's works. Emanuel Swedenborg (1688–1772) was a Swedish scientist, philosopher and mystic. His philosophy and theology inspired new dissenting groups in America and Britain. Swedenborgians found certain therapeutic methods had closer affinity to their dissenting views of theology.<sup>85</sup> Several American homoeopaths, such as Constantine Hering (1800–1880) and James Tyler Kent (1849–1916), were also Swedenborgians and incorporated Swedenborg's philosophy into their homoeopathic practice.<sup>86</sup> George Wyld (1821–1906), who introduced calf lymph vaccination to Britain, was an active homoeopath, the President of the Theosophical Society, and the President of the British Homoeopathic Society in 1876.<sup>87</sup> Among the members of the magical order, the Hermetic Order of the Golden Dawn, were found the eminent high-potency Liverpool homoeopath, Edward William Berridge (1844–1920), Charles Caulfield Tuckey (1819–1895) in Manchester and Robert Masters Theobald (1835–1908).<sup>88</sup> Into the twentieth century, Christian mystic Rudolf Steiner advocated homoeopathy amongst his followers. Today, some homoeopaths find that the Druid tradition and other New Age movements complement their practice well.<sup>89</sup>

An important reason why homoeopathy has been favoured by religious dissenters is that it offered the possibility of having a non-material view on the cause of disease. Hahnemann's theory of vital force is often emphasised in these cases. The illness does not only exist at physical level, but has its roots in a vital force, which is the metaphysical essence of life. The theory of vital force is rarely mentioned among other professional homoeopaths. Furthermore, the therapeutic effects of the "infinitesimal dose" can only be explained by a non-material reason. Though most British homoeopaths in the nineteenth century prescribed "material dose"–remedies which were not highly-diluted and still had material substances inside, the doses

85. Haller, *Swedenborg, Mesmer, and the Mind / Body Connection: The Roots of Complementary Medicine*.

86. Studies on American homoeopathy show that homoeopaths who were also religious dissenters tended to use high potency remedies. However, this is not always the case among British homoeopaths in the nineteenth century Coulter, *Divided Legacy: A History of Schism in Medical Thought*.

87. George Wyld, *Notes of My Life* (London: Kegan Paul & Co., 1903).

88. Nicholls, *Homoeopathy and the Medical Profession*, 262.

89. Cant and Sharma, *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the States*.



were “infinitesimal” compared to their colleagues favouring heroic treatments. To Everest, this healing force was God’s love.<sup>90</sup> To Kent, it was one’s own will, which was connected to God’s consciousness.<sup>91</sup> Furthermore, to Everest, the “battle” between homoeopathy and allopathy was like the everlasting battle between good and evil.

The advocates of the science accept the change as an augury of success, for they remember, how that there was silence and a dead calm over the earth, as long as darkness lay upon the face of it: nor was it until God said, “Be light; and light was,” that feuds and violence began.<sup>92</sup>

Many of these religious dissenters and lay practitioners first identified themselves with certain religious traditions, rather than with their medical services. Religious dissenters often use their belief system to further elaborate, as they believed, the ‘unspoken’ parts of Hahnemann’s theory. They integrated homoeopathy into their world view, not the other way round. Their activities therefore were mostly outside of the professional homoeopathic social networks. On the other hand, in order to maintain the “professionalness” of homoeopathy, many professional homoeopaths refrained from interacting with them in the public arena. Publications on domestic homoeopathy were rarely mentioned in homoeopathic journals, or were perhaps given negative comments. This might explain why, though homoeopathy as promoted by clergymen and lay persons seemed widespread and prevalent, professional literature rarely mentioned them. However, their extensive network did suggest that they were influential in shaping the idea of what homoeopathy was in the mind of the public.

### 2.3.3 A radical social reformer and homoeopath, John Epps (1805–1869)

It was not only laymen who were enthusiastic about popularisation of homoeopathy; some medical practitioners, too, took up the new medical system for its potential as a vehicle for public reform. One of the most prominent such medical practitioners was John Epps. Dr. John Epps’ (1805–1869) life probably best illustrates how

90. Everest and Hull, *A Popular View of Homoeopathy*, 55-57.

91. Nicholls, *Homoeopathy and the Medical Profession*, 114.

92. Everest and Hull, *A Popular View of Homoeopathy*, x.

homoeopathy was intertwined with other reforms within the Victorian society. Epps was born into a Calvinist family in Kent, and most of his social and political activities seemed to be driven by his firm belief of “all creatures as being equally important in the scale of creation as myself.”<sup>93</sup> Before adopting homoeopathy, Epps was involved with the movement of Catholic emancipation, and the repeal of the Test Acts, in resistance to church-rates and the relief of Nonconformists.<sup>94</sup> He was also an active member of the Anti-Corn Law League, a political movement against the Corn Law, which protected British producers’ interest by imposing tax on imported wheat. The League, representing Whig industrialists and workers, proposed a Utopian vision through publications and public speeches. Epps’ radical political stance that all classes and nationalities were equal also resulted in his friendship with many other rebels of the day. Giuseppe Mazzini (1805–72) found refuge at Epps’ house in London in 1837.<sup>95</sup> He was also good friends with Giuseppe Garibaldi (1807–82) and the Hungarian revolutionist, Lajos Kossuth (1802–94).<sup>96</sup> In his later years he actively condemned slavery.

Epps saw medicine as a tool of liberation for the poor and the lower classes and thus public health was his main concern. Epps graduated as an MD from Edinburgh University in 1826. He was a lecturer on Materia Medica and Botany for thirteen years, and Chemistry for ten years at the famous Hunterian School of Medicine.<sup>97</sup> Although holding license from Scotland, Epps did not gain the license from the Royal College; in his own words, “my feeling of self-respect would never permit me to join, as a *licentiate*, the London College of Physicians.”<sup>98</sup> His religious belief and progressive spirit led to his search for a new rational medicine. He published *Evidences of Christianity Deduced from Phrenology* and *The Christian Physician and Anthropological Magazine* from 1835 to 1839. Epps was an active supporter of vaccination, being the medical director of the Royal Jennerian and London Vaccine Institution in 1830 (more on homoeopathy and vaccination in Part II). This is in sharp contrast to the fact that many homoeopaths today deny the benefits of vaccination.<sup>99</sup> In the late 1830s Epps turned to the lately-introduced medicine,

93. John Epps, *Diary of the Late J. Epps, embracing autobiographical records; notes on passing events, etc.*, ed. Ellen Epps (London, 1875), 61.

94. Bradford, *The Pioneers of Homoeopathy*, 239.

95. Morrell, “British Homeopathy during Two Centuries,” 118–121.

96. “Obituary: Washington Epps, L.R.C.P. Edin., M.R.C.S.Eng.,” *The British Homoeopathic Journal* 2 (11 1912): 525.

97. John Epps, *The Rejected Cases; with a Letter to Thomas Wakley, Esq, M.P. On the Scientific Character of Homoeopathy* (London: Sherwood & Co., 1845), x.

98. *Ibid.*, xi.

99. For example, Harris L. Coulter, *Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain* (Berkeley, California: North Atlantic Books, 1990).

homoeopathy. It is likely that Epps learned about homoeopathy through Curie, who also advocated a rational and scientific approach towards medicine. According to Bradford, Epps first learned about homoeopathy through Curie's lectures in the school of homoeopathy associated with the Hahnemann Hospital. But as the school did not begin until 1842, and Epps had already published three works, *What is Homoeopathy*, *Homoeopathy and Its Principles Explained* and the *Domestic Medicine* in 1838, 1841 and 1842 respectively, it is more likely that Epps learned about homoeopathy through Curie's works and meeting Curie in person, as Epps was fluent in French. In Leaf and Curie, Epps also found allies: for their belief that homoeopathy should be advocated among the public corresponded to Epps' plebeian and leftist ideology (their collaboration will be discussed in Chapter 4). Apart from his publications, Epps gave numerous public lectures in London, Manchester, Edinburgh and Dublin. He was regarded by many of the working-class as a prophet in medicine.<sup>100</sup>

Medical journalism and publication was an important medium to spread homoeopathy, outside of as well as within the professional context. The differentiation between professional and general publications happened in parallel with the professionalisation of medicine. The tone of these publications was often harsh towards medicine in general, and foresaw the inevitable downfall of mainstream medicine and final triumph of homoeopathy. It is clear that these publications, which treated medicine as a homogeneous out-group opposed to homoeopathy, probably would not be welcomed among the medical practitioners. Curie and Leaf published the clinical record of their first dispensary as *Annals of the London Homoeopathic Dispensary* between 1840 and 1845. A lay magazine commented "it is a purely professional journal."<sup>101</sup> An unknown publisher printed *The Monthly Journal of Homoeopathy and the Journal of Health and Disease* between 1846 and 1852, bearing a critical tone towards *allopathists*.

The progress of the glorious truth, which this Journal was instituted to develop, has been indeed great, and the opposition caused has been proportionally strong. The course of truth is grand and cheering. The victories, which attend its onward steps, multiply daily, and the day will come, when it shall stand alone, having driven from the field of human benefit the two great systems, which, at present, by their advocates, are doing their utmost to expel it. The fact is great, that homoeopaths

100. *Oxford Dictionary of National Biography*, s.v. "Epps, John."

101. Hook, "Notes on New Publications," 295.

cure diseases, that allopathists cannot; and the additional fact attends the one just noted, namely, that the public recognize the fact, and that hundreds can and do, in answer to the charge that homoeopathy is a delusion [...]<sup>102</sup>

The drawing of professional boundaries encouraged those who were ‘ostracised’ to establish their own journal to express their opinions. In 1843, Epps forwarded the *Lancet* information about four medical cases being successfully treated by homoeopathy. The cases were refused insertion, and hence Epps published a pamphlet under the title of *Rejected Cases*, with a letter to Thomas Wakley, “On the Scientific Character of Homoeopathy.”<sup>103</sup> Epps argued that the mission of a professional and progressive journal should be to offer an open ground for the discussions of medical matters. By denying the presence of homoeopathy, there was no arena for communication and therefore the controversy of homoeopathy could not be settled within the profession.

[...] you should allow the homoeopathist to show in the journal, carrying the imputation, that he is not a quack, and that homoeopathy is not a quackery. You were not obliged to denounce homoeopathy, you might have left it alone; but, having once thrown down the gauntlet, you ought to have been ready to meet him, who is willing to take up your glove. The medical profession would then have beheld the contest, not of *words* but of *fact*—not of *hypotheses* but of *carefully compiled CASES*, and would have decided.<sup>104</sup>

Unfortunately Epps’ wish was not granted. Along with other homoeopathic supporters, laymen and practitioners included, Epps founded the English Homoeopathic Association (EHA) in 1845, only thirteen months after the BHS. In 1856 Epps started to publish a monthly journal, *Notes of a New Truth*. It ceased to publish when Epps passed away in 1869. To Epps, just as he believed that all creatures were created equal, all the medical systems were equal as long as they had substantial supporting proofs. He fought for homoeopathy against the monopoly of the medical profession just like he fought to overcome the injustice of slavery and the Reform Bill.<sup>105</sup>

102. “Address,” *The Monthly Journal of Homoeopathy and the Journal of Health and Disease* 4 (1850): iii.

103. Epps, *The Rejected Cases; with a Letter to Thomas Wakley, Esq., M.P. On the Scientific Character of Homoeopathy*, iii–iv.

104. *Ibid.*, xiii–xiv.

105. Bradford, *The Pioneers of Homoeopathy*, 239–251.

## 2.4 Summary

It is clear that Epps' idea of a populist homoeopathy was incompatible to Quin's elitist medicine. Unsurprisingly, Epps did not join the BHS, but formed another organisation with Leaf. The English Homoeopathic Association was founded in 1845, thirteen months after the BHS. The two organisations were destined to fall into conflict, and the resolution of the conflicts shaped the future of British homoeopathy. But before we go into these conflicts, let us look at who were the medical practitioners who joined Quin's movement.



## Chapter 3

# Professional Physicians and Their Quest for Certainties in Medicine

Historiographically, Coulter and Morrell both argue that homoeopaths in the nineteenth century were well-educated and better-qualified medical practitioners.<sup>1</sup> In the previous chapter I have shown that, although many homoeopathic practitioners were well-connected, ardent homoeopathic practitioners included laymen and medical practitioners, some of whom did not follow the licensing system. However, Coulter and Morrell's arguments are not entirely inaccurate. In this chapter, I will turn my focus to how some medical practitioners utilised a 'scientific' homoeopathy for a medical reform, primarily in the area of theory and practice. Many of these medical practitioners were indeed elite physicians in terms of education and medical innovations. This chapter is about these medical practitioners and their interpretation of homoeopathy. I want to emphasise that these medical practitioners were in one way or another connected to the various social networks I discussed in the previous chapter.

### 3.1 General grounds for acceptance

Most historians agree that to explain the sudden popularity of homoeopathy, one has to look into the doubts and dissatisfactions with contemporary medicine experienced

1. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*, 1–5; Morrell, "British Homeopathy during Two Centuries," 92–102.

by both laymen and medical practitioners. As Porter pointed out: “pre-modern medicine was beset by formidable difficulties regarding its public face, professional organization, ethical codes and scientific authority.”<sup>2</sup> Hahnemann’s proposal offered a timely alternative medical system with both theoretical and practical grounds for medical practitioners and Victorian reformers. The medical experience of probably the first lay homoeopath, Thomas Uwins (1782–1857), a famous painter of the Royal Academy, summarises medicine in the early nineteenth century.

[Thomas Uwins] had seen much in the practice of medicine which appeared to him to be of a doubtful character, and the uncertainty which everywhere prevailed shook his faith in the old system. He was old enough to recollect the Cullenian system of depletion, and also the Brunonian system of repletion; and what came forcibly upon his mind was the little attention paid to fixed principles, and the circumstance that all physicians for the time being, patronized those which were considered the fashionable medicines of the day, whether they encouraged the lancet and blister, or, on the other hand, the copious use of port-wine and brandy.<sup>3</sup>

It was therefore not difficult for British medical practitioners to share Hahnemann’s motivation for proposing a scientific medical system with certainties. In a letter to Christoph Wilhelm Hufeland (1762–1836), a prominent medical reformer and also a life-long friend,<sup>4</sup> Hahnemann stated painfully that there was no valid theory, but only “hypothesis” concerning the cause of diseases, and all he could do as a doctor was to give substances to his patients which “owed their place in the *Materia Medica* to an arbitrary decision.”<sup>5</sup> Hahnemann was quite ready to admit that his patients would probably have done better without him.<sup>6</sup>

2. Roy Porter, “The rise of medical journalism in Britain to 1800,” in *Medical Journals and Medical Knowledge*, ed. W. F. Bynum, Stephen Lock, and Roy Porter (London: Routledge, 1992), 9.

3. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 31–32.

4. Hahnemann was one of the German physicians who lamented that medicine failed the German Enlightenment’s ideal of an exact science. This lament led to a movement amongst German physicians to reform medicine, based on the critical philosophy of Immanuel Kant (1724–1804). The enthusiasm amongst German physicians for finding an exact medicine sometimes even ended up in physical violence, see Michael Emmans Dean, “Homeopathy and ‘The Progress of Science’,” *History of Science* 39 (2001): 256–258.

5. Samuel Hahnemann, *The Lesser Writings of Samuel Hahnemann*, trans. Robert Ellis Dudgeon (New York: William Radde, 1852), 511–512.

6. Robert Ellis Dudgeon, *Hahnemann: The Founder of Scientific Therapeutics*, being the Third Hahnemannian Lecture, 1882 (London: E. Gould & Son, 1882), 3–7.



## 3.2 A scientific homoeopathy

Whether Hahnemann's homoeopathy was a medical system based upon mere rational speculations or actual experiences has been an issue of debate amongst homoeopathic practitioners and historians since the outset. Coulter argues that there have been two modes of medical thinking since ancient Greek medicine. The rational school emphasises therapeutic approaches based on medical principles or laws. The empiricist school focuses on finding effective treatments, even when there is no valid theory to explain the efficacy of these methods. Coulter argues for the superiority of the empiricist school and that homoeopathy belongs to this camp.<sup>7</sup> Dean, also, considers Hahnemann's philosophy as a Romantic German reaction towards the rational ideal of the French Enlightenment. According to Dean, Hahnemann's homoeopathy was relatively empiricist compared to the French rationalism.<sup>8</sup> Nevertheless, Hahnemann did mark the difference between his new medical system and the existing system by 'rationality.' He published his new system under the title, *Organon der rationellen Heilkunde nach homöopathischen Gesetzen* in 1810. However, from the second edition on Hahnemann changed the title to *Organon der Heilkunst*. Whether Hahnemann saw medicine as a 'science' (*Heilkunde*) or an 'art' (*Heilkunst*) has also raised concerns. Early homoeopathic supporters tended to emphasise homoeopathy as a science, while later proponents prioritised medicine as an 'art.'<sup>9</sup> It is beyond the scope of this research to investigate Hahnemann's medical philosophy. The discussion here is to illustrate that Hahnemann's homoeopathy can be interpreted in different ways; be it rational, empiricist, science or art.

As I have shown in the previous chapter, 'science' was an important rhetoric for homoeopathic supporters to justify their choice. The medical practitioners, especially, 'found' in homoeopathy the potential of an ideal scientific medicine for the medical reform. As Warner has illustrated that 'science' had multiple meanings in medicine in nineteenth-century Britain,<sup>10</sup> Victorian supporters also found homoeopathy fulfilled their different ideals of science. First of all, homoeopathy fulfilled the ethical code of a benevolent treatment. It was much milder compared to heroic treatments, and hence more civilised and rational. Moreover, it met the Victorian standard of science. It had a clearly-stated prescription principle and a system

7. Harris L. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, 184–210.

8. Dean, "Homeopathy and 'The Progress of Science'."

9. I will discuss this issue further in Part II. James Tyler Kent (1849–1916) was one of the most influential homoeopaths to address whether medicine should be an art, not a science. See James Tyler Kent, *Lectures on Homoeopathic Philosophy* (B. Jain, 2011), i–vi.

10. Warner, "The History of Science and the Sciences of Medicine."

of drug testing, both well-encapsulated in the criteria of “rationality” proposed by the Enlightenment. Most importantly, to medical practitioners, homoeopathic principles and its well-documented *Materia Medica* assured them that there was a practical tool-kit to combat disease. The statistics of homoeopathic success in various hospitals proved that this tool-kit could be effective.<sup>11</sup> Quin was soon joined by these medical practitioners in the 1830s. Before I investigate further into how they interpreted homoeopathic practice, I would like to first discuss how these medical practitioners connected with each other, and what kind of medical practitioners joined the scientific debate of homoeopathy in nineteenth-century Britain.

### 3.2.1 German and French influences

The foreign nature of homoeopathy made it primarily accessible to those medical practitioners who were better-educated or from wealthy backgrounds. They mainly learned about homoeopathy and connected with each other through medical journals and a medical education abroad. As the early British journals did not carry much accurate information about homoeopathy,<sup>12</sup> before 1834 one could only learn about homoeopathy through foreign medical journals.<sup>13</sup> It was common among wealthy medical students to travel abroad to further their medical education. Medical students came from all over Europe to Vienna and Paris to learn the latest developments in medicine, and some established life-long friendships.

Many prominent British homoeopaths in the nineteenth century shared the common experience of the medical education on the continent, which explains German and French influences on the idea of science in British homoeopathy in the early

11. Arthur C. Clifton, “Therapeutic Changes in General Medicine during the Victorian Era: Their Meaning and Lessons for Homoeopaths,” The Presidential Address delivered at the British Homoeopathic Congress, held at Liverpool, Sept 22, 1887, *Monthly Homoeopathic Review* 31, no. 10 (October 1887): 577–599.

12. The first time homoeopathy was mentioned in Britain was in the *The Lancet* of 1826–7. However, the article did not do a good job in informing its readers about what the medical system was. “Hahnemann” was spelt as “Hahlnemann” and “homoeopathy” as “homoeopathia.” Nicholls, *Homoeopathy and the Medical Profession*, 106.

13. On the continent, like most other irregular medicines, homoeopaths finally published their own journals to spread their opinions. In 1821 Hahnemann’s favourite students, Dr. John Ernst Stapf (1788–1860) and Dr. Gustav Wilhelm Gross (1794–1847), established the first homoeopathic journal, which continued to appear until 1843. In 1832 another journal was founded *The Allgemeine Homoeopathische Zeitung*, which after going through various editors, has survived to the present day. Mahendra Singh, *Pioneers of Homeopathy: Illustrated Biographies of Personalities and Their Contributions* (New Delhi, India: B. Jain, 2003), 118–121; British homoeopaths primarily learned about the new medical systems through these journals. Everest and Hull, *A Popular View of Homoeopathy*, 13.

days. In the early 1840s, Robert Ellis Dudgeon (1820–1904), John James Drysdale (1816–1890) and John Rutherford Russell (1816–1867) were all fellow students in Vienna. Drysdale's younger brother was Charles Robert Drysdale (1829–1907), the founder and President of the Malthusian League; though never an avowed homoeopath, he was sympathetic to his brother's practice. Another fellow-student was William Wilde (1815–1876), father of Oscar Wilde and himself an eye and ear surgeon. He reported that homoeopathy had a higher success rate than allopathy in curing cholera in Austria in the 1830s.<sup>14</sup> While in Vienna, Drysdale and Russell studied with one of Hahnemann's students, Friedrich Wilhelm Karl Fleischmann (1799–1868). Dudgeon was not interested in homoeopathy while in Austria.

### 3.2.2 The scientific homoeopathy as represented in the BJH

The establishment of a professional affiliation and a professional journal are often argued to facilitate the process of creating a professional identity. Nicholls, for example, considers the establishment of the BHS by Quin in 1844 and the BJH in 1843 as milestones in the professionalisation of homoeopathy.<sup>15</sup> Nevertheless, the BHS and the BJH were developed independently and while the former attempted to establish an elite homoeopathy, the latter emphasised a scientific one. In 1843, while Quin was active in London, Drysdale settled in Liverpool and with his fellow students in Germany, Russell and Francis Black (1820–1882), started the first journal of homoeopathy, the BJH. In 1843, there was a lack of practical and reliable information about homoeopathy in the country. From the three editors' point of view, most pamphlets, published by populist supporters, simply served as simple domestic manuals. The BJH was a quarterly journal aiming to facilitate medical practitioners' practice by presenting provings of various remedies.<sup>16</sup> The journal soon won over its first 'convert.' Dudgeon was asked by Drysdale to translate works from German for the BJH. Dudgeon was gradually convinced by what he translated and eventually became the most important English translator of homoeopathic literature. Russell and Drysdale stayed on the editorial board until their retirement in 1858 and 1877 respectively. Dudgeon joined the board in 1851 until the final year of the Journal in 1884.

The homoeopathy presented by the BJH was 'scientific' and 'rational,' and based

14. Singh, *Pioneers of Homeopathy: Illustrated Biographies of Personalities and Their Contributions*, 76–77.

15. Nicholls, *Homoeopathy and the Medical Profession*, 110–113.

16. "Introduction," *The British Journal of Homoeopathy* 1 (1): i–vii.

upon reliable experiences. According to the BJH, homoeopathy offered a rational and scientific base to establish a medical system distinct from contemporary medical systems. The homoeopathic principle, *Similia similibus curantur*, was arrived by “a train of admirable inductive reasoning,”<sup>17</sup> and hence distinguished itself from the *a priori* theories of Brown and Broussais. It took “belief” to appreciate the latter theories.<sup>18</sup> Furthermore, the rational medical principle would have to be substantiated by “laborious experimental observations,” which required the practitioners’ constant endeavour to progress and improve the system. Therefore, homoeopathy embodied the idea of progress, and was “to be regarded at present as a system of medicine in the course of development, being the adaptation to practice of a great general principle.”<sup>19</sup> Therefore, the progress of homoeopathy would benefit from those in other branches of medical science. The BJH promised to acquaint its readers with the progress of pathological anatomy, “a pure science of observation,” as the discipline “is not only compatible with, but absolutely necessary to, the perfection of the Homoeopathic method.”<sup>20</sup> However, the BJH followed Hahnemann’s suggestion to reject the “frivolous classifications of Nosologists,” as their theories were based upon speculations, instead of observation and experiments.<sup>21</sup> As the result, the BJH reported progress not only on homoeopathy, but also on other important Victorian unorthodox medicines, such as hydropathy and mesmerism, completed by the latest discoveries in pathology, chemistry, physiology, and even Pasteur’s lectures.

The establishment of a professional journal marked the beginning of a separate homoeopathic identity from other medical practitioners. On the one hand, the editors seemed to be reluctant to break away from other medical practitioners. The editors regretted that they had to make this choice due to the rejection of homoeopathy by the majority of the medical profession. In Germany, homoeopathic related articles were shut out from most medical journals, and therefore “Hahnemann and his followers were compelled to separate themselves into a distinct body, and to found a periodical literature of their own, containing the results of their investigations.”<sup>22</sup> On the other hand, they recognised the incompatibility between homoeopathy and the existing medical practice. They suspected the main reason for this rejection was that to accept Hahnemann’s theory would cause a “revolution” in medical

17. “Introduction,” iv.

18. Ibid.

19. Ibid.

20. Ibid., vii.

21. Ibid.

22. Ibid., v.

practice.<sup>23</sup>

In the 1840s, the only professional instructions in homoeopathy were given by Curie in the Hahnemann Hospital in London. Determined to propagate homoeopathy amongst the medical practitioners, Drysdale and Russell edited and published, in 1845, *An Introduction to the Study of Homoeopathy*, where various papers from the BJH and some other sources were selected.<sup>24</sup> At least nine introductory books on homoeopathy were already published before 1845. However, almost all of them were published by those who believed in the popularisation of homoeopathy.<sup>25</sup> Therefore Drysdale and Russell prepared the material to “present the subject in a way not repulsive to the professional.”<sup>26</sup>

Drysdale and Russell presented a homoeopathy very different from those who promoted it as a domestic self-help medicine. Apparently, Drysdale and Russell reckoned that to investigate homoeopathy with a sceptical mind would be a professional attitude to deal with a new medical system. The most important difference between the *Introduction* and the pamphlets published previously was the emphasis that homoeopathy should only be accepted after testing it scientifically.

[I]f Homoeopathy [...] boasts of adding to the scientific conquests of the mind, and of conducting to the greatest interests of the body, [...] the validity of its claims should be tried before an authority commensurate with their magnitude in the severe rules of discipline which it enforces, and in the decisions without appeal, which it has a right to pronounce.<sup>27</sup>

23. Ibid.

24. John James Drysdale and J. Rutherford Russell, eds., *An Introduction to the Study of Homoeopathy* (London, Liverpool, Edinburgh: J. Leath, 1845).

25. Most of them are in the form of pamphlets, consisting of no more than sixty pages, thus easy to distribute and read among laymen. They are Everest and Hull, *A Popular View of Homoeopathy*; J. G. Millingen, *Popular View of the Homoeopathic Doctrines* (London: Churchill, 1837); Edward Williams, *Digest of the Homoeopathic Principles* (London: Henry Renshaw, 1837); Epps, *The Rejected Cases; with a Letter to Thomas Wakley, Esq, M.P. On the Scientific Character of Homoeopathy*; John Epps, *Homoeopathy and Its Principles Explained* (London: English Homoeopathic Association, 1850); Some are specifically for domestic use, and appealing to women. They are Franz Hartmann, *The Mother's Medical Assistant: Or, Homoeopathic Guide. Translated and Abridged from the German* (1838); John Epps, *Domestic Homoeopathy; or Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults and for the Conduct and the Treatment During Pregnancy, Confinement, and Suckling* (London: W. & J. Piper, 1842); Curie, *Principles of Homoeopathy*, Only the following two consisted of more complete introduction to homoeopathy. Paul François Curie, *Practice of Homoeopathy* (London, Paris: J. B. Bailliere, Thomas Hurst, 1838).

26. Drysdale and Russell, *An Introduction to the Study of Homoeopathy*, iii.

27. Ibid., 1-2.

### 3.2.3 Homoeopathy must be based upon scientific theories

The critical appraisal of homoeopathy as proposed by Drysdale and Russell proceeded in two aspects: to compare homoeopathic theories to those of other scientific disciplines, and to utilise large-scale trials and statistics to testify to the efficacy of homoeopathy.

Samuel Morison Brown's (1817–1856) *On the Theory of Small Doses* as included in the *Introduction* best illustrated the ideal of a scientific homoeopathy.<sup>28</sup> One of the most controversial aspects of homoeopathy was that of dosage. Thanks to the Nobel Prize winner, the French physicist Jean Perrin (1870–1942), whose work determined the Avogadro constant in 1909, we now know the criticism of “infinitesimal” dose used by British homoeopaths in the nineteenth century was a relative criticism compared to heroic doses. The most prevalent potencies prescribed by British homoeopaths in the nineteenth century were low potencies, such as non-diluted tinctures, 1X, 3X or 6X.<sup>29</sup> As Perrin's result suggests, only those potencies above 24X or 12C were “infinitesimal” doses, which were rarely used back in the nineteenth century. Nevertheless, compared to then popular heroic treatments, remedies diluted to one-hundredth, one ten-thousandth, one millionth or one billionth (corresponding to the First, Second, Third and Sixth dilution of homoeopathic remedies respectively)<sup>30</sup> were ridiculously low enough to be called “incomprehensible.” While numerous historical and contemporary examples could be found in support of the law of similars, the most famous criticiser of homoeopathy, Sir John Forbes (1787–1861), along with other prominent homoeopaths, argued that Hahnemann established the dilution and succession of remedies based purely upon experience, instead of reasoning.<sup>31</sup> Hahnemann did not offer any sensible theory nor justifications; he also did not offer consistent advice on how to decide the potency of remedies in

28. Samuel Morison Brown, “On the Theory of Small Doses,” in *An Introductory to the Study of Homoeopathy*, ed. John James Drysdale and J. Rutherford Russell (London: J. Leath, 1845), 152–178.

29. Peter Morrell, “Kent's Influence on British Homeopathy,” [http://www.homeoint.org/morrell/articles/pm\\_kent.htm](http://www.homeoint.org/morrell/articles/pm_kent.htm) (accessed March 6, 2012).

30. It is necessary to point out that the system of the denotation of potency, and the method of preparing mother tinctures were chaotic in the nineteenth century. It was not until 1870 that the BHS published *The British Homoeopathic Pharmacopoeia* to standardise the preparation of mother tinctures. The British Homoeopathic Society, *British Homoeopathic Pharmacopoeia* (London: The British Homoeopathic Society, 1870); The system of the denotation of potency, on the other hand, was not of major concern to the BHS, as most potencies used were low. Thomas Skinner (1825–1906), the most prominent British high-potency prescriber, advocating to standardise the procedure of making higher potency remedies. Thomas Skinner, “Dr. Skinner's Centesimal Fluxion Potentizer,” *Organon* 1 (1 1878): 45–53.

31. John Forbes, *Homoeopathy, Allopathy, and 'Young Physic'* (New York: William Radde, 1846).

prescription. Most popularisers of homoeopathy were content with the explanation that the purpose of diluting remedies was to reduce side effects. For those medical practitioners looking for a scientific medical system, this explanation was not sufficient for the use of an attenuated dose. A scientific explanation was needed to save homoeopathy from being ridiculed, and to have homoeopathic practitioners accepted by the medical profession. The problem of infinitesimal dose is therefore “the great stumbling block; and if it were removed, the way would be clear.”<sup>32</sup>

It seems that to those who pursue homoeopathy as a science, it was not enough for homoeopathy to stay as an empiricist medical system. A scientific base was needed to justify the use of homoeopathy. While Drysdale and Russell emphasised that homoeopathy could be best understood and improved with discoveries in medicine-related disciplines, Brown went a step further to find explanations for homoeopathy in other scientific disciplines. After all, it was lamented by Victorian medical practitioners that medical science did not make as much progress as other sciences. Brown’s experience qualified him in searching for a scientific explanation of the infinitesimal dose. Graduated with an MD in 1839 from the Edinburgh University, he subsequently decided his passion was in chemistry. He was a candidate for the chair of chemistry in the University of Edinburgh in 1843, but failed at experiments, which would remind us of alchemy, to prove that carbon could be turned into silicon.<sup>33</sup> It seems that Brown turned his frustration to the theory of small doses in homoeopathy.<sup>34</sup> To start with Brown rightly pointed out the paradox of a scientific homoeopathic practitioner that theoretically the law of similars does not have to be associated with the infinitesimal dose,

[...] but to all practical intents there is a real one. Homoeopathy is universally practised with infinitesimal quantities of the medicines administered. [...] The practice with invisible doses is so incorporated with the homoeopathic formula, that they cannot be separated in the sick-room; although there is no doubt that they are by no means essentially united, so as to be inseparable by the mind.<sup>35</sup>

He acknowledged the endeavours of those who attempted to prove the efficacy of small doses by utilising trials and statistic, “but still a theory of small doses

32. Brown, “On the Theory of Small Doses,” 157.

33. *Oxford Dictionary of National Biography*, s.v. “Brown, Samuel.”

34. It is not clear whether Brown practised homoeopathy himself. He died too early to be included in any registry of homoeopathy.

35. Brown, “On the Theory of Small Doses,” 156.

is the desideratum.”<sup>36</sup> To examine whether homoeopathy was explainable with theories from disciplines other than medicine was suitable for settling the dispute as scientists from other disciplines tended to hold neutral view about homoeopathy.<sup>37</sup>

Brown found three theories might explain the action of homoeopathic small doses. Brown was first fascinated by the recent discoveries and development of electricity. He cited Humphry Davy (1778–1829) and Sir John Herschell’s (1792–1871) experiments on electricity showing that the electric polarities of a big piece of metal could be changed by a relatively small metal. Davy discovered that half-a-dozen square feet of the copper sheathing of the British fleet would be rendered electro-negative by a zinc nail driven through the centre of the space.<sup>38</sup> The second theory was merorganization, proposed by another MD graduate of Edinburgh, William Prout (1785–1850).<sup>39</sup> The most widely known contribution to nutrition by Prout is his categorisation of food into carbohydrates, fats, and proteins. Prout was probably the *de facto* father of vitamins and essential minerals. His merorganization theory foreshadowed that of Justus von Liebig (1803–1873), and suggested that

some body or bodies, other than oxygen, hydrogen, nitrogen, and carbon, are necessary to the constitution of every substance capable of being digested, and of becoming an integrant of any organic structure; so that the sulphur, phosphorus, iron, and other elements, which at first sight seem to be adventitious ingredients of living bodies, are essential to organization.<sup>40</sup>

Brown speculated that the small doses of homoeopathic remedies might be ingested into the body and replenish the loss of the essential ingredients. The third theory Brown referred back to the then prevalent theory of the cause of diseases, miasmata. Brown argued that as no one so far managed to capture the miasmata of any form

36. Brown, “On the Theory of Small Doses,” 159.

37. Brown, “On the Theory of Small Doses,” 159–160; Seeking a scientific ground for homoeopathy has been a long-time endeavour among homoeopaths. Nowadays several theories are considered candidates to explain how homoeopathy works, such as quantum physics and the phenomena of the Memory of Water. The proposal of the latter theory instituted a controversial incident between the French immunologist, Jacques Benveniste, and the journal *Nature*. For a sociological investigation of the incident, see Schiff, *Memory of Water: Homoeopathy and the Battle of Ideas in the New Science*.

38. Brown, “On the Theory of Small Doses,” 167.

39. For a biography of Prout, see Richard Ahrens, “William Prout (1785–1850) A Biographical Sketch,” *The Journal of Nutrition* 107, no. 1 (1977): 15–23.

40. Brown, “On the Theory of Small Doses,” 167–168.



of diseases from the air, it could be assumed that miasmata were of infinitesimal nature. Therefore,

all the diseases which are known to be produced by the entrance of something foreign into the system, through the natural channels, are introduced by insensible quantities; so insensible, that we cannot say of what, and so penetrating, that there is no excluding them, but by avoidance.<sup>41</sup>

Since diseases are caused by miasmata of insensible quantities, they could also be cured by remedies of insensible quantities which could make “specific alteration of susceptibility in the frame.”<sup>42</sup>

### 3.2.4 Proving homoeopathy scientifically by statistics

The second approach to prove the efficacy of homoeopathy favoured by science-minded medical practitioners was large-scale trials represented by statistical result. Numerical/statistical method was not introduced into medicine until the 1820s in France and Germany as a means to confer scientific status on medical practitioners.<sup>43</sup> The introduction, however, was met with vehement debates and opposition. The opponents argued that statistical method denied the variability of medical facts, and therefore was irrelevant in treating individual patients. The supporters responded that no universal medical laws could be formed without generalisation and classification.<sup>44</sup> These supporters went further to carefully devise minimum scales and repetitions for medical trials to reduce errors resulting from individual variances.<sup>45</sup>

To medical practitioners who took up homoeopathy for its scientific potentials, statistical method was preferred to prove the efficacy of homoeopathy. The effort to prove homoeopathy by statistics and trials distinguished homoeopathy from other unorthodox medicines. This preference to a generalised view on medicine

41. Ibid., 171.

42. Ibid., 173.

43. For a comparison between the medical statistical method in France and in Germany, see J. Rosser Matthews, *Quantification and the Quest for Medical Certainty* (Princeton, New Jersey: Princeton University Press, 1995), 14–61.

44. Theodore M. Porter, *The Rise of Statistical Thinking, 1820–1900* (Princeton, New Jersey: Princeton University Press, 1986), 157–163.

45. Ibid., 237–239.

is different from the individual-tailored philosophical outlook prevalent in CAM today.<sup>46</sup>

Statistical approach was adopted primarily for three reasons. Firstly, it was believed that statistical method would render scientific qualifications to the new therapeutic approach. In one of the early introductory books on homoeopathy, written specifically for medical practitioners instead of domestic use, Drysdale and Russell justified the use of this method.

Before the numerical method, or simple arithmetical computation, was applied to practical medicine, it was very difficult to arrive at a high degree of accuracy in the general descriptions of individual maladies, or to attain an exact estimate of the relative usefulness of the expedients proposed for their removal.<sup>47</sup>

Secondly, this approach was especially useful when no valid scientific theory could be used to explain how homoeopathy works.

Lastly, statistical approach and large-scale experiments were advocated by Hahnemann. In fact, Hahnemann set the example by challenging the medical profession to test homoeopathy. This request combined with the widespread concern to find effective treatments for fatal epidemics, had resulted in seven formal trials of homoeopathy before 1835.<sup>48</sup> Although whether the results were in favour of homoeopathy or not was debatable, the promoters of homoeopathy seized these opportunities to publicise the superiority of homoeopathy.<sup>49</sup> In 1831 Quin published a treatise on the success of homoeopathy in curing cholera in Moravia. Upon the first approach of the cholera, the British Homoeopathic Association prepared a pamphlet, earnestly calling attention to the results of homoeopathy in ending the epidemic. The reception of the pamphlet was a great success among the medical practitioners. It went through thirteen successive reprints, and the total distribution amounted to more than 8,000 copies.<sup>50</sup> Homoeopaths soon extended their experiment on the efficacy

46. "Why Alternative Medicine Cannot Be Evidence-based," *Academic Medicine*, no. 76 (12 2001): 1213–1220.

47. Drysdale and Russell, *An Introduction to the Study of Homoeopathy*, 230.

48. They are: Vienna (1828), Tulzyn, Russia (1827), St. Petersburg (1829–30), Munich (1830–31), Paris (1834 and 1849–51), Naples (1835). See Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann* (Philadelphia: Boericke, 1895), 157–164.

49. For a discussion about how homoeopaths in the nineteenth century picked-and-chose trails favourable to homoeopathy, see Dean, *The Trials of Homeopathy: Origins, Structure and Development*, 91–93.

50. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 18–19.

of homoeopathy in treating epidemics to other common diseases in the nineteenth century. The *Introduction* included two chapters, which compared the mortality rates of various diseases as treated in the Hospital of the Sisters of Charity in Vienna from 1835 to 1843 by homoeopath Dr. Fleischmann, and the mortality rates of same diseases treated in Edinburgh Infirmary, Grisolle, Briquet and Skoda. The mortality rate for pneumonia was nearly one out of every four when treated allopathically, and one death out of fifteen cases when treated homoeopathically. For pleuritis it was one in every eight cases vs. a little more than one in a hundred. For peritonitis it was one out of every four vs. one out of every twenty-five cases.<sup>51</sup>

These large-scale experiments attracted the attention of evidence-oriented and social-reform-minded medical practitioners. The appeal for testing and comparing the efficacy of medical treatments probably appealed the most to Scottish medical programmes. From the 1820s, the University of Edinburgh provided a pioneering medical education, whose new curriculum emphasised education for a rational and practical approach towards medicine. Many early British homoeopaths received at least part of their medical education in Scotland. Quin earned his MD from the University of Edinburgh in 1820. The editors of the *British Homoeopathic Journal*, Drysdale, Russell, Black, and Dudgeon earned theirs in the 1830s. Other examples include Thomas Skinner (1825–1906), who became the most important advocate for high-potency homoeopathy. Samuel Cockburn (1823–1915) graduated from St Andrews in 1848 and published *Medical Reform: Being an Examination into the Nature of the Prevailing Systems of Medicine*, where he stated that homoeopathy was the answer to the quest for a scientific medicine. In 1851, 8 out of 48 graduates from the University of Edinburgh were homoeopaths.

### 3.2.5 Homoeopathy as a challenge to existing medical practice: the debate of homoeopathy in Edinburgh

Before the 1840s, although different ‘homoeopathies’ were promoted via various means in Britain, ‘homoeopathy’ had not instigated major debates amongst the medical academics. Unlike later critics of homoeopathy, most of whom were not interested in investigating the claims of homoeopathy, the early homoeopathic critics attempted to disprove homoeopathy by investigating its claims by experiments. In 1845 the first large-scale trial of homoeopathy in Britain was conducted in Edinburgh

51. Drysdale and Russell, *An Introduction to the Study of Homoeopathy*, 215–239.

by William Henderson (1810–1872). Henderson was appointed, in 1842, to the chair of general pathology at Edinburgh. Originally he set out to disprove the report of Dr. Fleischmann, teacher of Drysdale and Russell in Vienna, on the Homoeopathic Hospital in Vienna between 1835 and 1843. But Henderson was convinced by his own experiments that homoeopathic treatments indeed achieved a lower mortality rate compared to allopathic ones. He published his findings as *An Inquiry into the Homoeopathic Practice of Medicine* in 1845 and the work soon instigated a vehement debate among the Faculty of Medicine in the University of Edinburgh. John Forbes (1787–1861), the physician to Queen Victoria and one of the founders of the BMA, was one of the prominent critics of Henderson’s result.<sup>52</sup>

The primary motivations behind both supporters and opponents of a scientific homoeopathy, in this case, was probably not as much about the efficacy of homoeopathy, as about the issues in existing medical practice. Sir John Forbes published his reply to Henderson’s report as *Homoeopathy, Allopathy, and “Young Physic”*.<sup>53</sup> Forbes was ‘praised’ by Henderson as “the first public opponent of Homoeopathy in this country who has treated it with the courtesy of a gentleman, and the candour, if not of an unbiassed unbeliever, at least of one who does not wilfully assert what is untrue.”<sup>54</sup> At least, Forbes acknowledged that homoeopathy presented formidable, and probably justified, challenges to allopathic practice. He recognised Hahnemann as a “very extraordinary man;”<sup>55</sup> Hahnemann and his followers are far from quacks, they are “sincere, honest, and learned men;”<sup>56</sup> on the contrary, homoeopathy was “based on a most formidable array of facts and experiments, and that these are woven into a complete code of doctrine with singular dexterity and much apparent fairness.”<sup>57</sup> He even foretold that the name of Hahnemann

[. . . will] descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate, cause of more fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself.<sup>58</sup>

52. For the details of the episode, see Nicholls, *Homoeopathy and the Medical Profession*, 117–128.

53. Though most homoeopaths used “allopathy” with deprecation, Forbes also used “allopathy” to denote the prevalent medical practice. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*.

54. William Henderson, *Letter to John Forbes: On His Article Entitled “Homoeopathy, Allopathy, and Young Physic”* (London: William Radde, 1846), 3.

55. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 4.

56. Ibid., 5.

57. Ibid., 4.

58. Ibid.

Forbes' prediction that homoeopathy would have great influence on future medical practice probably turned out to be true, according to some historians.<sup>59</sup>

The debate over homoeopathy also facilitated the debate of what constituted a scientific medicine. The BJH, as well as Henderson, emphasised upon the empiricism nature of homoeopathy. Forbes went a step further to argue that experience alone is not enough for a medical system to be based upon; the quality of evidence/experience counts. This is especially true when one wants to validate a theory, such as infinitesimal dose, which “defy all the powers of chemistry and physics to detect in them any trace of the remedial substances which they profess to contain.”<sup>60</sup> Furthermore, the precise details of the preparation of homoeopathic remedies, such as the duration and frequency of shaking, could not be reasonably explained by any theory.<sup>61</sup> There is also no guarantee that there is a causal relationship between the remedy taken and the symptoms produced during proving.<sup>62</sup> Homoeopathic theory, therefore, is “as good and rational a theory as most of our orthodox medical theories.”<sup>63</sup> Nevertheless, Forbes also did not use any scientific theory to disprove homoeopathy; rather, he resorted to common sense to refute the theory of infinitesimal dose.<sup>64</sup>

Forbes argued that in order to prove homoeopathy, the quality of experiment is important. Forbes was probably the first person to advocate the use of control groups and double-blind techniques in medical trials, and to note that sufficient samples are needed to have a statistically valid outcome. He laid out the ideal of a medical trial for homoeopathy,

The only way in which this power could be effectively established, would be by the institution of an experiment, on the large scale, on two sets of parallel cases of disease, the one treated homoeopathically, the other treated *apparently* in the same manner, but with fictitious globules in lieu of the real globules of homoeopathy. An experiment of this sort, properly conducted on a sufficiently large number of persons,

59. Coulter argues that the law of similars, smaller doses and many homoeopathic remedies were employed by allopaths. Nicholls, on the other hand, argues that changes in both homoeopathic and allopathic practices made the two more similar near the end of the nineteenth century. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*; Nicholls, *Homoeopathy and the Medical Profession*, 165–182.

60. See previous footnote. The potencies used by Henderson was far from “infinitesimal.” Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 8.

61. *Ibid.*, 17–20.

62. *Ibid.*, 15.

63. *Ibid.*, 16.

64. *Ibid.*, 9–10.

for a sufficiently long period, would settle the question of the absolute potency or impotency of the homoeopathic treatment.<sup>65</sup>

Therefore, most results of experiments presented by homoeopaths were “fallacious,” as they were conducted under different circumstances, and the details of patients conditions were not noted down. Forbes asked, how could one compare the results of pneumonia treated in France or Germany, to those treated in Britain?<sup>66</sup> While there was ample evidence of allopathic practice over two thousand years, the homoeopathic evidence was far too little for one to determine its efficacy.<sup>67</sup>

Henderson replied with *Letter to John Forbes*.<sup>68</sup> Henderson argued that various factors, such as gender, age, economic backgrounds, would have been cancelled out when large numbers of cases were included. Furthermore, the purpose of comparisons of these statistics was not to decide how good a treatment was, but to determine “which practice is the most successful, and not the precise amount of the difference.”<sup>69</sup>

However, Forbes argued that since the infinitesimal dose could not possibly exert any effect on human bodies, one did not have to bother so much about exactitude of these experiments. Rather, the occasional success of homoeopathy must be due to other reasons. Forbes pointed out that in most cases homoeopathic treatments were probably as good as those under allopathic regimes.<sup>70</sup> Regrettably, Forbes based his argument upon what he believed to be the experience of most physicians, not on any concrete figures. But he asked in these few cases why homoeopathy outperformed allopathy.

*Is it, that ALLOPATHY is false also? Or is it, that, to obtain an explanation of the fact, we must pass by both, and fix on some THIRD POWER, coincident with both, yet belonging to neither?*<sup>71</sup>

He suspected this third power is the “POWER OF NATURE,”<sup>72</sup> and it is this power of nature that functioned behind homoeopathy, hydropathy and mesmerism.<sup>73</sup>

65. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 22-23.

66. Ibid., 14.

67. Ibid., 23.

68. Henderson, *Letter to John Forbes: On His Article Entitled “Homoeopathy, Allopathy, and Young Physic”*.

69. Ibid., 11.

70. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 27.

71. Ibid., 39.

72. Ibid., 40.

73. Ibid., 42-43.

The consequence of the discovery of the power of nature was a recommendation to reduce drug use, emphasise healthy diet and regimen, and the power of the placebo effect. Patients are to follow a “stricter regulation of the diet and regimen, including the entire omission of vinous and other alcoholic drinks, nervous and other stimulants, as tea, coffee, pepper, &c.”<sup>74</sup> Physicians are advised to pay attention to the influence of “imagination, fervent faith, hope, &c.”<sup>75</sup> Forbes admitted the defeat of allopathy, not by homoeopathy, but by excessive drug use.

the treatment of many diseases on the ordinary plan must, at the very best, be useless; while it inflicts on our patients some serious evils that homoeopathy is free from, such as the swallowing of disagreeable and expensive drugs, and the frequently painful and almost always unpleasant effects produced by them during their operation?<sup>76</sup>

Henderson, on the other hand, gave an interesting reply to Forbes’ pessimistic view of allopathic practice. He argued that cases treated allopathically performed better than those without any treatments.<sup>77</sup> Unlike contemporary alternative medicine practitioners, many of whom believe in the ideas of nature and holistic medicine, Henderson rejected the idea of the power of nature, and advocated an active role of physicians.

In hindsight, it is difficult to judge whether these experiments proved the efficacy of homoeopathy; moreover, what kind of homoeopathy they proved or disproved. On the one hand, while it was less controversial to judge whether a patient was dead, the categorisation of diseases relied solely on a physician’s subjective discretion, as most of their critics pointed out. It was argued that critical cases were dropped out. On the other hand, it was questionable whether these physicians were really testing homoeopathy. While conducting his experiments, Henderson prescribed mainly mother tincture and low dilution remedies to his patients. He believed that his experiment proved the law of similars to be rational and scientific, but that Hahnemann’s diluted remedies were contradictory to common sense and thus should be discarded. In other words Henderson did not support all homoeopathic theories or principles proposed by Hahnemann. Henderson, like many other medical practitioners and homoeopaths, adopted a pragmatic attitude towards any new

74. Ibid., 44.

75. Ibid.

76. Ibid., 45.

77. Henderson, *Letter to John Forbes: On His Article Entitled "Homoeopathy, Allopathy, and Young Physic"*, 9–12.

discoveries: as long as the treatment can be proven to be effective, a medical practitioner could integrate it with his existing practice.

It is in vain that physicians attempt to oppose the system by commenting on the flaws in the hypotheses formed to explain it, the incidents which are said by its founder to have led him to the discovery of what is peculiar in it, or the alleged blunders of its practitioners. [...] The question now is, not whether it originated in a mere speculation, or an induction of facts, but whether it be, as actually employed in the treatment of disease, a valuable acquisition to the practice of medicine.<sup>78</sup>

Henderson had to resign from his professorship in Edinburgh due to the debate of the accuracy of his experiments on homoeopathy. Forbes had to cease the publication of the *British & Foreign Medical Review* in 1847 as his *Young Physic* was considered as too favourable to homoeopathy. Nevertheless, the debate between Henderson and Forbes encouraged more medical practitioners to experiment with homoeopathy in their own ways. For example, David Wilson (1811–1889), later surgeon at Hahnemann Hospital, attributed his conversion to the intense debates between Forbes and Henderson. In his own practice in London, Wilson observed that the average mortality rate under allopathic treatments was nine to ten percent, in contrast to four to five percent under homoeopathic ones. Homoeopathic treatments also significantly reduced the recovery time, from twenty-eight to twenty-nine days under allopathic treatments to twenty to twenty-one days under homoeopathic ones. The mortality rate of cholera was fifty percent vs. sixteen per cent, while of inflammation of lung was one in eight vs. one in sixteen.<sup>79</sup> During the cholera epidemic in London in 1854, the Royal Commission reported that the London Homoeopathic Hospital had a significantly higher survival rate compared to the allopathic ones. The favourable result of the Homoeopathic Hospital was deleted from the original report. Thanks to the effort of Lord Grosvenor, it was included in the final version.<sup>80</sup>

As I have discussed above, it is questionable whether these trials really proved the efficacy of homoeopathy. However, the simple narrative that homoeopathy was superior than allopathy statistically was enough to generate, depending on one's

78. William Henderson, *An Inquiry into the Homoeopathic Practice of Medicine* (London: J. Leath, 1845), 44.

79. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 36.

80. Kaufman points out that the success of homoeopathy in 1854 probably can only prove that “leave it to nature” was a better policy than heroic treatments, see Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, 89.



perspectives, inter- or intra-group conflicts. The ‘converts,’ as well as populist homoeopaths, openly challenged the medical profession for further public trials in cholera, cattle plague, influenza, and typhus. The challenges were considered as a duel between homoeopathy and allopathy, and were not particularly welcomed by allopaths.<sup>81</sup>

### 3.3 General grounds for rejection

The critics of homoeopathy also contributed to what ‘homoeopathy’ meant in nineteenth-century Britain. Most critiques were made by medical practitioners. Often, they were responses to how ‘homoeopathy’ was presented by its supporters. Two things were of primary concerns to the critics of homoeopathy. First was whether homoeopathy was indeed superior or scientific. Second was that the way homoeopathy was presented could be harmful to the medical profession, which was still in its infancy.

Criticism and antagonism towards homoeopathy has been one of the major themes in the social history of homoeopathy, especially in the studies by Kaufman,<sup>82</sup> Coulter,<sup>83</sup> Nicholls<sup>84</sup> and Saks.<sup>85</sup> Most of them argue that homoeopathy was rejected either for its unscientific theories or professional interests, or a combination of both. For the purpose of this study, I want to focus on how ‘homoeopathy’ was rejected or criticised by how it was presented by different agents. I argue that, while there were many homoeopathies, most critics tended to overlook the differences amongst homoeopathic supporters. The minimisation of intra-group differences by out-group members is predicted by SIT. I will discuss three critiques of homoeopathy chronologically to demonstrate the changing of attitudes towards homoeopathy, which I argue was in parallel with how homoeopathy was spread in Britain.

81. Nicholls, *Homoeopathy and the Medical Profession*, 120.

82. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*.

83. Coulter, *Divided Legacy: A History of Schism in Medical Thought*.

84. Nicholls, *Homoeopathy and the Medical Profession*.

85. Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*, 65–71.

### 3.3.1 The *Edinburgh Review* on the homoeopathy presented by Hahnemann

The journal *Edinburgh Review* published in 1830 presented, probably for the first time in Britain, a thorough and critical review of the new therapeutic system, two years before the first English publication of Hahnemann's work. The review examined all of Hahnemann's works which had been published so far in German: *The Organon*, *Chronic Diseases* and the *Materia Medica Pura*.<sup>86</sup> Compared to the reviews of homoeopathy after the mid-nineteenth century published in the BMJ, which often ridiculed the medical system, this review is a more balanced treatise. It recognised the potential and depth of homoeopathy, deeming it to have "none of the inward and essential characteristics of quackery," and "not a resource and refuge of ignorance."<sup>87</sup> To fully understand the system, it requires one to be knowledgeable in "the parts and functions of the human frame; of pathology, too, as well as physiology; of botany and chemistry, and the practical uses of both."<sup>88</sup>

Regarding the theory of homoeopathy, the *Review* had some doubts but was not entirely against it. It did not support or criticise the fundamental principle of homoeopathy, the law of similars. Nevertheless, it considered the "infinitesimal" doses and Hahnemann's theory of cause of chronic diseases "incomprehensible."<sup>89</sup> The *Review* judged whether a principle or theory is correct not so much by its logic or evidence, as by "common sense" or historical examples. For instance, when it came to ridicule Hahnemann's infinitesimal doses, it stated that "[t]he millionth part of a grain of many substances is an ordinary dose; but the reduction proceeds to the billionth, trillionth, nay to the decillionth, portion of a grain!"<sup>90</sup> For Hahnemann attributed the causes of all chronic diseases to simply three miasms, Syphilis, Sykosis, and Psora, as proposed in his latest *Chronic Diseases*. The *Review* simply did not think it is possible according to common sense.<sup>91</sup> The *Review* found one possible hint of the "impossibility" of these claims was probably the fact that that Hahnemann had changed his theory and practice over time. Pointing out that formerly Hahnemann did not advocate such highly-diluted remedies, it mocked that in treating influenza,

[...] the Hahnemann for former days was wont to administer from

86. Smith, "Reviews."

87. Ibid., 505.

88. Ibid.

89. Ibid., 526.

90. Ibid., 517.

91. Ibid., 526–527.

thirty to forty grains of camphor every twenty-four hours, and did not fail of curing once in a hundred instances; whereas, according to his present practice, a new universe would need to be created for the consumption of such a dose.<sup>92</sup>

However, the reviewer regretted that Hahnemann's character and style made him sound more like a "charlatanry" rather than a scientist.<sup>93</sup>

Perpetually assuming his system and truth to be identical, he sets up claims to infallibility that sound very suspicious to Protestant ears. There is a tone of earnest and solemn vanity, whenever he speaks of himself and his pretensions, which provokes not merely laughter, but disgust. 'He knows for what end he is here upon the earth;' Homoeopathie is the 'great gift of God to man;' and a hundred similar phrases [...]<sup>94</sup>

Furthermore, the reviewer gave numerous instances where Hahnemann contradicted himself between his theory and practice, which made Hahnemann appear to be far from a rational and consistent scientist.

The *Review* found it disturbing that Hahnemann was intolerant and disrespectful towards medical traditions and his very own profession. For example, he despised whoever cannot appreciate homoeopathy as "ignorant, incompetent, or even flagitious—'with eyes, yet seeing not.'"<sup>95</sup> Hahnemann's criticism towards Aesculapius, the Greek God of medicine and healing, is considered as "the worst of his sins against sense."<sup>96</sup> Hahnemann's language is probably strong, but the fact that he challenged the medical tradition meant his language was considered as "vulgar and unseemly abuse."<sup>97</sup> This approach definitely did not win him allies within the medical profession.

Furthermore, the *Review* found the connection between homoeopathy and domestic medicine in Germany disturbing (it did not happen in Britain until the late 1830s). It was said that the "mischievous practice of self-dosing" did not help with real curing, but was "adding to the victims of domestic pharmacy."<sup>98</sup> The *Review* announced

92. *Ibid.*, 518–519.

93. *Ibid.*, 506.

94. *Ibid.*

95. *Ibid.*

96. *Ibid.*

97. *Ibid.*

98. *Ibid.*, 522.

solemnly that “[t]he very name of medicine-chest must cease to be.”<sup>99</sup> It seems that the homoeopathic medicine-chest had become popular in Germany, and maybe some early aristocratic patrons and homoeopaths purchased and sold them as well. The reviewer even said that at the time of writing,

[t]here lies before us, as we write, a small morocco case, about the size of a pocket Bible, within the compact dimensions of which are contained eighty-four little bottles of homoeopathic pellets—enough to physic the crew of a first-rate on a voyage round the globe.<sup>100</sup>

### 3.3.2 Sir John Forbes on homoeopathy

During the debate with Henderson in 1846, Forbes, too, held a neutral view towards the ‘scientificness’ of homoeopathic theory, but warned the profession that it was the new theory, instead of the financial success, of homoeopathy, would threaten the existence of the medical profession. Forbes admitted that it was too early to disprove homoeopathy. However, he reckoned that homoeopathic theory was incompatible with the existing ones, and warned the profession that it was necessary to check the progress of the new medical system, for it threatened the existence of the medical profession. First of all, homoeopathic theory was “a total reverse and subversion of almost all that had preceded it.”<sup>101</sup> Should homoeopathy be correct, allopathy would be wrong. Homoeopaths focused on symptoms, the “secondary phenomena” in medicine, and therefore prevented medical practitioners from investigating the underlying functions of the human body. Although those who embraced homoeopathy believed it could serve as the foundation of scientific medicine, Forbes warned that homoeopathy, if accepted, would

destroy all scientific progress in medicine, and to degrade the minds of those who practise it. Its direct tendency seems to be that of severing medicine from the sciences, and establishing it as a mere art, and thus converting physicians from philosophers to artisans.<sup>102</sup>

99. Smith, “Reviews,” 522.

100. Ibid.

101. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 4.

102. Ibid., 39.

On this ground, Forbes urged the medical profession to stand up against homoeopathy as the medical system had spread across different parts of society.<sup>103</sup> It appeared to be “a conqueror, powerful, famous, and triumphant.”<sup>104</sup> It was supported by high-rank patrons, with “high respectability and learning.” It had spread to most towns of appreciable size in Germany, France, Italy, England and America. It had its individual journals, hospitals, and dispensaries. It was practised widely among laymen. And it had won over prestigious medical men.<sup>105</sup> Homoeopathy, in short, threatened the existence of the medical profession.

### 3.3.3 The BMA and the Brighton Resolution

Forbes’ opinion of homoeopathy was further consolidated in 1851, during the Nineteenth Anniversary Meeting of the PMSA, the organisation he co-founded with Sir Charles Hastings on 19 July 1832. The primary concern of the Association was the Medical Reform against the old three-tiered structure of the medical profession. It envisioned that all the medical practitioners would have uniform qualifications, and only *one* portal or faculty for *all*.<sup>106</sup> Furthermore, the Reform would draw a demarcation between the professionals and quacks based upon legitimacy, as well as scientific practice.

In many ways, many supporters of homoeopathy shared this vision with the Association. “Science” was the rhetoric used by homoeopathic supporters to promote homoeopathy both among the public and the profession. Many medical practitioners accepted homoeopathy partially due to their own standard of science. The establishments of homoeopathic institutions were the results of endeavours to establish a new medical profession. Nevertheless, it was probably the resemblance between what the members of PMSA and supporters of homoeopathy wanted to achieve that caused the conflicts between the two.

The Meeting was held at Brighton with around three hundred participants. In the opening address, a Dr. Jenks highlighted that the abundance of quacks among medical practitioners was hindering the progress of the Medical Reform.<sup>107</sup> The

103. Forbes’ comment shows that the threat that homoeopathic theories posed upon orthodox medicine was not mere jealous reactions towards the financial success of homoeopathy, as Saks and Coulter. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, 101–118; Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*, 65–71.

104. Forbes, *Homoeopathy, Allopathy, and ‘Young Physic’*, 21.

105. Ibid.

106. “Nineteenth Anniversary Meeting,” 457.

107. Ibid., 452.

Committee of Medical Ethics was appointed since the establishment of the PMSA to report on this subject, but had not hitherto done so.<sup>108</sup> It was therefore considered urgent to convene a separate Committee of Irregular Practice to propose a solution. Drs. John Rose Cormack (later Sir John Rose Cormack, 1815–1882), James Tunstall, and W. H. Ranking were then appointed to consider the course which the Association ought to adopt with reference to the prevalence of irregular and unprofessional practice.<sup>109</sup> Surprisingly, among all the quackeries, the Committee decided to focus solely on the issue of homoeopathy, as it posed the biggest threat to the profession.<sup>110</sup>

Why was homoeopathy considered as the biggest threat to the profession among other quackeries? From the perspectives of the PMSA, homoeopathy was just as unscientific as hydropathy and mesmerism. Homoeopathy, according to the president of PMSA, was “a system opposed to reason, common sense, and all medical experience.”<sup>111</sup> However, it was doubtful if these critics had examined homoeopathic theory, as Dr. Charles J. B. Williams (1805–1889), a professor of medicine at University College London and an early advocate of techniques of physical examination, wished that “the members of his profession, who had time, would provide themselves with the proper materials for discussion, by making themselves well acquainted with the Hahnemannian doctrines,”<sup>112</sup> so homoeopathy could be rightfully disputed. Henderson also pointed out that criticism towards homoeopathy was often out of “misrepresentation.”<sup>113</sup>

However, the committee was probably justified in their limited understanding of homoeopathy, for homoeopathy was indeed promoted and practised in different ways as I have discussed previously. In fact, the committee suggested to take actions banning the following three types of practitioners from the membership of the PMSA altogether. First, “those who really practise homoeopathy,” second, those who practised homoeopathy “in combination with mesmerism, hydropathy, allopathy, or *any pathy* which the patient most may fancy,” and, “third, those who, under various pretences, hold professional intercourse with homoeopathic practitioners.”<sup>114</sup> The third type of practitioners, though they did not claim to practise homoeopathy, adopted homoeopathic procedures in one way or another into their practice and

108. “Nineteenth Anniversary Meeting,” 456.

109. *Ibid.*, 459, 465.

110. *Ibid.*, 465.

111. *Ibid.*

112. *Ibid.*, 468.

113. Henderson, *Letter to John Forbes: On His Article Entitled "Homoeopathy, Allopathy, and Young Physic"*, 10.

114. “Nineteenth Anniversary Meeting,” 465.

therefore blurred the demarcation between homoeopathy and regular practice. It was also common for so-called homoeopaths to prescribe remedies in large doses upon the request of their clients, especially among “the wealthy and the noble.”<sup>115</sup> Dr. Cormack thus concluded that “I have said enough to show you how vain it is to define what is meant by homoeopathic practice.”<sup>116</sup>

The most crucial reason for the PMSA’s antagonism to homoeopathy was that its promoters challenged the professional identity desired by the general practitioners, and these insulting challenges were further spread through the media and mass movements. If homoeopathy was attacked simply because of its “unscientificness,” then why did it receive much more criticism than other unorthodox medicines? It was unjustifiable to expel members simply because of this. After all, why bother with an unscientific theory if it was not popular or had no effect on their profession?

The primary concern of the PMSA was the criticism towards the medical profession posed by the promoters of homoeopathy. The PMSA held different opinions about how two types of homoeopathic promoters damaged the reputation of the medical profession. Some promoters were notable medical practitioners, such as Drysdale, Russell, and Henderson; they attempted to prove the superiority of homoeopathy over allopathic treatments. For the general practitioners who endeavoured to terminate the superiority of the Royal Colleges so all the medical practitioners would be equal, the acts of these homoeopaths, as Dr. Jenks put it in his presidential address, “is the same sort of treason to the profession as the admission of the wooden horse into the walls of Troy.”<sup>117</sup> It was also pointed out that arguments among medical practitioners through public media had damaged the reputation of the medical profession and should be stopped.

The public were continually making this confusion: they said it was only a difference of system,—that the homoeopathists had their system, the regular practitioners theirs; that doctors were always differing; that the homoeopathic practitioners were doctors as well as the others, and that they were entitled thus to differ.<sup>118</sup>

It was, however, almost overlooked that these practitioners did not embrace homoeopathy unconditionally, and their first priority was to find a scientific base for the new

115. *Ibid.*

116. *Ibid.*

117. *Ibid.*, 453.

118. *Ibid.*, 468.

medical profession.

The lay promoters of homoeopathy even further damaged the profession. Long paragraphs of Everest's sermons were read during the meeting.<sup>119</sup> The notion of Everest's and other popularisers of homoeopathy that the public should be exempted from the exploitation of professional organisations was not particularly welcomed by the general practitioners. Everest preached that clergymen were justified to practise medicine as the two were "a marriage made in Heaven."<sup>120</sup> He condemned the general practitioners who "put asunder those whom God joined together in heaven."<sup>121</sup> Because of this separation,

the art of cure separated from the holy principles of love has lost its way, and fallen into foul company, and consorted with all unloveable things—cathartics, moxa, the lancet, emetics and blisters.<sup>122</sup>

To this, the Committee of the Irregular Practice replied that "[c]lergymen should do what they should be doing, and leave the medical matter to the profession."<sup>123</sup> The committee warned that Everest's idea, which was literally the death announcement of an independent medical profession, was heard by numerous lay public, including the wealthy and aristocratic patrons of the Hahnemann Hospital, where Everest was one of the Vice-Presidents.<sup>124</sup>

The resolutions, latter called the Brighton Resolutions, hence suggested by the committee, was passed almost unanimously.<sup>125</sup> It condemned the way that

homoeopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of medicine and surgery as followed by members of this Association and by the profession at large.<sup>126</sup>

Therefore, no member in the Association should practise homoeopathy or even hold any kind of professional intercourse with homoeopathic practitioners. A committee

119. "Nineteenth Anniversary Meeting," 467.

120. *Ibid.*

121. *Ibid.*

122. *Ibid.*

123. *Ibid.*, 466.

124. *Ibid.*, 467.

125. *Ibid.*, 468.

126. *Ibid.*, 467.



of seven was formed to execute this resolution.<sup>127</sup>

## 3.4 The ostracism of homoeopathy and the Medical Act of 1858

### 3.4.1 Ostracism

Through regulating the members of PMSA and court cases against homoeopathy (sometimes manslaughter), the Brighton Resolutions, though originally passed within the PMSA, gradually became the common identity of those who wanted to maintain the professional status of medicine.<sup>128</sup> The consequence was the so-called “ostracism” of homoeopathy during the second half of the nineteenth century. Between the 1850s and 1860s, occasional cases were reported in the *Lancet* and the *BMJ* and some medical practitioners were punished for treating patients who previously consulted with homoeopaths, or had joint consultations with them. Court cases accusing homoeopaths of manslaughter occupied pages of medical journals. The ban on having any professional intercourse with homoeopaths gradually evolved into medical publications and outside of the profession. After the 1860s, homoeopaths complained that their articles were rejected by medical journals other than those dedicated to homoeopathy. The *Lancet* and the *BMJ* stopped publishing reviews on homoeopathic literature. Medical practitioners refrained from commenting on homoeopathy in non-professional newspapers and magazines.

### 3.4.2 The Medical Act of 1858

Homoeopaths saw the chance to turn the situation around in the legislation of the new Medical Act of 1858. With the help of some influential aristocratic patrons in Parliament, such as Lord Grosvenor, a clause was added to the new Act assuring that no medical student should be refused his degree solely based upon his medical belief.<sup>129</sup> The Act established a Medical Council, which maintained a Medical

127. Ibid., 467–468.

128. These incidents are well-documented by Nicholls. Nicholls, *Homoeopathy and the Medical Profession*, 133–64.

129. Squires, “Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States,” 397–405; Nicholls, *Homoeopathy and the*

Register, an official list of legitimate medical practitioners. Although the licensing bodies of legitimate medical practitioners had expanded beyond the Royal Colleges and Universities, the legislation disappointed the Medical Reformers for not actively prohibiting illegitimate medical practitioners outside of government-controlled medical institutions. On the contrary, for homoeopaths, the Act was aligned with the official policy of the BHS that homoeopaths should be elitist medical practitioners with the minimum requirement of a good medical education, and that activities of lay homoeopaths and supporters should be minimised.

However, the clause proved to be a useless amulet to protect homoeopathic practitioners from ostracism by other medical practitioners. A major consequence of any homoeopath joining a charitable medical institution was a collective resignation of other medical practitioners.<sup>130</sup> The management board of the institution had no other choice apart from refusing to appoint a homoeopathic physician at their institution. The measures of collective resignation, of excommunication in medical publications, and of not having consultations related to homoeopathy, effectively distinguished homoeopathy from other medical practitioners while the medical system had the legitimate status of practising.

### 3.5 Summary

Responding to Brierly-Jones' call for investigating the science programme of homoeopathy, in this chapter I have shown that some medical practitioners found in homoeopathy an answer to their quest for certainties in medical practice. They interpreted homoeopathy as a scientific and rational medical approach, and attempted to further justify it with other scientific theories or medical trials. I have also demonstrated that the relationship between 'homoeopathy' and 'allopathy' was not always antagonistic. During an age of reform, this scientific homoeopathy incited different feelings amongst the medical practitioners: some initiated investigations in homoeopathy, some reflected on the present state of allopathic practice and science, while others felt their own practice was threatened. As professional medical practitioners, and in my illustrations, academics, these 'homoeopaths' were 'within' the profession, instead of acting as from 'outside' of the profession. However, the publication of a quarterly journal, the BJH, did take the first step in institutionalising a separate

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*Medical Profession*, 144–45.

130. This situation persisted into the later half of the nineteenth century. See the incident of the Margaret Street Infirmary in Chapter 12

identity of homoeopathy. Overall, however, as these medical reformers' primary goal was to find a scientific and rational practice, they picked-and-chose the parts of homoeopathy that fulfilled their ideals. The law of similars and smaller doses were tested, while the idea of highly-diluted medicines was often rejected. As most important homoeopathic works were not translated into English until almost the last quarter of the nineteenth century, the BJH was probably one of the main mechanisms for communication and distributing knowledge amongst the professional homoeopaths. I reckon it is safe to argue that the scientific homoeopathy as presented in the BJH might be influential in the development of British 'homoeopathy.'

On the other hand, differences amongst homoeopathic supporters were not acknowledged by the critics of homoeopathy. I have shown that the 'unscientificness' of homoeopathy was not the major reason for the antagonistic attitudes towards homoeopathy. Rather, it was how homoeopathy was talked about and spread by its various supporters which offended other medical practitioners. In the next chapter, I will discuss how indiscriminate critiques towards homoeopathy influenced the way that homoeopathic supporters negotiated for a common social identity.



## Chapter 4

# Negotiating a Common Social Identity

As I have argued in the previous two chapters, several homoeopathies were developed in parallel in Britain from its outset: a philanthropist homoeopathy supported by the aristocracy and the upper class, Quin's elitist medicine, Everest's loving homoeopathy, a populist homoeopathy for social reform, and a scientific homoeopathy for medical reform. How did these different interpretations of Hahnemann's medical system influence, collaborate or even compete with each other? What kind of social identity was homoeopathy? In this chapter I will use the interactions of three early homoeopathic institutions to illustrate the negotiations of a common social identity amongst the supporters of homoeopathy. I argue that it was a professional and scientific homoeopathy that became the desired social identity amongst the homoeopathic medical practitioners and their lay supporters.

The conflicts between the BHS and the EHA have been studied by Rankin and Nicholls. Rankin has analysed the political affiliations of the members of each association and argues that the conflicts resulted from differences between Whigs and Tories.<sup>1</sup> Nicholls' brief discussion addresses the conflicts as differences between laymen and professionals.<sup>2</sup> I argue that Nicholls' analysis is incorrect as the EHA also had professional members. Rankin's theory, another dichotomy framework, cannot explain why some members of the EHA decided to join the BHS. These members did not seem to change their political affiliations simply for homoeopathy.

1. Rankin, "Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy."

2. Nicholls, *Homoeopathy and the Medical Profession*, 111–112.

My theory is that the ‘conflicts’ between the members of the two organisations reflect the need to negotiate towards common social identity in order to have conversations with the ‘out-group’ members. The series of events were negotiations, not conflicts. And therefore the eventual merger of these organisations was a desirable outcome of homoeopathic supporters.

## 4.1 Introduction

As a new social category, homoeopaths and their supporters would have to constantly negotiate a proper relationship with other medical professionals and the lay public regarding their perceptions of ‘homoeopathy.’ The situation became more complicated when the same term ‘homoeopathy’ was used by different agents constituting different meanings. Those who related themselves to ‘homoeopathy’ in one way or another might not have the intention to form a social group collectively. However, for those who did not associate themselves to ‘homoeopathy,’ namely the ‘out-group-members-to-be,’ it was natural to see the differences between themselves and ‘homoeopathic’ supporters, rather than the differences amongst the supporters of the new medical system. According to the minimal group paradigm, the foundation of the SIT, the perceived inter-group differences are exaggerated while the perceived intra-group differences are minimised.<sup>3</sup> Therefore, the supporters of homoeopathy were likely to feel that they were perceived as members of the same social group by the ‘out-group-members-to-be.’

The SIT also predicts that conflicts and antagonism do not necessarily happen whenever different social groups co-exist. They only happen when alternatives to existing social belief structure are considered achievable.<sup>4</sup> The Age of Reform posed a perfect setting for different social groups to adjust their social status. In fact, in the previous chapters I have shown that ‘homoeopathy’ was adopted by different agents as a mean to justify and adjust the social status of various groups. However, as these various ‘out-group members,’ against different homoeopathies, tended to see ‘homoeopathic supporters’ as a homogeneous social group, homoeopathic supporters felt the need to seek and negotiate a common identity to have conversations with the ‘out-group members.’ As ‘homoeopathy’ was adopted and interpreted in different ways, there were also many different desired common social identities for homoeopathy. I argue this is the fundamental mentality behind the conflicts

3. Hogg, “Social Identity Theory.”

4. Tajfel and Turner, “The Social Identity Theory of Intergroup Behavior.”

amongst homoeopathic supporters throughout the nineteenth century in Britain. After all, how could the BHS be considered as a superior and privileged professional body while many clergymen and laymen were practising the same medicine as the members of the BHS claimed to practise? How could Everest and Epps persuade their audience that homoeopathy was a medical way to break free from the old social hierarchy while the upper class and the aristocracy were using ‘homoeopathy’, and some other medical practitioners were trying to establish another hierarchical social structure based upon ‘homoeopathy?’ Could aristocratic patrons still feel special by receiving homoeopathic treatments while the poor were even practising homoeopathy to treat themselves?

## 4.2 The English Homoeopathic Association, the British Homoeopathic Society, and the British Homoeopathic Association

These different ideas on the social identity of homoeopathy were institutionalised into various homoeopathic organisations. The first homoeopathic organisation in Britain, in 1836, was the Homoeopathic Association (HA), chaired by the Whig politician Grosvenor. The purposes and constituents of this association are unclear but many aristocratic patrons were among the members. It seemed to be an organisation formed by both laymen and medical practitioners. The HA appears to disband in 1842 after sufficient funds were raised for the establishment of a dispensary in Hanover Square, with Curie being the lead physician.<sup>5</sup> In 1844 Quin and a few other qualified homoeopaths launched the BHS, a professional organisation restricting its membership to qualified medical practitioners. Its aim was to spread homoeopathy among the qualified by translating Hahnemann’s works. In 1845 another homoeopathic organisation, the EHA, was set up by a group of wealthy middle-class lay supporters, including Leaf and Marmaduke Blake Sampson (1809–1876),<sup>6</sup> and practitioners Epps, Curie and Richard Walter Heurtley (1820–1889). In contrast to the strict membership policy of the BHS, the EHA welcomed whoever was interested in homoeopathy and the membership fee was 2s. 6d. only. It issued numerous pamphlets

5. Nicholls, *Homoeopathy and the Medical Profession*, 111.

6. Just like Leaf, Sampson made his fame via success in finance and business. He worked at the Bank of England, and was reputed to have “more financial influence than the Queen.” Sampson was also well-connected politically. Banquet at the Mansion-House, *The Times*, 27340 1872, 8.

**ENGLISH HOMŒOPATHIC ASSOCIATION,**  
**Instituted in May, A. D. 1845,**  
*Being the Homœopathic General Association first established in this country.*

*President.*

THE RIGHT HONOURABLE LORD ROBERT GROSVENOR, M.P.

*Treasurer.*

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**Figure 4.1.** The organisation of the English Homoeopathic Association in 1850

Sources: Epps, *Homoeopathy and Its Principles Explained*,  
 Front matter

and supported the Hahnemann Hospital established by Leaf and Curie.

In 1847 there were heated debates amongst the supporters of homoeopathy regarding what kind of ‘homoeopathy’ should be institutionalised.<sup>7</sup> At the time the EHA consisted of above 500 members, supporting the only homoeopathic hospital in the country, the Hahnemann Hospital in Hanover Square, and the very first homoeopathic school associated to the hospital. The BHS, in contrast, had only forty-four members admitted by “the strictest examination of his credentials.”<sup>8</sup> The members of the

7. The history of the incident below is mainly based on Bradford, *The Pioneers of Homoeopathy*, 217–224, 239–251, 423–428; Sampson, *The Concluding Task of the Disciples of Homoeopathy*; and “Proceedings of the British Homoeopathic Society.”

8. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 24.



BHS, meanwhile, recognised the importance of establishing an institution to carry their ideal of homoeopathy. It was resolved, among the members of the BHS, that one of the major goals of the society was to establish a public dispensary, “with a view to the future formation of a hospital, attached to the BHS, having all the members of the society connected with it, from among whom should be elected the different officers to perform the medical duties in it.”<sup>9</sup>

Some other supporters of homoeopathy had come to the conclusion that the existence of two distinct homoeopathic organisations must come to an end to facilitate the acceptance of homoeopathy in Britain. The merger of two organisations took place from a dramatic event. During the second Annual Assembly of the BHS in London on the 25–27 of August, 1847, the president announced some unexpected guests.

Messrs. Sampson and Heurtley, the first the originator, the second the Honorary Secretary of the EHA, had expressed to him their anxious desire to come to an arrangement with the BHS for co-operation in the work of extending Homoeopathy, and that he had invited them to attend this meeting.<sup>10</sup>

It turned out that Sampson and Heurtley did not only come to the meeting of the BHS to express their concern, they were ready to resign from the EHA and collaborate with the BHS to start another homoeopathic hospital, which should be run in a “non-harmful” way as regards to homoeopathy. Sampson and Heurtley shared the opinion with the members of the BHS that the leading members of the EHA, Curie, Leaf and Epps, were having a pernicious influence by gross misrepresentations of homoeopathy.

From the BHS’s perspectives, some of the members of the EHA ‘misrepresented’ homoeopathy by either behaving ‘unprofessionally’ or expressing criticism ‘against the profession.’ Firstly, the BHS disliked the fact that members of the EHA, such as Everest and Epps (see the previous chapter), circulated materials that criticised and challenged the medical profession, for “such conduct could only create hostility, and not seldom an obstinate determination to remain unconvinced.”<sup>11</sup>

Secondly, the way Leaf ran the dispensaries and the Hahnemann Hospital was considered “commercial” and thus “unprofessional.” Leaf urged medical practitioners

9. “Proceedings of the British Homoeopathic Society,” 535.

10. *Ibid.*, 529.

11. *Ibid.*, 545.

to take up homoeopathy because

[i]ts rapid, brilliant and lasting cures would add to the reputation and increase the practice of any medical man who could effect them. He[Leaf] was therefore very earnest in bringing it under the notice of his medical friends, being well assured that it would prove a commercial success to any medical man who could master it and practice it with skill.<sup>12</sup>

Patients who were cured by homoeopathy were displayed at the Hahnemann Hospital. The way Leaf and his institutions “sold” homoeopathy reminds one of what Porter called “medical entrepreneurship,” quackery in the eighteenth and early nineteenth centuries.<sup>13</sup> In its obituary of Curie, the BJH blamed the quack-like behaviour of a well-qualified homoeopathic practitioner to the “bad influence” of his patrons.

To this lay influence we are constrained to attribute certain acts of Dr. Curie, which we cannot reconcile to our own notions of professional etiquette; among others, his periodical exhibitions of the patients cured at the institution, to an admiring crowd of non-medical visitors.

These exhibitions were regarded with pain and dislike by all who had a true feeling of professional conduct, and served to estrange from Dr. Curie many who would have been foremost to acknowledge his merits as a successful propagandist of Homoeopathy.<sup>14</sup>

Thirdly, to educate the lay public the popular homoeopaths often combined homoeopathy with other medical information, such as diet and hygiene or even other unorthodox medicine. This seemed against the ideal of a drug-centred homoeopathy, focusing on testing and finding effective remedies. Curie was accused of misrepresenting homoeopathy to the medical profession. In 1845 it was reported in the *Morning Post* that Curie prescribed a controversial diet to his patients, “the Case of Mr. Cordwell.” Other homoeopaths were concerned that the public would identify homoeopathy with the peculiar dietetic notions of Curie. A counter version was published stating that the particular diet was never prescribed by Hahnemann.<sup>15</sup>

Fourthly, how the EHA spread homoeopathy shared similarities with other mass movements which were associated with the working-class, and reckoned by the

12. Bradford, *The Pioneers of Homoeopathy*, 423–428.

13. Porter, *Health for Sale: Quackery in England 1660–1850*.

14. “Obituary: Dr. Curie,” *The British Journal of Homoeopathy* 12 (47 1854): 164.

15. Bradford, *The Pioneers of Homoeopathy*.

upper classes as sources of chaos. Many contemporary unorthodox medicines, such as the Botanic movement, Mesmerism and Spiritualism, often consisted of using mass gatherings where an evangelical tone was used to put the message across to the public.<sup>16</sup> The Chartist movement often became entangled with certain popular medical movements of the time. The working-class character of these movements was perceived as against the new industrial barons.<sup>17</sup> All these indications of popular homoeopathy were against the interest of professional homoeopaths' main patrons.<sup>18</sup> To summarise, it was the "lay" and "working-class" character of the EHA that the members of BHS did not agree with.<sup>19</sup>

It was agreed between Sampson, Heurtley and the BHS that a separate organisation, the British Homoeopathic Association (BHA), would be set up with the ultimate goal of establishing another new homoeopathic hospital, which would only be staffed by the members of the BHS. The BHA would dissolve as soon as the goal is achieved. In the meantime the BHA would cooperate in circulating tracts and addresses to fund-raise for the hospital. The establishment of a professionally-run homoeopathic hospital was given significant importance because it could serve as a showcase where those who did not believe in homoeopathy could make their own "personal observation" on homoeopathic treatments.<sup>20</sup> The hospital should maintain the continuity with Hahnemann's spirit of experimentalism, which distinguished homoeopathy from quackery.

To distinguish sound reason from sophistry, and carefully weighed statements from those which have been caught at credulously, requires a clearness of vision which does not belong to the majority; and hence the necessity for something more than theoretical arguments and elaborate statistics. The only way in which this final satisfaction can be furnished, is by the establishment of a public hospital.<sup>21</sup>

Furthermore, it was agreed that a homoeopathic school which taught "right" homoeopathy should also be established in connection with the new hospital. It was then already a common practice that hospitals were used as centres of medical education. A

16. Logie Barrow, "An Imponderable Liberator: J. J. Garth Wilkinson," in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Macmillan, 1988), 89–90.

17. Logie Barrow, *Independent Spirits: Spiritualism and English Plebeians, 1850–1910* (London: Routledge, 1986).

18. Morrell, "Aristocratic Social Networks and Homeopathy in Britain."

19. "Proceedings of the British Homoeopathic Society," 546.

20. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 4.

21. *Ibid.*, 6.

homoeopathic school was affiliated with the Hahnemann Hospital and Curie's lectures successfully recruited many early homoeopaths. Nevertheless, the "unprofessional" teaching of Curie was considered inappropriate.

[...] in spreading Homoeopathy as we have done, we have given currency to a doctrine which, in proportion as it is novel and beautiful, will attract a host of ignorant and sordid men to make use of it, unless we take every care to insure that the increase of qualified practitioners shall be equal to the increase of converts among the public. A hospital capable of receiving pupils is the only means by which this can be effected.<sup>22</sup>

The professional status of the BHS was vehemently maintained in the agreement. The collaboration took form in that the members of the BHS became honorary members of the BHA, while the members of the BHA could not join the BHS.<sup>23</sup> In this way the new hospital could have the financial support from the lay public urgently needed to save the name of homoeopathy, which had been "ruined" by the EHA.<sup>24</sup>

The agreement also restricted further lay involvement in homoeopathic matters. According to the agreement, the members of the BHA accepted the ultimate fate of dissolution of their organisation as this would prevent further lay influence to downplay the "professionalness" of homoeopathy. The BHS was considered to be the best sole candidate to maintain and spread a professional homoeopathy.

This Society, while it exercises the strictest scrutiny with respect to the diplomas of its members, is open to all respectable and properly qualified practitioners; and it is therefore felt that the constitution of the Hospital will be found to contain every element calculated to ensure performance, and to command not only the confidence of the public, but also the respect of the profession.<sup>25</sup>

It was reckoned that once a professional homoeopathic hospital was established, British homoeopathy would have had everything it needed to be "professional:" a

22. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 10–11.

23. Ibid., 24–25.

24. Ibid., 2.

25. Ibid., vii.

professional organisation, a hospital, a school and a journal. The existence of a lay organisation would merely attract attacks from the medical profession.

[...] the satisfaction is accorded to us of being able to avoid the unprofitableness of controversy, and after having set forth in a permanent and always accessible form our doctrine to the world—to devote ourselves exclusively to the best means of forwarding its practical application.<sup>26</sup>

The members of the BHA concluded that it was essential for the supporters of homoeopathy to achieve a common social identity. “Our band is yet too small to admit of a double collection, and even if this were not the case, it is always injurious to distract subscribers by a variety of claims for any single cause.”<sup>27</sup> In short, the BHA believed that by placing a professional hospital at the focal point in spreading homoeopathy, there would not be sectarianism within homoeopathy and homoeopathy could stay as a professional medicine. “Therefore, we need not hesitate to show our confidence in the present position of Homoeopathy, by leaving its future literature to an unaided and spontaneous growth.”<sup>28</sup>

The collaboration proved to be a successful one. Sampson and Heurtley successfully exerted their influence over the EHA and many former members soon joined the new BHA. Quin and other elite physicians of the BHS encouraged their patrons to support the honourable causes of the BHA. In 1847 there were already almost 400 subscribers of the BHA, while the EHA had about 500 at the beginning of the year. By 1850 the subscribers of the BHA had far exceeded that of the EHA and come to almost 1500.<sup>29</sup> More than 25,000 pamphlets had been printed and distributed, including *Truths and Their Reception*, showing how homoeopathy successfully treated cholera and how it was utilised in Ireland during the famine and pestilence of 1847.<sup>30</sup>

The joint endeavour of the BHA and the BHS had raised sufficient funds for the London Homoeopathic Hospital to open at Golden Square Soho on the 10th of April in 1850. Its executive comprised nearly all the members of the Committee of the Association; and its medical officers consisted only of the members of the

26. Ibid., 68.

27. Ibid., 69.

28. Ibid., 70.

29. For a list of the members of the BHA and the BHS in 1850, see *ibid.*

30. Ibid., 4–5, 18.

Society.<sup>31</sup> Unlike Leaf, who was directly involved in the operation of the Hahnemann Hospital, the lay members of the executive committee played roles similar to those played by upper-class patrons in most public hospitals: they gave financial support out of a humanitarian motive or from family traditions without actually interfering in the operation of the hospitals.<sup>32</sup> Indeed these highly-respectable lay members of the committee were nearly always absent from the general meetings.<sup>33</sup> In the subsequent dissolution of the BHA, Sampson said the establishment of the hospital was “the last one in connexion with Homoeopathy which, as non-professional persons, we can be called upon to perform.”<sup>34</sup>

The consensus between the BHA and BHS was that homoeopathy should only be practised and promoted by qualified practitioners. They both saw homoeopathy as a more advanced form of medicine and at the same time fitting in nicely with the existing mainstream medicine. On the other hand, the EHA promoted homoeopathy as a medicine separate from the regular one. To some members of the EHA, homoeopathy was both a medical and social reform. The members of the BHS identified themselves as homoeopaths as much as qualified medical practitioners, while the members of the EHA identified themselves both as homoeopaths and social reformers. During the establishment of the London Homoeopathic Hospital, the two parties deliberately drew a clear boundary between each other by setting up a separate organisation, the BHA. For the members of the BHS and the BHA, the progress of homoeopathy was judged by the reception it gained among the qualified practitioners and its status in the medical profession.

### 4.3 The dominant force: The London Homoeopathic Hospital and the British Homoeopathic Society

The LHH and the BHS proved to be the two most influential and long-lived homoeopathic institutions in Britain. The fact is that the BHS remained the sole professional representative body of homoeopaths in Britain until 1902. Members of the BHS dominated the annual British Homoeopathic Congress. The editors of the BJH

31. For the lists of members of the committee and the subscribers of the hospital, see Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 86.

32. This limited lay involvement would change during the last quarter of the nineteenth century. I will discuss this issue further in Part III.

33. Sampson, *The Concluding Task of the Disciples of Homoeopathy*, 15–16.

34. *Ibid.*, 11.

were members of the BHS and published the records of meetings of the BHS. In 1902, the BHS was suspended with two new organisations carrying on the similar stance: another British Homeopathic Association and the Faculty of Homeopathy. The objectives of the former are to “promote homeopathy practised by doctors and other healthcare professionals,” based upon the belief that “homeopathy should be fully integrated into the healthcare system and available as a treatment choice for everyone.”<sup>35</sup> The Faculty of Homeopathy, on the other hand, focused on providing trainings in homoeopathy for “vets, doctors, dentists, podiatrists and other statutorily regulated healthcare professionals,” in order to “ensure the highest standards of homoeopathic education and practice.”<sup>36</sup>

The LHH has played a leading role in the development of British homoeopathy until today, mainly in the form of realising the strategy of the BHS, and after 1902, the BHA. Its first success was during the cholera epidemic in London in 1854, which originated from the water of the Broad Street pump. The Hospital was the closest hospital to the pump but achieved a mortality rate of 16 per cent against that of 53 per cent at the nearby Middlesex Hospital. The result was omitted in the initial report to Parliament. It was finally published after a thunderous speech in the House of Lords by Lord Grosvenor. In 1859 the LHH was moved and expanded to its present site in Great Ormond Street. The hospital received royal patronage from His Royal Highness the Duke of York (later King George VI) in 1920, and gained its ‘Royal’ prefix in 1947. The hospital is the only surviving homoeopathic hospital within the NHS. It officially changed its name to the Royal London Hospital for Integrated Medicine in 2010.<sup>37</sup>

On the other hand, the LHH did not take over Curie’s popular lectures as successfully as the members of the BHS and BHA expected. The London School of Homoeopathy opened in conjunction with the Hospital in 1850. However, its lectures only received lukewarm attention not only from medical professionals but also homoeopaths. The activities of the School soon disappeared from homoeopathic literature. It was not until 1876 that William Bayes (1823–1882) initiated another attempt to re-establish the school (see Part III). The hospital, however, has since played an important part in the clinical training for many homoeopaths. Many important

35. “British Homeopathic Association,” <http://www.britishhomeopathic.org/> (accessed August 25, 2011).

36. “Faculty of Homeopathy,” <http://www.facultyofhomeopathy.org/> (accessed September 30, 2012).

37. For the history of the LHH, see Reiswitz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid.”

British homoeopaths worked and lectured in the hospital, such as Robert Ellis Dudgeon, John Henry Clarke, James Compton Burnett, Edward Bach, Charles E. Wheeler, and Margery Blackie. Today, the hospital organises the only ‘Medical Homoeopathy’ training in the UK for registered healthcare providers.<sup>38</sup>

Despite the success of the British Homoeopathic Society and the London Homoeopathic Hospital, the populists remained active in promoting homoeopathy to the lay public and encouraging domestic practice. The EHA continued its efforts in spreading homoeopathy among the working-class and the less-privileged under the leadership of Leaf, Curie and Epps until Epps’ death in 1869. Epps’ *Ovarian and Womb Diseases*, a self-help domestic manual written for women, was reprinted in 1872, three years after his death.<sup>39</sup> Epps’ brother, James Epps (1821-1907) was a successful homoeopathic chemist based in Euston Road, Great Russell Street and Old Bond Street in London.<sup>40</sup> Even in 1898, there were still eighty one homoeopathic chemists, who mainly supplied domestic homoeopathic kits for domestic use.<sup>41</sup> The number only decreases to seventy-one in 1911.<sup>42</sup> Further research is needed to estimate how many homoeopathic kits and how many copies of these domestic manuals were sold during this time period. Nevertheless, it was lay homoeopathic practice which carried its strong influence into the twentieth century when the professional homoeopaths lost their dynamism in Britain.

## 4.4 Exclusiveness and ostracism amongst homoeopathic supporters

One important consequence of the conflicts between the EHA and the BHS was that the activities of professionals and laymen became exclusive of each other, at least until the 1870s. The activities of those who advocated domestic practice were excluded from discussions among members of professional homoeopaths. While professionals condemned the illegitimate ostracism imposed on them by the

38. “The Royal London Hospital for Integrated Medicine,” course information, <http://www.uclh.nhs.uk/OurServices/ServiceA-Z/INTMED/IMED/Pages/Courseinformation.aspx> (accessed September 29, 2012).

39. John Epps, *Ovarian and Womb Diseases; Their Causes, Diagnosis, and Cure* (London: Epps, John, 1872).

40. Villers, *British, Colonial and Continental Homoeopathic Medical Directory*.

41. Ibid.

42. *International Homoeopathic Medical Directory, 1911–12* (London: Homoeopathic Publishing Co., 1911).



PMSA according to the Brighton Resolution in 1854, they also practised ‘silent treatment’ on other homoeopathic practitioners. Several journals were therefore set up for expressing opinions which were excluded by the orthodox homoeopaths. Epps’ monthly journal, *Notes of a New Truth*, was published between 1856 and 1869. Between 1855 and 1860, a monthly journal, *Homoeopathic Record: Medical, Social and Scientific*, was published in Northampton carrying EHA’s agenda on a separate homoeopathic license, anti-vaccination and anti-vivisection. *The Homoeopathic World*, a monthly journal dedicated to the medical education to the public, was established in 1866. It outlived all the other professional homoeopathic journals in the nineteenth century, and was still in print in 1932.<sup>43</sup> Some professional homoeopaths who did not agree with the approach of the orthodox professional homoeopathy also published a monthly journal, *The Organon*, between 1878 and 1879 (see Chapter 7).

Throughout the nineteenth century, there was no formal mechanism for communication between different homoeopathies. One could only find traces of evidence of the existence of a popular homoeopathy through some occasional book reviews. For example, Joseph Laurie’s (?–1865) popular *Homoeopathic Domestic Medicine* had gone through eighteen editions by 1875, but had not been mentioned in the BJH.<sup>44</sup> Likewise, Edward Harris Ruddock (1822–1875), the editor of the HW, also found it hard to be accepted in the professional homoeopathic literature. His magazine was rarely mentioned in either the BJH or the MHR. Ruddock published several popular domestic homoeopathic manuals, *The Common Diseases of Women* went through seven editions by 1890,<sup>45</sup> and *The Stepping-Stone to Homoeopathy and Health* went through several editions even after Ruddock’s death.<sup>46</sup> Although Ruddock sent in most of his books to the editors of the BJH for review, the editors only reviewed a seemingly professional title, *Text-Book of Modern Medicine and Surgery on Homoeopathic Principles*. The review was entirely negative, criticising that Ruddock’s work showed lack of professional precision.<sup>47</sup>

It is beyond the scope of this study to investigate the actual domestic homoeopathic

43. The BJH stopped in 1884, *The Annals and Transactions* of the British Homoeopathic Society and the London Homoeopathic Hospital in 1891, and the MHR in 1907.

44. Joseph Laurie, *Homoeopathic Domestic Medicine* (London, 1875).

45. Edward Harris Ruddock, *The Common Diseases of Women* (London: Homoeopathic Publishing Co., 1890).

46. It was at its twelfth edition in 1900, and the seventeenth in 1946. Edward Harris Ruddock, *The Stepping-Stone to Homoeopathy and Health* (London: Homoeopathic Publishing Co., 1900).

47. “A Review of *Text-Book of Modern Medicine and Surgery on Homoeopathic Principles*, by E. Harris Ruddock,” *The British Journal of Homoeopathy* 33, no. 1 (January 1875): 161–164.

practice. A preliminary examination of the domestic homoeopathic manuals shows that there were probably two major differences between the therapeutic methods suggested in these manuals and professional journals. For example, Ruddock's manuals tended to be symptom- and disease-oriented, and did not educate readers to treat 'the whole person.' He did not differentiate the effect of different potencies and simply recommended the remedies to use.<sup>48</sup> A Jane Margaret Lloyd's homoeopathic prescription notebook from 1852 confirms the use of homoeopathy suggested in the domestic homoeopathic manuals.<sup>49</sup> The prescription book was arranged by diseases, followed by the remedies useful to cure or help the conditions. Most of them had no clear instructions on dosage and potencies. Only "in acute cases the 3rd dilution must always be given."<sup>50</sup> The prescription book also confirms inconsistency in how to make various potencies of homoeopathic remedies. Most homoeopathic books today instruct that to make a remedy of the next dilution, one mixes one drop of the current dilution with ninety-nine drops of wine or dissolvant.<sup>51</sup> However, Lloyd's prescription book instructed using five drops instead of one drop of the current dilution. And a dose is one drop or half a drop.<sup>52</sup>

Another consequence of the exclusiveness of different homoeopathies was that there was not strong lay participation again in professional homoeopathic medicine until the 1870s. The duty of spreading homoeopathy, at least the version favoured by professional homoeopaths, was left in the hands of homoeopathic physicians themselves. In comparison, in Germany there has always been a strong lay participation in the propagation of homoeopathy. These patients' organisations collaborated with professional homoeopaths to educate and propagate homoeopathy.<sup>53</sup>

48. Ruddock, *The Common Diseases of Women*; Ruddock, *The Stepping-Stone to Homoeopathy and Health*.

49. Lloyd, *Homoeopathic Prescriptions*.

50. *Ibid.*, 13.

51. For example, Jay W. Shelton, *Homeopathy: How It Really Works* (New York: Prometheus Books, 1994).

52. Lloyd, *Homoeopathic Prescriptions*, 13.

53. Hattori, "Cooperation and Tensions between Homoeopathic Lay Societies and Homoeopathic Doctors: the Homoeopathic Lay Movement in Wuerttemberg during the Professionalisation of the Medical Profession, 1868–1921."

# Summary

Previous studies apply a dichotomous definition of homoeopathy against allopathy, either in terms of theory or professional organisations. In this part of the thesis I have shown that there were multiple homoeopathies practised, preached and experienced by medical practitioners and the lay public throughout nineteenth century Britain. Due to different interpretations and motivations of various agents, homoeopathies were associated with a range of contradictory ideas and values: ‘homoeopathy’ was favoured by the aristocracy, the upper class and the working class; it was scientific and unscientific, in favour of the professional image and against the professional image of the medical profession at the same time. These homoeopathies were institutionalised through philanthropist medical institutions, professional and non-professional publications, and professional organisations. I argue that because the supporters of the new medical system used the same term ‘homoeopathy’ to describe the various therapeutic approaches and ideologies they advocated, the critics, as out-group members, overlooked the differences amongst these supporters, as ‘intra-group’ members from their perspective, and amplified the differences between themselves and ‘homoeopathic’ supporters. This situation motivated homoeopathic supporters to defend each of their homoeopathies amongst intra-group members. Two major consequences entailed of these negotiations of a common social identity. First was the institutionalisation of an orthodox homoeopathic identity, which was professional and scientific. Second was the separation between the development of homoeopathy and lay involvement.

I argue that my analysis, using the theoretical framework of SIT, better illustrates the variances and dynamics amongst homoeopathic supporters than dichotomous definitions of homoeopathy and allopathy as used in previous studies. In the following parts of the thesis, I will further investigate the changes of this orthodox homoeopathic identity between 1866 and 1893, in terms of two important aspects: the idea of science and the relationship with the medical profession. I emphasise that these changes can be better understood as adjustments of one’s social identity in the

light of the co-existence of many homoeopathies and many social identities.

## Part II

# Reforming towards a Scientific Medicine



In the first part of this thesis I have examined the intra-group relationships amongst homoeopathies, and the inter-group relationship between ‘homoeopathy’ as a common social identity and the medical profession. From the second part on, I will focus on how professional homoeopaths adjusted, negotiated and reformed ‘homoeopathy’ as a social identity between 1866 and 1893. I emphasise the interplay of two important factors during this process. First was professional homoeopaths’ changing idea of science. Second was changes in professional homoeopaths’ desired relationships with the profession and the lay public. My approach, informed by SIT, emphasises that professional homoeopaths had high regard towards the idea of scientific medicine and identified themselves as professional and scientific practitioners.

Nicholls and Morrell have pointed out that homoeopathic practice in Britain went through significant changes during the second half of the nineteenth century. However, they hold different explanations for the causes of the changes, what these changes actually were and when these changes took place. Nicholls, informed by sociology of profession, argues that it was primarily the economic considerations of both allopaths and homoeopaths that gave birth to the “bastard homoeopathy” – an eclectic practice freely drawing therapeutic influences from both medicines since the 1860s.<sup>1</sup> I agree with Nicholls that changes in homoeopathic practice in Britain began in the 1860s. However, Nicholls’ sociological analysis turns medical practitioners into passive agents with no motives apart from economic concerns, and simply under the influence of the external world. This study reminds one of the common criticism towards the social history of medicine that the approach leads to a “history without doctors.”<sup>2</sup>

Morrell, influenced by the perspectives of homoeopaths today, argues that homoeopathic practice in Britain had increased the use of high-potency remedies and expanded homoeopathic education to the lay public since 1880.<sup>3</sup> This argument corresponds to Nicholls’ claim that after 1900 British homoeopaths adopted “metaphysical” elements to distinguish themselves from allopaths in face of the decline of homoeopathy in a scientific era.<sup>4</sup> Nevertheless, Nicholls’ explanation, which focuses on economic concerns, could not account for why homoeopaths would not simply give up homoeopathy for lucrative allopathic practice. After all, Nicholls’ homoeopaths were all medically-qualified

1. Nicholls, *Homoeopathy and the Medical Profession*, 179–185.

2. Frank Huisman and John Harley Warner, “Medical Histories,” in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: Johns Hopkins University Press, 2004), 1–32.

3. Morrell, “British Homeopathy during Two Centuries,” 144–178.

4. Nicholls, *Homoeopathy and the Medical Profession*, 215–240.

practitioners. As I will show later, the homoeopaths Morrell identifies as important figures were a minority amongst professional homoeopaths. The approaches of these homoeopaths, including James Compton Burnett (1840–1901), Thomas Skinner (1825–1906) and Edward W. Berridge (1844–1920), became popular after the twentieth century. It is beyond the scope of this study to discuss the reasons for the later changes in homoeopathic practice. What I want to argue here is that Morrell overlooks important changes in professional homoeopathy, which might explain the decline of homoeopathy in Britain.

In this part of the thesis I argue that these changes were reforms initiated by professional homoeopaths to make homoeopathy more scientific. These reforms resulted in further division amongst professional homoeopaths, and an orthodox professional homoeopathy was gradually institutionalised through re-publishing homoeopathic literature and medical education. I argue that these reforms began with professional homoeopaths' sense of crisis in justifying homoeopathy as a science (Chapter 5). I contend that previous studies over-emphasise the impacts of professional conflicts, in the forms of the Brighton Resolution of the BMA<sup>5</sup> and the Medical Act 1858,<sup>6</sup> on the development of homoeopathy. They neglect professional homoeopaths as active agents in transforming homoeopathic theories and practices according to their own values.<sup>7</sup> In Chapter 6, I discuss how professional homoeopaths re-interpreted Hahnemann's theories and re-invented homoeopathic traditions to make homoeopathy commensurable with medicine and scientific disciplines. Chapter 7 examines important new homoeopathic theories developed in Britain during this time period. Different ideas of science further divided professional homoeopaths. I show that homoeopathy in Britain was not lacking in progressive and innovative spirit, which Rogers attributes for the decline of homoeopathy in America.<sup>8</sup> I then discuss how these new homoeopathic theories were institutionalised in the reform of homoeopathic materia medica in Chapter 8. Finally in Chapter 9, I use vaccination, a medical practice similar to homoeopathy and a sensational topic for mass movement in Victorian society, to illustrate the interplay between professional homoeopaths' ideas of science and social identity in how they interpreted the new medical practice. Overall, although

5. Squires, "Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States," 379–419; Nicholls, *Homoeopathy and the Medical Profession*, 136–157.

6. Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*, 66–71.

7. Nicholls, *Homoeopathy and the Medical Profession*, 165–192.

8. Rogers, "The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in An Age of Scientific Medicine."



professional homoeopaths held specific ideas of medical science, criticism from the medical profession and intra-group conflicts also played important roles in shaping the reforms of homoeopathic theories and practice between 1866 and 1893.



## Chapter 5

# Prologue: Failed Public Trials of Homoeopathy during the Cattle Plague 1866, a Crisis in Homoeopathic Science

The year of 1866 marked a significant changing point for professional British homoeopathy, when the homoeopathic method ‘failed’ in public trials with high media visibility during the cattle plague. Two important changes followed the failed trial. For one thing, homoeopathic science, which emphasised the superiority of statistical evidence in epistemology, was challenged. Professional homoeopaths shifted the focus of homoeopathic science to finding epistemological compatibility with other scientific disciplines. For another, professional homoeopaths further consolidated the boundary between the profession and the lay public.

Brierley-Jones argues that the decline of homoeopathy began with homoeopaths’ poor handling of an epistemological crisis, a consequence of negative results in the homoeopathic trials conducted in America in the 1870s.<sup>1</sup> Brierley-Jones generalises her argument, which is primarily based upon examining American homoeopathy, to concern homoeopathy in Britain. In this section I will show that professional British homoeopaths had experienced an epistemological crisis before their American colleagues in the 1860s.

1. Brierley-Jones, “How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920,” 101–130.

## 5.1 Background of the trials

As I have shown in Chapter 3, statistical method and large-scale experiments were frequently used in validating the efficacy of homoeopathy before 1866. Henderson conducted the first large-scale experiment on homoeopathy in Edinburgh in 1846. Although set out to disprove homoeopathy, Henderson was convinced that his experiment showed otherwise. Queen Victoria's physician and the President of the PMSA, Sir John Forbes, nevertheless pointed out several prevalent shortcomings of homoeopathic experiments. To correct these shortcomings, Forbes introduced the ideas of control groups and of eliminating placebo effect in medical trials. Forbes' criticism, or proposal, for a strict medical trial for homoeopathy did not attract immediate followers.

Between 1865 and 1866, a fatal cattle plague, rinderpest, swept across Britain and caused huge losses among cattle. The swift contagious speed of the fatal disease combined with the lack of effective treatment created tremendous public anxiety. Professional homoeopaths, however, saw in the disease a great opportunity for a fair trial of homoeopathy with the witness of the public. For one thing, the animal disease theoretically could settle the dispute whether the effect of homoeopathy was due to the the power of imagination. For another, a trial of high-visibility disease in the general media could possibly win the lay public over for the professional disputes, as professional homoeopaths were suffering from professional ostracism since the Brighton Resolution in 1851 (see Chapter 3).

The prospect of treating rinderpest with homoeopathy seemed promising. The *Times* reported about the success of homoeopathy in treating the hapless cattle in Holland in the end of year 1865.<sup>2</sup> Edward Hamilton (1824–1899), a physician to the LHH, subsequently sent a letter to the *Times* about homoeopathic treatment in Belgium, which

have been received universally by the public for true and incontrovertible statements. At every agricultural meeting where cattle-plague [sic] is discussed, some speaker rises to protest against the slaughter of infected beasts, when it is known that homoeopathic treatment is effective in seventy-five percent of the cases, and that arsenicum in minute doses

2. "The Cattle-Plague and Homoeopathy," *The British Medical Journal*, no. 2 (December 1865).

saves ninety-five percent of those exposed to infection from being attacked.<sup>3</sup>

The homoeopathic success abroad, as reported in general media, was soon refuted by the medical profession. S. H. Steel in his correspondence with the *BMJ* lamented the usual mistake made by non-professional media in medical matters. In fact, “these glowing accounts have been contradicted by authority of the Belgian government; but the contradiction has not appeared in the *Times*.”<sup>4</sup> Steel, too, however, saw in rinderpest as great an opportunity as his homoeopathic colleagues did to settle the professional dispute of homoeopathy with the witness of the public. “The subject of cattle-plague [sic] is of universal and absorbing interest. Such an opportunity for the investigation of truth and the discomfiture of error rarely occurs and and should not be lost.”<sup>5</sup>

A war was in the air. The *Lancet* announced that the medical members of the Royal Cattle Plague Commission had taken up the homoeopathic challenge.<sup>6</sup> To add more excitement and publicity to the trial, the Earl of Leicester offered one hundred guineas for the discovery of a cure for cattle plague. The Earl’s offer came with clear criteria to define an effective cure. The conditions were: 1. That every case treated should be certified as one of real rinderpest by two veterinary surgeons. 2. That not fewer than thirty beasts should be treated. 3. That no less than sixty percent should be cured.<sup>7</sup>

## 5.2 The results

With the Earl’s clear criteria, it was probably surprising for both allopaths and homoeopaths to discover the complexities in conducting the trial, and obtaining the results on a common ground. The first experiment was conducted in Norfolk in November 1865. The homoeopathic veterinarian was Dr. George Lennox Moore (1813–1890). The *BMJ* ostensibly announced the failure of “globulistic cure of the cattle-plague [sic],”<sup>8</sup> while Moore refuted the *BMJ*’s statement, stating that the

3. Paul Belcher, “Correspondence: The Rinderpest and the “Times”,” *The British Medical Journal* 2, no. 258 (December 1865): 620.

4. Ibid.

5. Ibid., 620.

6. “The Cattle-Plague and Homoeopathy.”

7. “Homoeopathy in Norfolk,” *The British Medical Journal* (January 1866).

8. Ibid.

Commission decided to wait for further trials for clarification.<sup>9</sup> Between November 1865 and March 1866, extensive experiments were carried out in Norfolk, Yorkshire, Cheshire, etc. The Royal Commission published the *Report of the Association for the Trial of Preventive and Curative Treatment in the Cattle-Plague [sic] by the Homoeopathic Method* in March 1866. The *BMJ* commented that the document “appears to be a tolerably honest document, for it admits a complete collapse of homoeopathic curing of Cattle-plague [sic] – rather a painful confession, after so much noisy boasting!”<sup>10</sup>

The documentation of homoeopathic trials of rinderpest, however, illustrated the difficulties of adhering to ideal scientific criteria when conducting experiments in the real world affected by political and economic factors. The first is the politics of choosing experiment subjects. In the Norfolk trial, two homoeopathic veterinarians, Moore and his son, two certifying veterinary surgeons, and Mr. Forrester on behalf of the Norfolk Cattle Plague Association made two visits to five farms. Forty-two animals were found in various stages of the disease on the five farms but the joint investigating team had difficulties agreeing upon which should or should not be taken. Eventually twenty-one were registered for treatment and twenty-one were rejected. Every one of the forty-two animals died. Suspecting the probable unfavourable influence over homoeopathy from other medical practitioners in the Norfolk team, the London Homoeopathic Association proposed a second trial where there should be no certifying veterinary surgeons and no restrictions of any kind. The Norfolk Association agreed with the proposal and even awarded the sum of fifty pounds to aid the homoeopaths in their expenses. Homoeopathic treatment made some slight improvement this time, six out of forty-five animals survived by the end of the third week.<sup>11</sup> British homoeopathic veterinarians were nowhere closer to reproduce the success of their colleagues in Holland and Belgium.

The second factor which affected the experiment, Moore explained, was the farmers’ economic interest. He argued that just like human beings, sick animals need proper diet and hygienic living conditions to aid their recovery.<sup>12</sup> No treatments would

9. George Moore, “On the Early Stages of the Cattle Plague (Rinderpest),” *The British Journal of Homoeopathy* 1 (1866): 104.

10. “Professor Gamgee on the Cattle-Plague,” *The British Medical Journal* 1, no. 272 (March 1866): 283–287.

11. “Homoeopathy in Norfolk.”

12. The Homoeopathic World, a homoeopathic journal offering the public medical knowledge, published in the first issue in 1866 that in the prevention of the cattle plague, the foremost measure is good ventilation. “The Cattle Plague,” *The Homoeopathic World*, no. 1 (January 1866): 22.

work, whether allopathic or homoeopathic, when “the most anxious attention” was not paid to the hygiene.<sup>13</sup> The emphasis on hygiene is probably due to the suspicion that rinderpest distributed via contagion.<sup>14</sup> Farmers also did not have a particular incentive to cure insured animals. Two-thirds of the value of a deceased animal was received as compensation. Therefore a farmer would “allow his whole herd to die rapidly rather than to treat them for a month and save one third at the end of the period.”<sup>15</sup>

The rinderpest trial turned out to be neither positive publicity for homoeopathy nor a settlement of professional disputes. The process of the trial demonstrated that the scientific standards for a trial were easier said than achieved under the nature of circumstances, and the influence of economic factors. As the *BJH* remarked that “failure, to a certain extent, is inevitable, we freely admit. As we have already said, everything is against us.”<sup>16</sup> The failure of proving homoeopathy demoralised the professional community tremendously, as so much hope, attention and effort were put into the trial to end the ostracism of homoeopathy. The remark of the *BJH* illustrated the extent of the discouragement brought about by the rinderpest trial.

It is enough to ask the question to demonstrate the absurdity of the ground taken by some of our body who seem trying to frighten us from our propriety by their wild cries of the terrible consequences of our failure, while at the same time they tell us that from the impossibility of a proper application of our system, failure is inevitable!<sup>17</sup>

The failure of the trial of homoeopathy did not seem to affect the reputation of homoeopathy. The numbers of homoeopathic practitioners and institutions nevertheless continued to grow. However, the strategy of settling professional disputes with the witness of the public did not seem to be effective. After 1866 professional homoeopaths ceased conducting large-scale trials on homoeopathy. Instead, they turned to refining homoeopathic practice to be more scientific. The failure of the public trial combined with the ostracism of the medical profession encouraged

13. Moore, “On the Early Stages of the Cattle Plague (Rinderpest),” 108.

14. Incubation was seen as an important measure both by allopaths and homoeopaths. *ibid.*

15. “Homoeopathic Trial Diary in Norwich,” *The British Journal of Homoeopathy* 1, no. 65 (1866): 138; Even so, homoeopathy was reportedly prevalent amongst veterinarians during the time of rinderpest. Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900* (Cambridge, 2000), 47.

16. “Homoeopathic Trial Diary in Norwich,” 138.

17. *Ibid.*

internal reform and self-reflection among professional homoeopaths in the following years.



## Chapter 6

# Searching for the Real Hahnemann and Re-inventing Homoeopathic Traditions

I have shown that there were crises within and without professional homoeopathic network. Against this background reforms in homoeopathic theories and practices started to take place after the 1860s. Professional homoeopaths' idea of science and their relationship with the medical profession played important roles in shaping the directions of the reforms. As in this study I am analysing 'homoeopathy' as a social identity, reforms about homoeopathy also mean changes and adjustments in a social group's identity. According to SIT, the activities of *social creativity* happen when group members want to effectively change relationships with other social groups by resorting to comparing the two against new criteria. I argue that professional homoeopaths utilised different ideas of science from that of Hahnemann to justify their desired relationship with the medical profession. The essential question here is how to reconcile new values with the existing social identity; how to reform and criticise Hahnemann's ideas while maintaining a unique identity of homoeopathy.

In this chapter I will examine how professional homoeopaths re-interpreted and re-invented homoeopathic traditions to justify their adoption of new ideas, and a new relationship with the medical profession. These discussions and doubts regarding historical events related to homoeopathy did not come into being in Britain until the 1850s, several years after the death of Hahnemann. I argue that professional homoeopaths in the nineteenth century gradually changed their narratives

in describing their medical traditions and the founder of homoeopathy. During the process, the figure of ‘Hahnemann’ diminished in authoritative status amongst the majority of professional homoeopaths. Two distinct camps gradually formed among professional homoeopaths, with an orthodox professional homoeopathy emerging through these discussions after the 1870s. In short, I will demonstrate that the re-inventions of homoeopathic traditions are expressions of changing, adjusting and negotiating social identities to justify the incorporation of different ideas of science into homoeopathic traditions.

## 6.1 The history of homoeopathy as a means to construct a social identity

The history of homoeopathy has been an essential means to construct a common social identity amongst various homoeopathies. It is a peculiar phenomenon that within homoeopathic education today, the knowledge of the history of homoeopathy and of the founder’s works is considered essential for one to perform well in curing illness.<sup>1</sup> This feature of ascribing equal importance to historical discourses and latest discoveries distinguishes homoeopathy from orthodox medicine<sup>2</sup> and other forms of alternative medicine.

1. Licensing bodies of homoeopathy clearly encourage the above-mentioned learning style. In its guide to the recognition process, the Society of Homeopaths lists “history and philosophy of homeopathy” as the first essential item of knowledge for a homoeopathy student. Check the link “what do students learn.” <http://www.homeopathy-soh.org/careers-in-homeopathy/a-guide-to-our-recognition-process/> (accessed December 20, 2014); Encouragement does not only come from the lay homoeopaths’ organisation. Similar policy is also adopted by organisations representing medically-qualified homoeopaths. In 2008 the Liga Medicorum Homeopathica Internationalis (LMHI), the oldest and largest international homoeopathic organisation representing medically-qualified homoeopaths established in Rotterdam in 1925, joined with the European Committee for Homeopathy (ECH) to publish a policy report on Medical Homeopathic Education Standards. As the title suggests, the report specifies the standards and examination requirements for ECH and LMHI allied schools. The first crucial item of homoeopathic knowledge and skills listed is “comprehensive knowledge of the history, principles, and concepts of homeopathic medicine; the ability to communicate these to others.” This learning objective is reflected in the exam standards. Another important skill is the “awareness of scientific issues, research activities and evidence relating to homeopathy; the ability to communicate these.” The Faculty of Homeopathy, representing medically-qualified homoeopaths in Britain, also lists the history and philosophy of homoeopathy in the core curriculum. Leopold Drexler et al., *Medical Homeopathic Education Standards for LMHI and ECH Allied Schools*, technical report (Liga Medicorum Homeopathica Internationalis and European Committee for Homeopathy, 2008), 20, 28, 43.

2. Anthony Campbell, a medically-trained physician and homoeopath, once editor of the *British Homeopathic Journal* (now *Homeopathy*), described his own shocking feelings when he started learning homoeopathy. Campbell, *Homeopathy in Perspective: A Critical Appraisal*, 8.

I argue that this phenomenon can be better understood with my historical approach combining SIT. Gijswijt-Hofstra suggests that there were many similarities between homoeopathy in the nineteenth century and religious sects, which might account for homoeopaths' reverence towards the past. Religious sects emphasise reverence towards the founders, strict adherence to the founders' teachings, narratives of the glorious past and immediate dangers in the future.<sup>3</sup> There are ample examples of these attitudes in some contemporary homoeopathic literature where Hahnemann is glorified as a martyr for a most beneficial medical system.<sup>4</sup>

Nevertheless, the parallelism between homoeopathy and religious sects does not always apply to an inhomogeneous social group like 'homoeopathy.' Medically-qualified homoeopaths differ from lay homoeopaths in that the latter more often emphasis on strict adherence to Hahnemann's theory.<sup>5</sup> Anthony Campbell, a consulting physician at the Royal London Homoeopathic Hospital until 1998, does not share the "religious" view of Hahnemann. He acknowledges that Hahnemann was probably a difficult character, and that many of Hahnemann's ideas are not as rational as he claimed.<sup>6</sup> As I will show later in this chapter, many, but not all, professional homoeopaths in the nineteenth century also shared a similar view of Hahnemann with Campbell. I argue that homoeopaths' emphasis on understanding their traditions is more related to 'soul-searching' moments of their own social identities and relationship with other medicines.

In order to better understand later interpretations of Hahnemann, I will start with an overview of Hahnemann's life.

3. Gijswijt-Hofstra, "Conversions to Homoeopathy in the Nineteenth Century: The Rationality of Medical Deviance."

4. For one typical example, see Catherine R. Coulter, *Homoeopathic Education: The Unfolding of Experience* (Berkeley Springs, West Virginia: Ninth House Publishing, 2008); Priven points out that Hahnemann himself often twisted his own life story to glorify himself. Silvia Waisse Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII* (São Paulo: Educ; Fapesp, 2005).

5. Christine A. Barry, "Pluralisms of Provision, Use and Ideology: Homoeopathy in South London," in *Multiple Medical Realities: Patients and Healers in Biomedical, Alternative and Traditional Medicine*, ed. Helle Johannessen and Imre Lázár (New York and Oxford: Berghahn Books, 2006), 89–104.

6. Campbell, *Homeopathy in Perspective: A Critical Appraisal*.

## 6.2 The founder: Hahnemann

Hahnemann led a long, colourful and controversial life (1755–1843), which itself is worthy attention of Hollywood screenwriters. Born into a humble craftsman's family, Hahnemann educated himself to be fluent in several languages, and in his late years became a favourite among the French aristocracy. His gypsy-like life led him to wander from Germany to Austria, Hungary, Romania, and eventually, Paris. The new medical system he claimed to be the founder of attracted a significant amount of followers and opponents. During his lifetime, homoeopathy spread all over Europe, the United States and their colonies all over the world. He remained as the spiritual leader of this movement until the very end of his life. He married for a second time at the age of eighty, with another controversial figure: Mélanie d'Hervilly (1800–1878), a French lady who was well-connected to French aristocracy and forty-five years younger than him. Mélanie became the first female lay homoeopath under his instruction and was therefore sued by the French court. The controversy of Hahnemann carries on even after his death. The manuscript of his last important work, the sixth edition of the *Organon*, was kept and denied publication by his widow Mélanie, and after her death passed to his son-in-law, another prominent American homoeopath, Clemens von Boenninghausen (1785–1864). The Boenninghausens guarded the manuscript almost as a sacred relic until the 1920s, when several homoeopaths managed to purchase it from them and published the sixth edition of the *Organon*. However, it was not until 1982 that a satisfactory, mistake-free edition was published.<sup>7</sup> From his birth to the final publication of the sixth edition of the *Organon*, Hahnemann's life story stretched over two centuries and is probably carried on along with the controversy of homoeopathy today.

An investigation of the accuracy of biographies of Hahnemann is beyond the scope of this research.<sup>8</sup> For the purpose of this study, and to avoid the pitfalls of an 'great doctor' biography, I will introduce an outline of Hahnemann's life, according to Thomas L. Bradford (1847–1918).<sup>9</sup> A lecturer on the history of medicine at

7. Daniel Cook, "Review: *Organon of Medicine* Sixth Edition," *Journal of American Institute of Homoeopathy* 86, no. 4 (Winter 1993–94).

8. Hahnemann's biographies are primarily written by homoeopaths and Hahnemann has often been glorified in these accounts. Hahnemann's own autobiography does not settle the disputes as it contains many misleading and contradictory statements. Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*, 27–52; One of the most important attempt to remedy the "great Hahnemann" history is Haehl's work, which contained Hahnemann's writings, correspondence, State Papers, Sick Reports, and any literature related to Hahnemann's life. Haehl, *Christian S. Hahnemann: His Life and Work*.

9. Bradford, *The Life and Letters of Dr. Samuel Hahnemann*.

the Hahnemann Medical College of Philadelphia from 1895 to 1900, Bradford endeavoured to base his story of Hahnemann upon primary sources.

Hahnemann's life, according to the development of his ideas, can be divided into five stages.

### The Early Years (1755–1784)

Hahnemann was born in Meissen, Saxony. From 1775, after enrolling in three different universities, Leipzig, Vienna and Erlangen, he finally qualified as a medical doctor and started practising in 1781.

### The Wandering Years (*Sturm und Drang*) and the beginning of homoeopathy (1784–1812)

During this time Hahnemann gave up medical practice almost completely,<sup>10</sup> and focused on translation work. He lived in at least sixteen different towns during this time.<sup>11</sup> He translated more than twenty-four large textbooks in medicine and pharmacology.<sup>12</sup> Without a thriving medical practice, Hahnemann developed the principle of homoeopathy, and the method of proving. He published a series of articles describing this new method from 1796. In 1810 he published the first

10. His abandonment of medical practice is explained by his disappointment towards contemporary medical practice. However, Priven points out it was probably due to that medical practice does not generate as much income as translation work. Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*, 27–52.

11. It is not clear why Hahnemann moved around so often during these years. Some biographers believe it is because of Hahnemann's new ideas often offend the locals. More evidence is needed to clarify this argument. Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, 24–44.

12. His biographers often say he translated works in “chemistry.” This is a presentist usage of the term “chemistry.” The “chemistry” works translated by Hahnemann are by today's standards, pharmacological works. For example, Hahnemann's first important translation work was Jacques-François Demachy (1728–1830)'s *Art of Manufacturing Chemical Products*. In most homoeopaths' accounts of Hahnemann's life, Demachy was presented as one of the leading figures in the field of chemistry in France. See Wilhelm Ameke, *History of Homeopathy: Its Origin and Its Conflicts*, ed. Robert Ellis Dudgeon, trans. Alfred E. Drysdale (New Delhi, India: B. Jain Publisher, 2007), 8; however, Demachy was actually an apothecary in Paris and his works were not so much chemical as pharmaceutical. His “chemistry” was dedicated to a standardised pharmaceutical manufacturing process. See Jonathan Simon, *Chemistry, Pharmacy and Revolution in France, 1777–1809* (Ashgate Publishing, 2005); For an analysis on Demachy's position in the relationship between chemical science and pharmacy, see Ursula Klein and Emma C. Spary, *Materials and Expertise in Early Modern Europe: Between Market and Laboratory* (Chicago: University of Chicago, 2010), 242–253.

edition of the *Organon*, which describes the new medical system and comparing it with other medical systems in the form of aphorisms. In 1811 he published the *Materia Medica Pura*, a collection of the properties of medical substances either tested on healthy subjects or collected from historical sources. From these publications we can suspect that Hahnemann might have been doing some small-scale experiments on his new ideas. Homoeopathy did not receive much attention during this time period.

### 1812–1820, Leipzig Years and the spread of homoeopathy

In 1812 Hahnemann secured a place as a lecturer at the Medical Faculty of Leipzig University. Finally Hahnemann was able to test and spread homoeopathy through medical practice, lectures and provings after almost twenty years of speculation. Hahnemann was amongst a group of German physicians who advocated a scientific reform of medicine.<sup>13</sup> He was not the only one to promote the law of similars.<sup>14</sup> Hahnemann did, however, through his lectures full of dramatic acts and harsh criticism attract students to join his proving experiments.<sup>15</sup> The result was another five volumes of *Materia Medica Pura*, published in 1816, 1817, 1818, 1819, and 1821 respectively. In total 64 medicines were proved (including twelve in the first volume). Hahnemann also amended his theory, and published the second edition of the *Organon* in 1819. Homoeopathy was also applied in various epidemics. During this time homoeopathic practitioners were found in Germany and other continental countries.

### 1820–1835, Coethen Years and the theory of chronic diseases

In 1820 Hahnemann moved to Coethen due to frictions with the medical profession, and stayed for fifteen years. Unlike his high-profile appearance in Leipzig, here Hahnemann maintained his private clinic, seeing and corresponding with patients from all over Europe. It is alleged that he did not have many interactions with others outside of his clinic, though he still oversaw the development of homoeopathic institutions in Leipzig. Meanwhile, provings of even more remedies were carried out in Germany, Austria and the United States.

13. Dean, “Homeopathy and ‘The Progress of Science’.”

14. Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*, 53–76.

15. Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, 113–120.

During this time Hahnemann developed his controversial theory of the cause of chronic diseases, probably due to the complaints of the patients he saw and his own advanced age. He proposed that most diseases are caused by three miasms: syphilis, syphilis and psora, of which psora is responsible for seven-eighths of diseases.<sup>16</sup> Hahnemann started to experiment on remedies which were more diluted. In fact, he recommended 30C as the best potency.<sup>17</sup> This theory first appeared in *The Chronic Diseases* in 1828, a four-volume work which also contains new remedies proved under the new theory. As Hahnemann amended his theory, the third and fourth editions of the *Organon* appeared in 1824 and 1829. However, the most dramatic changes were found in the fifth edition, published in 1833. He attempted to explain how homoeopathy works, a fundamental issue he deliberately left out previously. Hahnemann proposed that homoeopathic remedies work by influencing the vital force.<sup>18</sup> The process of diluting and shaking remedies – dynamisation – releases the vital energy within the remedy to be able to influence the sickened vital force.<sup>19</sup> Compared to the latest edition of the *Organon*, the earlier versions mainly emphasise the application of the law of similars.

### 1835–1843, Paris Years

Hahnemann met and married his second wife Mélanie in 1834. Within a couple of months, the new couple moved to Paris and established a successful clinic, especially among the rich and the aristocracy, until Hahnemann's death in 1843. The couple utilised a wide range of potencies, including both low and higher potencies, but mainly of remedies proved by Hahnemann himself.<sup>20</sup> Meanwhile, Hahnemann was working on the sixth edition of the *Organon* from 1841. This last edition introduced the controversial LM potency, and significant changes in the preparation, administration and repetition of drugs. The book, however, was not published until 1921.<sup>21</sup> Although

16. Hahnemann's theory of miasm is different from the prevalent concept as "bad environment" or "bad atmosphere" in the nineteenth century. Hahnemann's miasm is best understood as "bad influences" of certain agents. It therefore bears similarities to germs or virus. In Hahnemann's own words, miasms are "morbific noxious agents that possess a power of morbidly damaging man's health." Samuel Hahnemann, *Organon of Medicine*, translated from the fifth German edition, trans. Robert Ellis Dudgeon, 63.

17. Samuel Hahnemann, *The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure*, trans. Louis H. Tafel, 56–57.

18. Hahnemann, *Organon of Medicine*, 63–65.

19. *Ibid.*, 188–194.

20. Rima Handley, *A Homeopathic Love Story* (Berkeley, California: North Atlantic Books, 1990), 117–132.

21. Cook, "Review: *Organon of Medicine* Sixth Edition," The translation of this version was not satisfactory and an improved version was published in 1992.

the book itself was too late to influence homoeopathy in the nineteenth century, the new ideas nevertheless still managed to spread out of Paris through Hahnemann's correspondence with homoeopathic supporters.

## 6.3 Early impressions of Hahnemann

In this section I will give an overview of early impressions of Hahnemann, including those of homoeopathic supporters and opponents. This will help us better understand the general beliefs of Hahnemann against those later new traditions which professional homoeopaths attempted to re-invent. Many characters I have introduced in Part I. Here I only examine their views on Hahnemann. We should bear in mind that most homoeopathic supporters who had personal contacts with Hahnemann, such as Curie, Leaf and Quin, did not leave their accounts about the founder behind. Therefore, most early accounts of Hahnemann's character are largely based upon the author's own interpretations of his publications and other second-hand information. These accounts are reflections of the narrators' values rather than accurate accounts of Hahnemann's life.

### 6.3.1 Samuel Stratten's Hahnemann as a scientific medical reformer

In accounts of Hahnemann's early supporters, the founder was often depicted as creditable scientific medical reformer. Hahnemann was a knowledgeable, multi-lingual, scientific genius who shared the dissatisfaction with current medical practice of his supporters. The earliest account of Hahnemann's biography in English was probably written by the Irish physician, Samuel Stratten, in his Preface to the translation of the fourth edition of the *Organon*, published in 1833. The "discoverer and founder of the Homoeopathic system of medicine," he claimed, "exhibited at an early age traits of a superior genius."<sup>22</sup> Moreover, Hahnemann possessed the qualities of a scientific man, who was "[a] most accurate observer, a skillful experimenter, and an indefatigable searcher after truth, he appeared formed by nature for the investigation and improvement of medical science."<sup>23</sup> It did not seem to bother Stratten that the presumed scientific medical reformer only had

22. Hahnemann, *The Homoeopathic Medical Doctrine, or, "Organon of the Healing Art"*, viii.

23. Ibid.



a few years of medical experience before proposing his theories. He speculated on the reason of Hahnemann's resignation from medical practice. The motivation suggested was an urgent need of medical reform, which many of Stratten's readers, and even Stratten himself shared.

On commencing the study of medicine he [Hahnemann] soon became disgusted with the mass of contradictory assertions and theories which then existed. He found every thing in this department, obscure, hypothetical and vague, and resolved to abandon the medical profession.<sup>24</sup>

Stratten hinted that the opposition Hahnemann suffered further demonstrated that Hahnemann was a prophet in medical science, as "[l]ike many other discoverers in medicine, the author of the *Organon* has been persecuted with the utmost rigour."<sup>25</sup> And it was because of this persecution that Hahnemann had to leave Leipzig in 1820 "in disgust."<sup>26</sup> Despite the opposition, the old man did not give up the medical truth he discovered: "he was joined by several of his pupils, who formed themselves into a society for the purpose of prosecuting the homoeopathic system of physic, and reporting their observations thereon."<sup>27</sup>

Stratten emphasised that Hahnemann, an empiricist, discovered the laws of the universe as other scientists through rigorous experimentation. In Stratten's account of Hahnemann, words like "experiment," "doctrine," "system," "law," "truth," and "deduction" were much in favour compared to "assertions" and "theories." For example, Stratten describes Hahnemann's discovery of homoeopathy as "[b]eing struck with the identity of the two diseases he immediately divined the great truth which has become the foundation of the new medical doctrine of homoeopathy."<sup>28</sup> Medicine, like the universe, follows certain principles, which can be found by observing, experimenting and deduction. Theories and assertions, Stratten agreed with Hahnemann, which comprised most of the contemporary medical knowledge, would have to give in before the medical truth.

24. Ibid., ix.

25. Ibid., x.

26. Ibid.

27. Ibid., x-xi.

28. Ibid., ix.

### 6.3.2 A critical appraisal of Hahnemann by the *Edinburgh Review*

Stratten's view of a scientific, forward-thinking Hahnemann was unfortunately not shared by other medical professionals. I have discussed about the first substantial article about homoeopathy, which appeared in the *Edinburgh Review* in 1830 in chapter 2.<sup>29</sup> The reviewer on the one hand acknowledged that Hahnemann was well-versed in many scientific disciplines, but on the other hand regretted that his harsh criticism towards the medical profession made him sound more like a "charlatanry" rather than a scientist.<sup>30</sup>

The arrogant, intolerant, and fanatic Hahnemann sketched by the *Edinburgh Review* was probably more influential among both the public and the medical profession than Stratten's scientific Hahnemann. This Hahnemann with a dramatic flair was favoured by lay publications. An abridged version of the *Review* was published in the *Polar Star*, an annual publication collecting the "most valuable and amusing articles" from new publications. Interesting enough, the article was published under the collection of "Sketches of Life and Manners," instead of "Popular Medicine."<sup>31</sup> On the other hand, Stratten's humble Irish origin and the difficult content probably prevented the *Organon* from being popular among the medical practitioners and the laymen. It received at least two very negative reviews<sup>32</sup> and was not reviewed at all by British homoeopaths. In fact, both Stratten and his work were hardly mentioned after the year of publication.<sup>33</sup> In contrast to the ignorance of Stratten's work in Britain, his *Organon* was reprinted many times in the United States. Its popularity was probably aided by Irish immigration after the Great Famine and also the decision to start teaching homoeopathy in English instead of German in several homoeopathic schools.<sup>34</sup>

29. Smith, "Reviews."

30. Ibid., 506.

31. "New System of Cure: Hahnemann's Homoeopathie," *The Polar Star of Entertainment and Popular Science, and Universal Repertorium of General Literature* 4 (1830).

32. *Medico-Chirurgical Review and Journal of Practical Medicine* 19 (12 1833): 429–432; *The London Medical and Surgical Journal* 3 (78 1833): 831.

33. Dudgeon did mention Stratten in his translation of the fifth edition of the *Organon*, published in 1849 Hahnemann, *Organon of Medicine*, iii.

34. Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia*.

### 6.3.3 Everest's and Epps' saint-like Hahnemann

The suggestion of the *Edinburgh Review* that Hahnemann was a self-claimed God-like authority was soon echoed by Everest in 1836, but from another perspective. Well-equipped with the religious tone, the passionate Wickwar Rector presented Hahnemann much more as a martyr for the medical truth rather than a scientist. It is probably because of Everest that one finds the prevalence of religious language in the later debates of homoeopathy. Hahnemann is a “sage” and his students his “disciples;” one does not only adopt homoeopathy but “convert” to it.<sup>35</sup> Everest specifically pointed out that by taking numerous poisonous substances for provings, Hahnemann and his “disciples” for sure suffered and would continue their sufferings for long time.<sup>36</sup> They sacrificed themselves for the truth. For Everest, Hahnemann was

[a]n individual of great sagacity, rare perseverance, and the most unblemished character in every respect, whose hair has grown silvery white in the lonely pursuit of knowledge, whose rapid perception is chastened by the utmost patience in investigating, and caution in admitting conclusions, whose habits of thinking have been supplied with food by that truly extraordinary reading for which the Germans are proverbial, whose wonderful talents are exceeded only by his enlarged benevolence, after having dedicated his whole life to the uninterrupted study and practice of his profession, in the full conviction that his discoveries will be advantageous to his fellow creatures, presents them unreservedly to the world.<sup>37</sup>

Compared to the previous commentators on homoeopathy, Everest especially emphasised the conflicting and dichotomous nature between homoeopathy and its opponents. Using a tone reminding us of the Bible, Everest put the following words into Hahnemann's mouth: “Which of you convinceth me of error? And if I say the truth, why do ye not believe me?”<sup>38</sup> Everest further equated the behaviour of the critics of homoeopathy with those who “took up stones to cast at him.”<sup>39</sup> From Everest's perspective, there had been a war between homoeopathy and its opponents, between the good and the bad, between light and darkness.

35. Gijswijt-Hofstra, “Conversions to Homoeopathy in the Nineteenth Century: The Rationality of Medical Deviance.”

36. Everest and Hull, *A Popular View of Homoeopathy*, 35–40.

37. *Ibid.*, x–xi.

38. *Ibid.*, xii.

39. *Ibid.*

The language employed by Epps in his pamphlets reminded us of that of Everest. In describing Hahnemann, Epps often used terms such as “the noble,” “the humane,” and “the god-like conduct” of the founder of homoeopathy. Homoeopathy is not just a medical system, it is “Truth.”<sup>40</sup> The method of proving is also seen as Hahnemann’s endeavour to make his medical system “[p]erfect through suffering.”<sup>41</sup>

He developed and put into practical application the grand principle, that to know the *real or pure effects of medicine, we must try them on persons in a STATE OF HEALTH*; and Hahnemann *tortured* himself, as any one, by reading his *Materia Medica*, will perceive, to ascertain the effects of medicines, by experimenting on himself.<sup>42</sup>

And by this spirit of sacrifice, Hahnemann “enabled medicine to attain its rank among the fixed sciences, and to be no longer subject to the taunts which the thoughtless, and even the wise, have associated with its “*glorious uncertainty*.”<sup>43</sup>

Epps also emphasised the fighting spirit of homoeopathy. Hahnemann is a “medical warrior.”<sup>44</sup> Homoeopathy was opposed because

opposition always created upon the discovery and the diffusion of any truth, has been proportioned in strength, intensity, and amount, to the interest which the truth, by the very necessity of its nature, either must, or appears likely to, overturn; and, that Truth has ultimately triumphed.<sup>45</sup>

The heroic treatments are “evils” that homoeopathy should eradicate completely from contemporary medical practice.<sup>46</sup>

Both Everest and Epps drew a picture that by joining homoeopathy, one was to wage a holy war against medical evils led by a sage-like Hahnemann. While their inspiring talks harnessed the fighting spirit among the supporters of homoeopathy, they also harnessed an interpretation of the belligerent relationship between homoeopathy

40. Epps, *Homoeopathy and Its Principles Explained*, 1.

41. *Ibid.*, 19.

42. *Ibid.*

43. *Ibid.*

44. *Ibid.*, 11.

45. *Ibid.*, 1–2.

46. *Ibid.*, 11.

and other medical systems. The *Edinburgh Review*'s criticism of Hahnemann as being arrogant, intolerant and a self-claimed God was overturned by Everest and Epps' acknowledgement of his sacrifice for the humanity. None of them had personal contacts with Hahnemann, and their view of Hahnemann in fact reflected their own views on religion and the medical profession. Both Everest and Epps established influential networks to spread this version of homoeopathy and Hahnemann, especially amongst laymen and social reformers.

## 6.4 Robert Ellis Dudgeon's (1820–1904) search for the real Hahnemann

It was not until several years after Hahnemann's death in 1843 that attempts were made to understand who Hahnemann really was and his medical system in relation to other medicines. The fundamental motivations for these reflections were an emphasis on a scientific attitude in looking at medicine and history, and attempts to readjust 'homoeopathy's' relationship with the medical profession and the laymen. Dr. Robert Ellis Dudgeon (1820–1904), the English translator of most of Hahnemann's works and an editor for thirty years of the BJH, was one of the early professional homoeopaths to examine Hahnemann's life and the history of homoeopathy with this attitude.<sup>47</sup> An important figure in the nineteenth century British homoeopathy, Dudgeon has not received deserved attention in previous literature.<sup>48</sup> This is probably because Dudgeon's approach towards homoeopathy, emphasising a rational attitude and therefore prescribing low-potency remedies, differs from the mainstream approach of homoeopathy today.<sup>49</sup> Here I am presenting a more detailed biography of Dudgeon, as his life is a good illustration of the crucial changes in British homoeopathy in the second half of the nineteenth century.<sup>50</sup>

Dudgeon's approach in spreading homoeopathy illustrates that the boundaries

47. According to Dudgeon's autobiography and obituaries, he was born in 1820. Singh mistakenly notes it as in 1829. Singh, *Pioneers of Homeopathy: Illustrated Biographies of Personalities and Their Contributions*, 76.

48. The only exception is Morrell. He briefly argues that nineteenth-century British homoeopathy was largely influenced by Dudgeon and Hughes. Morrell, "British Homeopathy during Two Centuries," 146–50.

49. Morrell in fact categorises Dudgeon and Hughes as "low-potency materialists." Peter Morrell, "Dr. Robert Dudgeon," [http://www.homeoint.org/morrell/articles/pm\\_dudge.htm](http://www.homeoint.org/morrell/articles/pm_dudge.htm) (accessed February 20, 2015).

50. Robert Ellis Dudgeon, "My Autobiography," *Monthly Homoeopathic Review* 48 (10 1904): 577–590.

between the professionals, the popularisers and lay supporters in the nineteenth century were flexible and fluid. I have briefly discussed Dudgeon's connections with other professional homoeopaths, through medical education abroad and publishing and translating medical articles for professional readers in Chapter 3. He was twice chosen as the president of the BHS. He was the President of the International Homoeopathic Congress.<sup>51</sup> Although he did not meet Hahnemann in person, Dudgeon gained first-hand insights into Hahnemann's writings and homoeopathic practice in Germany.<sup>52</sup>

Meanwhile, Dudgeon also collaborated closely with those who were actively involved in educating the public about homoeopathy. With Leaf and Curie, Dudgeon co-founded the Hahnemann Hospital and the School of Homoeopathy of Bloomsbury Square. Pre-dating the other school associated with the London Homoeopathic Hospital, the School was the first establishment specialising in teaching homoeopathy in Britain and was therefore influential in shaping homoeopathic practice in the nineteenth century. The lecturers were all professionally-trained practitioners with reforming medicine for the public good in mind. Curie was the lecturer of Therapeutics, Epps of Materia Medica and Dudgeon of Theory and Practice of Homoeopathy.

After the conflict between the EHA and the BHS as discussed in Chapter 4, Dudgeon limited his activities related to homoeopathy primarily within the professional context. However, during the last quarter of the century, Dudgeon became the spokesman of re-engaging laymen in spreading and promoting homoeopathy. He recognised the instrumental roles of medical institutions and media in consolidating homoeopathy within Britain. Dudgeon was one of a handful of homoeopaths who actively shifted the discussions of homoeopathy from the professional context to the public domain, as it was difficult for homoeopaths to publish in regular medical journals. Like many homoeopaths in the nineteenth century Dudgeon was concerned about hygiene and public health. In 1873 he campaigned for the cleanliness of the swimming pools in London and inspected them all.<sup>53</sup> In 1887, two homoeopaths were threatened with removal from the Margaret Street Infirmary in London. Dudgeon donated a large sum of money to become a governor of the Infirmary to defend his homoeopathic colleagues. Meanwhile, Dudgeon wrote extensively to

51. "International Homoeopathic Convention 1886," *Monthly Homoeopathic Review* 30 (8 1886): 475–488.

52. Before setting up his own practice in London in 1851, Dudgeon went to Vienna for the second time to observe the homoeopathic practice of Fleischmann in Gumpendorf Hospital on Drysdale's advice. Singh, *Pioneers of Homeopathy: Illustrated Biographies of Personalities and Their Contributions*, 77.

53. Robert Ellis Dudgeon, *The Swimming Baths of London* (London, 1869).



**Figure 6.1.** *Robert Ellis Dudgeon*  
Source: ICV No 26767, The London Stereoscopic Company,  
Wellcome Library, London

defend the unfair treatment of homoeopaths in the *Times*. The column *Odium Medicum* carried on for more than six weeks with the general public witnessing practitioners from both sides joining the debate (I will discuss this incident in further details in Part III). It was the greatest visibility of homoeopathy received in the newspapers during the second half of the nineteenth century. The incident probably inspired Dudgeon to call for a collaboration between homoeopathic physicians and lay supporters. The Homoeopathic League, formed by both homoeopathic physicians and lay supporters, was formed in 1887.<sup>54</sup> It is doubtful to what extent the League saved the ‘decline’ of British homoeopathy within the medical profession. However, it achieved great popularity outside the country. Before its dissolution in 1898, the League was well funded to published thirty-six popular tracts and many of them were translated into French, Spanish and Italian, and were reproduced in American, Indian and Australian periodicals.<sup>55</sup> These incidents led to Dudgeon proudly claiming during his late years that “I have been engaged in almost every controversy on homoeopathy in the medical and lay periodical,” and “I believe I am the first and only avowed partisan of homoeopathy who has defended the method of Hahnemann in the London Medical Society.”<sup>56</sup>

Dudgeon’s preference for an empiricist approach towards medicine is probably best illustrated by his many inventions. He invented a method which allows one to examine a considerable amount of fluid under microscope.<sup>57</sup> An enthusiastic diver and a competent ophthalmologist,<sup>58</sup> Dudgeon invented diving glasses to improve vision under the sea. His most famous invention is a pocket-sized sphygmograph.<sup>59</sup> The sphygmograph enabled more convenient medical examinations in hospital wards and later on during wartime. This achievement however has not been mentioned by later medical historians, and is only noted by historians sympathetic with homoeopathy.<sup>60</sup> Dudgeon’s inventions illustrated that homoeopaths also actively incorporated

54. “Why Should the Friends of Homoeopathy Form a League?” *Homoeopathic League Tracts* 1, no. 1 (1888): 1–8.

55. “Summary of the League’s Work,” *Homoeopathic League Tracts* 3, no. 54 (1895): 291.

56. Singh, *Pioneers of Homeopathy: Illustrated Biographies of Personalities and Their Contributions*, 82.

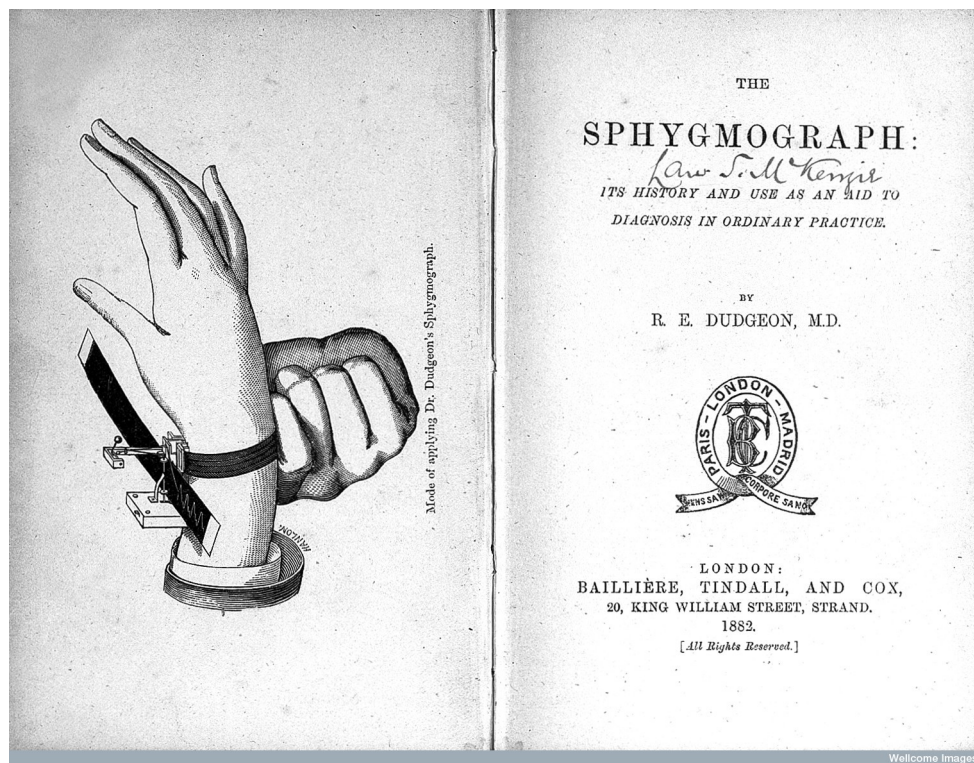
57. *Ibid.*, 80.

58. Robert Ellis Dudgeon, *The Human Eye: Its Optical Construction Popularly Explained* (London: Hardwicke & Bogue, 1878).

59. Robert Ellis Dudgeon, *The Sphygmograph: Its History and Use as an Aid to Diagnosis in Ordinary Practice* (London: Baillière & Co., 1882).

60. Brierley-Jones discusses the underestimation of the use of medical technology by homoeopaths due to the belief today that science and homoeopathy are incommensurable. Brierley-Jones, “How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920,” 36.





**Figure 6.2.** *The design of Dudgeon's sphygmograph*

Source: Dudgeon, *The Sphygmograph: Its History and Use as an Aid to Diagnosis in Ordinary Practice*

medical instruments in their diagnosis, in contrast to the common belief today that homoeopathic consultation should be based purely upon observations/conversations.<sup>61</sup>

#### 6.4.1 Dudgeon on Hahnemann

Between 1852 and 1853, Dudgeon delivered a series of lectures on the Theory and Practice of Homoeopathy at the Hahnemann Hospital School of Homoeopathy, where probably for the first time in Britain a significantly different view of Hahnemann and the history of homoeopathy were presented. Dudgeon decided that one key facet of the lectures should be the “knowledge of the history and developments of Homoeopathy.”<sup>62</sup> Out of twenty lectures, the first one was the Biographical Sketch

61. Degele observes that even the use of computers for record keeping sometimes needs to be justified. N. Degele, “On the Margins of Everything: Doing, Performing, and Staging Science in Homeopathy,” *Science, Technology & Human Values* 30, no. 1 (January 2005): 111–136.

62. Robert Ellis Dudgeon, *Lectures on the Theory and Practice of Homoeopathy* (New Delhi: B. Jain Publishers, 2002), iii.



**Figure 6.3.** *The actual device made in 1867*

Source: Robert Dudgeon's Sphygmograph, London, England, 1876, A600283, Science Museum, London

of Hahnemann,<sup>63</sup> and the second one was the Homoeopathic Principle in Medicine before Hahnemann.<sup>64</sup> None of the similar lectures delivered before had put such emphasis on the history and the alleged founder of homoeopathy. Dudgeon set a precedent in this curriculum and was followed by the London Homoeopathic School in the 1870s. For this decision, Dudgeon, himself a professionally-trained surgeon, admitted that even compared to the nineteenth century medical education, which was often criticised for over-emphasising classical studies, he gave much more emphasis on Hahnemann's biography. To some, it might appear to be as "out of place" if "to preface a course of lectures upon the ordinary Practice of Physic with an account of the personal history of Aesculapius or Hippocrates, of Galen or Sydenham."<sup>65</sup>

Dudgeon's understanding of Hahnemann is mainly based upon his translation works and personal correspondence with other German homoeopaths.<sup>66</sup> By this time, Dudgeon had translated the *Organon* and collected and translated Hahnemann's fifty-one miscellaneous writings.<sup>67</sup> The fact that Dudgeon had never met Hahnemann in person probably gives him a better standing in discussing Hahnemann. In a letter addressed to Hahnemann's biographer, American homoeopath Richard Hael, Dudgeon clearly mentioned that he was in possession of several letters regarding Hahnemann which were subsequently sent to Hael.<sup>68</sup> Judging from the fact that Dudgeon became interested in homoeopathy only after Hahnemann passed away,

63. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xvii.

64. Ibid., 1.

65. Ibid., xvii.

66. Dudgeon was aware that Hahnemann's own accounts of his life story and discoveries were not entirely accurate. Nevertheless, Dudgeon often found excuses for Hahnemann's mistakes. *ibid.*, xx.

67. Hahnemann, *The Lesser Writings of Samuel Hahnemann*.

68. Dudgeon, Letter to Richard Hael on the 17th August 1898.

it was impossible for Dudgeon to have personal contact with Hahnemann. In this way, Dudgeon believed that “he may be able to form a juster estimate of his [Hahnemann’s] general characteristics and genius, by an unbiased study of his works and of the impressions produced upon those who were familiar with him.”<sup>69</sup>

The main reason for this curriculum probably lies in Dudgeon’s attempt to give a new interpretation of homoeopathy. He reckoned that this new interpretation (or better, clarification) could settle the dispute between the proponents and opponents of homoeopathy. He rightly pointed out that so far “Homoeopathy is so intimately associated with the name of Hahnemann.”<sup>70</sup> He proposed that the real Hahnemann probably lies between a sage-like martyr and a worthless quack. “The veneration of some might perhaps induce them to give him too high a rank in the Walhalla of immortality, whilst others, to whose remembrance the petty foibles incident to humanity, of which our Hahnemann had his share, recur too vividly, might be apt to underestimate him.”<sup>71</sup> Dudgeon hinted that the development of homoeopathy, though often claimed to be a scientific medical reform, is as much as associated with science as with Hahnemann’s character. Instead of following his predecessors’ opinion of a sage-like Hahnemann, he urged that

a study of his [Hahnemann’s] history and a due appreciation of his character are so essential for enabling us to comprehend the various developments and phases of this complete and remarkable Reformation, that it would be almost as unpardonable for the teacher of Homoeopathy to omit attempting to estimate the character of its Founder, as it would be for the historian of the great religious Reformation of the sixteenth century to omit the study of the life and character of Martin Luther.<sup>72</sup>

Dudgeon’s Hahnemann was inbetween Stratten’s scientist and Epps and Everest’s sage. Like Stratten, he emphasised certain aspects of Hahnemann which would qualify him as a scientific investigator.<sup>73</sup> He referred to Hahnemann’s discovery of cinchona bark to Newton’s “falling apple,” and Galileo’s “swinging lamp in the Baptistery at Pisa;”<sup>74</sup> and the *Organon* as “the most original, logical, and brilliant

69. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xviii.

70. Ibid.

71. Ibid.

72. Ibid., xvii.

73. For example, Hahnemann’s father influenced him to “exercise his independent judgment in all cases, and not to take anything on trust... Prove all things, hold fast that which is good.”  
ibid., xxi.

74. Ibid.

essay that had ever appeared on the art of medicine.”<sup>75</sup> Dudgeon also pointed out an incident which itself is not related to homoeopathy and hence had been neglected by other homoeopaths: a moral and scientific treatment of insanity. In 1792 Hahnemann was invited by Duke of Saxe-Coburg to treat his Hanoverian Minister of Police and Secretary to the Chancellery, Friedrich Arnold Klockenbring (1742–1795), who had been allegedly rendered insane by a satire of Kotzebue’s. Hahnemann did not tie his patient up or punish him physically as most physicians would do during his time. He treated the Minister with empathetic listening and understanding for one year and the patient was cured to Duke’s satisfaction.<sup>76</sup>

As I have discussed in Chapter 3, homoeopathy was rejected by many medical practitioners primarily for its anti-common sense theories and anti-profession character. Interestingly, instead of debating the ‘truthfulness’ and ‘efficacy’ of homoeopathy, Dudgeon attributed both criticism to Hahnemann’s life situations and his difficult character. For the criticism that homoeopathy was quackery, Dudgeon traced two incidents/mistakes of Hahnemann’s that could be interpreted as quack-like behaviour.<sup>77</sup>

Dudgeon showed that Hahnemann’s persevering and enthusiastic energy did both good and bad to the development of homoeopathy. “The most striking peculiarity of Hahnemann’s mind was his indomitable *perseverance* in following out the line of conduct he believed to be the true one.”<sup>78</sup> Homoeopathic societies and institutions in Leipzig and Coethen formed, changed, disbanded within a few years due to Hahnemann’s suspicions.<sup>79</sup> This intolerant attitude, quoted in Hahnemann’s own words,

He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or to the left, is an apostate and a traitor, and with him I will have nothing to do.<sup>80</sup>

75. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xxix.

76. Ibid., xxiii.

77. Hahnemann announced a preventive remedy during a severe epidemic of scarlet fever in Koenigsutter and asked for payment before revealing what the remedy was. When residing in Hamburg Hahnemann announced the discovery of a new alkali, pneum, and soon started selling it. Subsequent investigation unearthed that the alleged new alkali was nothing but borax. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xxv–xxvi; See also Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, 63–67.

78. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xli.

79. Ibid., xliii.

80. Ibid.

This persistence and determination sometimes turned Hahnemann into an intolerant and unsympathetic person. When one of his favourite students, Gustav Wilhelm Gross (1794–1847), lost his beloved child, he wrote to Hahnemann with great bereavement saying that his loss had taught him that homoeopathy did not suffice in every case. Hahnemann was so angry with the statement that he never forgave his once favourite student.<sup>81</sup>

Another reason for the rejection of homoeopathy, Dudgeon argued, was conflicts of professional and financial interests, not homoeopathic theories. This perspective made Dudgeon probably the first social historian of the history of homoeopathy. According to Dudgeon, the apothecaries opposed homoeopathy because its practitioners prescribed and produced their own remedies. This jealousy led to Hahnemann's exile from Koenigsutter.<sup>82</sup> Dudgeon also noted that although objections abound after the first publication of homoeopathy, "The Medicine of Experience," many of them were in fact objecting to Hahnemann's consultation method: by asking his patients to pay even for correspondence consultation.<sup>83</sup> Hahnemann's successful practice in Paris also attracted criticism for his high fees.<sup>84</sup> Overall, Dudgeon drew a clear boundary between internal and external aspects of homoeopathy, and suggested that the latter was primarily responsible for the rejection of homoeopathy.

Dudgeon was critical of Hahnemann's theories developed during his Coethen years – the use of highly-diluted remedies, miasm theory and the theory of the spiritual cause of diseases. Nevertheless, Dudgeon argued that it was the harsh conflicts between Hahnemann and the medical profession that led to the formulation of these theories. Dudgeon believed opposition from apothecaries was the main reason why Hahnemann adopted a "Procrustean standard for regulating dose [...] without sufficient grounds." *Organon*.<sup>85</sup> To further prove his point, Dudgeon noted that before the first opposition from apothecaries in 1799, Hahnemann mainly administered "material and palpable doses."<sup>86</sup> As the opposition of the apothecaries became more intense, Hahnemann's remedies became even more diluted, until "the mere smelling at a globule is not only sufficient but the best of all methods of administering the remedy."<sup>87</sup> Dudgeon quoted Hahnemann directly from the fifth edition of the *Organon* that in this way homoeopaths can "dispense entirely without the apothecary's

81. Ibid.

82. Ibid., xxiv.

83. Ibid., xxix.

84. Ibid., xlix.

85. Ibid., xlv.

86. Ibid.

87. Ibid.

services.”<sup>88</sup> Dudgeon further argued that Hahnemann was so disillusioned by his ostracism from Leipzig to Coethen that he determined to lead a secluded life – he only received patients at his clinic and correspondence, without any home visit.<sup>89</sup> The situation resulted in Hahnemann seeing mainly patients with chronic, not acute complaints, as patients would have to take their time to visit him in person, or wait for his correspondence. Dudgeon believed that many of the theories proposed by Hahnemann during his Coethen years were largely biased by the type of patients he saw.

Who can doubt that the forced retirement of Hahnemann, and the unfortunate resolution he adopted of never visiting patients, must have latterly confined his practice almost entirely to one class of patients, those affected with chronic diseases, and that had he seen more acute diseases, his practice would have been considerably modified?<sup>90</sup>

In contrast, Hahnemann’s practice in Paris reflected how homoeopathy should be practised, as Dudgeon noted that during this time Hahnemann did not suffer from the opposition of apothecaries. According to Dudgeon’s investigation of the potencies Hahnemann prescribed when he was practising in Paris, Hahnemann mainly used mother tinctures and lower potencies,<sup>91</sup> which made homoeopathy “a much nearer approximation to the method of the dominant school.”<sup>92</sup> This argument, however, only reflected what Dudgeon believed to be the sensible way of practising homoeopathy. Handley shows that, after examining Hahnemann’s clinical records in Paris, Hahnemann prescribed similar numbers of high-potency and low-potency medicines.<sup>93</sup>

The opposition from the medical profession and Hahnemann’s self-isolation, Dudgeon further argued, prevented Hahnemann from having access to a large number of actual clinical cases. Therefore, many of Hahnemann’s theories were results of abstract speculations. This comment was a direct blow to many early homoeopathic supporters’ claims that the new medical system was an empiricist approach (see Chapter 3). In Hahnemann’s first essay, “On a New Principle,” published in 1796,

88. The note of the # 288 in the *Organon*, quoted from Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xlv.

89. *Ibid.*, xlii.

90. *Ibid.*, xlv.

91. Dudgeon’s note on Hahnemann, *Organon of Medicine*, 302.

92. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xlv.

93. Handley, *In Search of the Later Hahnemann*, 117–132.

Dudgeon commented that Hahnemann seemed “rather to have searched for parallels to those abstract forms of disease described in the works on nosology, than for analogues to the individual concrete cases of actual practice.”<sup>94</sup> During his Coethen ‘exile,’ the secluded Hahnemann focused on “those minute shades of symptoms.”<sup>95</sup>

This extraordinary Introductory Lecture might serve the purpose of a trial lecture for students, before they made the final decision whether to sign up for the whole series. It is interesting to see what Dudgeon reckoned as an inviting introduction to new-comers. Dudgeon’s approach was on the one hand to praise the greatness of the founder of homoeopathy, but on the other hand to clarify the boundary between homoeopathy itself and its founder, and therefore clarify that most criticism was actually towards Hahnemann, and caused by the opposition of the profession.

To facilitate our inquiries as to what parts of the system promulgated by Hahnemann belong to the domain of the unerring laws of nature, what derive a colouring and a bias from the individuality of the author, I think it is of great importance to endeavour to form a just estimate of his character and mental organization, and as I believe the circumstances of his life have exercised a considerable influence on his doctrines and precepts.<sup>96</sup>

#### 6.4.2 Dudgeon on the history of homoeopathy before Hahnemann

Dudgeon’s second pioneering contribution was to make homoeopathy commensurable with medicine by demonstrating that homoeopathy shared similar historical lineages with other sciences and medicine. Hahnemann was considered as the sole founder of homoeopathy by himself,<sup>97</sup> and his early supporters.<sup>98</sup> Therefore before Dudgeon’s new interpretation, the subject of “the history of homoeopathy” consisted of only Hahnemann’s life history. In his second lecture, instead of teaching students homoeopathic principles and practice, Dudgeon chose to discuss the “history” of homoeopathy

94. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, xxii.

95. Ibid.

96. Ibid., xl.

97. In the introduction of the *Organon* Hahnemann did note that the law of similars was mentioned by Hippocrates and other progenitors in medicine. Nevertheless, Hahnemann argued that these observations were only marginal amongst medical practitioners and never became a mainstream, systematic practice. Hahnemann, *Organon of Medicine*, 106–108.

98. Priven argues that Hahnemann was one of a few German medical reforms who discovered homoeopathic principles and experimented independently. Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*.

before Hahnemann.<sup>99</sup> He illustrated that homoeopathic ideas had long existed before Hahnemann and many were once prevalent. Dudgeon argued that “if the law of cure with which Hahnemann’s name is indissolubly connected be indeed a universal law of nature, some traces of it must exist in the records of the medical art.”<sup>100</sup> Indeed he said that the purpose of this lecture was “to show you that the *principle* has not only been *acted on*, but *recognised* and *taught*, sometimes more, sometimes less distinctly, in every period of medical history.”<sup>101</sup>

By tracing specific medical ideas as the predecessors of homoeopathy, Dudgeon drew a boundary about what constituted the essentials of homoeopathy. For Dudgeon, they included only part of Hahnemann’s theory, the law of similars and experimental pharmacology, along with other new elements which were not discussed by Hahnemann, such as specific drugs and organopathy. Hahnemann’s later theory of dynamisation and diluted substances were not of Dudgeon’s concern.

Dudgeon presented homoeopathy as a ‘lost’ medical tradition, which once thrived before the mid-eighteenth century. Dudgeon expanded on Hahnemann’s original idea of the law of similars to include isopathy, the law of signature<sup>102</sup> and human psychology. With this criteria, the law of similars had been used since the Hippocratic medical school. Even Galen, “the champion of the motto *contraria contrariis curantur*,” had occasionally admitted the use of homoeopathic principle and specific drug.<sup>103</sup> Theologian Johann Arndt (1555–1621) gave testimony that during his time “the prevalence of a certain kind of homoeopathy among the physicians,” and occasional discussions comparing the allopathic and homoeopathic principles happened in the seventeenth and early eighteenth centuries.<sup>104</sup> Xenocrates of Aphrodisias was praised for his practice of “specific drug,” treating diseases with remedies which Galen considered disgusting – blood of young goats as the best remedy for haemoptysis; for ecchymosis, local application of pigeon’s blood; asthma by dried and pulverized fox’s lungs.<sup>105</sup> Marcus Terentius Varro (116 BC–27 BC) advises those bitten by an asp to drink their own urine.<sup>106</sup> In many cultures, poison of spiders, scorpions, lizards, etc, was most effectively antidoted by some portion of their bodies.<sup>107</sup>

99. Lecture I. The Homoeopathic Principle in Medicine before Hahnemann. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, 1–26.

100. Ibid., 4.

101. Ibid., 25.

102. Ibid., 19–22.

103. Ibid., 8.

104. Ibid., 18–19.

105. Ibid., 6–7.

106. Ibid., 7.

107. Ibid.



The empiricist spirit of homoeopathy could also be traced to what Dudgeon identified as 'empirical school.' Dudgeon was not specific about the lineage of this empirical school,<sup>108</sup> but he noted that Hahnemann was not the first medical man to design rigorous experiments on testing remedies.

None of the schools of antiquity can show so many points of resemblance to the Hahnemannic doctrines as the so-called empirical school. As this was the school which most emphatically insisted on the observation of nature and discountenanced theorizing. The empirical school recognised the necessity of instituting experiments to ascertain the pathogenetic powers of drugs, and actually set about doing so.<sup>109</sup>

In admitting these criteria, Dudgeon included a group of medical thinkers, empiricists, into the predecessors of homoeopathy.<sup>110</sup>

Dudgeon's most significant statement against Hahnemann's originality was the similarities between the ideas of Hahnemann and those of Paracelsus (Theophrastus von Hohenheim, 1493—1541).<sup>111</sup> Like Hahnemann, Paracelsus vehemently criticised the medical profession and attempted to reform medical practice. Paracelsus not only proposed the law of similars, according to Dudgeon, but also encouraged experimentation of medicine on healthy subjects. He also supported organopathy and specific drugs. He laughed at the notion of attempting to reduce all diseases to a certain number of classes and genera, and emphasised the importance of symptoms instead. Paracelsus also supported the theory of vital force, which Hahnemann did not explicitly discuss until the fifth edition of the *Organon*. In Dudgeon's opinion, Paracelsus's successors did not fully understand his theory.<sup>112</sup>

In fact, Dudgeon raised serious doubt regarding whether Hahnemann copied Paracelsus or not, since Hahnemann had never mentioned Paracelsus in his voluminous writings.<sup>113</sup>

108. Coulter, on the other hand, gives a historical essay on the empirical school and rational school before Hahnemann. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, 184–290.

109. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, 5–6.

110. *Ibid.*, 6.

111. *Ibid.*, 9–17.

112. *Ibid.*, 17.

113. The question was raised again in the early twentieth century by Clarke. John Henry Clarke, *Hahnemann and Paracelsus* (London: Homeopathic Publishing Co., 1923); Recent researches pointed out that Hahnemann was possibly a member of the Rosicrucian society, which familiarised him with the works of Paracelsus, but also prevented him from openly admitting its influence. P Pinet, "Alchemy, Freemasonry and Homeopathy," *Revue d'histoire de la pharmacie* 59 (370 2011): 175–192.

I could not quote to you all the passages that are strikingly analogous to many in Hahnemann's works, but what I have adduced will have enabled you to judge of this great likeness for yourselves. [...] From his extensive familiarity with the writings of medical authors, both ancient and modern, I should hardly suppose that he had not read the works of one so world-renowned as Paracelsus; but then not a syllable occurs in all his works regarding this wonderful and most original writer and thinker. The resemblance of some passages in the *Organon*, and in the minor writings of Hahnemann, to some parts of Paracelsus's works is so very striking, that it is difficult to believe that Hahnemann did not take them from Paracelsus; and yet had he done so, would be not have acknowledged the fact?<sup>114</sup>

### 6.4.3 The boundary between homoeopathy and religion

While associating homoeopathy with medicine and other scientific disciplines, Dudgeon drew a clear boundary between homoeopathy and religion. He refuted the analogy between the two, which was prevalent amongst lay supporters, and sometimes even professional homoeopathic journals. For example, an article published in the BJH by Mr. Leadam argued that Moses applied the principle of homoeopathy when elevating the brazen serpent in order to cure those beaten by serpents. Dr. Buchner of Munich found Christianity was in effect a homoeopathic process for the cure or salvation of the human soul.<sup>115</sup> Dudgeon specifically pointed out that "they are irrelevant to our subject, and might be considered irreverent by some of my hearers."<sup>116</sup>

By tracing homoeopathic principle throughout history, Dudgeon intended to illustrate that homoeopathy was not an alien novelty of Hahnemann. Instead, it had long been practised and discussed among medical practitioners, philosophers and scientists.

I have thus brought before you a goodly array of authorities among the scientific and enlightened representatives of medicine, science, and literature of the remotest antiquity and of the middle ages, to show you that the principle *similia similibus* was more or less recognised by

114. Dudgeon, *Lectures on the Theory and Practice of Homoeopathy*, 17.

115. *Ibid.*, 25.

116. *Ibid.*

them; by some of them even to the exclusion of all other therapeutic principles.<sup>117</sup>

In this way, Dudgeon provided a common ground for homoeopathy to be considered as part of the medical and scientific traditions. Another inevitable consequence of Dudgeon's argument was the demystification of Hahnemann as a genius and sole founder of homoeopathy. Homoeopathy was further separated from Hahnemann, and became part of the history of science and medicine.

## 6.5 The institutionalisation of a homoeopathic tradition: The London School of Homoeopathy and the Hahnemannian Lecture

In 1876 a new school, the LSH was established. The details of the school will be discussed in Part III. Here I want to focus on what kind of homoeopathic tradition was taught in the school. I argue that Dudgeon's views of Hahnemann and the history of homoeopathy were further elaborated and institutionalised in the curriculum.<sup>118</sup> The school was established to officially institutionalise an orthodox version of professional homoeopathy for two purposes. First was to establish the social identity of homoeopathy, by drawing clear boundaries between professional and lay homoeopaths, and between professional homoeopaths and the Hahnemannians. These boundaries, the professional homoeopaths hoped, would help homoeopathy to be accepted by the medical profession.

Many professional homoeopaths shared the opinion with Dudgeon that Hahnemann's character and life circumstances led to his antagonistic attitudes against the profession and theories against common sense. Therefore re-interpretations of the character and theories of Hahnemann were considered necessary and the Hahnemannian Lecture was established in 1880. John Syer Bristowe (1827–1895) pointed out in

117. Ibid., 19.

118. Here I follow Berger and Luckman's use of "institutionalisation," which is a collective social process of externalising and objectivating subjective ideas. In the context of this study, I use "institutionalisation" to refer to the process of embedding certain aspects of social identities into a social structure, be it as an institution or a publication. I emphasise that negotiations of a common social identity often shape the resulting institutions. I want to differentiate this use from the sometimes negative connotation of the term in sociological study of psychiatry. Peter L. Berger and Thomas Luckman, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (Harmondsworth, Middlesex: Penguin Books, 1967), 54–61.

his address at the AGM of BMA in 1881 that from its outset Hahnemann defined homoeopathy as in opposition against allopathy.

That a very strong feeling of hostility should have arisen early between orthodox practitioners and homoeopathists, is not to be wondered at, when we consider, on the one hand, the arrogance and intolerance which Hahnemann displayed, at any rate in his writings, and on the other hand the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines. Nor is it to be wondered at, that this variance should still be maintained; for homoeopathy is still a protest against the best traditions of orthodox clinical medicine; and there is a natural tendency among us still to look upon homoeopathic practitioners as knaves or fools. But surely this view is a wholly untenable one.<sup>119</sup>

### 6.5.1 Burnett's Hahnemann

The first Hahnemannian lecturer, James Compton Burnett (1840–1901) addressed the importance of re-interpreting Hahnemann's contributions and his theories to make peace within the medical profession.

Hahnemann *is* dead, it is true, and cannot appear in the flesh to claim his own; but he has followers still, who dare stand up and maintain that with all respect for professional unity, with all regard for professional brotherhood, there cannot be any real unity in the profession so long as common honesty is banished from its portals, and the premium of professional rewards is put upon plagiarism.<sup>120</sup>

Throughout the profession – may God forgive them – the great name of Hahnemann is shamelessly maligned, while at the same time his life's labour is being appropriated by the pilfering professors of our schools.<sup>121</sup>

119. John Syer Bristowe, "Address in Medicine," *BMJ* 2, no. 1076 (1881): 261.

120. J Compton Burnett, *Ecce Medicus, or Hahnemann as a Man and as a Physician, and the Lessons of His Life: Being the first Hahnemannian lecture, 1880* (London: The Homoeopathic Publishing Company, 1881), 123.

121. *Ibid.*, 124.

Burnett's lecture is entitled *Ecce Medicus, or Hahnemann as a Man and as a Physician, and the Lessons of His Life*.<sup>122</sup> From the start, Burnett made it clear that he would only lecture about Hahnemann's life before Coethen. It is probably not because Burnett himself did not believe in Hahnemann's later theories, but rather likely because these theories were controversial. Burnett himself conducted provings on high-potency remedies.<sup>123</sup> Burnett's lecture portrayed Hahnemann as a professional man,<sup>124</sup> and sought to disassociate Hahnemann from other mystical or non-scientific traditions.

I dwell somewhat largely on the practical professional education of Hahnemann because some of his detractors try to persuade us and themselves that he was not a physician at all, but something else—a librarian, a teacher, a translator, a book-worm, a chemist, anything, but not a physician.<sup>125</sup>

In tracing the origins of Hahnemann's thoughts, Burnett carefully distinguished between Hahnemann's 'scientific homoeopathy',<sup>126</sup> from other what he considered 'non-scientific' traditions. He refuted Dudgeon's opinion that Paracelsus and Riviere predicted Hahnemann's homoeopathy. He argued that Paracelsus "nowhere teaches that his notion of similars was based on knowledge of the pathogenetic effects of drugs."<sup>127</sup> Burnett carried on discussing the principles of similar and contraries as proposed by Galenists and Hermetists,<sup>128</sup> and concluded that

"THE HOMOEOPATHY OF HAHNEMANN HAS NOTHING WHATEVER TO DO WITH THE HOMOEOPATHIES OF THE PARACELSISTS, HERMETISTS, AND IATROCHEMISTS."<sup>129</sup>

122. Ibid.

123. A famous proving done by Burnett was on the effects of salt. J. Compton Burnett, *Natrum Muriaticum as Test of the Doctrine of Drug Dynamization* (London: E. Gould & Son, 1878).

124. Burnett argued that before 1780 Hahnemann had already had lots of practical hands-on experience in medicine. Burnett, *Ecce Medicus*, 24–26.

125. Ibid., 26.

126. Ibid., 69.

127. Ibid., 73.

128. The four principles discussed by Burnett were: the doctrine of signatures; parts of the macrocosm (the world) as compared to supposedly similar parts of the microcosm (man's body); animal parts to cure similar human parts; certain types of disease prevail in certain regions of the earth, in these same or similar regions their remedies are to be found. *ibid.*, 63–67, 75–83.

129. Ibid., 61.

Compared to Dudgeon and later homoeopaths, who proudly associated homoeopathy with these traditions,<sup>130</sup> Burnett's denial was particular.<sup>131</sup> By tracing homoeopathic ideas back to Hippocrates and other Greek and Roman physicians, instead of Paracelsists and Hermetists, Burnett drew a lineage of homoeopathy similar to those of allopathy.

### 6.5.2 Hughes' Hahnemann

The second Hahnemannian Lecturer was Richard Hughes (1836–1902), a prominent figure in reforming British homoeopathy during the second half of the nineteenth century (more on Hughes in Chapter 8). His lecture in 1881 titled: *Hahnemann as a Medical Philosopher – the Organon*. Hughes carried on what Burnett did not manage to discuss in his lecture: Hahnemann's later years in Coethen and the *Organon*. The discussion on the *Organon* was a rare initiative in homoeopathic education, as the fundamental text of homoeopathy was not studied or researched often among professional homoeopaths previously. There were two major themes in Hughes' lecture; both addressed the issue of how one should evaluate Hahnemann's theories. These theories had been sources of debates amongst professional homoeopaths, as well as of criticism from allopaths. In many ways, as I will show soon, Hughes' view on Hahnemann and homoeopathy, as delivered in this lecture, was largely inspired by the opinions towards homoeopathy from the medical profession, and different opinions amongst homoeopathic practitioners.

In 1881 during the AGM of the BMA, John Syer Bristowe (1827-1895), then a senior physician to St. Thomas's Hospital and also an active fellow of the Royal College of Physicians, gave an address focusing on homoeopathy.<sup>132</sup> Bristowe's bold choice of his topic, which had long been tabooed in the medical profession, was probably due to a series of outreach endeavours by professional homoeopaths to seek reconciliation between the two factions in the late 1870s. I will discuss these incidents in better details in Part III, and for now I will focus on how the conversations between homoeopathy and the medical profession gave shape to how professional homoeopaths re-interpreted or re-invented their own traditions.

Compared to the BMA, which had banned consultations and collaborations between its members and homoeopaths since 1851 and advocated the refusal of medical

130. Danciger, *Homeopathy: From Alchemy to Medicine*.

131. Morrell wrongly claims that Burnett's approach to homoeopathy "was richly informed by reviving earlier heresies like Paracelsus, Rademacher and Fludd." My examination shows the opposite. Morrell, "British Homeopathy during Two Centuries," 149.

132. Bristowe, "Address in Medicine."

degrees to medical students embracing homoeopathy, the Royal Colleges held a relatively mild and neutral stance towards homoeopathy until the 1890s. Probably due to Bristowe's close connection with the Royal College, where he held several important posts over the years, his lecture showed his respect for many homoeopaths as honest and learned men, and appealed to the medical profession to dignify medical practitioners with different opinions.

I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with homoeopaths. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride.<sup>133</sup>

Although attempting to be an impartial judge to a medical dispute, Bristowe was not reluctant to show his doubts about the homoeopathic system and Hahnemann. Bristowe's criticism towards homoeopathy did not differ much from his predecessors. He argued that the law of similars and infinitesimal doses were not logical and scientific.<sup>134</sup>

To this, Hughes devised a new response to the 'unscientificness' of homoeopathy. The first argument Hughes made was that homoeopathy should be considered as an art rather than a science; it was practical rather than theoretical. By drawing a boundary between homoeopathy and science, Hughes' argument was significantly different from his predecessors' interpretations of Hahnemann and his theories; which nearly always emphasised the scientific aspect of the system, and Hahnemann as a scientific, well-qualified and genius doctor. Hughes made the bold claim,

One great value of the method of Hahnemann is, that it dwells in this sphere of art. It *is* "the grave of science;" for science, as such, has no existence here—it dies and is buried.<sup>135</sup>

Hughes extolled Hahnemann as "the Bacon of therapeutics,"<sup>136</sup> who "recall[ed]

133. *Ibid.*, 261.

134. *Ibid.*, 260.

135. **hughes1881**.

136. **hughes1881**.

men from the spinning of thought-cobwebs to the patient investigation of facts.”<sup>137</sup> Hahnemann, therefore,

[i]s not, primarily, a cultivator of science: he is a craftsman, the practiser of an art, and skill rather than knowledge is his qualification.<sup>138</sup>

By emphasising homoeopathy as a practical art rather than scientific medicine, Hughes’ homoeopathy could not be examined purely by contemporary scientific standard; namely most criticism towards homoeopathy was irrelevant. In fact, Hughes welcomed the criticism that homoeopathy was “the grave of science” as “an unintentional compliment,” as medicine should be an art instead of science – “a truth very much forgotten now-a-days.”<sup>139</sup> Hughes made the criticism that by focusing on theories, medicine had lost its status as an applied science.

[T]he great weakness of the general medicine of to-day is that, so far as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, from spoliation to stimulation, with the prevailing conceptions of the day as to life and disease. Maladies are studied with the eye of the naturalist rather than of the artist; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment.<sup>140</sup>

For many medical practitioners, however, the primary fault of homoeopathy was probably not being unscientific, but deviance from the medical profession. In his address, Bristowe pointed out that Hahnemann “was a physician who had a supreme contempt for pathology, and on the whole for etiology.”<sup>141</sup> Apparently, it was not only Hahnemann’s contempt with pathology and etiology that annoyed Bristowe. For Bristowe, advancements in pathology and etiology were results of the collective endeavour of the medical profession. Therefore by denying their values, Hahnemann was also denying the efforts of the profession.

[N]ot satisfied with stigmatising all pathological investigations as mere pedantry and foolishness, he [Hahnemann] actually objects to all

137. **hughes1881**.

138. **hughes1881**.

139. **hughes1881**.

140. **hughes1881**.

141. Bristowe, “Address in Medicine,” 257.



attempts on the part of systematic writers and practical physicians to distinguish and classify diseases.

Pathology, and more especially morbid anatomy, had no meaning for him. All the laborious investigations conducted in our deadhouses, which we fondly imagine to add to our knowledge of disease, and to which (in association with clinical study) we attribute most of the advances that have been made in medicine of late years – such as the differentiation of kidney-diseases, the recognition of suprarenal melisma, the discovery of the condition known as embolism, the exact recognition of the nature of tumours, the discoveries which have been made in regard to the diseases of the nervous system – would be looked upon by him with contempt.<sup>142</sup>

To this Hughes responded that Hahnemann was not against scientific developments. Although homoeopathy was primarily an art, Hughes contested that other scientific disciplines could facilitate its progress and understanding diseases. Science was a useful tool of, but not the criterion for, the development of medicine.

His [Hahnemann's] art, indeed, like all others, has its associated sciences. Physiology and and pathology are to it what chemistry is to agriculture, and astronomy to navigation.<sup>143</sup> [...] while grateful for the aid they bring, it should go on its own separate way and fulfil its distinctive mission.<sup>144</sup>

Hughes emphasised that there were “certain views in physiology and pathology which seem more harmonious than others with homoeopathic practice,” and Hahnemann adopted the same approach, “most of us tend in the same direction.”<sup>145</sup> Hughes did not give concrete examples about Hahnemann's use of physiology and pathology. But his argument definitely gave justifications of him and his homoeopathic colleagues' endeavour to reform homoeopathy with other scientific disciplines, especially in reforming homoeopathic materia medica and proposing new homoeopathic theories (see Chapter 7 and Chapter 8).

Hughes also drew a clear boundary between his view of homoeopathy and that of other homoeopathic supporters. Hughes argued that homoeopathy was not a

142. *Ibid.*, 258.

143. *hughes1881*.

144. *hughes1881*.

145. *hughes1881*.

fixed system but should be subjected to changes out of experience and practical concerns. Homoeopathic practitioners had been debating whether Hahnemann intended to devise a set-in-stone medical system or guidelines for medical practice. The titles of different editions of the *Organon* had become sources of disputes. The full title of the first edition of the *Organon* is *Organon of the Rational Medical Doctrine* (*Organon der Rationellen Heilkunde nach Homöopathischen Gesetzen*). From the second edition onwards, Hahnemann changed the title into *Organon of the Healing Art* (*Organon der Heilkunst*). The populist homoeopaths (Chapter 2) and the Hahnemannians, who claimed to be the strict followers of Hahnemann (Chapter 7), held the opinion that the reason for Hahnemann's omission was to "imply that his followers were required to accept his doctrines as though they were the revelations of a new gospel, to be received as such, and not to be subjected to rational criticism."<sup>146</sup> This attitude led to the criticism from the medical profession that homoeopathy served as a sect, rather than a science. In the same address, Bristowe also pointed out "[t]hat Hahnemann believed in himself and in the absolute truth of all that he taught, is beyond dispute. He was a prophet, not only to his followers, but in his own eyes."<sup>147</sup>

Against these different opinions of homoeopathic supporters and criticisms from the medical profession, Hughes justified homoeopathy as a flexible doctrine for medical art, not as a religious creed. He argued that the term 'rational doctrine' was common in use during Hahnemann's day to denote any hypothetical system.<sup>148</sup> As opposition and criticism arose after the publication of the first edition of the *Organon*, Hahnemann decided to make it clear that his system was not a hypothetical theory, but a study of his experiments and facts. Hughes defended what Hahnemann sought for was "not the consistency of a theory, but the success of a practical art: to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true."<sup>149</sup>

After redefining homoeopathy primarily as an art, not science, Hughes went further to define which parts of Hahnemann's work constituted the homoeopathic tradition. In fact, Hughes' definition of homoeopathic tradition corresponded to Bristowe's prediction in his address that some professional homoeopaths would "think for themselves," to "acquiesce in the teachings of modern pathology," and abandoned

146. **hughes1881**.

147. Bristowe, "Address in Medicine," 258.

148. Dean's research confirms Hughes' argument. Dean, "Homeopathy and 'The Progress of Science'."

149. **hughes1881**.

ideas such as “infinitely little doses, dynamisation.”<sup>150</sup> Hughes regarded the theories which Hahnemann developed during his early years, the law of similar, the method of proving, and the use of minimum dose, as “positive, experimental, sound.”<sup>151</sup> On the other hand, theories which Hahnemann developed after he left Leipzig for Coethen in 1821 were “unreliable,” including 1. The hypothesis of the origin of much chronic disease in psora, which first appeared in the fourth edition, 1829. 2. The theory of the dynamisation of medicines – i.e. of the actual increase of power obtained by attenuation, when accompanied by trituration or succussion – is hardly propounded until the fifth edition. 3. The doctrine of a “vital force,” as the source of all the phenomena of life, as the sphere in which disease begins and medicines act.<sup>152</sup> Hughes emphasised that homoeopathy had already become a complete medical system even without these later theories.<sup>153</sup>

Like Dudgeon, Hughes argued that the opposition of the profession was responsible for Hahnemann’s proposals of his later theories. According to Hughes, after Hahnemann’s ‘exile’ by apothecaries in Leipzig to Coethen in 1821, the great master lost his trust in other medical practitioners. His life was marked by “solitude, isolation, narrowness,” and this was when “the reign of hypothesis began in his mind – hypothesis physiological, pathological, pharmacological.”<sup>154</sup>

In refuting Hahnemann’s later theories, Hughes also drew the boundary between homoeopathy and religion. Hughes argued that Hahnemann’s notion of vital force, *Lebenskraft*, was an old theory that had existed since the ancient world. Hughes used religious metaphors to justify why the concept of vital force should be abandoned.

If the advice of the present Pope is taken it will continue to be the teaching of all Catholic colleges; for it is simply the Thomist doctrine—itsself derived from Aristotle – under another name.<sup>155</sup>

On the other hand, recent science had shown

[t]he organism as no monarchy, wherein some “archaeus” lives and rules, but as a republic in which every part is equally alive and independently

150. Bristowe, “Address in Medicine,” 260.

151. **hughes1881.**

152. **hughes1881.**

153. **hughes1881.**

154. **hughes1881.**

155. **hughes1881.**

active, the unity of the whole being secured only by the common circulation and the universal telegraphic system of nerves. [...] Either or neither may be wholly true; but one would have been glad if the *Organon* had kept itself wholly clear of such questions, and had occupied only the solid ground of observation and experiment.<sup>156</sup>

## 6.6 Summary

In this chapter I have illustrated how professional homoeopaths changed their views on Hahnemann and what constituted homoeopathic traditions. These changes offered common grounds for the integration between homoeopathy and mainstream medicine. A scientist or sage Hahnemann was gradually replaced by a Hahnemann who was an empirically-minded medical reformer, pushed to propose ‘unreliable’ theories because of the opposition from the medical profession. By tracing homoeopathic ideas in medical history, homoeopathy was no longer a unique, stand-alone subject, but part of the medical tradition. The empirical and artistic aspects of homoeopathy were emphasised and therefore it could not be judged by scientific theories alone. I emphasise that these changes were driven by many professional homoeopaths’ desires to establish an orthodox homoeopathy in response to criticism from the medical profession, and to the intra-group conflicts amongst homoeopathic supporters. Boundaries between homoeopathy and religion, and between ‘correct’ and ‘wrong’ homoeopathies were carefully drawn. This orthodox version of homoeopathy was institutionalised through a series of lectures held in the London School of Homoeopathy. In the following chapters, I will show that these reinterpretations of homoeopathic traditions created possibilities and justifications for homoeopathy to change, reform, evolve and adopt other scientific theories. Let us first look at new theories which arose amongst professional homoeopaths after 1866.

156. [hughes1881](#).

## Chapter 7

# New Homoeopathic Theories and Further Divides amongst Professional Homoeopaths

Although complaints about the lack of scientific innovations among professional homoeopaths abound after the 1860s, in Britain professional homoeopaths had adopted or devised new theories of homoeopathy. I do not intend to introduce all the new homoeopathic theories in this section. Professional homoeopaths were eager to explain homoeopathy with scientific theories, and postulates on how homoeopathy might possibly work abound. Most theories, however, did not exert actual impact on homoeopathic practice. Instead, I will discuss a few important trends which shaped the practice of homoeopathy in the name of science during this time period. The fundamental motivation behind these new trends was the quest for certainties in medical practice—the same quest which inspired the adoption of homoeopathy. Some homoeopaths rejected Hahnemann’s disgust about pathology, physiology, and anatomy. Instead, they believed these scientific disciplines would enrich homoeopathy. Some devised new theories. Others advocated following Hahnemann strictly. Nicholls argues that homoeopathic and allopathic practices had become almost identical during the second half of the nineteenth century. Here I show that a wide range of diverse homoeopathies coexisted at the same time even among professional homoeopaths. Overall, the Hahnemannians became the traditionalists, while the orthodox professional homoeopaths gradually turned homoeopathy into a ‘drug-centred’ practice.

## 7.1 Pathology and homoeopathy

### 7.1.1 Richard Hughes as the matchmaker for pathology and homoeopathy?

One of the earliest endeavours to make homoeopathic practice more precise and exact was the incorporation of pathology. Dr. Richard Hughes (1836–1902) has been credited as the main advocate of this method. The Faculty of Homeopathy still conducts annual Richard Hughes Memorial Lectures in the LHH. Morrell and Campbell argue that this method was the predominant school of homoeopathy in the nineteenth century, and hence they devised the term *Hughesian* homoeopathy to describe British homoeopathy in the nineteenth century.<sup>1</sup> I argue that this is only partially true. Firstly, as I have shown in Part I, there were many different homoeopathic practitioners and Hughes spent most of his career with professional homoeopaths. It is unlikely that Hughes could exert his influence over clergymen and domestic practitioners. Secondly, simply judging from his age, Hughes belonged to the younger generation of professional homoeopaths. He was unlikely to play an important role amongst homoeopaths before the 1860s. After 1870, Hughes played a more dominant role amongst professional homoeopaths. His approach was singled out by the Hahnemannians as misrepresenting Hahnemann's original theory.<sup>2</sup> Hughes also spent most time in his private practice in Brighton, instead of London, which was the centre of homoeopathic activity.<sup>3</sup>

As I will discuss further later, Hughes did not initiate the “Hughesian homoeopathy,” prescribing mainly low-dilutions and incorporating pathology. This style of homoeopathy gradually came into being from the end of the 1850s, and became the orthodoxy amongst professional homoeopaths between the 1860s and the early twentieth century. Interestingly enough, judging from the fame attributed to Hughes by later historians, it is surprising that we know very little about Hughes' life outside of homoeopathic circles. Hughes represented the younger generation of British professional homoeopaths, who did not learn homoeopathy directly from Hahnemann or his students from the continent. This new generation of homoeopathy embraced homoeopathy by considering its scientific potentials or personal experience, and

1. Morrell, “Kent's Influence on British Homeopathy”; Campbell, *Homeopathy in Perspective: A Critical Appraisal*.

2. “Introductory Address,” *The Organon* 1, no. 1 (1878): 1–18.

3. *The Homoeopathic Medical Directory of Great Britain and Ireland* (London: Henry Turner & Co., 1871), 53.

therefore they could make more objective evaluations of Hahnemann and his theories. Hughes was an important author and researcher of homoeopathic literature (see next chapter). He also advocated international collaboration between the States and Britain in order to form a more powerful alliance to promote homoeopathy. He was the president of the first International Homoeopathic Congress in 1876, and the main organiser of the second International Congress in 1881.

### 7.1.2 The contributions of the *Monthly Homoeopathic Review*

I argue that Hughes might have offered his dedicated, thorough, academic-like detail-oriented efforts in the reforms of homoeopathic literature, but he was not the first person to advocate these ideas.<sup>4</sup> The publication of the MHR in 1856 was probably the first official statement for this new trend of the happy marriage between homoeopathy and other scientific disciplines. In the “Introductory Address,” the editor of the *MHR* acknowledged that homoeopathic principles belonged to the category of “law,” but were subject to the progressive nature of human knowledge to perfect over time. The primary objective of the *MHR*, therefore, was “to bring homoeopathy up to our standard of the requisites of medical art.”<sup>5</sup> He warned that if one rests “upon the labours of Hahnemann and his immediate disciples (then homoeopathy) would be not only coming to a stand-still, but would be actually retrograding.”<sup>6</sup> The editor, however, did not think of homoeopathy as a primitive form of medical theory which needs to be polished by other scientific disciplines; rather, he was confident that by studying other branches of medical science would further verify homoeopathy.

[...] to examine all the branches of medical science and more especially physiology, pathology and animal chemistry in relation to the homoeopathic law; not with the view of establishing a *rational* system of homoeopathic medicine, but for the two-fold purpose of showing that there is nothing in the principles of homoeopathy to render their application in practice inconsistent with the indications derived from a correct knowledge of pathology, and of establishing the *indications* which the homoeopathist

4. See for example his notes in tracing the origins of Hahnemann’s provings. Samuel Hahnemann, *Materia Medica Pura*, trans. Robert Ellis Dudgeon and Richard Hughes (London: Hahnemann Publishing Society, 1880).

5. “Introductory Address,” *Monthly Homoeopathic Review* 1, no. 1 (1 1856): 1.

6. *Ibid.*, 2.

must endeavour to carry out in every given case of disease.<sup>7</sup>

The first editor of the MHR was John Ozanne (1816–1864). He left the editorship of the MHR after only one year. The editors of the BJH found his scientific view of homoeopathy inspiring that Ozanne was offered the editorship of the BJH, though he declined.<sup>8</sup> Later editorship of the MHR included William Bayes (1823–1882) and Alfred C. Pope, both played important roles in reforming professional homoeopathy during the second half of the nineteenth century (see the LSH in Part III).

### 7.1.3 Pathogenesis

This application of pathology and anatomy gave rise to a new discipline, *pathogenesis*, with British homoeopath Richard Hughes and French homoeopath Antoine Imbert Gourbeyre de la Touche (1818–1912) as its main advocates. According to pathogenesis, symptoms were understood and recorded according to their order of appearance and the organs and tissues they are associated with. Behind the differences between different presenting and recording methods of proving were different ideas about the causes of disease. A French homoeopath, Pierre Jousset (1818–1910), Physician to l'Hospital St. Jacques of Paris also an enthusiastic prover, distinguished Hahnemann's as "purely anatomical,"<sup>9</sup> as opposed to 'pathological.' While Hahnemann argued that "the greatest number of diseases are of dynamic (spiritual) origin and dynamic (spiritual) nature,"<sup>10</sup> Imbert-Gourbeyre believed that diseases arise from "ordinary causes," and reckoned that by understanding symptoms in this way, symptoms would lead one into specific organs or tissues, where diseases were rooted.<sup>11</sup> The idea of pathogenesis, combined with the knowledge of physiology and pathology, changed the ideal way of homoeopathic practice. According to pathogenesis, a professional homoeopath should be well-versed in the pathogenetic effects of remedies. Well-equipped with the latest knowledge of physiology and pathology, he is then able to consider the connections between different symptoms, so that they may correspond to the clinical history of each disease. In review of Hering's *materia medica* in 1877, the *BJH* painted a picture of what an ideal future professional

7. "Introductory Address," 5–6.

8. "Obituary: Dr. John Ozanne," *The British Journal of Homoeopathy* 23 (92 1865): 350–351.

9. P. M.D. Jousset, "On the Accuracy and Fidelity of the *Materia Medica* of Hahnemann: Illustrated by cases of poisoning with the sulphate of Zinc," translated from *l'Art Medical*, October 1877, *Monthly Homoeopathic Review* 22, no. 10 (October 1878): 98.

10. Hahnemann, *Organon of Medicine*, 3.

11. Jousset, "On the Accuracy and Fidelity of the *Materia Medica* of Hahnemann," 98–99.



homoeopathic practice could be, after ‘modernising’ homoeopathy with the latest scientific knowledge.

It seems to us that the requirements of the student in this department are as follows:—First, he must have an account of the pure pathogenetic effects of each drug as observed on the healthy body. These must be presented to him in their due connection and sequence, so that they may correspond to the clinical history of each disease with which a teacher of the practice of physic begins; and, as with him, the deeper changes which the physician can discover both during life and after death must be added to those which are obvious on the surface. Then should follow a commentary, which should seek to interpret the phenomena in the best light the physiology and pathology of the day affords, and should point out the applications which have been and may be made of them to the treatment of disease, with any clinical experience that has been acquired as to the sphere, subjects, and characteristics of the drug.<sup>12</sup>

The other possibility that pathology offered was to apply the principle of similars on a more fundamental level; namely, to compare the similarities of changes in tissues and organs during proving and patients. Professional homoeopaths reckoned that pathology could provide a principle by which the number of symptoms could be reduced and make diagnosis and prescription process less reliant upon subjective judgments. After all, if homoeopaths were looking for remedies which, when undiluted, could cause similar symptoms as manifested on the patients, why not look for remedies which, when undiluted, could cause similar changes in organs and tissues?<sup>13</sup>

In the 1870s, Hughes, along with other physicians and surgeons in the London Homoeopathic Hospital, started to hold the opinion that the homoeopathic prescribing method would gradually be replaced by a pathological one. They reckoned that homoeopathy, as proposed by Hahnemann, was a transitory stage of a scientific medicine, as homoeopathy merely considered matching symptoms without further discussing the ultimate causes of diseases. Hahnemann’s proposal was a temporary practical solution due to the uncertainties in medical knowledge. As scientific

12. “Review: *Condensed Materia Medica* by C. Hering,” *The British Journal of Homoeopathy* 35, no. 139 (July 1877): 268.

13. Richard Hughes, “Introductory Discourse to a Course of Lectures on *Materia Medica* and Therapeutics, delivered at the London Homoeopathic Hospital, February 19th, 1875,” *Monthly Homoeopathic Review* 20, no. 3 (March 1875): 150–151.

knowledge regarding diseases progressed, homoeopathy would gradually be replaced by another scientific principle accordingly.

I quite admit that there is many a *terra incognita* as yet in disease, and many a case which as yet we can treat only symptomatically. I am most thankful that the law of similars enables us to fit drug to disease, even when we are unable to say what the phenomena of either mean. But not the less do I reckon the other mode [the pathological] of applying the law as the more satisfying, and, in most hands, successful; and believe that a scientific pharmaco-dynamics, linked to a scientific pathology by the band of the Homoeopathic method, will constitute the therapeutics of the future.<sup>14</sup>

In his presidential address during the annual British Homoeopathic Congress in Leeds in 1880, Yeldham further warned that without applying knowledge gained in pathology, homoeopathy, as suggested by Hahnemann, would be too cumbersome for one to put into practice. In other words, if one practises homoeopathy by considering the symptoms alone, without considering the internal organic changes, then

the accumulation of symptoms that distinguishes homoeopathy, is the natural outcome; for, as every disease, under different circumstances, whilst retaining its essential nature, evinces almost endless combinations of symptoms, it follows that, so long as every variation in, or new combination of, these symptoms is regarded as a new disease requiring a new remedy, and the selection of the remedy is determined by mere collation of symptoms, so long a vast array of these must remain an indispensable necessity.<sup>15</sup>

From the perspective of pathology, symptoms were no longer inexplicable subjective feelings, but indicators of “structural changes going on in the different tissues and organs of the body.”<sup>16</sup> For Yeldham, pathology would transform homoeopathy from “prescribing for a chain of baseless symptoms,” to understanding “the *fons*

14. “Hughes’ Manual of Pharmacodynamics,” *United States Medical Investigator* 12 (1876): 408.

15. Yeldham, “On the Pursuit of Certainty in Medicine,” The Presidential Address delivered at the meeting of the British Homoeopathic Congress held at Leeds, Sep. 9th, 1880, *Monthly Homoeopathic Review* 24, no. 10 (October 1880): 587–588.

16. *Ibid.*, 588.

*et origo*” of symptoms. Homoeopaths can therefore “instead of treating the twigs and branches of a malady, [...] strike directly at its root.”<sup>17</sup>

#### 7.1.4 Activities of social creativity to justify the use of pathology

As the founder of homoeopathy was notoriously against the use of pathology, activities of social creativity were needed to justify the introduction of pathology into the existing tradition of the social identity of homoeopathy. Hahnemann’s objection was largely resolved by a progressive view of science. In 1879, in his lecture on “Comparative Materia Medica,” delivered at the London School of Homoeopathy, Hughes expressed his gratitude towards Hahnemann, who prevented homoeopathy from involving itself with “immature pathology.”

[...] we are indebted to Hahnemann, not only for what he did, but also for what he refrained from doing. We have to thank him for restraining pathology from premature speculation to simple observation of phenomena, and for developing pharmacology after the same method, as well as for establishing the body of union between these two sciences, which should enable them to bring forth the desired offspring—therapeutic.<sup>18</sup>

And when pathology had finally ‘become progressive’ enough then homoeopathy could utilise it. Therefore Yeldham acknowledged that “it was impossible permanently to exclude pathology from its legitimate influence in medical science.”<sup>19</sup> If homoeopathy wanted to progress, then the incorporation of pathology was inevitable; “without the light of pathology, diagnosis becomes a farce, prognosis an impossibility, and therapeutics little better than a craft.”<sup>20</sup>

17. Ibid., 588–589.

18. Richard Hughes, “Comparative Materia Medica,” An Introductory Lecture to a course on this subject, delivered at the London School of Homoeopathy, May 6th, 1879, *Monthly Homoeopathic Review* 23 (June 1879): 348–349.

19. Yeldham, “On the Pursuit of Certainty in Medicine,” 588.

20. Ibid.

## 7.2 Organopathy and the idea of specific drug

*Organopathy* was a new way to apply homoeopathic principles promoted firstly by William Sharp (1805–1896) in his essay *Organopathy* in 1867.<sup>21</sup> The English surgeon was active in promoting science to the public, and is credited with putting science on the curricula of British public schools. He was the first science teacher in a British public school.<sup>22</sup> Homoeopathy was part of Sharp’s scheme in promoting science. He published over sixty papers and pamphlets in promoting the new medical system both to the public and in homoeopathic journals.

The homoeopathy Sharp advocated was a rational and practical approach. Sharp emphasised that homoeopathy “*is a practical fact*,” it was based upon experiments and the only way to verify it is through experiments.

It is not a speculative theory to be reasoned upon in the closet, but a fact to be observed at the bedside; it is no metaphysical subject, to be logically shown by *á priori* reasoning to be absurd.<sup>23</sup>

Sharp’s empirical homoeopathy was also a system for liberating medical practitioners from the ‘irrational’ control of the authority;

it is no piece of presumption and impudence to be put down “by authority,” as the council of our Royal College of Surgeons happily acknowledges; it is a fact to be examined, like the statement of any other fact, *upon evidence*.<sup>24</sup>

In practice, Sharp’s homoeopathy was different from Hahnemann’s original proposal. While Hahnemann proposed homoeopathy as a medical system and spent his later years researching the effects of doses, Sharp claimed that homoeopathy “*is a guide*

21. Sharp nevertheless is not the first homoeopath to advocate this idea. Johann Gottfried Rademacher (1772–1849), a German homoeopath, also a contemporary of Hahnemann, conceived a more sophisticated version of Sharp’s idea. Rademacher’s inspiration came from Paracelsus. He and his students recognised two categories of diseases: *Organheilmittel*, affecting only certain organs, and *Universalheilmittel*, affecting whole body. Rademacher’s theory is still influential among French homoeopaths today. “Review: *Organopathy, or Medical Progress. An Essay* by William Sharp,” *The British Journal of Homoeopathy* 26, no. 104 (1868): 317.

22. *Oxford Dictionary of National Biography*, s.v. “Sharp, William.”

23. William Sharp, *Tracts on Homoeopathy: What is Homoeopathy?* 6th ed. (New York: William Radde, 1865), 10.

24. *Ibid.*

*in the choice of the medicine, not of the dose.*"<sup>25</sup> It is therefore not equivalent to "the infinitesimal dose,"<sup>26</sup> as Hahnemann advocated in his *Chronic Diseases*. Sharp further argued against Hahnemann that as homoeopathy was a guiding principle in choosing remedies, it did not contradict other scientific disciplines. Rather, "[i]t leaves Anatomy, Physiology, Chemistry &c., unaffected."<sup>27</sup>

The theory which Sharp attempted to combine homoeopathy and other scientific disciplines was *Organopathy*. According to Sharp, this method made good use of the advancements in pathology and physiology to improve the "vague, uncertain" homoeopathy as proposed by Hahnemann.<sup>28</sup> Cosmologically, Sharp presented a localised vis-a-vis a holistic view of how diseases affect the body. In this new system, all diseases and drugs have a primary "seat" of actions, which is an organ. By focusing on the organ where a disease or drug has the most effect during treatments or provings, a homoeopath can quickly find the right remedies. Sharp admitted that the difficult task of applying homoeopathy in actual practice was the main motivation for a new system. According to Hahnemann, a homoeopath has to choose a remedy that fits all the symptoms manifested on a patient from a *materia medica* with often a few hundred, sometimes over a thousand symptoms, listed under one remedy. Sharp remarked that "[i]t seems to me impossible to prescribe medicines at all, either according to the practice of the old school or to that of the new, except by taking advantage of the partial or local effects produced by all drugs."<sup>29</sup>

Sharp pointed out two distinct advantages of his system over Hahnemann's. First is the precision of organopathy in contrast to the generality of Hahnemann's.

In Hahnemann's *Materia Medica Pura*, symptoms are put down as belonging to every organ, and produced by every drug. He has overlooked this very obvious property of drugs, and has attributed to them a sort of general or universal action.<sup>30</sup>

Second is to stop the accumulation of, what Sharp reckoned, "useless symptoms."<sup>31</sup> The numerous symptoms recorded during provings, the number ranging from a

25. *Ibid.*, 15.

26. *Ibid.*, 8.

27. *Ibid.*, 19.

28. "Review: *Organopathy, or Medical Progress. An Essay* by William Sharp," 325.

29. *Ibid.*, 322.

30. *Ibid.*

31. *Ibid.*

few hundred to more than a thousand for each drug, “increases the labour of prescribing, and the perplexity attending the selection of a remedy.”<sup>32</sup> Sharp recommended that hundreds of recorded symptoms might be blotted out as useless according to the new scheme. Furthermore, for medical men skilled in pathology and physiology, “the toil and difficulty of prescribing is greatly diminished.”<sup>33</sup> The organopathy materia medica, as envisioned by Sharp, is therefore much simpler comparing to the *Materia Medica Pura*. For example, a physician could simply understand *Gold* for diseases affecting the brain and the bones; *Silver* for the joints, their ligaments and cartilages, and *Copper* for the muscles, producing cramps and convulsions.<sup>34</sup>

### 7.2.1 Different receptions before and after 1875

Sharp’s organopathy was not well-received in the late 1860s. Firstly, Sharp’s endeavour to popularise science and homoeopathy did not agree with the BHS’ elitist stance. Both the BHS and the *BJH* denied Sharp as a qualified member of professional homoeopathy. The editor of the *BJH* called Sharp a “popular exponent of homoeopathy.”<sup>35</sup> Sharp’s pick-and-choose approach towards homoeopathic literature was considered to show his unfamiliarity with it. Although well-versed in Hahnemann’s *Organon* and *Materia Medica Pura*, Sharp was seen to be “ignorant” with the writings by Hahnemann’s later students, which were considered part of homoeopathic literature by the *BJH*.<sup>36</sup> The reviewer pointed out that a similar idea was proposed by Paracelsus in the 16th century, and therefore Sharp’s medical system could not be considered “progressive” as the title of his pamphlet suggests. Secondly, Sharp’s localised view of disease and drug actions was not favoured by the *BJH*, which still supported a more holistic view of disease in the late 1860s. The reviewers of Sharp’s *Organopathy* argued that most diseases affect the whole body, and the pathological processes at different organs cannot be separate from each other. Therefore, a “seat” of disease or drug action is merely a theoretical hypothesis.

[A]fter all, your opinion as to the seat of the disease is hypothetical,  
and your conclusion as to the organ or organs acted on by the medicine  
is also hypothetical, and the chances are that you are wrong in both

32. “Review: *Organopathy, or Medical Progress. An Essay* by William Sharp,” 322.

33. Ibid.

34. William Sharp, “The Cure of Disease by Medicines,” *Monthly Homoeopathic Review* 25, no. 8 (1881): 453–464.

35. “Review: *Organopathy, or Medical Progress. An Essay* by William Sharp,” 316.

36. Ibid., 316–319.

cases. In abandoning homoeopathy for organopathy you are giving up a steady guiding light, which would lead you with the greatest possible certainty to the right remedy, for a mere *ignis fatuus* of a hypothesis which will most undoubtedly land you in a quagmire of difficulty and doubt.<sup>37</sup>

The editor was rightly aware that in adopting Sharp's idea, one would "discard all the labours of Hahnemann and his illustrious disciples."<sup>38</sup> Such was the behaviour of an ignorant popular exponent of homoeopathy!

The criticism towards Sharp's organopathy, nevertheless, was turned around in less than ten years among the professional homoeopaths. Sharp's association with populist movement and misinterpretations of Hahnemann's theory did not bother the orthodox professional homoeopaths any more. Instead, his appeal to combine other scientific disciplines with homoeopathy was welcomed. In a lecture delivered at the London Homoeopathic Hospital in 1875, William Bayes (1823–1882), a prominent homoeopath who was also a member of the Royal Colleges of Physicians and Surgeons, recommended Sharp's essays, many of which were written for the public, as the most complete introduction to homoeopathy, to enthusiastic homoeopathic students.<sup>39</sup> The lecture was reprinted in the *BJH*, which was previously critical about the "popular exponent of homoeopathy."<sup>40</sup> In the same series of lectures at the Hospital, which then served as the only official means for homoeopathic education in Britain, Hughes expressed his late acknowledgement of Sharp's contribution to homoeopathic knowledge. "We are, in this country, much indebted to Dr. Sharp for his insistence on the truth of the local action of drugs."<sup>41</sup> Sharp's articles appeared in professional homoeopathic journals advocating organopathy until at least 1880, in which he continued to advocate reforming homoeopathy with the knowledge gained in anatomy, physiology, pathology, botany, mechanics and chemistry.<sup>42</sup> Sharp's idea was vehemently debated during the reform of the homoeopathic materia medica.

37. Ibid., 321.

38. Ibid., 323.

39. William Bayes, "How Best to Study Homoeopathy, Introductory Lecture delivered at the London Homoeopathic Hospital," *The British Journal of Homoeopathy* 34, no. 1 (January 1876): 95–97.

40. Ibid.

41. William Sharp, "The Action of Drugs in Disease," *Monthly Homoeopathic Review* 24, no. 9 (1880): 521.

42. Sharp, "The Action of Drugs in Disease"; Sharp, "The Cure of Disease by Medicines."

### 7.2.2 In search for specific drugs

Moreover, Sharp's organopathy gave another possible answer to Hahnemann's quest for *specific drugs*. Specific medicine was the ultimate quest for certainties and precisions in medical treatment. In Hahnemann's original proposal, for each morbid state exhibited in each patient, a practitioner would have to find the exact remedy manifesting all the symptoms on healthy provers. In Hahnemann's own word, "[t]he medicine most homoeopathically corresponding is the most suitable, is the specific remedy."<sup>43</sup> The professional homoeopaths in the 1870s further envisioned specific drugs as magic bullets which would strike diseases at its very root with predictable precision.

[in] the application of remedies to disease upon the homoeopathic principle no surrogates are possible, each bullet having its own billet, and to be sent thither with the utmost attainable precision.<sup>44</sup>

### 7.2.3 Hughes' further interpretations of Organopathy and Specific drugs

This new concept of a specific drug, like other new turns in homoeopathy during the second half of the nineteenth century, required justifications if it was to be included into the identity of homoeopathy. The justifications were urgently needed as the concept of a specific drug suffered criticism from the self-proclaimed strict followers of Hahnemann. In his lecture on 'Comparative Materia Medica,' Hughes specifically discusses that Hahnemann proposed a similar idea in his original writings.

In the former text, of connecting medicines with maladies, we have no inconsiderable help from Hahnemann himself. In his "Examination of the Sources of the Common Materia Medica," [...] he specifies in a note *belladonna* for smooth scarlet fever, *aconite* and *coffea* for purpura miliaris, *spongia* and *hepar sulphuris* for croup, *drosera* for whooping-cough, and *mercurius corrosivus* for dysentery. In his treatise on *Chronic Diseases*, he recommends mercury as the great (to him it seems to

43. Hahnemann, *Organon of Medicine*, 130–131.

44. Hughes, "Comparative Materia Medica," 342.



have been the only) remedy for syphilis, and *thuja* and *nitric acid* for sycosis.<sup>45</sup>

Organopathy and the concept of specific drug, went hand-in-hand with potential new classifications of diseases and remedies. Hughes warned that homoeopathy could not turn itself away from the scientific trend to classify chemical substances and diseases.

[...] it is impossible that pharmacodynamics can form an exception to all other sciences in admitting of no classification of its subjects [...] In thus indicating the special need which calls for a classification of medicines.<sup>46</sup>

Naturally, Hughes proposed to classify remedies according to the specific organs and tissues on which they had primary effects.

For this we want groups of drugs arranged according to their ascertained relation to certain diathetic derangements and miasmatic poisonings, or according to their action on certain tissues or organs. The former arrangement is applicable when we have to deal with general, the latter when with local diseases.<sup>47</sup>

In this proposal Hughes did not only propose a new way of classifying drugs but also a new system of disease classification. A disease is firstly classified according to its general symptoms and secondly according to its seats of actions. It is worth noticing that Hughes did not use “general symptoms” as in the same way as modern homoeopaths. In Kent’s repertory, “general symptoms” implied those symptoms not associated with any particular diseases or locations, while Hughes simply implied symptoms with no specific locations. In this lecture, Hughes held that general symptoms could relate to certain diseases and we could find remedies to cure certain diseases. Namely, the classification of remedies depends on the classification of diseases, which in this case is a fixed collection of symptoms.

Even before his famous series of lectures on materia medica, delivered in the London School of Homoeopathy, Hughes already in 1875 suggested abandoning the old

45. Ibid., 343–344.

46. Ibid., 342.

47. Ibid., 343.

way of learning *materia medica*, instead, using knowledge in pathogenesis to make numerous symptoms manageable in daily practice. He declared that

[m]y main object will be to set forth the *sphere of action* of each medicine. Every medicine, even though it be one of those great polychrests which seem to embrace nearly the whole organism within the circle of their influences, has one or more centres of action. What these centres are we learn, sometimes from the pathogenetic, sometimes from the clinical side.<sup>48</sup>

According to the primary seats of action, Hughes further distinguished primary symptoms from secondary symptoms. As that

[e]ach medicine seems to affect more or less every organ or function of the body; but from the clinical experience we learn which are the primary seats of its influence, and which the merely subordinate and sympathetic.<sup>49</sup>

Hughes concluded his lecture with his vision of an ideal new homoeopathic *Materia Medica*.

[...] the pathogenesis of every medicine must be arranged in schema form for our purposes, and the only change to be desiderated is the improvement of the arrangement. [...] The only knowledge required would be the whereabouts of the pathogeneses; the only faculty to be exercised upon them would be that of memory, and even this would be superseded by the employment of the indices we call repertories.<sup>50</sup>

This changing opinion of Sharp's organopathy illustrates two possible changes among professional homoeopaths after the late 1860s. First is the shift from a holistic view of disease to a more localised one, which entails a conscious departure among professional homoeopaths from accepting every part of Hahnemann's theory as valid knowledge for homoeopathic tradition. Second is that the BHS policy

48. Hughes, "Introductory Discourse to a Course of Lectures on *Materia Medica* and Therapeutics," 152.

49. Ibid.

50. Ibid., 150.

in maintaining the elitist status of homoeopathy within the profession had been gradually weakened by some of its members embracing populist homoeopaths as their colleagues. As they dreamed about the discoveries of remedies which cure precisely certain diseases, professional homoeopaths in the nineteenth century probably shared more in common with orthodox physicians today than with their homoeopathic colleagues. The professional homoeopaths identified themselves less as the elites within the medical profession and the boundary between professional and populist homoeopaths was blurred.

### 7.3 Further divide amongst professional homoeopaths: the Hahnemannians

As I have shown, the above trends of combining homoeopathy with other scientific disciplines were often departures from Hahnemann's original stance and required justifications and activities of social creativity to incorporate them into homoeopathic identity. These reinterpretations of Hahnemann's view to accommodate other scientific theories further divided professional homoeopathy after the 1860s. The 'Hahnemannians,' as the self-claimed title suggests, claimed to be the true followers of Hahnemann's original teachings. The opinions of the Hahnemannians were silenced by the forming of an orthodox, scientific and pragmatic approach towards homoeopathy. Between 1878 and 1879 a quarterly journal, the *Organon*, was published to communicate different opinions regarding the development of the LSH and scientific reform of homoeopathy. The joint editorship constituted of the British homoeopaths Thomas Skinner (1825–1906) and Edward William Berridge (1844–1920), and American homoeopaths Adolph Lippe (1812–1888) and Samuel Swan (1771–1844). The journal *Organon* challenged the trends of improving, or even replacing, homoeopathy with other scientific disciplines, and appealed for returning to Hahnemann's original teachings.

[...] no one has the right to call himself a Homoeopathician who does not firmly believe in all Hahnemann's practical rules, and strive in every case to carry them out to the best of his ability; and it would seem only consistent that the name of Homoeopathy should not be appropriated to any other system than that to which Hahnemann gave

it.<sup>51</sup>

As a primary source, the quarterly journal *Organon* has not been used by previous researchers. Only Nicholls briefly mentions it.<sup>52</sup> The neglect of this source led to the representation that professional homoeopathy was a homogeneous social group in Britain.

It is beyond the scope of this study to analyse in details the Hahnemannians' theory: as a minority group they did not make significant impact on professional homoeopathy in Britain.<sup>53</sup> Nevertheless, an overview of their world-view and science are necessary to understand against what orthodox professional homoeopaths were drawing their boundary and social identity. Generally speaking, the Hahnemannians are the fundamentalists and conservatives when it comes to science. They argued that Hahnemann's authority was more trustworthy than fashions in medical theories. And "the *Organon* is our Text-Book; in practical matters it must be looked upon as an authority by the faithful healer; it should be well studied, and will serve us as a guide if it is well understood."<sup>54</sup> New medical theories were merely intellectual trends that sooner or later would fade away. They do not qualify to serve as a lasting prescribing principle. This attitude marks the watershed between the fundamentalists Hahnemannians and progressive orthodox professional homoeopaths. The Hahnemannians lamented that "Hahnemann's fundamental rules are daily violated by those who falsely call themselves his disciples."<sup>55</sup> In the *Introductory Address* of the *Organon*, the editors clearly showed their distinction between *theory* and *fact* when criticising the new trends within homoeopathy.

[...] the Pathological School prefer to select their remedies according to the *theory* which each may happen to hold concerning the nature of the diseases and the action of the remedy, while the Homoeopathic School select their remedies according to the *facts* (symptoms) observed in each individual case.<sup>56</sup>

51. "Introductory Address," 2.

52. Nicholls, *Homoeopathy and the Medical Profession*, 185.

53. In contrast, the Hahnemannians' had influential presence in America. The controversies between high potency and low potency prescribers constitute the major theme of American homoeopathy. The British Hahnemannians, on the other hand, became influential after the twentieth century. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, 328–401.

54. A. D. Lippe, "The First Paragraph of "The Organon of the Healing Art," by Samuel Hahnemann, as an Introduction to this Medical Journal," *The Organon* 1 (1 1878): 20.

55. "Introductory Address," 2.

56. *Ibid.*, 3–4.

Based upon this view of science, the editors reckoned that pathology, morbid anatomy and organopathy were three harmful trends within professional homoeopathy.<sup>57</sup>

They correctly pointed out that these new trends clothed homoeopathic laws “with the livery of Allopathic theorizing.”<sup>58</sup>

The Hahnemannians were also against the elitist and exclusive policy of the BHS. The editors announced that the journal was not solely published for the medical profession, but also for laymen.

Some of the Anti-Hahnemannians, as we are aware, are averse to this; they do not like the public to know too much, and object to discussions on true and falso Homoeopathy in the daily press.<sup>59</sup>

However, to what extent that the Hahnemannians truly followed Hahnemann’s teaching is worth some discussion. As we have noted before Hahnemann developed new theories over a course of thirty years. The Hahnemannians freely referred to Hahnemann’s works from different time periods to justify their arguments. According to the *Organon*, Hahnemann’s homoeopathy consisted of three essential elements: the law of similars, the law of the single remedy, and the law of the dynamisation of medicines.<sup>60</sup> While the first two were already mentioned in the first edition of the *Organon*, the theory of dynamisation did not appear until the fifth edition (see previous chapter). In contrast to the orthodox professional homoeopaths, who refuted Hahnemann’s later theories, the editors of the *Organon* reckoned that Hahnemann had improved homoeopathy as he aged. The *Organon* therefore advocated the practice of highly-diluted remedies, the theory of psora as causes of diseases, and the idea of vital force. Ironically, it would take too much time to make these high-diluted remedies if following Hahnemann’s original instructions strictly. Skinner therefore invented the Skinner Centesimal Fluxion Potentizer to speed up the process of making highly-diluted remedies.<sup>61</sup> The *Organon* also offered space for provings on highly-diluted remedies, which were rejected by other professional homoeopathic journals. Berridge argued that compared to provings of low-potency remedies, highly-diluted remedies would produce many more meaningful

57. Ibid.

58. Hahnemann, *Organon of Medicine*, 3.

59. Ibid., 18.

60. Ibid., 2.

61. Skinner, “Dr. Skinner’s Centesimal Fluxion Potentizer,” The machine can make 50 centesimal potencies per minute, 3,000 per hour, 72,000 per day, 100,000 in about thirty-three hours, and the M m., or millionth, in three hundred and thirty hours, or about fourteen days and a half, running night and day.

symptoms. He took the twenty-first potency of Coca for ninety days in 1867. This proving was ridiculed by some “pseudo-homoeopaths,” but was published in the *Organon*.<sup>62</sup>

The Hahnemannians were probably influenced more by the Swedenborgians in America rather than Hahnemann himself.<sup>63</sup> Although stressing the importance of following Hahnemann’s teaching strictly, neither Skinner nor Berridge studied homoeopathy directly from Hahnemann’s students. Instead, they learned the art in America, and graduated from the New York Homoeopathic Medical College in 1877 and the Homoeopathic College of Pennsylvania in 1869 respectively. Their approach towards homoeopathy reminds one of the belligerent and religious high-potency homoeopaths in America.<sup>64</sup>

Nicholls argues that high-potency prescribers’ approach was a result of their ‘metaphysical’ cosmology. However I argue that although many American high-potency prescribers were also Swedenborgians,<sup>65</sup> this is not always the case in Britain. Berridge, one of the editors of the *Organon*, later joined the magical society Golden Dawn. Nevertheless, another prominent homoeopath, George Wyld, was once the President of the Theosophical Society, but at the same time advocated a scientific homoeopathy. He preferred low-potency remedies and developed the first calf lymph vaccine in Britain. This suggests that, at least in Britain, a homoeopath’s connection with the ‘metaphysical’ did not always lead to an unscientific view of homoeopathy.

## 7.4 Summary

In this chapter I have discussed how professional homoeopaths ‘re-invented’ Hahnemann’s homoeopathy to justify their incorporation of different ideas of science with homoeopathy. The result was the co-existence of different homoeopathies even amongst professional homoeopaths. These different ideas of science and practice further divided professional homoeopaths into the orthodox and the Hahnemannians, with the former deliberately excommunicating the latter in professional homoeopathic journals. Overall, the

62. Edward Berridge, “Notes on Erythroxyton Coca,” *The Organon* 1 (3 1878): 262.

63. Morrell and Campbell argue that the high-potency prescribing habit of British homoeopaths was influenced by James Tyler Kent, an American Swedenborgian and homoeopath. Morrell, “Kent’s Influence on British Homeopathy”; Anthony Campbell, “The origins of classical homoeopathy?” *Complementary Therapies in Medicine* 7, no. 2 (1999): 76–82.

64. Coulter, *Divided Legacy: A History of Schism in Medical Thought*, 101–119.

65. Haller, *Swedenborg, Mesmer, and the Mind / Body Connection: The Roots of Complementary Medicine*, 188–224.

professional homoeopathy in Britain, including both the orthodox and the Hahnemannians, marked significant departures from Hahnemann's original proposal after the 1860s. In the next chapter, I will discuss how the orthodox professional homoeopaths institutionalised their version of homoeopathy into homoeopathic literature through reforming one of the most important homoeopathic literature: the homoeopathic materia medica.





## Chapter 8

# The Institutionalisation of Orthodox Professional Homoeopathy and the Reform of Homoeopathic Materia Medica

In this chapter I will examine how orthodox professional homoeopaths' idea of science was institutionalised in the form of a new homoeopathic materia medica. From the 1860s onwards, orthodox professional homoeopaths acknowledged the importance of establishing 'homoeopathy' as 'scientific' and 'professional' against the populist homoeopathy. The lack of reliable homoeopathic literature to support this 'homoeopathy' impeded the acceptance within the medical profession. Holding different ideas of science from Hahnemann and equipping themselves with the latest development in medicine, these homoeopaths considered the reform of Hahnemann's *Materia Medica Pura* an urgent issue. After extensive discussions about the reliability of Hahnemann's original work, and the schema of the new materia medica, a separate new homoeopathic materia medica was published, alongside a translation of Hahnemann's original works. This result marks an important milestone of a new homoeopathic tradition, through the de-institutionalisation of Hahnemann's authority, and the institutionalisation of the ideal of orthodox professional homoeopaths. This new orthodox professional homoeopathy shared a similar idea of science with other prominent medical practitioners, than with Hahnemann's original theories.

My approach is different from the previous two studies on historical homoeopathic materia medica by Coulter and Brierley-Jones. I see the reform of homoeopathic

materia medica as an important part of a changing social identity. Therefore I focus on how the reform broke from the previous tradition, and what kind of new tradition it institutionalised. Coulter's study on materia medica suggests that the changes in homoeopathic materia medica also had a significant impact on allopathic practice. He showed that the boundary between homoeopathy and allopathy was flexible and fluid in the nineteenth century. Remedies in homoeopathic materia medica were gradually incorporated into allopathic practice in the nineteenth century, but not the other way round.<sup>1</sup> Brierley-Jones recognises there were extensive discussions about reforming homoeopathic materia medica in America and Britain. She observes interesting similarities and differences in the information included and discarded in homoeopathic materia medica between American and British ones.<sup>2</sup> Unfortunately, Brierley-Jones' view that British homoeopathy in the nineteenth century was a unified body prevented her from understanding the influences of intra-group conflicts on the reform.<sup>3</sup> Moreover, both Coulter and Brierley-Jones' major focus is on American homoeopathy. Coulter does not differentiate between American and British homoeopathies, and Brierley-Jones admits that further study is required to confirm the impacts of allopathic barring on the reform of homoeopathic materia medica.<sup>4</sup> This chapter therefore will hopefully address the particular changes and reforms that happened in British homoeopathy.

## 8.1 Homoeopathic materia medica as an important part of the homoeopathic identity

Most previous studies on historical homoeopathic literature focus on the changes in the *Organon*, as it outlines the theoretical foundation of homoeopathy.<sup>5</sup> I argue that to most British homoeopaths in the nineteenth century, homoeopathic materia medica played a much more important role than the *Organon* in their daily practice, and therefore in shaping their social identity as a homoeopath. In actual practice, theoretically, a homoeopath would try to match the symptoms of his patient to

1. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*.

2. Brierley-Jones, "How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920," 107–113.

3. *Ibid.*, 124.

4. *Ibid.*, 113.

5. Jerome Whitney, "The Evolution of the *Organon*," *Homoeopathy in Practice* (Spring), 18–23.

one particular remedy, and hence a homoeopathic materia medica and a homoeopathic repertory (an index of symptoms with matching remedies) are indispensable in actual practice. A homoeopath does not need to be well-versed in the *Organon*, but without knowledge in homoeopathic materia medica the practice would be impossible. Domestic homoeopathic manuals do not discuss the *Organon*. Even professional homoeopathic journals the *BJH* and the *MHR*, rarely translated or discussed passages from the *Organon*. At least half of their pages were filled with provings done in abroad or Britain. The London School of Homoeopathy, an important educational initiative during the second half of the nineteenth century, did not include the *Organon* in their lecture series, while a specific series of lectures were dedicated to the study of materia medica (see Part III). In an American homoeopathic college, the study of materia medica usually consisted of a three-year course for a full-time medical student.<sup>6</sup>

The homoeopathic materia medica is a collection of the records of provings. For homoeopaths in the nineteenth century, it was these provings that made homoeopathy stand out amongst other therapeutic approaches as a “verified,” and “proved” science. For many professional homoeopaths, homoeopathy’s main contribution towards medicine was the verification and testing of prevalent remedies; namely, “the knowledge of the pathogenetic action of drugs by provings.”<sup>7</sup> Homoeopathic materia medica thus gave medical practitioners reliable tools in their daily practice. It is based on carefully selected subjects for provings, on a particular principle and method, and on first-hand observations. These distinguished homoeopathic materia medica from previous ones which consisted of unverified information gathered through various methods.

### 8.1.1 The origins of homoeopathy and materia medica

In fact, in some way one can say homoeopathy first evolved out of Hahnemann’s attempt to verify William Cullen’s *A Treatise of Materia Medica*.<sup>8</sup> In 1790 Hahnemann

6. Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia*.

7. Hughes, “Introductory Discourse to a Course of Lectures on Materia Medica and Therapeutics,” 147.

8. The *Treatise* is an extensively revised version of Cullen’s lectures on materia medica at the University of Edinburgh, published in 1789. Cullen is not generally considered an original thinker amongst scholars, but his sympathetic awareness of students’ needs made him “possibly the most significant in eighteenth-century British medical education.” Apparently Cullen’s fame had spread from Britain to Germany in the late eighteenth century. J K Crellin, “William Cullen: His

had given up medical practice and focused on translation.<sup>9</sup> He came across Cullen's work. Cullen stated that Peruvian bark, or chinchona, in its purified form, quinine, was a good treatment for malaria due to its astringent properties. Hahnemann doubted Cullen's explanation of the reason for the therapeutic effects of quinine, and decided to experience the properties of the drug himself. After taking quinine for a few days, Hahnemann surprisingly found that he was going through symptoms typically described as malaria. Based upon this experience, Hahnemann came up with the initial idea of the law of similars.

Cullen's empiricist and progressive approach towards materia medica also influenced the developments of homoeopathy.<sup>10</sup> Cullen criticised the materia medica during his time as "a collection of errors and falsehoods."<sup>11</sup> In order to make the materia medica more systematic, Cullen applied Linnaeus' classification to systematise the old, recipe-style materia medica of the seventeenth century. As a professor of chemistry in Edinburgh from 1756 to 1766, Cullen endeavoured to discover chemical properties in medical substances to draw generalisations from them. Cullen's ambition to have a systematic "new medical science" seems to reflect Hahnemann's efforts in making homoeopathy systematic and generalised. He first established a principle; the law of similars, then ascribed the method of medical trial: provings.<sup>12</sup> Cullen criticised the doctrine of signatures for it was not based on facts but on speculations. Cullen stressed that it is important to establish knowledge out of facts and this attitude was also reflected in Hahnemann's methods on proving, that all the records in the homoeopathic materia medica should be based on observations rather than speculations.<sup>13</sup>

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Calibre as a Teacher, and an Unpublished Introduction to His A Treatise on the Materia Medica, London, 1773," *Medical History* 15, no. 1 (January 1971): 79.

9. Hahnemann claimed that he gave up medical practice due to disappointment of then regular medical practice. Most historians agreed with Hahnemann's self-described motivation. Waisse Priven, however, suspected that Hahnemann turned to translation as it brought a brighter financial outlook. Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*, 53–76.

10. One of Hahnemann's biographers, James Compton Burnett (1840–1901), suggested that more importance should be given to Cullen's influence on Homoeopathic Materia Medica, Burnett, *Ecce Medicus*, 53.

11. Ibid.

12. It was suggested that Cullen's pursuit of a "new medical science" might not be original amongst his contemporaries. Various attempts had been made in the late eighteenth century to make certain academic disciplines more systematic by generalisation and systemisation. For further details, see Crellin, "William Cullen: His Calibre as a Teacher, and an Unpublished Introduction to His A Treatise on the Materia Medica, London, 1773," 80.

13. For more details of how Cullen's Materia Medica is different from his predecessors, see C. E. Kerr, I Milne, and T. J. Kaptchuk, "William Cullen and a Missing Mind-body Link in the Early History of Placebos," *Journal of the Royal Society of Medicine* 101, no. 2 (February 2008):

### 8.1.2 Hahnemann's *materia medicas*

The first homoeopathic *materia medica*, *Materia Medica Pura* was published by Hahnemann in six volumes between 1811 and 1827. It was named the “pure” *materia medica* to emphasis that it only contained verified information. As Hahnemann stated his ideal for a *materia medica*,

From such a *Materia Medica* everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated.<sup>14</sup>

*Materia Medica Pura* was the record of experiments Hahnemann conducted on healthy subjects based on the law of similars. It included sixty-one medicines and thirty-seven provers. In 1828, Hahnemann further developed his theory of the causes of chronic diseases and subsequently published the *Chronic Diseases*. During the 1830s, *Chronic Diseases* was republished together with a compilation of provings in five volumes, including forty-six medicines.

However, having discussed the importance of homoeopathic *materia medica* to homoeopathic practice, it is surprising that by the 1860s, more than thirty years after homoeopathy was introduced into Britain, there was little information about homoeopathic *materia medica*. By the 1860s, the homoeopathic *materia medica* available in Britain consisted of: (1) fragmentary translations of the *Materia Medica Pura* published in mainly the *BJH*, (2) provings conducted by some famous proving societies published in the *MHR*, and (3) a handful of remedy directories compiled and translated from German mainly for domestic use. Hahnemann's *Materia Medica Pura* was not translated by Dudgeon until 1880 with annotations from Hughes. The English version of the *Chronic Diseases* only appeared in 1904. Hughes, the principle advocate for reforms in homoeopathic *materia medica* in Britain, commented that the homoeopathic *materia medica* “lies scattered in books and journals innumerable, and is inaccessible in its entirety to the ordinary student and practitioner.”<sup>15</sup> This situation raises the question of to what extent homoeopathic practice in Britain was based upon Hahnemann's teaching.

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89–92.

14. Hahnemann, *Organon of Medicine*, 144.

15. *A Cyclopaedia of Drug Pathogenesis* (London: Gould & Son, 1886), viii.

### 8.1.3 The need for reforms about homoeopathic materia medica

The lack of reliable homoeopathic knowledge and consequently diverse homoeopathic practices led to discussions about the publication and translation of important homoeopathic literature amongst professional homoeopaths. From the 1870s onwards, several attempts had been made in this regard, mostly done by American homoeopaths: Constantine Hering's *Guiding Symptoms of Our Materia Medica* (1874–1880), Timothy F. Allen's *Encyclopaedia of Pure Materia Medica* (1874–1879), and finally James Tyler Kent's *Lectures of Materia Medica* (1899). The only British endeavour was Richard Hughes' *A Cyclopaedia of Drug Pathogenesis* (1885–1891). I will particularly look at Hughes' work later.

These works shared the objective to publish an all-in-one homoeopathic materia medica which includes not only Hahnemann's provings but also provings conducted by others. The most ambitious work was Allen's *Encyclopaedia*, which attempted to include *all* the provings that had been conducted and reported. It was published in ten volumes between 1875 and 1879. Hughes was the only British contributor to the *Encyclopaedia*. However, his involvement led him to the conclusion that Allen's work is "untrustworthy," for it included all the provings without discrimination and there was a large number of incorrect translations.<sup>16</sup>

## 8.2 Homoeopathic influences on the general materia medica

For British orthodox professional homoeopaths, their relationship with the medical profession offered other reasons to reform the homoeopathic materia medica. Firstly they considered that homoeopathic materia medica did not only belong to homoeopaths, but also to other medical practitioners. It could function as a boundary object between homoeopaths and allopaths and eventually led to the acceptance of homoeopathy amongst the medical practitioners. Coulter's study shows that there were plenty of instances when allopathic materia medica "borrowed" information from the homoeopathic ones.<sup>17</sup> What Coulter did not discuss was the process of how homoeopathic

16. *A Cyclopaedia of Drug Pathogenesis*, viii-ix.

17. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*.

remedies were incorporated into allopathic ones, and how homoeopaths responded to it. In fact, what ‘homoeopathy’ exactly was became an important issue in homoeopaths’ responses to the situation.

The professional homoeopaths in Britain pointed out that the following authors included large passages of homoeopathic remedies in their general materia medicas. Some of these materia medicas became popular amongst medical practitioners. Sydney Ringer (1835–1910) was a professor of materia medica, pharmacology and therapeutics, and the principles and practice of medicine at the University College. He was known for his fanatical approach in laboratory work.<sup>18</sup> His classic *Handbook of Therapeutics* went through thirteen editions between 1869 and 1897 and contained numerous remedies used in homoeopathy.<sup>19</sup>

Sometimes homoeopathic materia medica was incorporated into the allopathic one because of the author’s changing identity. Dr. Charles D. F. Phillips (1825–1894) was the Resident Surgeon and Physician at the Manchester Homoeopathic Hospital, along with two of his brothers.<sup>20</sup> Phillips was an active prover and author. Nevertheless, on the 15th March 1871, Phillips wrote an open letter, published in the *Lancet*, to clarify that he was not a homoeopath. He did not consider himself as a homoeopath for he did not believe in infinitesimal doses, nor did he believe that the law of similars is a universal law.<sup>21</sup> Phillips subsequently published *On the Action and Uses of Ipecacuana, Materia Medica and Therapeutics* and *Materia Medica and Therapeutics: Vegetable Kingdom, Organic Compounds, Animal Kingdom*.<sup>22</sup> Interestingly, Phillips shared the same opinion with other orthodox professional homoeopaths about homoeopathic principles. They too doubted infinitesimal doses and did not reckon the law of similars was the only universal law. The question is, shall we consider Phillips’ works on materia medica homoeopathic? Phillips would probably deny it as he did not mention homoeopathy in his works.<sup>23</sup> His works were well-received by allopaths. In 1875, the *Lancet* made a positive comment that “Dr. Phillips [...] perceive[d] that the urgent demand of the profession now is for knowledge of the action of medicines.”<sup>24</sup> The orthodox professional homoeopaths expressed different

18. “Obituary: Sydney Ringer,” *The Lancet* 176 (4549 1910): 1386–1387.

19. Alfred C. Pope, “On the Physiological Action and Therapeutic Uses of Belladonna,” *Monthly Homoeopathic Review* 29, no. 3 (March 1884): 135.

20. “Notabilia: A Renegade!” *Monthly Homoeopathic Review* 15, no. 4 (April 1871): 250.

21. “A Renegade,” *The British Journal of Homoeopathy* 29, no. 116 (April 1871): 414.

22. Charles D. F. Phillips, *Materia Medica and Therapeutics: Vegetable Kingdom, Organic Compounds, Animal Kingdom* (London: J. & A. Churchill, 1886).

23. “A Lancet’s Reviewer on Homoeopathy,” *Monthly Homoeopathic Review* 19 (3 1875): 131.

24. Ibid.

opinions. The *MHR* was not happy that Phillips did not make ‘homoeopathy’ explicit in his work. It made a bitter comment that “Dr. Phillips certainly writes confidently of the action of his medicines, but on none does he place greater reliance than on those purely homoeopathic ones, or on such as are ordinarily used on the homoeopathic principle.”<sup>25</sup> In contrast, some other orthodox professional homoeopaths, nevertheless, praised Phillips’ contribution in introducing homoeopathic remedies to allopaths.<sup>26</sup>

Another pharmacologist claimed he incorporated homoeopathic remedies by mistake, and had to defend himself against his favouritism towards homoeopathy. Sir Thomas Lauder Brunton (1844–1916) spent most of his career at the St. Bartholomew’s Hospital. His earnest investigations into pharmacology earned him the praise of “scientific investigator” by the *Lancet*.<sup>27</sup> While preparing for his later popular and controversial *A Textbook of Pharmacology, Therapeutics and Materia Medica*, which eventually published in 1885,<sup>28</sup> Brunton consulted American physician Samuel O. L. Potter’s *An Index of Comparative Therapeutics with Tables of Differential Diagnosis*. It turned out that Potter sourced his information from some homoeopathic materia medica. Brunton claimed that he incorporated homoeopathic remedies into his book without the intention.<sup>29</sup> Nevertheless, Brunton did not omit these remedies in the later editions of his *Textbook*. Brunton re-defined what ‘homoeopathy’ was and argued that he did not cross the boundary between homoeopathy and allopathy.

The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homoeopathic medicine, for this rule was known to Hippocrates, and the rule *similia similibus curantur* was recognised by him as true in some instances. But Hippocrates was not a homoeopath, and he recognised the fact that, while this rule was sometimes true, it was not invariably so.<sup>30</sup>

Ironically, Brunton’s above-explanation about ‘what homoeopathy was not’ corresponded

25. “A Lancet’s Reviewer on Homoeopathy,” 132.

26. Bayes, “How Best to Study Homoeopathy,” 78.

27. “Obituary: Sir Thomas Lauder Brunton, M.D., F.R.S.,” *The British Medical Journal* 2 (September 1916): 440–441.

28. T. Lauder Brunton, *A Text-Book of Pharmacology, Therapeutics and Materia Medica*, 3rd ed. (London: Macmillan & Co., 1887), ix.

29. Ibid.

30. Ibid., x.



to the orthodox professional homoeopaths' definition of homoeopathy (see previous chapters in Part II). Brunton's definition of homoeopathy, which claimed that the law of similar was the only valid therapeutic principle, corresponded to the Hahnemannians' belief that Hahnemann established the only valid medical system.

What has not been discussed in previous studies is how British homoeopaths and allopathic practitioners reacted to this situation. The 'blending' of homoeopathic and allopathic materia medicas were welcomed by the orthodox professional homoeopaths as well as some allopaths. This attitude can be explained by the orthodox professional homoeopaths' identification with the medical profession, and some medical practitioners' sympathy towards these homoeopaths (I will discuss further in Part III). One correspondent in the *Lancet* commented that "Drs. Ringer and Brunton have done a great deal to break down the barrier between homoeopathy and allopathy, and to ask for a calmer and juster examination of both systems, and for a discontinuance of boycotting the homoeopaths."<sup>31</sup> William Bayes (1823–1882), in his public lecture at the LHH, acclaimed that Ringer and Phillips "pave the way for the acceptance of homoeopathic teachings," and homoeopaths were equally open to and accepting of

all the discoveries which have been made by physiologists of late years, and more particularly such researches as tend to define more exactly the tracts, parts, or organs on which medicinal drugs act, and the kinds of action induced by larger or smaller doses.<sup>32</sup>

During the first International Homoeopathic Convention in 1886 in Philadelphia, John Henry Clarke (1853–1931) was glad that there were "some evidences of greater liberality towards homoeopathic practitioners on the part of the men of the old school."<sup>33</sup> And when one of the chief assistants of Brunton, Dr. Theodore Cash, was appointed to the chair of Materia Medica at Aberdeen, the *MHR* expressed "much satisfaction" as it considered the new appointment meant further homoeopathic influences on medicine.<sup>34</sup>

Nevertheless, many orthodox professional homoeopaths also recognised that it was due to pragmatic concerns that homoeopathic remedies were included in the general materia medica. While Coulter argues that homoeopathic principles meanwhile

31. "Notabilia: *The Lancet* on Homoeopathy," *Monthly Homoeopathic Review* 31 (2 1887): 120.

32. Bayes, "How Best to Study Homoeopathy," 78.

33. "International Homoeopathic Convention 1886," 479.

34. "Notabilia: The University of Aberdeen," *Monthly Homoeopathic Review* 31 (2 1887): 119.

were accepted by allopaths,<sup>35</sup> many homoeopaths think otherwise. The MHR regretted that Ringer's little understanding on homoeopathic principle prevented him from distinguishing the actions of remedies in large and small doses.

Had Dr. Ringer been at liberty to set forth the principles of therapeutics, to show why such and such drugs became remedies in such and such conditions, he would have been able to explain the necessity for the small dose, and equally able to show that, when used to excite or restrain some functions unduly, large doses must be ordered. [...] This shows very clearly how unsatisfactory in its results is teaching the practice of homoeopathy without any setting forth of its principles.<sup>36</sup>

In a review of Brunton's work, the *MHR* pointed out that he showed little conceptions of "therapeutic action."<sup>37</sup> Clarke commented that "Brunton's Pharmacology was another instance of wholesale, but unacknowledged, borrowing from homoeopathic sources."<sup>38</sup>

It is probably partly the massive 'borrowing' of homoeopathic materia medica that compelled orthodox professional homoeopaths to pay attention to the 'scientificness' and 'professionalness' of homoeopathic materia medica. An improved version of homoeopathic materia medica would further facilitate its acceptance among allopaths.<sup>39</sup> It should be easier to use and be up-to-date with the latest developments in science. Furthermore, an up-to-date and official version of British homoeopathic materia medica would definitely help homoeopathy to complete a "professional" image of homoeopathy. The Medical Act of 1858 requested the General Medical Council to publish a book containing a list of medicines and compounds, the British Pharmacopoeia. The first British Pharmacopoeia was published in 1864, but gave such general dissatisfaction, both to the medical profession and to chemists and druggists, that the General Medical Council brought out a new and amended edition in 1867. The British Homoeopathic Pharmacopoeia, about how homoeopathic remedies and potencies should be prepared, was first published in 1870, then subsequently

35. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*, 5–22.

36. "Large and Small Doses," *Monthly Homoeopathic Review* 22 (6 1878): 327.

37. "Review: *A Text-book of Pharmacology, Therapeutics, and Materia Medica* by T. Lauder Brunton," *Monthly Homoeopathic Review* 29 (10 1885): 625.

38. "International Homoeopathic Convention 1886," 479.

39. Dr. Langheinz of Darmstadt, "The Materia Medica Again," from Hirschel's *Zeitschrift*, September and October, 1865, *The British Journal of Homoeopathy* 24, no. 65 (January 1866): 13.

in 1876 and 1882 with the aid of the BHS. An official British homoeopathic materia medica would no doubt improve homoeopathy as a professional social identity.

## 8.3 Criticism towards Hahnemann and his materia medica

Orthodox professional homoeopaths' different ideas of science also compelled them to reform the homoeopathic materia medica. One of the most important issues was the accuracy of Hahnemann's original experiments conducted before the early nineteenth century. Hahnemann's authority and to what extent his own experiments living up to his own standards were questioned. These criticisms started in his German homeland. As early as in 1865, Dr. Friedrich Langheinz of Darmstadt complained that the *Materia Medica Pura* of Hahnemann was "antiquated, insufficient for the science of the present day, and is besides partly impure and incorrect."<sup>40</sup> His appeal for a new compilation of homoeopathic materia medica appeared in the German homoeopathic journal, *Zeitschrift*, in September and October, 1865. Though the suggestion did not receive a keen response from Langheinz's colleagues, the article was translated into English and appeared in the *BJH* in 1866.<sup>41</sup> Later on, in the February 1878 issue, the *MHR* translated another article by Dr. Pierre Jousset (1818–1910), Physician to l'Hospital St. Jacques of Paris, in which Jousset declared that "[o]ne of the greatest obstacles to the progress of therapeutic reform has been the method adopted by Hahnemann for the setting forth of his *Materia Medica*."<sup>42</sup>

### 8.3.1 An impediment to practical use and medical progress

The main obstacles preventing Hahnemann's materia medica from daily clinical use were the overwhelming numbers of symptoms attributed to each remedy. The number of symptoms was often beyond the grasp of the mind. For example, under the first remedy, *Aconitum Napellus*, 541 symptoms were listed; and another 490 under *Ambra Grisea*. For remedies which had been used widely, for example, *Sepia*, there were 1,655 symptoms attributed to it, and 1,970 to *Sulphur*. To make matters

40. Ibid., 2.

41. Ibid.

42. Jousset, "On the Accuracy and Fidelity of the Materia Medica of Hahnemann," 98.

worse, Hahnemann simply listed the huge amount of symptoms according to anatomical order and without ascribing various degrees of importance to them. In fact, according to Hahnemann's theory of totality of symptoms, *all* the symptoms are *equally* important. A true homoeopathic practitioner should not prescribe remedies according to one or two symptoms; instead he should look at all the symptoms manifested on a patient and match the symptoms to one single remedy in *Materia Medica*. Apparently, Hahnemann's homoeopathic *materia medicas* could hardly facilitate this ideal practice. And this situation did not help with the acceptance of homoeopathy within the medical profession. As Hughes commented openly in a lecture delivered in the London Homoeopathic Hospital, "the first impression [of *Materia Medica*] made upon the mind by the symptoms-lists it characterised is one of utter confusion and discouragement."<sup>43</sup>

### 8.3.2 Unreliable symptoms

In the opinion of professional homoeopaths, the revision of a homoeopathic *materia medica* could proceed in two ways: to reduce the number of symptoms, or to rearrange the symptoms according to some sensible schemas. Many held the opinion that a significant amount of the information in *Materia Medica Pura* could not stand the test of contemporary scientific standards. During the annual British Homoeopathic Congress, held in Leeds in 1880, the president Dr. Stephen Yeldham (1810–1896), drew special attention to the revision of homoeopathic *materia medica*. He asked, "is this innumerable host of symptoms necessary? [...] if not, are there any legitimate means of reducing their number within practicable limits?"<sup>44</sup> Yeldham cited the words of the late Dr. Hempel's words, adding that "few men have been better acquainted with our *Materia Medica*," saying that

For years past it has been my opinion that the existing practice of homoeopathy did not by any means realise its claims to the character of a clear, positive, and certain science; that the homoeopathic *Materia Medica* is filled with a number of unreliable, and therefore, useless symptoms; that a number of substances have been introduced into the *Materia Medica* which are not, properly speaking, drugs, and cannot, therefore, be treated as remedial agents in the common acceptance of

43. Hughes, "Introductory Discourse to a Course of Lectures on *Materia Medica* and Therapeutics," 149.

44. Yeldham, "On the Pursuit of Certainty in Medicine," 587.

the term; and that the high purposes of our art, and the interests of our patients require a simplification of the materials with which the homoeopathic physicians have been obliged to work heretofore.<sup>45</sup>

Examining professional homoeopaths' criticisms towards the *Materia Medica Pura*, we find that they adopted a different standard from Hahnemann's in deciding what constituted valuable and reliable information. To summarise, symptoms without clear causes, and those which could not be objectively measured or verified, were considered useless and unreliable. In his presidential address, Yeldham identified three different types of information that should be deleted from the homoeopathic materia medica: unreliable ones, repetitive ones, and non-sense. The unreliable information he mentioned, referred to Hahnemann's *Chronic Diseases*.<sup>46</sup> In his opinion, the repetition of symptoms "constitute the great incubus upon our *Materia Medica*. There are thousands upon thousands of these. They occur in every regional division of our pathogeneses with wearisome iteration."<sup>47</sup> But the type of symptoms Dr. Yeldham found most troublesome were those which were difficult to define or measure.

But little need be said of the third set of symptoms—the trifling, the incredible, and the meaningless. You can scarcely read through the provings of any important medicine without meeting with many instances of the first of these, consisting mainly of trifling and transient aches and pains, and other anomalous sensations, which many persons constantly experience without heeding them, but which experimenters, whose attention is awake to every variation in their ordinary sensations, by whatever cause excited, are almost sure to attribute to the medicines they may at the time of proving. Many of these symptoms, due to the passing circumstances of everyday life, are valueless as signs of drug action.<sup>48</sup>

These "incredible" symptoms abound, especially of the nature of the mental, emotional, and the sexual aspects. Yeldham complained that it was impossible to measure the extent of these mental feelings, let alone to prove if they were accurate or not.

45. Ibid., 596–597.

46. Ibid., 589–590.

47. Ibid., 590.

48. Ibid., 591.

These symptoms did “not entitle them to a place in the pathogeneses,” and thus should be deleted.<sup>49</sup>

### 8.3.3 Unreliable sources

Professional homoeopaths also acknowledged the importance of first-hand observations as the primary source of reliable information, instead of Hahnemann’s authority alone. They discovered that many of Hahnemann’s provings were not done under his direct supervision. Moreover, Hahnemann often did not include the sources of his information and thus it is nearly impossible to verify these provings. Langheinze pointed out that Hahnemann exerted his prejudiced judgments in deciding what to include in the *Materia Medica Pura*. He suggested that Hahnemann deliberately excluded certain provings conducted by those who were not in good term with him. He further warned that Hahnemann’s fervent zeal might have contributed to his non-objective judgments towards medical knowledge. He said,

Whoever, following Hahnemann, would wish to write on real or imaginary defects in the so-called allopathic system, should carefully investigate the original sources of information in the first place, as Hahnemann is not always just towards his opponents, and suffers himself occasionally to be drawn into untruth through zeal.<sup>50</sup>

### 8.3.4 Symptoms produced by highly-diluted remedies and the remedies in *Chronic Diseases*

Contrary to the common knowledge today that homoeopathy utilises diluted substance as remedies, many professional homoeopaths in Britain had doubts on the efficacy of diluted remedies. They disagreed among themselves as to how diluted a remedy should be to be able to produce tangible effects and eliminate its poisonous side effects. For the editors of the revised materia medica, such as Hughes, one could not be certain that symptoms produced by highly-diluted remedies—anything above 12C—were indeed produced by the ‘infinitesimal dose.’ As Hahnemann mainly used potencies higher than 30C in *Chronic Diseases*, many homoeopaths

49. Yeldham, “On the Pursuit of Certainty in Medicine,” 591.

50. Darmstadt, “The Materia Medica Again,” 4.

argued if Hahnemann was still sensible during the later stage of his life. They claimed that *Materia Medica Pura* was the sensible work of Hahnemann, and the later Hahnemann unfortunately due to old age and isolation, came up with non-sensible theories (see Chapter 6). Interesting enough, according to Avogadro's number proposed in the early twentieth century, 12C is also the upper limit of having any physical substance in diluted remedies. The coincidence made the British professional homoeopaths in the nineteenth century probably the most sensible bunch of homoeopaths according to the latest scientific theory, as homoeopaths today mainly use 30C as the standard prescription.

Many professional homoeopaths agreed that the "symptoms" recorded in *Chronic Diseases* were mostly unmeasurable "mental" or "emotional" symptoms. In 1875, Hughes gave a series of lectures to both homoeopaths and allopaths on *Introductory Discourse on Materia Medica and Therapeutics*, where he distinguished between the two *Materia Medicas*.

[...] more than half of the symptoms [in *Chronic Diseases*] are those of patients, [are] any and every change in their sensations while taking the medicines and all are effects—real or supposed—of infinitesimal doses, i.e., from the millionth to the decillionth of a grain. [...] It is impossible to use such pathogeneses as materials for the study of the physiological effects of drugs.<sup>51</sup>

Reliable symptoms are those which have meanings in terms of anatomy and pathology. Most parts of Hahnemann's *materia medicas* did not include "the data of pathological anatomy and organic chemistry with regard to the changes in the organic constituents."<sup>52</sup> According to this standard, Sharp, the main advocate of Organopathy, commented that

Hahnemann's *Materia Medica* is a huge curiosity, in which are ingeniously displayed, upon their respective pedestals and tripods, all imaginable signs and sensations, whether tragic or comic, and in which all are doing their best to attract the notice of those who are willing to inspect them.<sup>53</sup>

51. Hughes, "Introductory Discourse to a Course of Lectures on *Materia Medica* and *Therapeutics*," 147–148.

52. Darmstadt, "The *Materia Medica* Again," 12.

53. Yeldham, "On the Pursuit of Certainty in Medicine," 597.

### 8.3.5 Procedure of provings was not clearly recorded

Hahnemann's provings did not fulfill the latest requirements for science regarding the experiment design and procedures. Hahnemann ignored the individual differences of patients and did not present provings case by case. Instead, he simply listed all the symptoms shown during the proving process, without considering the individual circumstances. The method was considered acceptable between the eighteenth and nineteenth centuries but it was obviously considered outdated after the 1860s. Langheinz complained that

[...] we know nothing of their age, temperament, or manner of life, more nor even of any predisposition to particular complaints; and yet all these things exercise the most evident influence on many of the symptoms produced by a medicine [...]<sup>54</sup>

Furthermore, the procedure for conducting provings was not clear.

Hahnemann does not tell us who the persons experimented on were; [...] We know not the time of the year when, nor the meteorological circumstances under which the experiments were made; [...] Hahnemann does not always, by many exceptions, scarcely ever in the *Chronic Diseases*, given the strength of the individual doses, and says nothing regarding the repetition of them, [...] Lastly, the sequential order of the symptoms on the different subjects of experiments can be ascertained in the *Pure Materia Medica* only imperfectly, laboriously, indeed, sometimes not at all; so that it is impossible to learn clearly the characteristic, the radical, the fundamental action of the medicines.<sup>55</sup>

Hahnemann seemed to believe that by collecting the symptoms of different individuals, he could build a more complete picture for the remedy. However this scheme did not help practitioners when treating patients as different individuals. Dudgeon commented that

The Hahnemann scheme is as unnatural and artificial an arrangement of the features of many allied morbid portraits, as though an artist

54. Darmstadt, "The Materia Medica Again," 5.

55. Ibid.



should paint a family group, arranging the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the tableaux Hahnemann has presented us with in his *Materia Medica*.<sup>56</sup>

Hughes argued that this schema actually prevented homoeopaths from treating a patient according to the totality of their symptoms, because it was not clear how symptoms were represented on one single patient. “To treat such a state by a similarly-acting medicine, the pathogenetic effects of that medicine ought to be recorded for us in a corresponding manner.”<sup>57</sup> As the Parisian homoeopath, Jousset, pointed out early in 1878, the homoeopathic materia medica had become the main obstacle for the progress of homoeopathy.

The anatomical method adopted by Hahnemann for the explanation of medicinal action; the minute dissection of every symptom, and the repetition of the same symptom in different words, produce that kind of confusion which renders the study of the pure *Materia Medica* so difficult, and detracts in no small degree from its authority.<sup>58</sup>

### 8.3.6 Different ideas of science

However, some of Hahnemann’s critics were aware that Hahnemann was not the one to blame for his inaccurate method and presentation. Dr. Langheinz reckoned that most of Hahnemann’s records are more or less accurate. They simply needed updating according to the latest standard of science of the day.<sup>59</sup> Hahnemann’s detailed account of symptoms were still very highly appreciated. After mentioning many defects of the *materia medica*, Dr. Jousset in Paris said

[...] it is impossible not to recognise the extreme exactitude of his contributions to *Materia Medica*, and never must we lose an opportunity

56. Yeldham, “On the Pursuit of Certainty in Medicine,” 597.

57. “Periscope: The British Journal of Homoeopathy, 1879, July,” *Organon* 2 (4 1879): 497.

58. Jousset, “On the Accuracy and Fidelity of the *Materia Medica* of Hahnemann,” 98.

59. Darmstadt, “The *Materia Medica* Again,” 6–7.

of strengthening the authority of this master in therapeutics.<sup>60</sup>

Dr. Jousset maintained that it was not only the Materia Medica itself that needed improving. The way that Hahnemann presented remedies had also influenced how homoeopaths thought and that needed changing as well.<sup>61</sup>

The anatomy of the human body is sufficiently well known. Its material pathology, also, has been, I will not say completely, yet very amply and fruitfully ransacked.<sup>62</sup>

Therefore, by re-constructing the homoeopathic materia medica with pathology and physiology, the future generations of homoeopaths would be more scientifically-aware.

### 8.3.7 New provings with clear information about the subjects and using scientific method to turn subjective symptoms into objective ones

Without proper provings, it is impossible to revise homoeopathic materia medica. Hahnemann's initiatives had inspired more large-scale provings, including Hering and his colleagues H. Geyer, Noack, Hencke, Cl. Mueller in America and The Vienna Proving Society, which was specifically set up to focus on homoeopathy provings. Some of them did not simply imitate Hahnemann's procedure, but aimed to "improve" the existing protocols in their own way.<sup>63</sup>

Two directions as observed in these new provings were especially favoured by those who raised the voice for a new homoeopathic materia medica. Langheneiz complimented the way that Professor Johan Christian Gottfried Joerg of Leipzig (1779–1856), a famous German prover who originally set out to disprove homoeopathy,<sup>64</sup> paid attention to the qualities of his subjects in provings as recorded in his *Materials for a Future Materia Medica*.

60. Jousset, "On the Accuracy and Fidelity of the Materia Medica of Hahnemann," 99.

61. Ibid., 98.

62. William Sharp, *Essays on Medicine: An Investigation of Homoeopathy and Other Medical Systems* (Leath & Ross, 1874), 267.

63. For a critical review of new provings one can also see *ibid.*, 256–260.

64. Curie, *Principles of Homoeopathy*, 377.

Joerg gives us statements of age, sex, temperament, constitution, manner of life of the persons experimented on, exact record of the dose each time of administration, chronological enumeration of resulting phenomena, and critical hints in the resumes which follow the enumeration of the result of the proving of each medicine.<sup>65</sup>

Joerg's emphasis on knowing the circumstances of individual provers did inform future provings. By the 1870s, it was common that proving records, as reported in the BJH and MHR would include the information about the subjects' age, sex, temperament, and the dose administered each time. Although most proving records did not place particular emphasis on noting the chronological order in which symptoms appeared, a natural history style of case reporting encouraged the provings to be reported in a chronological way. As a result, for those who advocated the use of a combination of pathological and anatomical schema for the new *materia medica*, they had plenty of examples of provings at hand.

The other important direction was to use the measuring method as developed in chemistry to quantify subjective symptoms, and thus make the symptoms objective and increase the certainties in medical prescriptions. Langheinz gave an example of the experiment of the late Royal Prussian Counsellor of Health, Dr. F. W. Boeker of Bohn. Inspired by Lavoisier's method of measuring weights of different substances to decide how they combined in chemical reactions, Boeker established their use in the examinations of medicines. While conducting the proving of opium, Boecker analysed urine altered by medicines, pointing out what ingredients had been increased or diminished or had temporarily entirely disappeared. He fixed the quantity and quality of expired air; also the quantity and contents, liquid and solid, of the faeces; and followed up the changes of weight in the body of a person under trial. Boecker concluded that the effects of opium were that

the weight of the person experimented on remained the same, although much less nourishment had been taken than before, the inference followed with certainty that this remedy lessened the excretions of the body, and delayed the retrogressive metamorphosis; and, when also, during the proving, uric acid entirely disappeared from the urine, it may be assumed, at all events until further investigations have excluded or indicated another possibility (for instance, quicker oxidization of the

65. Darmstadt, "The Materia Medica Again," 7.

uric acid into urea), that Opium diminishes, checks the metamorphosis of all those ingredients which were decomposed by this metamorphosis into uric acid. The principal and fundamental action of Opium therefore, is a retarding of the changes of matter, a fact which may perhaps be conjectured from Hahnemann's provings.<sup>66</sup>

In 1849, Boecker's method in measuring was criticised for neglecting "the subjective symptoms in favour of the objective."<sup>67</sup> In 1866, Langheinz pointed out that what Boecker's experiment promised was the potential to replace subjective, self-reported symptoms, with measurable, objective symptoms by combining the knowledge of pathological anatomy and the experiment method of organic chemistry.

Through pathological anatomy pharmaco-dynamics receives stability and assurance; it furnishes the objective symptoms of the effects of the medicine which afford the very necessary elucidation and fixedness to the subjective, these being by no means valueless, but still often ambiguous, and consequently untrustworthy. The results of pathological anatomy, and those of organic chemistry are, in their united application, the compass which guides the inquirer through the intricacy of subjective symptoms, and preserves him from errors, which, as experience shows, without these two helps, could not be avoided.<sup>68</sup>

With the aim of making subjective symptoms more precise and certain, Langheinz encouraged the use of the latest scientific equipment, such as stethoscope, plessimeter, laryngoscope, ophthalmoscope, etc.<sup>69</sup>

Another factor which might have contributed to professional homoeopaths' quest for certainties was the sanitary reforms of the 1850s and 1860s, which many homoeopaths in Britain were heavily involved in. The sanitary reforms were noted for incorporating the latest scientific method of measurement. Further research is needed to confirm this hypothesis.

66. Darmstadt, "The Materia Medica Again."

67. *Hom. Vierteljahrschrift*, vol. i., p.475, *et seq.* "Dr. Beil's Reference to Boecker's Contributions to the Art of Healing," Crefield, 1849. note 1. Quoted in *ibid.*, 9.

68. *Ibid.*, 10–11.

69. *Ibid.*, 11.

## 8.4 Composing a new homoeopathic materia medica

### 8.4.1 The unsatisfying early attempts

This different idea of scientific and objective medicine was not mature until the 1860s. Before the 1860s there were sporadic attempts to make the homoeopathic materia medica easier to use, mostly made by American homoeopaths, but none of them address the later concerns of the reliability of old provings.<sup>70</sup> From the 1860s the reform of the homoeopathic materia medica gradually became a pressing issue. In 1866, another American homoeopath, Dr. Henry Buck (1825-1871), published *The Outlines of Materia Medica, Regional Symptomatology, and a Clinical Dictionary*.<sup>71</sup> In the preface he pointed out his motivation in compiling a new dictionary.

It has always appeared to me that there was some necessity for a work on the subject, that would point out, in a clear and decisive manner, the characteristic uses of the remedies, and a simple mode of finding them, so as to induce the student to institute a comparison between the old and the new systems of treatment.<sup>72</sup>

Constantine Hering published the *Condensed Materia Medica* in 1877 and *The Guiding Symptoms of the Materia Medica* in 1879. Neither was particularly appreciated by the editors of the *MHR*. Hering's materia medica was criticised as not distinguishing symptoms observed in provings on healthy subjects (pathogenetic) and those symptoms observed while treatment is curing a patient (curative).

[...] its commixture without note of distinction of pathogenetic and curative symptoms, to perpetuate that most mischievous practice of saying that a medicine "has," or that we "find under it," such and such

70. One of the most important attempts was made by Hahnemann's son-in-law, Clemens von Boenninghausen, MD (1785–1864). Originally a lawyer, he married Mélanie's adopted daughter and subsequently migrated to America. He published *Repertory of the Anti-Psoric Medicines* in 1832, in which symptoms were used as entries and recommended remedies were listed under each entry. Boenninghausen maintained regular correspondence with Hahnemann throughout his life and the *Repertory* was highly appreciated by Hahnemann, who wrote its preface to the *Repertory*.

71. "Review 'The Outlines of Materia Medica, Regional Symptomatology, and a Clinical Dictionary' by Henry Buck," *The British Journal of Homoeopathy* 24, no. 65 (January 1866): The book is divided into three parts: an epitome of the pathogenetic action of 404 medicinal substances, a sort of large and loose repertory, and a therapeutical dictionary.

72. *Ibid.*, 142.

symptoms, without specifying whether these have been caused or cured by it, which is becoming so prevalent in American homoeopathic literature. It is, happily, unknown in that of other countries.<sup>73</sup>

In *Guiding Symptoms*, Hering aimed to edit a list with entries of symptoms indicating possible remedies. Nevertheless, the editor of the *MHR* pointed out that merely changing the presentation of Hahnemann's materia medica could not resolve the issue that the original materia medica was without a system. His way of presenting symptoms therefore was still "unsystematic" and was "nothing more than an abridged reprint of Materia Medica." Another shortfall of Hering's work is that it did not list enough symptoms to satisfy practical clinical use.<sup>74</sup>

### 8.4.2 The Hahnemann Publishing Society

In 1875 a new organisation, The Hahnemann Publishing Society, was established in Britain on the model of the *Sydenham Society*. The Society was formed by professional homoeopaths solely and had the sole aim of publishing core homoeopathic literature to bridge the gap of a lack of reliable information in Britain. In some way, the establishment of the Society was to strengthen professional homoeopaths' control over how important homoeopathic literature was translated, published and distributed. Previously homoeopathic books and pamphlets were printed by private publishers. As there was a much larger lay public market than professional market, it was not surprising that the publishers were not interested in publishing hard-to-understand texts of Hahnemann. The best-selling homoeopathic books and the majority of homoeopathic publications were primarily for domestic use. Unlike most allopathic publishing societies, where members paid an annual fee, professional homoeopaths were limited by their number and hence members of the Hahnemann Publishing Society paid subscriptions according to an occasional call for specific publications.<sup>75</sup> Specific committees, which focused on materia medica, repertory and therapeutic literature respectively, were set up with a specific financial allocation.<sup>76</sup> The second edition of the British Homoeopathic Pharmacopoeia was

73. "Review: *Condensed Materia Medica* by C. Hering," 269.

74. "Review: *The Guiding Symptoms of the Materia Medica* by C. Hering," *Monthly Homoeopathic Review* 23 (8 1879): 497.

75. "Miscellaneous: Hahnemann Publishing Society," *The British Journal of Homoeopathy* 34, no. 4 (October 1876): 745.

76. I. The "Materia Medica Committee," of which Dr. Dudgeon was convener. II. The "Repertory Committee," of which Dr. Dudgeon was convener. III. The "Therapeutic Committee,"

finished in 1876.<sup>77</sup> In 1880, more than forty years after the introduction of homoeopathy in Britain, the Hahnemann Publishing Society finally published an ‘accurate’ translation of Hahnemann’s *Materia Medica Pura*, translated and edited by his most famous English interpreter, Dudgeon. According to Dudgeon, he followed carefully Hahnemann’s original way of expression, and Hahnemann’s original work was largely untouched, apart from omissions of some duplicated provings..<sup>78</sup> Nevertheless, the publication of Hahnemann’s work was considered as the first step towards a new, revised, up-to-date with scientific development homoeopathic materia medica.<sup>79</sup>

### 8.4.3 The British Homoeopathic Society and the collaboration between American homoeopaths

The Society identified a new Homoeopathic Pure Materia Medica as its foremost and urgent mission.

The essentials of a pure Materia Medica are that it shall be a record of the pure effects of the drug; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connections of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug.<sup>80</sup>

Nevertheless, the disagreements among professional homoeopaths about the prospect of a new homoeopathic materia medica postponed the fulfillment of this mission. After five-years of trying in vain to produce a new materia medica, Yeldham suggested borrowing the lively energy of American colleagues to accomplish the work. Before the 1860s, British professional homoeopaths mainly sought inspirations from the continent. However, by the 1880s there was a general demoralised atmosphere among British and European homoeopaths. In contrast, homoeopathy seemed to thrive and flourish on the other side of the Atlantic. In his presidential address

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of which Dr. Pope was convener. Richard Hughes, LRCP, President ; Herbert Nankivell, MD, Vice-President ; John W. Hayward, MD, Treasurer and Secretary. “Miscellaneous: The British Repertory,” *The British Journal of Homoeopathy* 34, no. 4 (October 1876): 756.

77. Robert Ellis Dudgeon, “Address delivered before the Annual Assembly of the BHS, June 29th, 1876.,” *The British Journal of Homoeopathy* 34 (135 1876): 664.

78. “Notabilia: British Homoeopathic Society,” *Monthly Homoeopathic Review* 27, no. 3 (March 1882): 191.

79. Ibid.

80. “Miscellaneous: Hahnemann Publishing Society,” 746.

to the British Homoeopathic Congress in 1880, Yeldham decided to speak out to the whole professional homoeopathic community, for the matter so far had mainly been dealt with within the Publishing Society. He suggested starting a ‘Materia Medica Committee’ to commission a new *Materia Medica*, collaborating with “our zealous and accomplished American colleagues.” He reminded the community that in 1881, when the second World Homoeopathic Congress would be held in London,<sup>81</sup> further details could be discussed. It was not clear whether opinions and thoughts were actually exchanged across the Atlantic during the Congress. But Yeldham urged a similar proposal in 1882, during the Sixth Ordinary Meeting of the BHS. He declared that “the time has come for its *Materia Medica*’s reconstruction, and the *BHS* is prepared to undertake the task.”<sup>82</sup> This time the call finally reached America. A committee of seven was formed, including the President and Secretary of the BHS and homoeopaths from Britain and America. It was agreed that the new *materia medica* would be built upon Allen’s ambitious ground-breaking *Encyclopaedia*. The aim of this project was to

[...] expunge all untrustworthy and irrelevant matter, and to present what remains in the most accurate, concise, and intelligible form,—all repetitions being avoided, and all provings being given, where possible, in consecutive order as related by the experimenters.<sup>83</sup>

#### 8.4.4 Disagreements: different formats in presenting remedies

The main obstacle in the production of a new *materia medica* was probably not the geographical distance but to reach on a consensus among different new trends developed within professional homoeopathy. The negotiation for a consensus was translated into debates on which *schema*, a method in presenting symptoms and remedies, should be used in the new *materia medica*. In 1877, when reviewing American homoeopath Hering’s new *materia medica*, the *BJH* described an ideal schema for the future *materia medica*, which was based upon anatomy and pathology, and incorporated Hughes’ pathogenesis to describe symptoms according to their sequence of appearance.

[...] each disease should be presented to them in the form of a schema

81. Yeldham, “On the Pursuit of Certainty in Medicine,” 592.

82. “Notabilia: British Homoeopathic Society,” 191.

83. *Ibid.*, 192.



of the various symptoms by which it is made up, arranged in anatomical order. All attempt at a history of their order of appearance, at an account of the deeper morbid changes by which they are accompanied, at a discussion of the interdependence of each and all and of the *rationale* of the whole process should be excluded there [in the USA] as it is here [in the UK].<sup>84</sup>

Meanwhile, the review defended itself from the potential criticism from the Hahnemannians, who objected to even minor changes in any of Hahnemann's works. It argued that the Hahnemannians could not offer practical solutions in the impracticality of Hahnemann's materia medica. "No 'Hahnemannian,' however, has given us a text-book of Practice thus constructed; and we ourselves have no better liking for the method when applied to Materia Medica."<sup>85</sup> Throughout the year of 1877, Dr. Dyce Brown published a series of articles, "Studies in the Materia Medica" in the *MHR*, in which he employed the schema as suggested in the *BJH*. For this, the *BJH* paid unusual compliments to the endeavour of the *MHR*,

With such a text for reference, and comments for illumination and application, the student would go forth with a really intelligent knowledge of the action of the medicines he is to employ, instead of connecting each of these with a mere string of symptoms learned by rote and retained only mechanically in the memory.<sup>86</sup>

Nevertheless, at the British Homoeopathic Congress held at Leeds again in 1882, two options regarding the format of the new Materia Medica were vehemently debated. The difference between these two formats was beyond how the new work should be printed and edited. It showed the struggle among professional homoeopaths to choose between individualised treatments and generalised knowledge of remedies, and to fit their ideals of science with actual experiment procedures. First was the 'narrative' camp, where the results of provings were reported as a natural history of diseases manifested on different subjects. In this way, one could observe how each drug affected individual provers and note the sequence of appearance of symptoms. This schema was largely advocated by Hughes, based upon his theory of pathogenesis.<sup>87</sup> This schema, however, does not offer a reference framework for understanding each remedy.

84. "Review: *Condensed Materia Medica* by C. Hering," 268.

85. *Ibid.*

86. *Ibid.*, 268–269.

87. Yeldham, "On the Pursuit of Certainty in Medicine."

The second option was to use a schema in presenting remedies. It was never clear what a schematic presentation would look like, but the main aim was to incorporate pathology, the idea of specific drugs and organopathy, to classify and distinguish remedies by their seats of actions. Two options existed: one was anatomical and the other one was regional. The regional schema, referred to as being more similar to Hahnemann's original work, recorded symptoms according to which sections the symptoms were found in the body. It begins with 'mental disturbances' and ends with 'conditions.' The anatomical schema, on the other hand, would address the concern of organopathists and focus on different organs and tissues upon which the remedy shows effects. As much as the anatomical schema sounded ideal for certainty-seeking homoeopaths, and as difficult as the regional schema was to use and read, the former did not appear to be practical in actual clinical settings either. The difficulty in identifying the locations of a drug's effects is that "the very tissues the drug is known to modify the health of are rendered especially sensitive to its action by disease. But in health there is no such special sensibility."<sup>88</sup> The debate went further into 1884, when Pope expressed the difficulty most homoeopaths faced in choosing between the two options.

[...] without a schema the narrative would be of comparatively small value, and reliance upon it alone would, in practice, often lead to very careless prescribing. The want of a schema would tend to make a practitioner depend too much upon his knowledge of the general actions of a drug, and be an inducement to him to shirk the necessity of individualising. Without a schema individualisation in prescribing would often be impossible, and without individualisation in prescribing the practice of homoeopathy is so imperfect as to be well-nigh worthless. In fact, the practice which ensues from its neglect is not homoeopathy at all—but simply empiricism derived from homoeopathy. Hence, I think, we should endorse the resolution of the Bureau to furnish a schema. The schema is the repertory in detail. It is that from which the Repertory must be compiled.<sup>89</sup>

Despite all the discussions regarding how far one should step away from Hahnemann's original teaching, Pope expressed that the most important thing to a medical practitioner is probably not theories but the practical therapeutic value. As long as the new *Materia Medica* will

88. "On the Revision of the *Materia Medica*," Read at a meeting of the BHS, April 3, 1884, *Monthly Homoeopathic Review* 28 (5 1884): 281.

89. *Ibid.*, 278–279.

[...] have the symptoms arranged so that you can see, at a glance, the symptoms, its locality, its time of occurrence, and conditions, is a very great help in studying a medicine, or in referring to it.<sup>90</sup>

### 8.4.5 *A Cyclopaedia of Drug Pathogenesis*

The product of these debates and new trends in homoeopathy, was the publication of *A Cyclopaedia of Drug Pathogenesis* between 1885 and 1891. With the immense input from the BHS in the production of the work, the *Cyclopaedia* can be considered as one of the BHS' primary achievements in reforming homoeopathy during the second half of the nineteenth century. During a time when homoeopathy was severely ostracised from the medical profession, the publication of this ambitious work served to show the solidarity among professional homoeopaths and a statement of triumph. Hughes claimed that "[the *Cyclopaedia*] was no individual venture of a single author or of a publishing firm. It was the joint work of two national societies [of Britain and the States]."<sup>91</sup>

Under the direction of Hughes, who was famous for his methodical approach to verifying information and his attention to details, the new materia medica, overall, was extremely readable compared to Hahnemann's works, and carefully presented with footnotes confirming the sources.<sup>92</sup> However, the work was also conservative and met most criticism and debates half-way. First of all, none of Hahnemann's original provings were included as the editors could not find primary sources to verify the information.<sup>93</sup> It was decided that Hahnemann's work would stand alone in the *Materia Medica Pura* and the *Chronic Diseases*, which would only be translated into English in 1904. In doing so, the editing team left Hahnemann's work untouched and avoided the issue of judging and criticising Hahnemann. Although the students of homoeopathy were encouraged to read both the *Cyclopaedia* and the *Materia Medica Pura* to learn about homoeopathy,<sup>94</sup> judging from the readability of text, most would probably base their learning on the *Cyclopaedia*. Secondly, the new work adopted the narrative approach to present cases of provings. Here we find

90. Ibid., 283.

91. "Meetings: International Homoeopathic Medical Convention, 1886," *Monthly Homoeopathic Review* 30, no. 9 (September 1886): 558.

92. Richard Hughes, *On the Sources of the Homoeopathic Materia Medica* (London: Leath & Ross, 1877).

93. Preface by Hughes Hahnemann, *Materia Medica Pura*, x.

94. Preface by Dudgeon *ibid.*, v–ix.

the complete triumph of Hughes' pathogenesis in recording results.<sup>95</sup> Thirdly, all the provings which were done with higher dilutions, those above 6C, were excluded. Although the editors claimed that it was merely "a practical compromise,"<sup>96</sup> the publication nevertheless worked as an official statement of the BHS that remedies diluted beyond 6C could not generate tangible effects.

#### 8.4.6 The reception

The work was immediately welcomed and complimented by the *BJH* and the *MHR*, hailing it as the triumph of professional homoeopathy. The Hahnemannians, on the other hand, did not consider any change in Hahnemann's work appropriate. This minority group's opinion on the new materia medica, however, was excluded from the discussion during the production of the *Cyclopaedia*.

However, this work done with much care and efforts did not lead a long and prosperous life. In 1906, Hughes found himself defending his stances on low-potency, on integrating science and on close relationships with the medical profession against John Henry Clarke in *Homoeopathic World*, a magazine which was originally published by homoeopaths to educate the lay public on medical matters.<sup>97</sup> After 1893, a general disappointment in propagating homoeopathy among the medical profession inspired a movement for educating the lay public about homoeopathic practice. Hughes' and other professional homoeopaths' ideas were seen as too close to the profession and too conservative for the new generation of populist homoeopaths. Fifteen years after the publication of its final volume, the *Cyclopaedia* disappeared, along with the ideas and names of these professional homoeopaths, from the reading-list of later homoeopathic students.

### 8.5 Summary and discussions

In this chapter I have argued that two important factors contributed to the extensive discussions and reforms in one of the most important items of homoeopathic literature amongst the orthodox professional homoeopaths: the homoeopathic materia medica. Firstly professional homoeopaths and allopaths had various definitions about homoeopathy.

95. "Meetings: International Homoeopathic Medical Convention, 1886," 561.

96. *Ibid.*, 588.

97. **hwjan661**.

The co-existence of many ‘homoeopathies’ made what constituted homoeopathic remedies ambiguous. The ambiguous identities of the authors of *materia medica*s also facilitated the mixed use of homoeopathic and allopathic treatments. This blurry boundary between homoeopathy and allopathy convinced professional homoeopaths that an improved homoeopathic *materia medica* would facilitate the acceptance of homoeopathy as well as contribute to the medicine.

Secondly by the 1860s professional homoeopaths had developed different ideas of science from those of Hahnemann and later provers. They demanded a *materia medica* which was ‘scientific:’ easy-to-use, recording objectively-defined symptoms, incorporating pathology and physiology, discarding highly-diluted remedies. This second aspect, together with other new homoeopathic theories, shows that ‘homoeopathy’ was not a static medical approach or philosophy. In contrast to the Hahnemannians’ traditionalist approach, the Victorian idea of progress motivated the orthodox professional homoeopaths to improve towards a more scientific medicine.

Overall, the homoeopathic *materia medica* was used as a boundary object to facilitate the conversations between homoeopathy and allopathy. This was especially important for the orthodox professional homoeopaths when discussions about homoeopathy were silenced in professional medical journals. The reform of the homoeopathic *materia medica* was also a project of social creativity. Before the 1860s homoeopathy was recognised by its potential to replace current medical practice. Due to the antagonistic attitude from the medical profession, homoeopathy was redefined as scientific contributions to medicine through reforming the homoeopathic *materia medica*. The initiative became the centre of discussion for a scattered homoeopathic group. In some way, it united professional homoeopaths in Britain.

This analysis shows that Coulter’s dichotomous framework in analysing homoeopathic influences on allopathic *materia medica* is not always valid.<sup>98</sup> I have also complemented Coulter’s argument by addressing the motivations and process of the interactions between the homoeopathic and the general *materia medica*.

My analysis in this chapter also shows that Brierley-Jones’ arguments about British homoeopaths’ epistemology in reforming the homoeopathic *materia medica* are only partially correct. Brierley-Jones argues that compared to their colleagues in America, British homoeopaths in general preferred clinical and historical over experimental evidence and textual analysis to bring coherence to the *materia medica*.

98. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*.

In America a few re-provings were conducted during the second half of the nineteenth century. Brierley-Jones highlighted Conrad Wesselhoeft's experiment in 1887 to re-prove *carbo vegetabilis* against placebo. The remedy only elicited seventeen symptoms in provers, while the placebo produced 919 symptoms. In further experiments Wesselhoeft concluded that no particles existed beyond the third dilution of the substance. Brierley-Jones subsequently argued that British homoeopaths ignored the results of Wesselhoeft's experiments, and preferred clinical experience than experimental evidence.<sup>99</sup>

To start with, Brierley-Jones approaches British homoeopathy as a homogeneous social group and does not differentiate different opinions amongst group members. She uses Burnett's responses to Wesselhoeft's experiments as the representative of British homoeopathic community. Burnett, however, was not a typical orthodox professional homoeopath in Britain. He was in favour of high-dilution remedies and was associated with the Hahnemannians, having two substantial articles published in the *Organon* in 1878. Therefore, her conclusion that the only errors in the original homoeopathic materia medicas perceived by British homoeopaths' were the accidental poisonings included by Hahnemann is not accurate. She argues that British homoeopaths did not discount the symptoms caused by provers' imaginations or over-sensitivity to certain drugs.<sup>100</sup> My research shows otherwise. These 'subjective' symptoms were discounted by orthodox professional British homoeopaths, whereas objectively-measurable symptoms were preferred. The fact that orthodox professional homoeopaths could not re-prove all the remedies according to their ideal does not prove that they did not hold these ideals for experiments. Overall, I argue that for orthodox professional homoeopaths in Britain, the scientific criteria in measuring the reliability of symptoms were probably even more important in filtering what information to be included in the new materia medica, as Brierley-Jones argues.

The discussions and debates regarding the reform of homoeopathic materia medica illustrated the struggles and innovations among professional homoeopaths in redefining the boundary and balance amongst the ideas of science, practicality, certainties and the founder of the tradition within their social identity. A wide spectrum of opinions coexisted as the result of these struggles for consensus. Although Hahnemann's original works acted as both inspirations and counter-inspirations for these changes, professional homoeopaths almost without fail attempted to justify these new trends

99. Brierley-Jones, "How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920," 127–129.

100. *Ibid.*, 108.

by Hahnemann's original writings. Both inclusions and exclusions happened during this process. Professional homoeopaths' belief in a progressive homoeopathy was complemented by new scientific discoveries in pathology, physiology, chemistry, and anatomy, and generated new homoeopathic theories. On the other hand, those who held very different opinions, such as the Hahnemannians, were excluded from the discussions in order to reach a common social identity. Overall, the new social identity of professional homoeopathy seemed to move towards embracing the progressive view of science and homoeopathy, and certainties in treatments and provings.

I have shown the importance of inter-group relationships, intra-group tensions and the idea of science in shaping homoeopathic practice during the second half of the nineteenth century. In the next chapter, I will examine how these factors influenced homoeopaths' interpretations and support for a new medical practice which possesses resemblances with homoeopathic principles: small-pox vaccination.





## Chapter 9

# Homoeopaths' Multiple Responses to Vaccination and the Anti-vaccination Movement

In this chapter I discuss homoeopaths' responses to vaccination, a new medical practice which can potentially be explained by homoeopathic principles.<sup>1</sup>

I chose to discuss homoeopaths' responses to vaccination because of an interesting paradox: there are lots of similarities between homoeopathy and vaccination in practice and both inspired strong social movements, yet homoeopaths today are known by both researchers and the general public for being against the practice.<sup>2</sup>

1. In this section, I use 'vaccination' to stand for small-pox vaccination. In the nineteenth century, the term 'vaccination' referred to the vaccination for small-pox, rather than a particular method of disease prevention. Though inoculations for various diseases had been experimented with by the end of the nineteenth century, 'vaccination' and 'inoculation' were still used distinctively. During an address regarding vaccination in a regular meeting of the BHS in 1886, the speaker insisted that they limit the term 'vaccination' to cow-pox. 'I shall not include in it the modern prophylactic inoculations of other viruses, which for convenience sake are sometimes called 'vaccinations.''' See Charles Renner, "On the Theory of Vaccination," Read before the BHS, Dec. 3rd, 1885., *Monthly Homoeopathic Review* (January 1886): 2.

2. According to Ernst's research in 2001, British homoeopaths, especially non-medically trained ones, tend to advise their clients against vaccination on the grounds that it goes against the early philosophy laid down by Hahnemann and the general approach of homoeopathy. E. Ernst, "Rise in Popularity of Complementary and Alternative Medicine: Reasons and Consequences for Vaccination," *Vaccine* 20 (October 2001): S90–S93; In other research, Ernst showed that among the 53% of the homoeopaths who responded to the survey, 74 out of 77 of them gave advice against MMR vaccination over the Internet, much higher than other CAM practitioners, such as chiropractors. E. Ernst and K. Schmidt, "MMR Vaccination Advice over the Internet," *Vaccine* 21 (March 2003): 1044–1047; Coulter, a historian and a sympathiser of homoeopathy (his wife, Catherine Coulter, is a homoeopath), expresses strong opinions against

This general impression today casts a presentist interpretation of homoeopathy and vaccination in the nineteenth century. The studies on anti-vaccination movement in the nineteenth century in Britain and America argue the link between homoeopathy and vaccination.<sup>3</sup>

In this chapter I argue that there were multiple responses among homoeopaths towards vaccination. My conclusion, which might risk over-simplification, is that generally speaking, there were three interpretations of vaccination amongst homoeopaths. The orthodox professional homoeopaths actively supported vaccination against the majority of the medical profession and the public. George Wyld (1821–1906), for example, developed a safer method, which became the standard of vaccination. His contribution, unfortunately, is rarely mentioned in the history of medicine. The Hahnemannians discerned that vaccination did not exactly follow Hahnemann’s teaching, but rejected the anti-profession attitudes of the Anti-Compulsory Vaccination League. Lastly, the populist homoeopaths found that they shared the values of the anti-vaccination movement. I use Charles Thomas Pearce’s (1815–1883) opinions to illustrate these common values. Overall, I argue that the situation illustrates that homoeopaths’ ideas of scientific, or acceptable, practice were related to their values and the social groups they identified themselves with. Homoeopathic practitioners based their choice in adopting vaccination not as much upon their social identity as homoeopathic practitioners, as upon their other social identities. I conclude that previous studies on vaccination and homoeopathy fail to distinguish the differences amongst homoeopathic practitioners, and therefore associate homoeopathy, as a practice, to the anti-vaccination movement.

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vaccination. Coulter, *Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain*.

3. Nadja Durbach, ““Disease by Law”: Anti-vaccination in Victorian England, 1853–1907” (PhD diss., Johns Hopkins University, 2001); Wolfe and Sharp’s article is a typical example of a presentist and dichotomous view on the relationship between homoeopathy and the medical profession. Wolfe identified the main members of the anti-vaccination movement as falling into four categories, and one particular group was ‘proponents of alternative medical practice and theory, especially homoeopaths, chiropractors, and hydropaths.’ Overall, the article did not offer direct evidence to support the argument that homoeopaths were against vaccination. The fact that the article was published in the *BMJ* further manifests this dichotomous assumption of medicine and alternative medicine. Robert M. Wolfe and Lisa K. Sharp, “Anti-vaccinationists past and present,” *The British Medical Journal* 325 (August 2002): 430–432.

## 9.1 Homoeopathic principles and vaccination

Homoeopathy and vaccination in the nineteenth century shared many things in common. Firstly, both homoeopathy and vaccination were introduced as pragmatic answers, as opposed to valid theories, to the quest for effective treatments. Both were proposed near the end of the eighteenth century. Edward Jenner introduced vaccination as a new practice in 1798, and it soon spread far and wide in the following decades. Like homoeopathy as well as many other early medical practices, vaccination was discovered, practised and even made compulsory before the medical community agreed upon any valid theory of its mechanism or solid evidence of its efficacy.<sup>4</sup> Statistics regarding the effectiveness of vaccination in the nineteenth century, similar to those of homoeopathy, suffered from criticism in their experimental designs.<sup>5</sup> The situation that the very same statistics were often used by both proponents and opponents of vaccination to give credence to either side of the argument reminds us of the early debates over the efficacy of homoeopathy.

Secondly, although many homoeopaths today deny the similarities between homoeopathy and vaccination,<sup>6</sup> the practice of vaccination, injecting infected blood into the human body in an attenuated dose, does remind one of the fundamental principle in common of homoeopathies, *like cures alike*, and the concept of using the smallest possible dose to cure. Contrary to what most homoeopaths today believe, in fact, Hahnemann was not against vaccination. There are about thirty-three rubrics listed in Hahnemann's *Complete Repertory* with vaccination mentioned.<sup>7</sup> Hahnemann acknowledged the effectiveness of Jenner's discovery by saying that "since the general distribution of Jenner's Cow Pox vaccination, human small-pox never again appeared as epidemically or virulently as 40–50 years before."<sup>8</sup> Furthermore, the reactions manifested on patients after vaccination could be explained as reverse reactions or healing crises.<sup>9</sup> Therefore, it is probably contemporary homoeopaths' antagonism

4. Pasteur's germ theory and Koch's experiments were not well-received among British medical practitioners until the early twentieth century. Worboys, *Spreading Germs*, 277–292.

5. In the case of vaccination, one major difficulty was that both descriptive and quantitative accounts were used in statistics so the actual effect could not be certain. Andrea Rusnock, "Medical Statistics and Hospital Medicine: The Case of the Smallpox Vaccination," *Centaurus* 49 (4 2007): 337–359.

6. Ernst, "Rise in Popularity of Complementary and Alternative Medicine: Reasons and Consequences for Vaccination."

7. Johann Loibner, "Vaccination and Homoeopathy," translated by Katja Schuett and Andrea Smith, <http://hpathy.com/homeopathy-papers/vaccination-and-homeopathy/> (accessed August 2, 2011).

8. Hahnemann, *Organon of Medicine*, 46.

9. Reverse reaction is a concept in homoeopathy about the healing process where symptoms

towards vaccination that requires further studies. Their professional predecessors acknowledged that vaccination was “an illustration of the homoeopathic action of preventive medication.”<sup>10</sup>

However, homoeopathic theories were barely mentioned in vaccination debate. As I will show later, although professional homoeopaths actively supported homoeopathy, they did not use Hahnemann’s theory to justify their stance even within the homoeopathic community, nor did they resort to vaccination to prove the effectiveness of homoeopathy. In contrast, the Hahnemannians, who emphasised following Hahnemann’s teaching strictly, criticised that the small-pox vaccination was not an illustration of “like cures alike.” Neither did populist homoeopaths mention Hahnemann in their anti-vaccination campaign.

Two reasons might account for the lack of the discussions of homoeopathic theories in the vaccination debate. Firstly, the re-evaluation of and criticism towards Hahnemann and his materia medica during the 1860s and 70s weakened his authority and his status amongst homoeopathic practitioners. Secondly, this lack of theoretical debate of vaccination could be explained by the way that homoeopaths did not join the vaccination debate in their social identities as ‘homoeopaths,’ but their individual identity and values. While vaccination and anti-vaccination turned into social movements, it was not one’s medical identity, but one’s socio-political identity that shaped one’s stance. To further illustrate this, we will have to first understand the social-political aspect of the vaccination dispute. Who supported or opposed vaccination? The public or the profession? And for what reasons?

## 9.2 Homoeopathy and vaccination as social reforms

### 9.2.1 An overview of anti-vaccination as a social movement in Britain

Both homoeopathy and vaccination were regarded as useful tools for social and medical reforms. It is therefore not surprising that homoeopaths were interested in the vaccination issue. I have discussed how Victorian reformers supported and spread homoeopathy in Part I. However, vaccination received even more controversial

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should disappear in reverse order according to that of their appearance.

10. “The Vaccination Question,” *Monthly Homoeopathic Review* 22 (4 1878): 198.

attention of a socio-political nature compared to homoeopathy. While the main stakeholders in the dispute of homoeopathy were medical practitioners and patients, the state played a crucial role in the vaccination controversy.<sup>11</sup> The Vaccination Act of 1853 made vaccination compulsory for all infants in the first three months of life and made defaulting parents liable to a fine or imprisonment. The Act of 1867 extended the compulsory vaccination requirement to age 14, with cumulative penalties for non-compliance. New legislation in 1871 introduced the compulsory appointment of vaccination officers.

The anti-vaccination sentiment had turned into an organised movement after vaccination was made compulsory between 1853 and 1898, around the same time as various reforms were happening within homoeopathy. The establishment of the Anti-Compulsory Vaccination League in 1867 was generally considered to be the beginning of a more structured movement,<sup>12</sup> which might explain why homoeopaths were not concerned with the vaccine dispute until 1867. Heavy local opposition prevented the strict enforcement of the law.<sup>13</sup> Under the pressure of large-scale demonstrations, a Royal Commission was formed in 1889 to investigate and finalise the issue. After the seven-year hearing from both opponents and supporters of vaccination, the Royal Commission suggested the new Vaccination Act to remove cumulative penalties and introduced a conscience clause allowing parents who did not believe vaccination was efficacious or safe to obtain a certificate of exemption. The British anti-vaccination movement in the nineteenth century thus officially ended in 1898, when the new Vaccination Act was passed.

In the absence of discussions of possible theories, the vaccine debate, even within the medical profession, seemed to be a debate between different beliefs and opinions. Vaccine safety was the source of disputes, e.g. the arm-to-arm method by which matter from the blisters on already vaccinated infants was harvested to create a continuing supply, which might be liable to blood-transmitted diseases. Nevertheless,

11. The following overview of the anti-vaccination movement in Britain is primarily based upon Beck and Durbach's researches. Ann Beck, "Issues in the Anti-vaccination Movement in England," *Medical History* 4, no. 4 (October 1960): 310–321; Nadja Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853–1907* (Durham: Duke University Press, 2005).

12. Beck reckoned that a structured anti-vaccination movement did not develop until after 1871, while others see the establishment of the Anti-Compulsory Vaccination League as the starting point of large-scale anti-vaccination protest. See Beck, "Issues in the Anti-vaccination Movement in England."

13. In retrospect on the execution of Vaccination Acts, John Simon testified before the Royal Commission in 1889 stating that the period between 1853 and 1871 was unsatisfactory because vaccination was not universally enforced. *ibid.*, 311.

Durbach notes that the very same statistics about the efficacy of vaccine were often used by both sides to prove their very different point of views.<sup>14</sup> Beck comments that “sometimes it seems as though the method used in the fight against vaccination would become more important than the abolition of small-pox itself.”<sup>15</sup> Durbach argues that the anti-vaccination movement in Britain was primarily led by working-class and lower middle-class people, who expressed different political views from those of the upper class.<sup>16</sup> The anti-vaccinationists refused to grant the State rights over such personal affairs as a man’s choice of his physician or the health care of the health of his children. Even some physicians believing in the efficacy and safety of vaccine took the stance against compulsory vaccination on the ground that personal matters should not be interfered with by the State.

The anti-vaccinationists held not only a different political stance, but also a different world view. Durbach showed that while the supporters of compulsory vaccination saw human bodies as potential beds for infections, the anti-vaccinationists regarded their bodies as pure, and vulnerable to intrusions.<sup>17</sup> Durbach’s theory corresponded to researches on recent anti-vaccination movements. Wolfe and Sharp pointed out that anti-vaccinationists “have deeply held beliefs, often of a spiritual or philosophical nature, and these beliefs have remained remarkably constant over the better part of two centuries.”<sup>18</sup>

### 9.3 Limited involvement before 1866: The rinderpest trial

The discussion about vaccine in the British homoeopathic community in the nineteenth century can be roughly divided into three time periods. Before 1866, there was only sporadic interest in investigating whether vaccination was effective or not. Between 1866 and 1885, strong opinions regarding vaccination were expressed amongst homoeopathic practitioners. Some populist homoeopaths were actively campaigning for anti-vaccination, and professional homoeopaths responded by advocating vaccination from a scientific and pragmatic point of view. Wyld started

14. Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853–1907*.

15. Beck, “Issues in the Anti-vaccination Movement in England.”

16. Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853–1907*.

17. Ibid.

18. Robert M. Wolfe and Lisa K. Sharp, “Acts of Faith: Religion, Medicine, and the Anti-vaccination Movement,” *Park Ridge Center Bulletin* (July 2000): 9–10.

his experiments with an improved vaccination method using calf-lymph, while John James Garth Wilkinson (1812–1899) published his famous manifesto on vaccination, *The Vaccination Vampire*. After 1885, homoeopaths finally started to show their interest in vaccination theories, and compared them to Hahnemann's theory.

The issue of vaccination was rarely mentioned among homoeopaths before 1866. Before the 1860s, homoeopaths were pre-occupied by establishing homoeopathy in relation to the medical profession amongst a series of debates and court cases. The open trial of rinderpest between 1865 and 1866 was probably the first incident where British homoeopaths were exposed to the issue of vaccination in the context of both laymen and the profession. The cattle plague was seen as similar to smallpox due to its analogous similar symptoms. Experiments on the inoculation of cattle had occurred in the Netherlands around 1755 and were introduced into England straight afterward. While these experiments were reasonably successful, they did not make a significant impact in Britain: the total number of inoculations in England appears to have been very limited, and after 1780 the English interest in inoculation disappeared almost entirely.<sup>19</sup>

While no effective measure existed to deal with the crisis of rinderpest, the inoculation of cattle was re-proposed almost ninety years after its disappearance in Britain. In 1865, a correspondent, Paul Belcher, suggested in the *BMJ* that vaccination might be the solution for the epidemic.

[I]t appears to me that it is worth trying, whether (if the Rinderpest can be communicated by inoculation), by passing through the system of some other animal, you may arrive at a sort of vaccination by which Rinderpest may be transmitted mildly and safely, and without infection, to our herds.<sup>20</sup>

The proposal only evoked lukewarm discussions in the medical community but was not pursued further.

Strangely, although there was a keen contest between homoeopaths and regular medical practitioners in treating the cattle plague (see chapter 5), homoeopaths did not take a great interest in the subject, which, after all, could be seen as homoeopathic. It is very likely that professional homoeopaths were aware of the subject as it was

19. C. Huygelen, "The Immunization of Cattle against Rinderpest in Eighteenth-Century Europe," *Medical History* 41 (2 1997): 182–196.

20. Belcher, "Correspondence: The Rinderpest and the "Times"," 620.

a common practice for them to update themselves with the latest developments in medicine through allopathic journals. Nevertheless, British homoeopaths' reluctance in investigating cow-pox vaccination might be because there were only a few homoeopathic veterinarians, and scarce resources to conduct necessary experiments.

A more fundamental reason for the ignorance was probably that most professional homoeopaths lacked fundamental and theoretical knowledge about homoeopathy. As I have discussed in Chapter 5, the issue of a lack of reliable information about homoeopathy persisted into the 1870s. Concern with homoeopathic theories did not surface until the 1870s, when reforms in homoeopathic literature brought about necessary re-examinations of Hahnemann's work. It is not surprising, then, that homoeopaths did not connect the idea of cow-pox vaccination to the principles of homoeopathy in 1866.

## 9.4 Dr. Charles Thomas Pearce's (1815–1883) anti-vaccination campaign

What attracted orthodox professional homoeopaths' attention towards vaccination issue was probably more about maintaining a common social identity, rather than responding to the anti-vaccination movement in general. Orthodox professional homoeopaths did not pay much attention to the vaccination issue until Charles Thomas Pearce's (1815–1883) campaign against compulsory vaccination. In Northampton in 1860 he held his first public debate, making the town a centre of resistance to the compulsory vaccination law. Pearce's reasons for opposing compulsory vaccination were similar to other anti-vaccinationists. He declared that vaccine "has no value at all."<sup>21</sup> In *Vaccination: Its Tested Effects on Health, Mortality and Population. An Essay, etc.*, published in 1868, he argued, with statistics, that small-pox was already on the wane regardless of Jenner's discovery.<sup>22</sup> Like many anti-vaccinationists, Pearce vehemently criticised the way that the government disregarded the issues of vaccine safety and forcibly exposed the poor to the danger of other diseases, notably syphilis and erysipelas. In 1871, Pearce gave evidence to a Select Committee appointed to inquire into the Vaccination Act of 1867. In 1877, he published *Vital Statistic Showing the Increase of Smallpox, Erysipelas, etc., In Connection with*

21. Charles Thomas Pearce, *Vaccination: Its Tested Effects on Health, Mortality and Population. An Essay, etc.* (London, 1868), 34.

22. Ibid.



the *Extension of Vaccination*, where he argued that mortality rates after the introduction of compulsory vaccination in the three smallpox epidemics were much greater than the increase of population would account for. He concluded that instead of checking the spread of smallpox, vaccination might in contrast be harmful and sometimes even fatal.<sup>23</sup> Pearce also shared the anti-vaccinationists' view that human bodies are by their nature pure, good and clean, in contrast to the unclean, evil and intrusive vaccine. He thus concluded

[t]hat vaccination is an evil, a crime against nature, unclean in its source, dangerous in its practice, uncertain in its operation as a prophylactic, and also, if persisted in and extended will, proportionately, produce all the evils which have been mentioned in this essay.<sup>24</sup>

Professional homoeopaths apparently were concerned that Pearce's popular and influential campaigns would create a negative image of homoeopathy to the profession and to the public, whose social networks they were eagerly seeking recognition from. Both the *BJH* and the *MHR* quickly responded to Pearce's *Vaccination: An Essay* in 1868. The *BJH* published an article to correct the impression "that we homoeopaths are unsound about vaccination."<sup>25</sup> The editors reassured their target audience, the profession and the well-to-do, that they maintained the same position as them in supporting vaccination.

the great mass of our body, both here and abroad, are as sound in their doctrine and consistent in their practice in regard to vaccination as any of their brethren of the old school.<sup>26</sup>

Acknowledging the close relationship between Pearce and the mass anti-vaccination movement by calling him "the chosen champion of the *Anti-Compulsory Vaccination League*,"<sup>27</sup> the *MHR* also reassured the readers that the progress of medicine would not be hindered by unsound arguments made by Pearce.

23. Charles Thomas Pearce, *Vital Statistics Showing the Increase of Smallpox, Erysipelas, etc., in Connection with the Extension of Vaccination* (London, 1877), v–vii.

24. Pearce, *Vaccination: Its Tested Effects on Health, Mortality and Population. An Essay, etc.*, 99.

25. "On the Present Doctrine Concerning Vaccination," *BJH* 26, no. 104 (1868): 223.

26. *Ibid.*, 224.

27. "Review," *Monthly Homoeopathic Review* 12, no. 6 (1868): 364.

As “hard words break no bones,” so strong and unjustifiable language can never affect the progress of a measure of such well-substantiated value as vaccination.<sup>28</sup>

In reviewing Pearce’s *Vital Statistics*, published in 1877, the BJH again expressed regret to see a homoeopath not conforming to the ethics of the majority of professional homoeopaths.

[W]e much regret that any member of our small body should be found joining in the mischievous anti-vaccination movement now on foot.<sup>29</sup>

The orthodox professional homoeopaths shared the opinion of other vaccination supporters that the anti-vaccinationists were heretics, non-conformists, unscientific and from the lower classes. The editors of the MHR expressed their opinions that the anti-vaccination crowds belonged to the “unreflecting and uneducated classes.”

We need not fear that, with intelligent and thinking people, the members of the league will have much influence; but we confess that we view with no small anxiety the power they may exercise upon the minds of the more unreflecting and uneducated classes of the community.<sup>30</sup>

The editors of the BJH drew a boundary between themselves and the populists and denied the latter belonged to the same social group.

[T]here are some among us who have taken up homoeopathy, not so much from scientific conviction, as from a tendency to heresy; who follow it as they do mesmerism, phrenology, and spiritualism, to say nothing of religious eccentricities: and to such a habit of mind the denial of the truth of vaccination comes easy enough.<sup>31</sup>

In April 1878, the *MHR* again expressed their support for vaccination in a leading article.<sup>32</sup> Right before the Vaccination Act 1893, which finalised the vaccination

28. “Review,” 364.

29. “Review: *Vital Statistics Showing the Increase of Smallpox, Erysipelas, etc., in Connection with the Extension of Vaccination* by Charles J. Pearce,” *The British Journal of Homoeopathy* 35, no. 7 (July 1877): 264.

30. “Review,” 364.

31. “On the Present Doctrine Concerning Vaccination,” 223–224.

32. “The Vaccination Question.”

dispute, the *MHR* regretted that the anti-vaccination movement had contracted the extent of vaccine application.

The baneful influence of the Anti-Vaccination League people upon the superficially informed and more generally ignorant of the population is bearing fruit. The Compulsory Vaccination Act has not been enforced to any conspicuous extent for several years, in obedience to the pressure brought to bear upon the authorities by the same mischievous Association.<sup>33</sup>

Indeed, in many ways, Pearce was closely connected with other populist homoeopaths, and corresponded to the image that the professional homoeopaths built around anti-vaccinationists.<sup>34</sup> Pearce's encounter with homoeopathy was through John Epps, the famous populist homoeopath, who miraculously cured Pearce. He was the honorary secretary of the English Homoeopathic Association, an organisation set up by both homoeopaths and laymen to propagate homoeopathy among the public.<sup>35</sup> Pearce settled in Northampton and supported the work of the EHA by publishing the monthly journal *The Homoeopathic Records* between 1855 and 1860. Pearce's political stance countered Rankin's theory that the EHA was related to the Tory political movement. He was the secretary of the Tory politician, Sir Richard Rawlinson Vyvyan (1800–1879), but stood as a Liberal in an election in 1858.<sup>36</sup> Similar to the anti-vaccinationists' view of the State, Pearce and his friends saw the Medical Act of 1858 as an infringement of citizen's medical liberty, rather than a protection for the medical profession. In protest at the new medical reform bill, Pearce led a *Medical Liberty League*, whose aim was to

unite all classes, medical and non-medical—an eclectic body, including not homoeopathists only, but hydropathists, medical botanists, and any other, even mesmerists, yea, those who have no medical creed at all, but who jealously regard their own liberties, and would lend a helping hand to save the country from a state medical priesthood.<sup>37</sup>

33. "Small-pox," *Monthly Homoeopathic Review* 37 (3 1893): 129.

34. I would like to thank Pearce's third grand-son, David Charles Manners, for sharing his unpublished biography of Charles Thomas Pearce. David Charles Manners, *Noodles & Knives: Dr. Charles Thomas Pearce (1815–1883) 'Martyr of Homoeopathy'* (unpublished, 2014).

35. "Annual Meeting of the English Homoeopathic Association," *The Homoeopathic Record* 1 (1 1855): 7.

36. Manners, *Noodles & Knives: Dr. Charles Thomas Pearce (1815–1883) 'Martyr of Homoeopathy'*, 54; Rankin, "Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy."

37. "To Our Readers," *The Homoeopathic Record* 3 (4 1858): 65.

Pearce was also actively against vivisection, another medical movement which is associated with lower-class mass movement.

Nevertheless, Pearce was far from being uneducated and unscientific, as the editors of both professional homoeopathic journals were trying to suggest. Receiving his medical education at University College, affiliating with the Royal College of Surgeons, Pearce was a well-qualified medical practitioner. Sir Richard Vyvyan (1800–1879), whom Pearce worked for as a secretary, was a Fellow of the Royal Society, a geologist and a metaphysician. It is likely that Vyvyan supported Pearce's campaigns and medical education.<sup>38</sup> Pearce was also likely to be involved in Vyvyan's scientific experiments and researches on light, heat, and magnetism.<sup>39</sup> Notes about their joint research on the magnetism of the Moon's rays were recorded in *The Weather Guide Book*, published by Pearce's son, Alfred John Pearce, in 1864.<sup>40</sup> Incorporating his knowledge on how the planets influenced the magnetic fields of human bodies into his diagnosis and prognosis, Pearce became a so-called 'medical astrologer,' and his son was also a medical astrologer and almanacist. In this way, Pearce shared with his fellow Victorians the attitude that mysticism and metaphysical phenomena could be understood by experiments and scientific laws.

## 9.5 Orthodox professional homoeopaths' reasons for supporting vaccination

Orthodox professional homoeopaths did not criticise anti-vaccinationists with homoeopathic theories, nor did they support it because of its similarities with homoeopathic principles. Their attitudes confirm Beck and Durbach's arguments that vaccine dispute was a matter of different opinions and values, rather than a discussion about science.<sup>41</sup> The orthodox professional homoeopaths seemed to assume that vaccination was essentially good. In fact, the *BJH* commented that "[i]t seems almost presumptuous to question a doctrine so generally received."<sup>42</sup> They justified their support in the same way as other vaccination supporters,

38. Manners, *Noodles & Knaves: Dr. Charles Thomas Pearce (1815–1883) 'Martyr of Homoeopathy'*, 14.

39. *Ibid.*, 64.

40. Alfred John Pearce, *The Weather Guide-Book, A Concise Exposition of Astronomic-Meteorology* (London: Simpkin, Marshall & Co., 1864).

41. Beck, "Issues in the Anti-vaccination Movement in England"; Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853–1907*, 1–12.

42. "On the Present Doctrine Concerning Vaccination."

interpreting the statistical results of vaccination. And sometimes when these analyses did not fit into their expectations, professional homoeopaths resorted to other possible unnoticed factors. The *BJH* acknowledged that the effectiveness of vaccination might vary from time to time, but its power in modifying the progress of diseases was undeniable. Unable to refute Pearce's argument that ever since the implementation of compulsory vaccination, the mortality rate of small-pox had increased, the *BJH* concluded that other undisclosed factors other than vaccination should be held accountable for the increased mortality rate.<sup>43</sup> Professional homoeopaths shared the opinion of other supporters of compulsory vaccination that the dangers of vaccine, especially cross-infection of various diseases, resulted from inappropriate procedures and techniques.

[it has,] we think, been demonstrated that in all such cases the operation [vaccination] has been carelessly performed; for either blood has been drawn with the vaccine lymph, or two or more individuals have been vaccinated with the same lancet, the instrument not having been carefully cleaned after each operation.<sup>44</sup>

Professional homoeopaths optimistically believed that, in due course, an improved vaccination would be devised. This attitude welcomed and predicted George Wyld's experiments and promotion on calf lymph in the late 1870s and 1880s.

I would like to point out that homoeopathic theories were not used in validating vaccination after the 1860s.<sup>45</sup> On the contrary, homoeopathic variations of vaccination were even disputed by British professional homoeopaths. Dilutions of vaccine matter taken by mouth were experimented with in Italy, Germany, and America.<sup>46</sup> The *BJH* did not mention that they were homoeopathic, but instead called these

43. "Review: *Vital Statistics Showing the Increase of Smallpox, Erysipelas, etc., in Connection with the Extension of Vaccination* by Charles J. Pearce."

44. "The Vaccination Question," 195.

45. In 1853, Sir James Young Simpson (1811–1870), the discoverer of the anesthetic properties of chloroform, was also a vehement opponent of homoeopathy, pointing out that "Hahnemann and his followers allege that the prevention of smallpox by vaccination is a striking instance of the operation of the infallible law of homoeopathy." As far as my research shows, neither the *BJH* nor the *MHR* argued for the validity of vaccination with homoeopathic theories. However, Simpson's work showed that his idea of homoeopathy included whoever professed to be a homoeopath, no matter whether the homoeopath was German, American or from any other country, instead of being restricted to those in Britain. Therefore I suspect that Simpson referred to some German homoeopaths' arguments for supporting vaccination. James Young Simpson, *Homoeopathy: Its Tenets and Tendencies, Theoretical, Theological, and Therapeutical* (Edinburgh; London: Sutherland & Knox; Simpkin, Marshall, & Co., 1853), 261.

46. "On the Present Doctrine Concerning Vaccination," 231–232.

experiments “the internal administration of vaccine lymph.”<sup>47</sup> Although acknowledging that these experiments demonstrated that the dilutions of vaccine matter could produce tangible effects on the subjects, the *BJH* refuted their potential as vaccine substitutes as the symptoms developed in these experiments did not follow the course of symptoms occurring in vaccination.<sup>48</sup>

## 9.6 George Wyld’s (1821–1906) pragmatic attitudes towards vaccination: experiments and promotion of calf-lymph vaccine

George Wyld’s endeavour to experiment and promote a safe vaccine best illustrates orthodox professional homoeopaths’ pragmatic, instead of ‘sectarian,’ attitudes towards new therapeutic approaches. The professional context where Wyld encountered and practised homoeopathy, and the fact that Wyld associated himself closely with the medical profession, contributed to a different attitude towards vaccine dispute from Pearce. Wyld first learned about homoeopathy from Henderson during his medical education in Edinburgh in 1851. It is likely that Wyld was familiar with the debate of homoeopathy in Edinburgh (see Part I). Wyld was not convinced with the new medical approach until his own illness was cured by Dudgeon with globules of *Nux Vomica* 1x and *Bryonia* 1x, low-potency remedies often used by professional homoeopaths.<sup>49</sup> He soon wrote a pamphlet, *Homoeopathy: An Attempt to State the Question with Fairness*, of which two thousand copies were quickly sold.<sup>50</sup> Wyld became the Acting President of the BHS in 1876. Nevertheless, in his autobiography written at the age of 82, Wyld regretted that he might have adopted the new medical system too bluntly so as to upset his fellow medical men.

In after life I sometimes regretted that I had been so precipitate in declaring my views, for my heresy offended many of my valued medical and other friends, and excluded me from all professional interchange of opinions and consultations with the leaders in medicine, and from all orthodox medical societies; and on social and scientific grounds this was a great loss to me. I could not possibly have resisted the conclusions

47. “On the Present Doctrine Concerning Vaccination,” 232.

48. *Ibid.*

49. Wyld, *Notes of My Life*, 32–34.

50. *Ibid.*, 34.

I arrived at as to the immense superiority of the homoeopathic as compared with the heroic treatment of acute disease; but had I called my pamphlet not the homoeopathic treatment of disease, but the treatment of disease by direct specifics in small doses, that might imply the homoeopathic system, but it omitted the word of all words the most offensive to the great bulk of the profession.<sup>51</sup>

Wyld's regret motivated him to seek peace between homoeopathy and allopathy, as I will discuss in Part III.

Apart from his identification with the medical profession, a sentiment probably shared by most orthodox professional homoeopaths, Wyld had another personal reason to take up calf-lymph vaccine. He needed to be included in a newly-defined orthodox profession, as his earlier interest and association with mesmerism, spiritualism and phrenology had been condemned by the medical profession. Although many homoeopathic practitioners also utilised these medical approaches, the orthodox professional homoeopaths gradually agreed to orthodox medicine's opinion that these practices should not be used by a professional. In this way the orthodox professional homoeopaths identified themselves more closely to the medical profession, and drew a boundary between themselves and the 'unprofessional' homoeopathic practitioners. In fact, the *BJH* condemned those homoeopaths associated with anti-vaccinationists as practising "mesmerism, phrenology, and spiritualism."<sup>52</sup>

Wyld, like many of his fellow Victorians, believed that these phenomena could be understood by science. Wyld encountered mesmerism and the occult as early as in the 1830s.<sup>53</sup> He joined the London Phrenological Society in 1844.<sup>54</sup> A few years later he started to take interest in mesmerism, and was apparently impressed by Daniel Dunglas Home (1833–1886), a Scottish medium who claimed to be able to self-levitate.<sup>55</sup> He later became the Vice President of the British National Association of Spiritualists, and in 1881 a member of the Society for Psychical Research.<sup>56</sup> He joined the Theosophical Society in 1878 and was the President between 1880 and 1882, although in the end he found Madame Blavatsky "too vulgar" for his taste

51. *Ibid.*, 34–35.

52. "On the Present Doctrine Concerning Vaccination," 223–224.

53. Wyld, *Notes of My Life*, 59–60.

54. *Ibid.*, 30.

55. Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850–1914* (Cambridge: Cambridge University Press, 1985), 221.

56. *Ibid.*, 138–140.

and left the society.<sup>57</sup> The incident did not discourage Wyld from his interest in the spiritual world. He proudly claimed in 1884 that he managed to demonstrate by scientific experiments, that spirit was the substance of matter.<sup>58</sup>

In 1877, Wyld's interest in spiritualism cost him his reputation within the profession. In 1877, Henry Slade (1835–1905), a famous slate-writing medium, arrived to London from America. Slade was exposed as a fraud in one of his sessions in London, where messages which were supposed to be written down after communicating with the spirits, were found already written.<sup>59</sup> For defending Slade, Wyld was ridiculed by the medical profession and the newspapers. He lost his medical practice. Nevertheless, Wyld still held “absolute conviction” of Slade's powers and was grateful for the “psychological revelations” given by Slade.<sup>60</sup> Anxious and distressed with his lost practice and reputation, Wyld sought to restore his position by producing calf lymph, under the suggestion of a fellow professional homoeopath, John James Drysdale.<sup>61</sup>

Interestingly enough, according to Wyld's own account he did not take up calf lymph for any scientific reason. Rather, it was the synchronism of two events in 1877 that inspired him to take calf vaccination on board—a mystical experience which often happened among spiritualists. Wyld had read a letter from Drysdale, the editor of the *BJH*, and also a physician in the London Homoeopathic Hospital, on the use of calf lymph in America and in Belgium. One evening when walking home, Wyld heard a voice telling him “Take up Vaccination from the Calf.” The following morning he received a letter from his wife suggesting him taking up vaccination from the calf. At once Wyld wrote to Belgium for some calf lymph and proceeded with vaccination on a calf.<sup>62</sup> During the same year, Wyld became one of the first few physicians to have visited Evariste Warlomont's calf lymph production farm in Belgium in 1877. After visiting Belgium, where Wyld claimed that he and another homoeopath, Dr. Warlomont, made themselves “intimately acquainted with the minute details of the process, we are prepared to guarantee the profession a continuous supply of fresh calf-lymph [sic].”<sup>63</sup>

57. Wyld, *Notes of My Life*, 71–74.

58. *Ibid.*, vi.

59. Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850–1914*, 22–23.

60. Wyld, *Notes of My Life*, 68.

61. *Ibid.*

62. *Ibid.*, 68–69.

63. George Wyld and Thomas Wilson, Letters, Notes and Answers to Correspondents: Vaccination Direct from the Calf, *The British Medical Journal*, February 1878, 281.



Wyld's enterprise on experimenting with glycerinated calf lymph was pioneering and challenging in Britain in 1877. Wyld considered calf lymph a possible solution to improving vaccine safety. In 1877, the prevalent vaccination method in Britain was arm-to-arm approach: vaccine material, human lymph, was obtained from the arms of an inoculated person. Unsurprisingly, blood-transmitting diseases, notably syphilis, was associated with this method. In contrast to human lymph, calf lymph was first developed possibly in Italy in 1805, then spread to France, Belgium, Switzerland and Germany. In the 1860s it had become the national system in Belgium.<sup>64</sup> However, it was banned in Britain for safety reasons in 1869.<sup>65</sup> In his new attempt to make calf lymph safe, Wyld added glycerine to the material. It was believed that glycerine would inactivate all the germs apart from effective vaccine germs.<sup>66</sup>

In the 1860s it was found that the potency of strains of human lymph had declined.<sup>67</sup> Some physicians suggested calf lymph as the alternative. In a correspondence to the *BMJ*, Edward T. Wilson, Physician to the Cheltenham General Hospital, defended calf lymph by saying that the method of storing the lymph had improved; calf lymph is cheaper than human lymph and can produce larger quantities; and does not have the problem of transmitting diseases. "I cannot help feeling, therefore, that the question of using calf-lymph [sic] lies unfairly under the ban of official condemnation."<sup>68</sup> Sir Thomas Watson published, in the *Nineteenth Century*, a paper on "Small-pox and Compulsory Vaccination," in which he advocated the return to vaccination from the heifer, or at least to a renewal of vaccine lymph by the introduction of fresh sources of calf lymph from time to time.<sup>69</sup>

Nevertheless, the calf lymph alternative was still considered dangerous by the majority of the profession. It did not show consistent results and it was suspected that the heifer could not produce real vaccinia. The *BMJ* rebuked Sir Thomas Watson's proposal on the grounds that most of the statistics he provided were

64. J. A. Didgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," *The British Medical Journal* 1 (5342 1963): 1370.

65. In the Privy Council Report of 1869, an account of Dr. Seaton vehemently condemned the adoption of calf lymph on the grounds that it was difficult in operation and apt to spoil. The use of calf lymph was under official ban in Britain ever since. Edward T. Wilson, "Animal Vaccination," *The British Medical Journal* 1 (842 1877): 216.

66. W. Scott Tebb, *A Century of Vaccination and What It Teaches* (London: Swan Sonnenschein & Co., 1899), 380–384.

67. Didgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," 1369–1370.

68. Edward T. Wilson, "Correspondence," *The British Medical Journal* (February 1877): 216.

69. John Greene, "Animal Vaccination," *The British Medical Journal* (June 1878): 889–891.

doubtful.

The subject is one of such very serious importance, that anything like hasty conclusions drawn from insufficient grounds are very greatly to be deprecated, especially when such conclusions are expressed by so eminent and respected an authority as Sir Thomas Watson in a popular publication.<sup>70</sup>

In a letter of February 15th addressed to the *Standard*, another Dr. Wyld suspected

many medical men are under the false impression that vaccinia in the heifer is modified small-pox, and that all we require to do is to inoculate the heifer with small-pox matter, and thus get a supply of vaccine lymph. [...] This is a mistake which might become productive of disastrous consequences; and that small-pox inoculation of the heifer produces, not vaccinia, but a modified small-pox capable of spreading small-pox amongst human beings by infection.<sup>71</sup>

### 9.6.1 Wyld's promotion of calf lymph, 1877–1882

Under the unfavourable atmosphere and his own auspicious vision, Wyld became one of the first supplier of calf lymph in Britain in 1877. As Wyld's main motivation in supplying calf lymph was to restore his professional status, he was determined to make his attempt known to the medical profession. Wyld wrote many letters to the London press on the subject of calf vaccination. These letters were published in the *BMJ* and a large number of provincial newspapers in the same year.<sup>72</sup> The response was enthusiastic. Wyld recalled that within a week he received four hundred requests.<sup>73</sup> In February 1878, Wyld and Wilson opened a new office in Oxford Street in order to supply even larger quantities of the lymph.<sup>74</sup> Together they wrote a letter in the *BMJ* to encourage the use of the calf lymph, and describing it as the answer to the anti-vaccination movement, which was not only against compulsory vaccination but also against the authority of the medical profession.

70. Greene, "Animal Vaccination."

71. C. H. Allfrey, Letters, Notes and Answers to Correspondents: Vaccination Direct from the Calf, *The British Medical Journal*, March 1875, 282.

72. George Wyld, "Correspondence: Vaccination from the Calf Direct," *The British Medical Journal* (November 1879): 875.

73. Wyld, *Notes of My Life*, 69.

74. "The Vaccination Question," 203.

We would also remind medical men that the anti-vaccination movement is daily gaining strength, and that its own argument—the danger of erysipelas and syphilis—is at once answered by the use of calf-lymph [sic].<sup>75</sup>

Wyld's endeavour was eventually highly-appreciated among his fellow homoeopaths along with other medical practitioners. The association between Wyld and homoeopathy, spiritualism and mediumship was dropped by the medical press. A correspondent in the *BMJ* recommended Wyld's supply in answer to another physician's quest to try out calf lymph. "I may add that on several occasions I have been supplied with the calf-lymph [sic], and in all cases the result has been most satisfactory."<sup>76</sup> The professional homoeopaths also welcomed Wyld's initiative. The *MHR* urged the homoeopathic community to join the experiment of Wyld and Wilson as a return to the original source of Jennerian lymph.<sup>77</sup> From March 1881 on, Wyld had been vaccinating with calf lymph at the London Homoeopathic Hospital weekly with the cheap charge of one shilling, as decided by the Management Board.<sup>78</sup> The *MHR* believed that when animal vaccination would be adopted by the British Government in the near future, Wyld's experiment would make great contributions to the knowledge of its production.<sup>79</sup>

According to Wyld's own calculation, from 1877 to 1879, nearly five thousand children and adults had been vaccinated with his calf lymph. The demand had been chiefly from London and the large manufacturing towns, such as Liverpool, Manchester, Leeds, Bristol, and Bradford. Wyld admitted that the results of his vaccine lymph seemed to vary a lot. He himself had only had one failed case in the past two years while some of his customers complained that the vaccine never worked. He believed that most failures were due to inappropriate operation.<sup>80</sup> Nevertheless, the demand for the lymph almost always exceeded the supply.<sup>81</sup>

75. Wyld and Wilson, Letters, Notes and Answers to Correspondents: Vaccination Direct from the Calf.

76. W. M. Cairns Wicks, Letters, Notes and Answers to Correspondents: Animal Vaccine, *The British Medical Journal*, May 1879, 801.

77. "The Vaccination Question," 204.

78. "Correspondence: Vaccination with Calf Lymph," *Monthly Homoeopathic Review* 25 (4 1881): 252.

79. "The Vaccination of the Future," *Monthly Homoeopathic Review* (May 1880): 262.

80. Wyld, "Correspondence: Vaccination from the Calf Direct."

81. "Correspondence: Vaccination with Calf Lymph."

### 9.6.2 Wyld's impact on the medical profession's acceptance of animal vaccination

Wyld's endeavour facilitated the official acceptance of glycerinate calf lymph as the standard vaccination procedure in Britain in 1898. From the end of 1879 and into 1880, there was heated debate regarding animal vaccination in the *BMJ*, and the *BMJ* had changed its attitudes from opposing animal vaccination to supporting it. In a reply to 'Stockport's' query in the Journal of October 18th, an author suggested that "the best authorities now agree that, except under special circumstances, animal vaccination is no more intense than typically perfect vaccination should be."<sup>82</sup> Animal vaccine as a safe vaccine procedure was soon discussed in Parliament. In 1879, an Animal Vaccination Bill was discussed during the last session of the House of Commons. The Bill suggested providing facilities for the optional use of animal vaccine. Ernest Hart, Chairman of the Parliamentary Bills Committee of the British Medical Association, wrote a ten-page 'Preliminary Report on Animal Vaccination in its Relation to Proposed Legislation' published in the *BMJ*, investigating the pros and cons of animal vaccination.<sup>83</sup> With the sanction of the Committee, a conference was arranged to be held in December among the members of the medical profession. It was expected that "the results of its deliberations will have an important bearing upon the future of vaccination in this country."<sup>84</sup> As one of the early pioneers in calf lymph experiments, George Wyld was also invited to the conference. The general consensus of those present in the conference was in favour of animal vaccination. The conclusions arrived at in the report included the recommendation of a scheme of official distribution of calf lymph to public vaccinators from the government centre.<sup>85</sup>

On the eleventh of June, 1880, announcement was made in the House of Commons that the National Vaccine Establishment should make arrangements to supply animal lymph in the same way that it now supplied human lymph. The *BMJ* welcomed the announcement by stating that

82. "Letters, Notes and Answers to Correspondents: Calf-Lymph," *The British Medical Journal* (November 1879): 759.

83. Ernest Hart, "Preliminary Report on Animal Vaccination in its Relation to Proposed Legislation" (November 1879): 843–853.

84. for the details of the conference, see "Animal Vaccination," Report of Conference held on Thursday, December 18th, By the Parliamentary Bills Committee, to Consider Dr. Cameron's Bill for Animal Vaccination, *The British Medical Journal* (December 1879): 1036–1041.

85. "The Official Introduction of Vaccination with Calf-Lymph," *The British Medical Journal* (June 1880): 932–933.

[t]he goal for which we have been striving has at last been reached; and we have good grounds for supposing that an increase both in the amount of vaccination and the quality of the protection afforded will be the result. [...] It cannot be doubted that a large and increasing number of practitioners will avail themselves of this new boon, which promises, indeed, to remove one very solid ground of objection from vaccination altogether; viz., that of the alleged inoculation of other diseases.<sup>86</sup>

Wyld was openly thanked along with seven other doctors.

For at least twelve years past, it has received more or less attention in this country. Dr. Blanc (who originally introduced the method into England), Dr. Ballard, Dr. Vintras, Dr. Wyld, Dr. Wilson of Alton, Mr. Greene of Birmingham, Mr. Ceely of Aylesbury, and the editor of the *Medical Times and Gazette*, have all contributed towards the result.<sup>87</sup>

With his initiative endorsed by professional homoeopaths, allopaths and even the government, Wyld announced his satisfactory retirement from producing calf lymph in 1882.

### 9.6.3 Discussions of Wyld's success with the medical profession

During a time when homoeopathy was 'ostracised' by the medical profession, it is worthy of discussion how Wyld, a homoeopath previously associated with spiritualism and fraud, successfully managed to win over support from homoeopaths, allopaths and the government. I argue that two factors significantly contributed to Wyld's success. First was the prevalence of pragmatic attitudes towards medical practice among Victorian medical practitioners. They were much more concerned with finding effective treatments than investigating in the theories behind the treatments. For example, in discussing vaccination, medical practitioners focused on how to store the lymph or how to transfer vaccine from one cow to another, rather than investigating the theoretical grounds of the operations. Wyld simply improved the

86. Ibid.

87. Ibid.

safety of vaccine and offered a reliable constant supply of lymph, without advocating vaccine with any theoretical tenet. Instead, Wyld emphasised on the ‘scientificness’ of his procedure to secure the support from the public and the profession.<sup>88</sup> In this way, Wyld managed to publish news and correspondence regarding the useful new technique in both the *BMJ* and the *Lancet*.

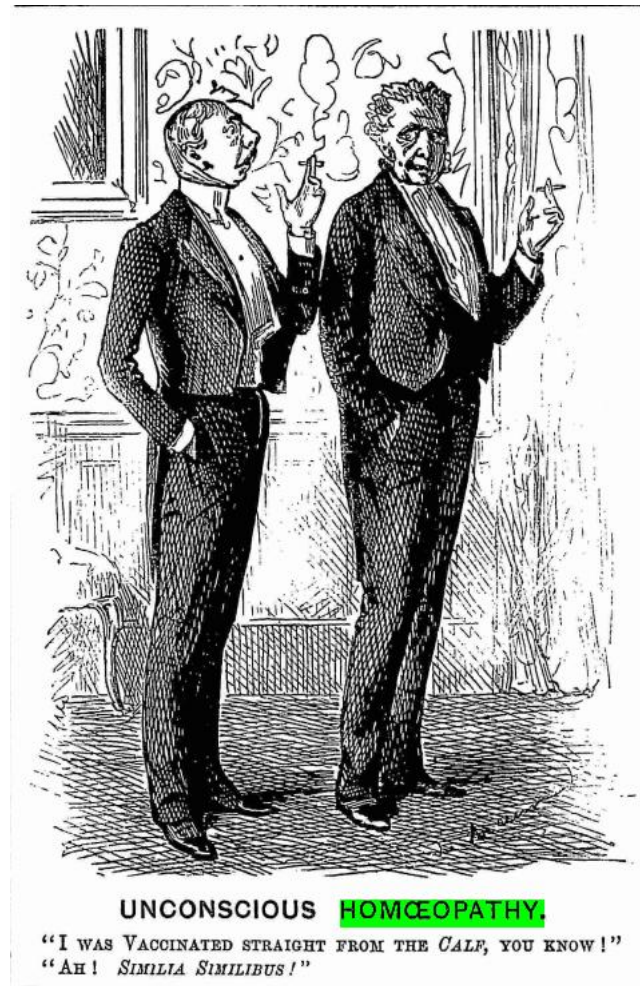
A second factor which contributed to Wyld’s success was the tolerant attitude of the medical profession towards physicians who did not profess a sectarian identity. Wyld never mentioned homoeopathy, or declared himself as a homoeopath in any of his open letters. His deliberate choice was to unite homoeopaths and allopaths against the threat from the Anti-Vaccination League by dropping the identity of homoeopathy and by focusing on the scientific aspect of the debate. In fact, Wyld’s longing for a reconciliation between the two camps of medicine might be the direct motivation for making this choice.<sup>89</sup> The potential connection between vaccination and homoeopathic theories was hardly mentioned outside of the homoeopathic community. Furthermore, personal liberty, an important issue in the vaccine dispute, was not mentioned at all by professional homoeopaths, nor by Wyld. The discussions about vaccination amongst homoeopaths centred around medical issues and statistics, instead of political and social aspects. Professional homoeopaths condemned the anti-vaccination movement as mischievous and preventing the prevalence of a good medical practice. Professional homoeopaths considered that their ostracism from the medical profession was based purely upon political intention, and therefore any political association with vaccination was probably not their favourite subject. I will discuss this issue more in Part III.

## 9.7 The Hahnemannians, vaccination and Anti-Compulsory Vaccination League

I have discussed that although supporting vaccination, professional homoeopaths did not base this decision upon homoeopathic theories, but upon their identification with the medical profession and the idea of science. Another group of professional homoeopaths, the Hahnemannians, claimed to be the true followers of Hahnemann.

88. Wyld explained his scientific approach to animal vaccination during a public discussion in South Place Chapel, Finsbury, London, on the evening of 28th May, 1878. See George Wyld and Alexander Wheeler, *Vaccination, Is It Worthy of National Support* (London: E. W. Allen, 1878).

89. Wyld actively advocated the unification between homoeopathy and allopathy, and claimed that the two medical camps were similar to each other. See Part III.



**Figure 9.1.** Unconscious Homoeopathy, *The Punch*, August 1884, 57  
It sarcastically pointed out the professional homoeopaths' reluctance to associate vaccination with homoeopathic principles. According to the law of similars, the gentlemen would probably have to admit their similarities with calves.

What, then, were their opinions about vaccination? As the Hahnemannians are followed by the majority of homoeopaths today, is the anti-vaccination sentiment of homoeopaths today inherited from the Hahnemannians?

In the vaccine dispute, the Hahnemannians' opinions were excluded from the discussions in the *BJH* and the *MHR*. The Hahnemannians' view on vaccination could only be found in their own monthly journal, the *Organon*. The issue of vaccination was treated as one of the urgent issues which should be discussed and clarified amongst professional homoeopaths. It was highlighted in the first issue of the journal.

The Hahnemannians acknowledged the similarities between vaccination and homoeopathic principles, but rejected the prevalent vaccination method as not 'truly homoeopathic.' The Hahnemannians seemed to be the only homoeopathic group acknowledging "the Jennerian conception and practice of vaccination is founded in the only law of prevention and cure, namely, *Similia similibus curentur*."<sup>90</sup> Nevertheless, the Hahnemannians carefully pointed out two major differences between current vaccination method and homoeopathic principles. Firstly, the vaccine material in use was not a genuine diluted form of small-pox; it was an altered form of cow-pox with effective material called *variola*.<sup>91</sup> Secondly, as the Hahnemannians emphasised on following Hahnemann's later teaching about highly-diluted remedies, it was not 'homoeopathic' that the inoculating material was not in its diluted form. The editors argued that these two 'mistakes' accounted for the instability of vaccine efficacy and vaccine safety.

[W]e object to vaccination on account of its barbarity and rudeness; we object to it because of its crudeness, and because of the utter impossibility of foreseeing and preventing the spread of small-pox by using small-pox lymph instead of cow-pox lymph; of setting up erysipelas and other inflammations; of spreading syphilis, scrofula, and any quantity of latent hereditary disease.<sup>92</sup>

The editors therefore concluded that "[v]accination is a curse, variolation is worse, and compulsory vaccination and re-vaccination, or rather variolation and re-variolation,

90. "The Editor versus The Anti-Compulsory Vaccination League," *The Organon* 1, no. 3 (1878): 166.

91. In the human lymph method, the vaccine material came from the inoculation of cow-pox into the human body. The cow-pox was induced by inoculating 'grease' from horses. "On the Present Doctrine Concerning Vaccination," 227.

92. "The Editor versus The Anti-Compulsory Vaccination League," 166.



are worser and worser [sic].”<sup>93</sup> Instead, the editors advocated the use of diluted and potentised forms of vaccinia, collected from the pus as the result of cow-pox, and variola, collected from the pus as the result of small-pox. These remedies were called *Vaccinum* and *Variolinum* respectively. The editors were convinced that by the use of these two remedies, “the dangers of vaccination are removed, and the destructive character of small-pox no longer exists.”<sup>94</sup>

The editors’ criticism of current vaccination was quickly picked up by the Anti-Compulsory Vaccination League. However, due to different opinions about the proper boundary between the profession and the lay public, the Hahnemannians and the League could not form a happy collaboration. Unlike the popularisers of homoeopathy, the Hahnemannians liked to maintain the professional boundary against the lay public in medical matters. In the February number of *The National Anti-Compulsory Vaccination Reporter*, a correspondent, W. H. R., welcomed their new ally, but meanwhile pointed out homoeopaths’ ‘mistake’ in recommending a homoeopathic vaccine.<sup>95</sup> In response, the editors of the *Organon* sent a letter to the League expressing that the correspondent “volunteered some remarks of a strictly professional character, which we cannot allow to pass without comment.”<sup>96</sup> The editor of the *Reporter* and one of the founders of the League was Mary Catherine Hume-Rothery (1824-1885), who described herself as a “medical dissenter” who aimed at “the complete and entire disestablishment and disendowment of the State-chartered medical autocracy.”<sup>97</sup> Hume-Rothery’s attitudes towards the ‘evil medical profession’ were not welcomed by the Hahnemannians. She compared the authority of the medical profession with the pretension of the church and responded to Skinner, one of the editors of the *Organon*,

you express, in an offensive manner, the groundless pretension put forward by medical men, viz., that they are to be the sole judges of the methods of cure they recommend to the public, which can only be paralleled [sic] by the old popish pretension that the laity were no judges on religious subjects, and must therefore accept the dicta of the priests.<sup>98</sup>

93. “Review: *Annals of the British Homoeopathic Society and of the London Homoeopathic Hospital*,” *Organon* 1 (1 1878): 97.

94. “The Editor versus The Anti-Compulsory Vaccination League,” 166.

95. *Ibid.*, 165.

96. *Ibid.*, 166.

97. Mary Catherine Hume-Rothery, *Women and Doctors, or, Medical Despotism in England* (Manchester: Heywood, 1871), 15.

98. “The Editor versus The Anti-Compulsory Vaccination League,” 167.

In order to clarify that the Hahnemannians were not against the medical profession, and to draw a clear boundary between the Anti-Compulsory Vaccination League and the *Organon*, the editors of the *Organon* published the correspondence between Skinner and Hume-Rothery in the March number of the *Organon* in 1878. Skinner regretted that

whilst we have the greatest sympathy with the Anti-Compulsory Vaccination cause, we differ *in toto* from the League in the manner in which it goes about its work.<sup>99</sup>

Furthermore,

we cannot approve of the illogical and ridiculous stand which it takes against the Profession of Medicine as a body; that medical men are the avowed enemies of mankind, and that the benevolent and intelligent Jenner was little short of cut-throat and an imposter, who received £30,000 for massacring the innocents, and such-like twaddle.<sup>100</sup>

Previous researches often suggest a connection between high-potency homoeopaths, such as the Hahnemannians, with Swedenborgianism. There has not been direct evidence that Skinner and Berridge were fellow Swedenborgians, while Hume-Rothery was indeed one. The two homoeopaths, however, were also non-conformists, who were involved in other secret magical societies. Nevertheless, it seems that in the matter of vaccination, the opinions about the appropriate boundary between the medical profession and laymen overrode the possible fraternity of medical dissenters.

## 9.8 Summary

In this section I have shown that there were multiple responses amongst homoeopaths towards the issue of vaccination. My examination refutes the argument that homoeopathy was associated with the anti-vaccination movement, as suggested by previous researches. The example of the vaccine dispute illustrates that most homoeopathic practitioners did not always identify themselves primarily as homoeopathic practitioners. Their primary social identities changed according to different contexts. Pearce stood

99. "The Editor versus The Anti-Compulsory Vaccination League," 164.

100. Ibid., 164–165.

as a social reformer against the State. The orthodox professional homoeopaths associated themselves with the upper class and the medical profession against the working-class anti-vaccinationists. Wyld dropped his social identity as a homoeopath, and appeared to be a pragmatic medical practitioner to be accepted by the profession. The Hahnemannians criticised vaccination when speaking with their medical colleagues, but drew the boundary with the lay Anti-Compulsory Vaccination League. Overall, the lack of discussion about the relationship between homoeopathy and vaccination shows that the social identity of being a homoeopath did not play a crucial role in the vaccine debate. Therefore I argue that the question whether homoeopaths were against vaccination is irrelevant in the vaccine dispute in the nineteenth century. In Part III I will further discuss the interplay between this ‘non-essentialness’ of homoeopathic identity and the relationship between homoeopathic supporters and proponents.



# Summary

My focus on professional homoeopaths and their social identities leads to a different conclusion from previous studies as to why and how homoeopathic practice changed in Britain during the second half of the nineteenth century. A failed homoeopathic trial on the cattle plague between 1865 and 1866 acted as a turning point of professional homoeopathy, in terms of their ideas of medical science and ideal relationships with the profession and the lay public. These changes led to a series of reforms of professional homoeopathy, which began with re-interpreting Hahnemann's theories and re-inventing homoeopathic traditions to facilitate the process of integrating the new ideas of science with homoeopathy. New homoeopathic theories, inspired by contemporary scientific developments, were proposed once it was justified to change homoeopathy progressively. These new ideas were subsequently institutionalised into homoeopathic *materia medica*.

I conclude that professional homoeopaths were active agents who initiated these reforms integrating their beliefs with existing homoeopathic traditions. Professional homoeopaths' social identity of being professional and scientific practitioners played a crucial role in how homoeopathic theories and practices evolved and changed during the second half of the nineteenth century. The intra- and inter-group conflicts/differences further motivated the institutionalisation of an orthodox professional homoeopathy. This new homoeopathic tradition accepted only part of the homoeopathy as proposed by Hahnemann, and had more affinity with mainstream medicine in history, theory and practice. The professional homoeopaths' responses to the practice of vaccination and anti-vaccination movements suggested that they probably identified themselves more as scientific rather than homoeopathic practitioners. In the next part of the thesis, I will focus on how this identification further shaped the social identity of homoeopathy.



## Part III

### A Changing Social Identity





The crisis felt amongst professional homoeopaths, in the scientific progress of homoeopathy and its acceptance within the medical profession, brought about changes in homoeopathy. In the previous part, I examined the interplay between professional homoeopaths' ideas of science and changes in their theory and practice. The question of to what extent professional homoeopaths identified themselves as homoeopaths, and the consequence of this social identity, has not received attention in the dichotomous analysis frameworks adopted in previous studies. In this part of the thesis, I will focus on changes in another important factor of the social identity of a professional homoeopath: his relationship with the profession and the public. I emphasise that the relationship between homoeopathy and the medical profession was not only defined by homoeopaths and allopaths, but also by the lay public.

Previous studies on the history of homoeopathy primarily focus on the interactions between homoeopaths and allopaths.<sup>1</sup> Few studies paying attention to laymen show that they established widespread networks in spreading homoeopathic practice during the second half of the nineteenth century in Russia<sup>2</sup> and Germany.<sup>3</sup> These laymen were primarily influential figures in society, such as clergymen and teachers. Although these studies imply that due to the social status of these supporters homoeopathy might be well-respected amongst laymen, further research is needed to investigate the interactions between laymen and professional homoeopaths. Morrell demonstrates that professional homoeopaths started to educate laymen at the end of the nineteenth century and lay practitioners played crucial roles in twentieth-century homoeopathy in Britain.<sup>4</sup> Nevertheless, the question of laymen's role in shaping homoeopathic practice and identity in the nineteenth century remains. Morrell's study adopts a doctor-centred perspective where physicians are in the more influential position in medical matters while laymen play submissive roles. It is beyond the scope of this study to further investigate the meaning of homoeopathy from laymen's perspective. However, an analysis framework based upon SIT would be incomplete without considering professional homoeopaths' social identity versus the medical profession and the lay public. Professional homoeopaths' activities

1. Coulter, *Divided Legacy: A History of Schism in Medical Thought*; Squires, "Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homeopathy in Nineteenth Century Britain and the United States"; Nicholls, *Homoeopathy and the Medical Profession*.

2. 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."

3. Hattori, "Cooperation and Tensions between Homoeopathic Lay Societies and Homoeopathic Doctors: the Homoeopathic Lay Movement in Wuerttemberg during the Professionalisation of the Medical Profession, 1868–1921."

4. Morrell, "British Homeopathy during Two Centuries," 164–166, 205–240.

were not only inter-dependent on those of laymen, but the latter played an equally active role in shaping the identity of professional homoeopaths.

To answer the question of how homoeopathy declined in the late nineteenth century, I will discuss how these three groups changed, justified and negotiated the desired new relationships between homoeopathy within and without the profession. This part of the thesis will analysis three important incidents regarding the relationship between homoeopathy and the medical profession: 1) The London School of Homoeopathy: the discussions of homoeopathic education among professional homoeopaths, 2) Homoeopathic Schism: professional homoeopaths sought for reconciliation with the medical profession via public media, 3) The case of the Margaret Infirmary: who were allopaths and who were homoeopaths. Lastly, I will discuss the way that laymen had played an increasingly important role in homoeopathic education and propagation near the end of the nineteenth century.

## Chapter 10

# The London School of Homoeopathy and Professional Homoeopaths’ Attempts to Redraw the Boundaries

### 10.1 The Crisis of the elitist policy of the BHS

One of the major concerns of professional homoeopaths after 1866 was how to propagate homoeopathy within the medical profession. For professional homoeopaths, the progress of homoeopathy meant 1) the medical profession welcomed and recognised homoeopaths as part of the profession, and 2) more well-qualified medical practitioners took up homoeopathy. As I have discussed in Part I, before 1866, the main policy of the BHS was to follow the example of the Royal Colleges in creating an elitist status of homoeopathy within the medical profession. The primary strategy of the BHS in propagating homoeopathy was to ‘convert’ existing medical practitioners through sound arguments and examples as presented in homoeopathic journals and hospitals. This elitist strategy also differentiated the BHS from populist homoeopaths, who mainly promoted homoeopathy to the lay public utilising pamphlets and public lectures. The elitist policy of the BHS successfully created a professional homoeopathy and saved it from being associated with working-class populist movements, which was not the case with some other medical movements in the nineteenth century.

This elitist policy of the BHS, however, was questioned amongst professional homoeopaths after 1866. This strategy was considered too passive in the face of ostracism from

the medical profession. William Bayes (1823–1881), a co-editor of the *MHR* and a physician at the LHH, criticised the elitist stance of the BHS, saying that it retarded the progress of homoeopathy in Britain.

Our English homoeopathic physicians (of the first decade) adopted the policy of expectation, and were ever waiting (as they are now) for professional recognition, trusting to the softening effect which they fondly hoped that the silent contemplation of their successful practice would at last have on the obdurate allopathic heart.<sup>1</sup>

and the result of this passive policy was that

the conversions to homoeopathy in England among medical men in active practice during the last forty years have been few, and they do not promise to become more numerous.<sup>2</sup>

An important consequence of the elitist policy of the BHS was the lack of a distinct and formal homoeopathic education system in Britain throughout the nineteenth century. The early association between homoeopathic education and populist movements did not inspire the BHS to propagate homoeopathy in this way. The earliest homoeopathic school in Britain was affiliated with the Hahnemann Hospital at Bloomsbury Square between 1850 and 1852. Many later prominent professional homoeopaths, such as Dudgeon, Hughes, and Bayes, attended lectures delivered by Curie sitting next to the lay public at this short-lived homoeopathic school. As I have discussed in Part I, the way the Hahnemann Hospital taught and promoted homoeopathy was considered harmful to professional homoeopathy by Quin and the BHS. Quin and the supporters of a professional homoeopathy established the London Homoeopathic Hospital with the intention of replacing the ‘unprofessional’ Hahnemann Hospital. Nevertheless, the educational role that the Hahnemann Hospital played was not the primary concern of the supporters of the LHH. A London School of Homoeopathy was set up to affiliate with the LHH, but it only hosted a few passing lectures, designed specifically for qualified medical practitioners.

The consequence of the lack of formal homoeopathic education in Britain was that most homoeopaths-to-be in Britain probably learned their art through personal

1. William Bayes, “Miscellaneous: The London School of Homoeopathy,” *The British Journal of Homoeopathy* 35, no. 2 (April 1877): 183.

2. “Miscellaneous: Preamble to the Rules and Laws of the London School of Homoeopathy,” *The British Journal of Homoeopathy* 35, no. 2 (April 1877): 198.

contact and homoeopathic publications, including homoeopathic journals and domestic guidebooks. As I have discussed in Chapter 8, even until the 1870s there was a shortage of reliable information on homoeopathy. It is not clear whether apprenticeship was popular among homoeopathic practitioners. However, several professional homoeopaths taught their art to the younger generation of homoeopaths in Liverpool. Overall, I think I am justified to conclude that in the 1870s there were a wide range of homoeopathies being practised in Britain.

The ostracism of the medical profession had not only prevented homoeopaths from taking part in the medical profession, but also affected the availability of homoeopathic knowledge to medical professionals. Later on, when advocating a new school for homoeopathy, Bayes justified his proposal in making an explicit sectarian break from the profession, by saying that the knowledge of homoeopathy cannot be obtained at

their respective alma maters, for with a strange perversity the constituted authorities of medicine in the various schools have one and all conspired to taboo from their institutions all mention of treatment that is founded on the one sole therapeutic law the history of medicine can show that bears the character of a general law and truth of which experience has affirmed.<sup>3</sup>

The BJH agreed that due to the ostracism there was an urgent need for a school of their own.<sup>4</sup>

## 10.2 Reasons and opportunities for re-defining inter- and intra-group relationships

In the 1870s professional homoeopaths initiated discussions about homoeopathic education, or in some cases re-education, to resolve the antagonism towards homoeopathy from the medical profession. Apart from the ostracism of the medical profession, several crucial factors inspired professional homoeopaths to explore this new direction. In a bigger context, the Royal Colleges were gradually losing their prestigious status and a uniform medical profession was on the rise. These trends, started

3. Bayes, “Miscellaneous: The London School of Homoeopathy,” 97.

4. “Preamble to the Rules and Laws of the London School of Homoeopathy,” 199.

in the beginning of the nineteenth century, had become more definite after the 1860s. The elitist policy of the BHS, therefore, seemed to be old-fashioned and out-of-date. Meanwhile, by the 1870s, hospitals, with their capacity to combine theory with clinical experience, had become new centres for medical education, replacing the old university-centred theoretical approach. By 1870 there were already five hospitals around the country dedicated to homoeopathic practice, but none of them was dedicated to homoeopathic education. The LHH was the biggest one and was originally set up to propagate professional homoeopathy among the profession and the public through effective treatments. With more than 200 beds, the LHH offered a potential setting for a successful homoeopathic school.

The circumstances amongst professional homoeopaths also offered opportunities for the emergence of social changes. Quin, the ‘Father’ of British homoeopathy, was in bad health and retired in 1872. The younger generation of professional homoeopaths seized the opportunity to challenge the older generation of professional homoeopaths as represented by Quin.

Another concern of the professional homoeopaths was the undeniable rise of domestic homoeopathy. By the mid-1870s, professional homoeopaths probably had become the significant minority amongst self-claimed homoeopathic practitioners (see Introduction). From its outset, professional homoeopaths reckoned that these domestic homoeopathic practices were responsible for the criticism from the medical profession. Their strategy on how to relate with domestic practice, however, had changed over the years. In the early days, the professional homoeopaths kept a deliberate distance to distinguish themselves from the lay practitioners (Chapter 4). The *BJH* despised the *HW* as “popular medical literature.”<sup>5</sup> The existence of domestic and lay homoeopathy was denied by excommunicating their opinions from professional homoeopathic journals. Only a handful of domestic homoeopathic publications were reviewed and they were almost invariably condemned as not having precise and professional knowledge regarding the subject.<sup>6</sup>

This distant and negative attitude towards domestic homoeopathy had changed by the 1870s. During the opening session of the British Homoeopathic Congress in 1874–75, Wyld urged his colleagues to acknowledge that “we have hundreds of ‘domestic’ and popular books printed and rapidly sold to the British homoeopathic

5. “A Review of *Text-Book of Modern Medicine and Surgery on Homoeopathic Principles*, by E. Harris Ruddock.”

6. For example, see “Reviews: *The Guiding Symptoms of Our Materia Medica*, by C. Hering,” *Monthly Homoeopathic Review* 25, no. 9 (September 1880): 563–564.

public.”<sup>7</sup> In September 1878, the *MHR* used a rare positive tone speaking about “a very large homoeopathic lay public,” and that there were more homoeopathic practitioners than were shown in the record of the homoeopathic directory.<sup>8</sup>

Nevertheless, professional homoeopaths were concerned that the rise of a large number of lay homoeopaths would further damage their relationship with the medical profession. This was especially alarming after the 1870s since a new orthodox professional homoeopathy was institutionalised (see Part II). Wyld held lay homoeopaths responsible for the attacks from the medical profession, as other medical practitioners usually saw homoeopathy as a whole and did not differentiate the difference among its practitioners.

The criticisms on our system which various individuals and journals from time to time favour us with almost all take as their texts statements and ideas published by individuals who flourished when homoeopathy was in its infancy, many of which ideas are ignored by probably *nine tenths* of the educated medical men who now practise homoeopathy.<sup>9</sup>

In the same article Wyld also suggested that a standard work on the principles and practice of homoeopathic medicine should be published as soon as possible because at the moment “all which we are able to show are an innumerable number of ‘domestic’ books concerning the majority of which the greatest number of us may be more or less ashamed.”<sup>10</sup> In 1878, the members of the BHS were even more concerned about the ‘quality’ and ‘professionalness’ of this big number of homoeopathic lay public.<sup>11</sup> The main opinion echoed Wyld’s earlier opinion that more specialisation was needed among homoeopathic practitioners.

We have no specialists amongst us with such opportunities for watching the cause and studying the pathology of a given class of disease, to the exclusion of nearly every other class, as have the allopaths; and consequently we could not find gentlemen who could write on the special

7. George Wyld, “On the Theory and Practice of Homoeopathy, read before the BHS at the opening of session 1874-75,” *The British Journal of Homoeopathy* 33, no. 1 (January 1875): 119.

8. “Correspondence: The London School of Homoeopathy,” *Monthly Homoeopathic Review* 23, no. 9 (September 1878): 570.

9. Wyld, “On the Theory and Practice of Homoeopathy,” 120.

10. *Ibid.*, 121.

11. “Notabilia: The British Homoeopathic Society,” *Monthly Homoeopathic Review* 23, no. 2 (February 1878): 126–127.

pathology of any one organ with the degree of authority necessary for such a work.<sup>12</sup>

### 10.3 Early attempts

This concern to legitimise and declare the reformed version of professional homoeopathy as orthodox motivated a series of reforms in homoeopathic education. In 1874, William Bayes (1823–1882), a physician at the LHH and co-editor of the MHR, brought the matter before the BHS, and a committee was appointed to organise a series of lectures.<sup>13</sup> The lecturers, as appointed by the committee, consisted of the prominent figures of the reformed professional homoeopathy. Hughes delivered a course of lectures on *Materia Medica* and Dudgeon delivered on the first and second Thursday in February, 1875, two lectures on the history, principles, and claims of homoeopathy in the London Homoeopathic Hospital.<sup>14</sup> Hughes, not surprisingly, stressed the importance of learning pathology, anatomy, chemistry, etc. in understanding homoeopathy. He also implied that many homoeopaths did not take these subjects seriously.<sup>15</sup> Practical clinical experience was also included. The staff of the London Homoeopathic Hospital in charge of in-patients delivered occasional lectures on Tuesdays on ‘The Practice of Homoeopathy.’<sup>16</sup>

The success of these lectures was mainly measured by how well they were received amongst other medical practitioners. It turned out that these lectures were well-received amongst professional homoeopaths despite a lack of interest outside of them, especially from the medical profession. The record of the attendance of these lectures is not available. The BJH reported that the response and appreciation from other medical practitioners—the students, beginners, and inquirers for whom the lectures were designed—for some time were very “doubtful.” When comparing the audience between the first and the second lectures, the MHR reported that

12. Wyld, “On the Theory and Practice of Homoeopathy,” 125.

13. Dudgeon, “Address delivered before the Annual Assembly of the BHS, June 29th, 1876,” 664.

14. I have discussed Dudgeon’s lectures in details in Chapter 6. For a summary of Dudgeon’s lectures, see Robert Ellis Dudgeon, “Lectures on the History and Principles of Homoeopathy and the *Materia Medica* at the London Homoeopathic Hospital,” *Monthly Homoeopathic Review* 20, no. 3 (March 1875): 166–174; “Miscellaneous,” *The British Journal of Homoeopathy* 34, no. 1 (January 1876): 178–179.

15. Hughes, “Introductory Discourse to a Course of Lectures on *Materia Medica* and Therapeutics.”

16. “Miscellaneous: Lectures on Homoeopathy,” *The British Journal of Homoeopathy* 33, no. 1 (January 1875): 171.



The audience, though not so numerous as on the former occasion, was still a good one, the number of medical men unconnected with homoeopathy being nearly, if not quite equal, to those present on the first occasion, while comparatively few avowed homoeopathists were present.<sup>17</sup>

Nevertheless, the BJH was optimistic that there was “a steady increase of interest.”<sup>18</sup> Bayes, as the president of the British Homoeopathic Congress in Manchester on the 9th September 1875, expressed his satisfaction with these lectures and urged them to further expand the initiative.<sup>19</sup>

## 10.4 American inspirations and a school for homoeopathy

The more involved interactions between British and American professional homoeopaths eventually inspired the younger generation of British professional homoeopaths to further abandon the old policy of the BHS and to establish a school. Before the 1860s British professional homoeopaths mainly associated themselves to the development of homoeopathy on the continent. A large portion of articles in the BJH and the MHR were translations from continental homoeopathic journals, especially those of German or French origins. The editors of both journals confessed the difficulties in finding original articles written by their British fellows. In 1875 when discussing the reformation of homoeopathic materia medica, Hughes said pessimistically that “the difficulty experienced in getting original matter for our journals shows the hopelessness of expecting adequate aid in a work like this.”<sup>20</sup>

While looking out for inspirations abroad, professional British homoeopaths found new inspirations from the development of homoeopathy in America. While there was a prevailing sense of crisis amongst professional homoeopaths both on the continent and in Britain in the 1870s, homoeopathy enjoyed popularity and expansion in America. Kaufman pointed out that this popularity is probably the result of American legislation in deliberately opening up the medical profession.<sup>21</sup> Rogers’ monograph study of the Hahnemann Medical College and Hospital of Philadelphia

17. Dudgeon, “Lectures on the History and Principles of Homoeopathy and the Materia Medica at the London Homoeopathic Hospital,” 170.

18. “A School of Homoeopathy for London,” *The British Journal of Homoeopathy* 34, no. 2 (April 1876): 193–203.

19. “Miscellaneous.”

20. Wyld, “On the Theory and Practice of Homoeopathy,” 123.

21. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, 125–140.

shows that the nineteenth-century American ‘homoeopathy’ was probably more ‘eclectic’ rather than ‘homoeopathic.’<sup>22</sup>

Nevertheless, professional British homoeopaths did not seem to bother themselves with how homoeopathy was actually practised by their American colleagues, and attributed this apparent American success to the American homoeopathic education system. Bayes pointed out the big contrast between the two sides of the Atlantic.

In the year 1825 Dr. Gram landed in New York and introduced the practice of homoeopathy into the US. In 1877 there were nearly 5,000 physicians. 1827 Dr. Quin,<sup>23</sup> and in 1877, less than 300 physicians practising homoeopathy in Great Britain.

[...] while the introducers of the system [homoeopathy] into America, with true instinct, perceived that their “candle” must “be put on a candlestick,” and that schools, colleges, and universities, must be founded for the systematic teaching of the new art and science, [...]<sup>24</sup>

By 1880, several American homoeopathic colleges—the Hahnemann Medical College of Philadelphia, the Cleveland Homoeopathic Hospital College of St. Louis, Missouri, the New York Homoeopathic Medical College, Hahnemann Medical College of Chicago, the Pulte Medical College of Cincinnati and the Chicago Homoeopathic College—were well-known to British homoeopaths. And Drysdale believed that the number of homoeopaths in America constituted about one-fifth of the total number of medical practitioners.<sup>25</sup>

Bayes and Drysdale’s opinions about the success of homoeopathic education in America probably directly came from their American colleagues’ pride in the education establishment. After the 1870s, there had been increasing interactions between American and British professional homoeopaths. On the other hand, populist homoeopaths seemed to be well-connected across the Atlantic from the outset of the homoeopathic movements. Many British populist homoeopathic publications

22. Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia*, 58–60.

23. Quin in fact settled down in London in 1832, instead of 1827. He came back for a short visit in 1827. See Chapter 2

24. Bayes, “Miscellaneous: The London School of Homoeopathy,” 183.

25. J. J. Drysdale, “On the Needs and Requirements of a School of Homoeopathy, read before the British Homoeopathic Congress, held at Leeds, Sep. 9, 1880,” *Monthly Homoeopathic Review* 25, no. 11 (November 1880): 671.

were re-published in America and vice versa.<sup>26</sup> The turning point when British professional homoeopaths started to have more interactions with American colleagues was the *World's Homoeopathic Convention* held in Philadelphia in 1876.<sup>27</sup> The correspondence sessions of the BJH and the MHR before the 1870s did not contain much news from America. Nevertheless, when the organisation of the convention started in 1871 led by American homoeopath Constantine Hering, the development of homoeopathy in America started to gather attention from Europe.<sup>28</sup> In 1874, the MHR reported that in America there existed a different system of spreading homoeopathic knowledge,

by training a number of young practitioners who are gradually constituting a body so powerful as to be superseding the allopathic occupants of posts of honour and emolument in the medical institutions of the country.<sup>29</sup>

During the Convention in 1876, Carroll Dunham (1828–1877), Dean of Faculty at the New York Homeopathic Medical College and once the President of the American Institute of Homeopathy, attributed their success to homoeopathic medical colleges and hospitals.

Now it is safe to say, that Germany, France, England, and Italy have each about 300 [homoeopaths], Spain and her colonies between 500 and 600, Brazil about 200, Russia about 150. 5,000 in the States. In the States there were seven colleges, exclusively homoeopathic, enjoying equal privileges with other medical colleges in the country; and two State universities and several State hospitals.<sup>30</sup>

British homoeopaths hailed the fact that American homoeopathic colleges could confer degrees to their graduates, without noticing that medical-degree selling was a common phenomenon on the other side of the Atlantic.<sup>31</sup> However, the editors

26. For example, Everest's pamphlets *A Popular View of Homoeopathy* went through at least two editions in America. Everest and Hull, *A Popular View of Homoeopathy*.

27. For a detailed report of the convention, see "The World's Homoeopathic Convention," *The British Journal of Homoeopathy* 34, no. 1 (January 1876): 1–17.

28. Alfred C. Pope, "An Address Delivered at the Opening of Session 1874-5 of the British Homoeopathic Society," *The British Journal of Homoeopathy* 33, no. 1 (January 1875): 118.

29. "The Progress of Homoeopathy," *Monthly Homoeopathic Review* 20, no. 1 (January 1875): 1–17.

30. Carroll Dunham, "The Address before the World's Homoeopathic Convention of 1876, President of the Convention, delivered at Philadelphia, June 26th, 1876," *The British Journal of Homoeopathy* 34, no. 4 (October 1876): 580–581.

31. Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, 16–17.

of the MHR noted that although the system had succeeded in America without a doubt, “this may not be the most likely plan to succeed in England.”<sup>32</sup> Apart from differences in medical legislation, one major concern of professional British homoeopaths to follow the example of their American colleges was the vehement debate between high-potency and low-potency prescribers. A significant number of American homoeopaths prescribed high-potency remedies, which reminded one of the Hahnemannians in Britain. In fact, the British Hahnemannians had closer interactions with their American colleagues, and the journal *Organon* was co-edited and published in America and Britain. Dudgeon expressed this concern during the British Homoeopathic Congress in 1876.<sup>33</sup>

Although some reservations were held concerning close collaboration with American homoeopaths, professional British homoeopaths were very impressed by the success of the World’s Convention in Philadelphia, especially when compared to the situation of homoeopathy in Europe. Three members of the BHS, Hughes, John William Hayward (1833–1918) and a Dr. Clifton joined the convention.<sup>34</sup> The BJH found new hopes for homoeopathy in the Convention, which

has begun to destroy this isolation [of homoeopathy from the medical profession in Europe], and to make homoeopathy cosmopolitan and catholic. [...] Nearly seven hundred names of medical men were registered, a decided advance upon the old school Convention which followed in September, which could only muster some 420.<sup>35</sup>

Hughes was particularly inspired by the Convention and moved during the British Homoeopathic Congress in 1876 to invite the *World’s Homoeopathic Convention* of 1881 to meet in London to even further strengthen this Anglo-American homoeopathic connection.<sup>36</sup> Hughes also facilitated the collaboration between the BHS and the *American Institute of Homoeopathy* for the compilation of *A Cyclopaedia of Drug Pathogenesis*.<sup>37</sup>

32. “The Progress of Homoeopathy.”

33. Dudgeon, “Address delivered before the Annual Assembly of the BHS, June 29th, 1876.,” 673–674.

34. *Ibid.*, 665.

35. “Homoeopathy in 1876,” *The British Journal of Homoeopathy* 35, no. 1 (January 1877): 2.

36. “British Homoeopathic Congress at Bristol, September 21st, 1876,” *The British Journal of Homoeopathy* 34, no. 4 (October 1876): 756.

37. For the set-up of the editing committee and the discussions about the schema and form of the book, see Chapter 8, also “Notabilia: An Encyclopaedia of drug pathogenesis,” *Monthly Homoeopathic Review* 29, no. 8 (August 1884): 490–491; and Proctor, “The Cyclopaedia of Drug

## 10.5 Conflicts between Quin and his aristocratic lay supporters, and the younger generation of professional homoeopaths

Another factor which contributed to the establishment of a homoeopathic school was the different attitudes towards homoeopathy between professional homoeopaths and their lay supporters. The role of lay supporters in the development of British homoeopathy in the second half of the nineteenth century is yet to be discussed by scholars.<sup>38</sup>

The fact that most medical institutions in Britain were managed by laymen during the second half of the nineteenth century added frustration to the younger generation of professional homoeopaths. Thanks to his powerful and rich aristocratic connections, Quin was still influential amongst professional homoeopaths even after his retirement in 1872.<sup>39</sup> By the 1860s it was clear to the younger generation of professional homoeopaths that the ostracism policy of the BMA had made it difficult for the medical profession to openly accept professional homoeopathy. Since homoeopathic publications were rarely reviewed and commented on in medical journals, another possibility to propagate homoeopathy was through homoeopathic institutions. The management of the LHH was considered to have too close a connection with the BHS, with Lord Grosvenor, who was a good friend of Quin, being the head of the management board for many years. This close connection between the LHH and the BHS was criticised by professional homoeopaths for the passive mentality of the lay management when it came to propagating homoeopathy within the profession.<sup>40</sup>

In 1877, the Board of Management of the LHH, the biggest homoeopathic institution in the country,<sup>41</sup> consisted of both laymen and homoeopaths. However, different

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Pathogenesy," *Monthly Homoeopathic Review* 31, no. 11 (November 1886): 681–683; for the review of the book, see "Review: *A Cyclopaedia of Drug Pathogenesy*," *Monthly Homoeopathic Review* 30, no. 12 (December 1885): 742–743.

38. Leary's preliminary survey shows that homoeopathy could not have survived without political support from its patients during the first half of the nineteenth century. Leary, "The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries."

39. Quin's good connections made him a valuable resources to turn to whenever fund-raising occasions happened. Board of Management Minute Book, 1877–1888, 1/51/1877.

40. "British Homoeopathic Congress 1876."

41. For a detailed study of the LHH from its establishment to twentieth century, von Reiswitz's thesis is a valuable study. Reiswitz, "'Globulizing' the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid."

opinions in how to spread homoeopathy soon created conflicts between the lay managers, who were close to Quin, and the younger generation of homoeopaths. The lay managers measured the success of homoeopathy by a bigger hospital and more subscriptions, while the homoeopath managers were concerned about how homoeopathy was practised and whether they were accepted as part of the medical profession. Quin, especially, did not give up the elitist policy of the BHS to open a homoeopathic school for any medical students. In July 1877, the remaining two homoeopaths members of the Board of Management, Alfred Pope and Stephen Yeldham, resigned. While Yeldham merely mentioned that “I can serve the Hospital better in a private or independent position, than as a member of the Board of Management,”<sup>42</sup> Pope was outspoken about Quin and the lay management’s obsolete and passive attitudes in promoting homoeopathy. In his resignation letter, Pope said,

[m]y reason for taking this course is that I understand that the persistent opposition Dr. Quin has raised to every effort the Board has recently made to improve the condition of the Hospital and to assist in rendering it more useful for the study of Homoeopathy is in no small degree due to my being a member of the Board. I should not have regarded Dr. Quin’s opposition as rendering my withdrawal from the Board desirable but for the fact that Dr. Quin has in some way or other become possessed of the power using a sufficient number of votes to set aside the deliberate opinion of the entire body of Governors: he is thus able whenever personal feeling or other cause may be operative with him to checkmate the Board in any endeavour they may make to increase the efficiency of the Hospital. I therefore resign in the Hospital that Dr. Quin may be the more easily induced to refrain from placing obstacles in the way of the Board performing their duties to the greatest advantage of our Institution and Homoeopathy.

In resigning I cannot but express my deep regret that I am prevented by the jealousy of a section of the Medical Staff supported as they are in their indulgence of this unworthy feeling by the unwarrantably large influence of Dr. Quin and his profession entourage from taking that active part in promoting the welfare of our Institution which I should gladly have done.<sup>43</sup>

42. Board of Management Minute Book, 1877–1888, 1/45/1877.

43. *Ibid.*, 1/46–47/1877.

The editors of the MHR supported Pope and Yeldham's resignation.

The London Homoeopathic Hospital may be very good as a charity, but it is certainly not, as it ought to be, the glory of homoeopathy. The homoeopathic profession is not proud of it. And whatever its influence on the allopathic members of the profession may have been in time past, in its present state it can only discourage their adoption of homoeopathy. Its effect on the professional mind may be judged by the very few professional converts it has been the means of making, and by the fact that more than one of its house surgeons have given up homoeopathy and returned to the old practice.<sup>44</sup>

One option for professional homoeopaths was to start a hospital managed and run by themselves. However, more funds and capable professional homoeopaths were required, and homoeopathic practitioners who were well-equipped with modern scientific knowledge were the minority. Dr. John William Hayward (1833-1918), an active homoeopath in Liverpool, reviewed the situation of homoeopathic hospitals in Britain and concluded that "in view of the cost and the failure my own opinion is, that we had better give up hospitals altogether, for we have evidently neither the money to support them nor the men to work them."<sup>45</sup>

## 10.6 The beginning of the LSH

The solution to a new way of propagating homoeopathy, that professional homoeopaths came up with, was to utilise the resources of the LHH but to have an independent organisation run by themselves.

Considering the extensive discussions generated amongst professional homoeopaths, it is surprising that the LSH is rarely mentioned in current literature. Most accounts of the school are contradictory to each other. The school was mentioned for the first time in Morrell's short essay. According to Morrell, the LSH was established in the 1840s, and later merged with the LHH in the late 1870s. Morrell also gave a

44. John W. Hayward, "Homoeopathic Hospitals and Dispensaries—A Comparison," read at the *British Homoeopathic Congress* held at Leicester, September 26, 1878, *Monthly Homoeopathic Review* 23, no. 11 (November 1878): 677.

45. Ibid.

wrong date of Bayes' death.<sup>46</sup> In his comparative study of the history of homoeopathy, Kotok states that the LSH was established in the 1870s, and merged with the LHH in 1885.<sup>47</sup> Von Reiswitz's account of the LSH is much closer to what I have found. According to von Reiswitz, a school was established at the same time as the LHH. Regular lectures for medical professionals were given at the hospital at least until 1863 but were not considered as important activities by the members of the BHS.<sup>48</sup> Nevertheless, von Reiswitz considered Bayes' and other professional homoeopaths' endeavour to 're-establish' the school as part of the activities associated with the LHH. I argue that although the lectures were delivered at the hospital, it was nonetheless a break-away from the old way of propagating homoeopathy as represented by the BHS and the LHH. The school was also professional homoeopaths' attempt to redraw the boundary between medical professionals and the lay supporters, by participating in activities, such as advertising and management, previously belonging to the lay supporters.

It was generally accepted amongst professional homoeopaths that the LSH could not exist without Dr. William Bayes' (1823–1892) persistent efforts.<sup>49</sup> It was clear from the very beginning that Bayes intended to draw the boundary between the new school and the old homoeopathic institutional structure. Bayes did not proceed with his proposal through the existing structure of the BHS or the LHH. He did not put the proposal of a school forward in a meeting of the BHS; instead, he sent his proposal to professional homoeopathic journals, which by 1876 were supportive of a reformed professional homoeopathy. The volumes of the MHR and the BJH in 1876 abounded in letters from Bayes, attempting to persuade his professional colleagues to establish a school run and managed by themselves instead of leaving it to laymen. A survey was sent out to professional homoeopaths based on Bayes' proposal and a further appeal for a school was published in all three homoeopathic journals. During an unofficial meeting held at Bayes' house in May 1876, the sketched plan by Bayes, as I will discuss soon, was approved.<sup>50</sup> Only after this did Bayes bring the subject before the British Homoeopathic Congress at Clifton in 1877.<sup>51</sup>

46. Morrell, "A Brief History of British Homoeopathy."

47. Alexander Kotok, "The History of Homeopathy in the Russian Empire until World War I, as Compared with Other European Countries and the USA: Similarities and Discrepancies" (2001), section 2.6.1, <http://www.homeoint.org/books4/kotok/> (accessed December 27, 2014).

48. Reiswitz, "'Globalizing' the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid," 260–264.

49. For Bayes' contributions regarding setting up the school, see "Obituary: William Bayes, M.D.," *Monthly Homoeopathic Review* 28, no. 1 (January 1883): 51–52; and "Notabilia: The London School of Homoeopathy," *Monthly Homoeopathic Review* 28, no. 6 (June 1883): 374–377.

50. "A School of Homoeopathy for London."

51. "Homoeopathy in 1876," 4–10.



This way of raising financial support also deliberately broke the old boundary assigned for medical professionals. The appeals were sent out by homoeopaths themselves via non-professional media. In this case, the *Times*. In September many promises of substantial support had been secured. By April 1877 the subscriptions and donations already announced were £3,200.<sup>52</sup> The school, as originally constituted, was intended as a five-year experiment.<sup>53</sup>

With Bayes' personal influence and his careful approach in gathering a consensus amongst professional homoeopaths, the new school gained tremendous, though not undivided, support amongst the practitioners. The three homoeopathic journals resolved their disagreements with each other regarding various issues, and published numerous reports about the progress of the school. The editors were happy to put advertisements for the school in every issue. The editorials were always optimistic even when there were only very few students attending the lectures.<sup>54</sup> Though trying to keep a distance from the LHH, the school managed to make use of the building of the most important homoeopathic hospital in the country.<sup>55</sup> The school also gathered some of the most prominent professional homoeopaths in the country on the faculty. When the LSH was formally founded on December 15th, 1876, it had Lord Ebury occupying the chair, Hughes was the Lecturer on *Materia Medica*, Dyce Brown Lecturer on Principles and Practice of Medicine, Dr. J. Galley Blackley, Librarian and Curator, Drs. Dyce Brown, J. Galley Blackley, James Jones, Richard Hughes, Cooper, Clinical Lecturers. Dr. Dyce Brown, Dr. Blackley, and Mr. Thorold Wood gave clinical instruction to such students as would go round the wards with them; and Drs. Dyce Brown, Richard Hughes, Blackley, Cooper, and Mr. Thorold Wood gave instruction in the out-patient department of the Hospital.<sup>56</sup> The governors were proud of themselves that "there exists no other public means for the teaching

52. Dr. William Bayes, Classified Advertising: The London School of Homoeopathy, *The Times*, 28905 1877, 6.

53. "A Twelve-month's Teachings," *Monthly Homoeopathic Review* 27, no. 1 (January 1882): 1–8.

54. See "Meeting: Annual Meeting of the Governors and Subscribers of the London School of Homoeopathy, First Annual Meeting, 10/4, 1878," *Monthly Homoeopathic Review* 23, no. 5 (May 1878): 300–306; "The Past Year (1878)," *Monthly Homoeopathic Review* 24, no. 1 (January 1879): 1–8; and "Meeting of Societies: The Third Annual Meeting of the Governors and Subscribers of the London School of Homoeopathy," *Monthly Homoeopathic Review* 25, no. 5 (May 1880): 310–313.

55. It was suggested that the school should have as little connection with the BHS and the London Homoeopathic Hospital as possible since the hospital compelled all its medical officers to be members of the BHS. See Francis Black et al., "Miscellaneous: A Few Last Words on the London School of Homoeopathy," *The British Journal of Homoeopathy* 35, no. 3 (July 1877): 295–303; and "London School of Homoeopathy," *Monthly Homoeopathic Review* 28, no. 5 (May 1883): 257–263.

56. "Annual Meeting of the London School of Homoeopathy 1880."

of homoeopathy in Great Britain than that which our School affords.”<sup>57</sup>

## 10.7 Bayes’ proposal for a complete school to teach a scientific method of medicine

Bayes’ proposal for the new school was nevertheless a radical one compared to the old social identity of professional homoeopathy. Bayes suggested the title of the new school should be ‘The London School of Homoeopathy.’ Nevertheless, instead of promoting homoeopathy, the primary purpose of the school was to advocate a “scientific method” of medicine. Aligning with this principle, Bayes envisioned a complete school and a separate license for homoeopathy.<sup>58</sup> The school would teach every branch of knowledge in medicine, including homoeopathy, as long as they fit into the standard of science.

In the formation of such a school, we should provide for instruction in the Galenic, as well as in the Hahnemannic method, and in addition we should instruct our pupils in the hydropathic, the electric and galvanic, methods as well as in the movement-cure of Ling, and give special prominence to the effects of mineral waters and climate.<sup>59</sup>

Bayes acknowledged the influence of then popular eclectic medical colleges in America, where anything from Galen, Hahnemann, hydropathy to electricity were taught.<sup>60</sup> This approach also responded to some professional homoeopaths’ concerns to raise the standard of lay homoeopaths, that “all who adopt homoeopathy should be thoroughly conversant with every branch of medical science.”<sup>61</sup> Reformed professional homoeopathy, instead of Hahnemannians’ homoeopathy, was made clear to be the orthodoxy of the new school. The syllabus would include anatomy, physiology, and pathology.<sup>62</sup> The students of the school should be “such members and students of the medical profession” who “may desire to be instructed therein.”<sup>63</sup> To make

57. “Annual Meeting of the London School of Homoeopathy 1878.”

58. “Obituary: William Bayes, M.D.”

59. “Correspondence: The London School of Homoeopathy,” 571.

60. Ibid.

61. “A School of Homoeopathy for London.”

62. “Notabilia: The London School of Homoeopathy,” *Monthly Homoeopathic Review* 23, no. 11 (November 1878): 709–710.

63. Francis Black et al., “Miscellaneous: Letter to the Medical Profession on the Proposed London School of Homoeopathy,” *The British Journal of Homoeopathy* 35, no. 2 (April 1877):

the two medical traditions stand on an equal foot, Bayes suggested following the example of Michigan University and Pesth University in Hungary to have two chairs, one each in *Materia Medica* and in the Practice of Medicine, with an allopath and a homoeopath occupying each subject.<sup>64</sup>

Effectively, Bayes' proposal intended to call for peace between homoeopathy and allopathy with a common value of scientific medicine. Although Bayes admitted the American inspiration on his design of the new school, the editor of the BJH attempted to avoid the association because of the often alleged intense conflicts between American homoeopathy and allopathy.

We are not advocating the establishment of a School of Medicine in general on the homoeopathic principle, such as are the American colleges. There are too many medical schools already in the metropolis, and we have no desire to increase their number. Moreover, the demand upon the professional services of the few who in this country practise homoeopathically is too great to give any of us time to become skilled anatomists, or profound physiologists or chemists: we are only just able to cultivate surgery and obstetrics, and specialties are as yet unknown among us. [...] It would be a deliberate perpetuation on our part of the separate position into which the profession has forced us, but against which we have always protested and do continue to protest. [...] What we are advocating is not a School of Medicine in general, but a School of Homoeopathy.<sup>65</sup>

Nevertheless, Bayes' proposal did suggest that homoeopathy should have a status equal to regular medicine, each representing a different approach towards scientific medicine. Under the umbrella of scientific medicine, homoeopathy and allopathy would co-exist peacefully. By mixing Galenic and Hahnemannian traditions, professional homoeopathy could be placed in a medical tradition which was common amongst the medical profession. This attitude represented a radical departure from the old policy of the BHS, where professional homoeopathy was a superior medical system and professional homoeopaths were the elite amongst the medical practitioners.

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195; "Meetings: The London School of Homoeopathy Annual Meeting," second annual meeting of the London School of Homoeopathy. 52, Great Ormond Street, WC. 8 April, 1879, *Monthly Homoeopathic Review* 24, no. 5 (May 1879): 309.

64. The idea was soon be found impractical because of legislative regulations in Britain. "A School of Homoeopathy for London," 199.

65. *Ibid.*, 197–198.

The promotion of the school also marked the beginning of a late endeavour of professional homeopaths to engage with the public. The school was actively advertised through media for the general public, such as the *Times*. The choice was probably a practical one, as no advertisement related to homoeopathy would have been accepted by allopathic medical journals. Advertising through lay media also aligned with the intention to break away from the old policy of the BHS, and to appeal to the public recognition for the professional homoeopathy as the orthodox homoeopathy. In fact, the advertisement read more like a carefully-framed statement or justification of professional homoeopaths' relationship with the profession.

The promoter of the London School of Homoeopathy, believing that instruction in Homoeopathic doctrines and practice is an essential part of a liberal and thorough medical education, desires to establish a School for the teaching of those departments of the art and science of medicine which are affected by the discovery of the Homoeopathic Law. It is their intention to restrict their Courses of Lectures to these subjects alone, since the ordinary Medical Schools of Great Britain already supply all the teaching (except that of the Homoeopathic doctrines) necessary for medical education. To remedy this deficiency the promoters provide the present School.<sup>66</sup>

And to further illustrate that both homoeopathy and allopathy were treated with equal importance, instead of being antagonistic towards allopathy, "a Library of Medical Works, both on general and homoeopathic medicine, and a Museum of Materia Medica for practical study," were promised.<sup>67</sup> These plans, however, were never implemented. The library associated with the LHH was expanded in the later years, though it remained dedicated to homoeopathy.

Bayes' proposal, though approved at the very beginning, quickly instigated vehement debates amongst British professional homoeopaths. Practically, Bayes' proposal could not be realised for the time being. Such a grand project would demand more financial support and adequate instructors in all relevant subjects. The resultant school in fact only delivered homoeopathy-related subjects. The practical difficulties and differences in forming a new common social identity amongst professional homoeopaths led to debates, disagreements, and disintegration of the school.

66. Classified Advertising: The London School of Homoeopathy, *The Times*, 28863 1877, 12.

67. Ibid.

## 10.8 Silencing different opinions

The immediate question for a new school was what should be taught. For professional homoeopaths, the new school represented an orthodox version of professional homoeopathy to be presented to the profession and the public. Just one year before the proposal of the LSH, Wyld proposed to publish a book on the principles and practices of homoeopathy with collective efforts from those representing various views on homoeopathy. The proposal was quickly dismissed because

In the present divided state of the homoeopathic body as to what was the best mode of treatment, such opposite opinions were held that in a book of this kind it would have a very bad effect to find men expressing opinions so diametrically opposed to each other; one man advocating the extreme views of high dilutions and another approaching allopathy so closely that the great difficulty was to find any trace of homoeopathy.<sup>68</sup>

Regarding the unsettled state of the dose question, Yeldham pessimistically said “unless the north and south poles were brought together,” a common conclusion could never be reached.<sup>69</sup>

As I have discussed in Part II, diverse homoeopathic practices had been developed among professional homoeopaths after the 1860s. However, professional homoeopaths also adopted the policy of ostracism towards the Hahnemannians during the establishment of the LSH. Without much debate, the opinions of the Hahnemannians were soon excluded from the discussion about the school. Homoeopathy incorporating pathology, using low-dilution remedies, and aiming for specific drugs soon became the official syllabus, with Dudgeon, Drysdale, and Hughes being the lecturers. Very little trace regarding the Hahnemannians could be found in the BJH nor the MHR. Skinner, a prominent Hahnemannian, complained that there was no representative of the Hahnemannians in the committee of the school, and hence the school did not represent the whole picture of homoeopathy to its students.<sup>70</sup> This exclusion from the professional homoeopaths motivated the Hahnemannians to establish

68. Discussions after the address Wyld, “On the Theory and Practice of Homoeopathy,” 124.

69. Wyld, “On the Theory and Practice of Homoeopathy,” 125; for a typical discussion regarding dose during this period, see P. Jousset, “On the Choice of the Medicine and of the Dose,” *The British Journal of Homoeopathy* 33, no. 132 (April 1875): 193–202; and Dyce Brown, Letters to the Editor: Homoeopathy, *The Times*, 28962 1877, 6.

70. Thomas Skinner, “Correspondence: The London School of Homoeopathy,” *Monthly Homoeopathic Review* 25, no. 4 (April 1880): 255–256.

their short-lived journal, the *Organon*. The editors of the *Organon* criticised that the LSH was “where Hahnemann is often honoured but in name,” and the homoeopathy taught was no difference from “the adulterated article ready mixed and prepared for orthodox use from the more advanced of their own body.”<sup>71</sup> As it turned out, the establishment of the LSH further institutionalised the division amongst professional homoeopaths.

## 10.9 Dispute: A Sectarian Title of the School

Though there was a consensus among the professional homoeopaths, including the Hahnemannians, that a school would be beneficial, it was difficult to reach an agreement regarding the title, structure and syllabus of the school, and for whom the school was designed.

Another big debate about the school was regarding the title. Especially for those pioneer homoeopaths, who helped to establish professional homoeopathy in Britain, having a distinct ‘sectarian’ title of the school and license suggested the separation between homoeopathy and the medical profession. It had always been the official policy of the BHS to maintain homoeopathy as part of the medical profession. A separate identity and license were not welcomed. In 1849, the BHS declined the proposal of the Homoeopathic College of Philadelphia to form a joint examination board for their degree to be used in Britain.<sup>72</sup> Professional homoeopaths were content with the clause inserted in Medical Act 1858 by Quin and his friends, which did not offer a separate license to homoeopathy, but guaranteed their legal freedom in practising within the medical profession.

During the general meeting of the official establishment of the LSH, Dudgeon proposed to alter the name of the school. Though the proposal was seconded by Wyld, it was put aside on the ground of technical informality.<sup>73</sup> Dudgeon did not give up on the issue. In early 1877, a letter signed by four veteran professional homoeopaths, Drs. Francis Black, Dudgeon, Claudius B. Ker, and even the then retired John J. Drysdale, was circulated amongst professional homoeopaths. The signatories urged all to discard the sectarian title of the school.

71. “Periscope: The British Journal of Homoeopathy, 1878, July,” *Organon* 1 (4 1878): 459.

72. Black et al., “A Few Last Words on the London School of Homoeopathy,” 296.

73. Ibid.

We propose that the school should have no distinctive title other than an abstract or local one, such, for instance, as “The Ormond Street Medical School.”<sup>74</sup>

According to the BJH, the majority of professional homoeopaths expressed strong support for this proposal. 185 copies of the letter were circulated among homoeopaths, and the BJH received 142 replies either personally or by letter. Among them 122 were in favour of the opinion addressed in the letter, and twenty expressed a decided opposition to it.<sup>75</sup> And in the April issue of the BJH in 1877, discussions regarding the school abound.

Bayes’ proposal to have a separate homoeopathic license had practical value. It was clear that, under the ostracism policy of the BMA, the LSH would not be able to attract students without some form of formal/legal recognition. Nevertheless, the primary concern of Drysdale et al.’s letter was that in adopting a sectarian title, in this case ‘homoeopathy,’ one violated medical liberty as guaranteed by the Medical Act 1858. The clause in the Medical Act 1858, inserted thanks to the endeavour of professional homoeopaths and their supporters, stated that no student should be denied medical qualification due to different medical beliefs. The legislation implied that there was no need for a separate homoeopathic qualification (See Chapter 3). In fact, the clause of the Medical Act 1858 was considered as a protection for homoeopathy, instead of an impediment. During the discussion about the amendment of the Medical Act, homoeopaths’ primary concern was whether the clause would be deleted.<sup>76</sup> It was clear that the BHS regarded professional homoeopathy as part of the medical profession. And as a result, there was no incentive to pursue a separate education system or license.

In Drysdale et al.’s opinion, in adopting a sectarian title, the school would not “obtain the freedom of teaching on equal terms with the dominant faction.”<sup>77</sup> Furthermore,

if a sectarian title were given it would interfere with any prospect of having its classes recognised, and thus the teaching of homoeopathy incorporated with the authorised medical education of the Kingdom.<sup>78</sup>

74. Black et al., “Letter to the Medical Professon on the Proposed London School of Homoeopathy,” 195.

75. Black et al., “A Few Last Words on the London School of Homoeopathy.”

76. “The Report of the Medical Acts Commission,” *Monthly Homoeopathic Review* 27, no. 8 (August 1882): 445–455.

77. Black et al., “Letter to the Medical Professon on the Proposed London School of Homoeopathy.”

78. Drysdale, “On the Needs and Requirements of a School of Homoeopathy,” 684.

Bayes' announcement to secure a separate license for homoeopathy raised specific concern. Dudgeon reported his private conversation with a "distinguished member of the Senate of the London University," who told Dudgeon plainly that

the presence of the word "homoeopathic" in the title of a school or of individual lectures would effectually bar the question of recognition being even entertained at all; not from any objection to the homoeopathic theory as such, but from the sectarian restrictions implied in such a title.<sup>79</sup>

In 1882, as Bayes and others further pursued the possibility of a separate license for homoeopathy,<sup>80</sup> Dudgeon and Drysdale protested via the BJH that any qualification should not be "imposed upon" a candidate, nor "an obligation to adopt the practice of a particular theory of medicine."<sup>81</sup> One might assume this article was written and published in an allopathic journal to criticise homoeopathy.

Like Bayes, the letter expressed the need to change the elitist view of professional homoeopathy. However, while Bayes made a grand statement on the equal stance between homoeopathy and allopathy through his proposal, Black and others proposed an approach which would not give a distinct identity of homoeopaths from other medical practitioners. Agreeing with Bayes that the school should teach every branch of medicine, and "give due prominence to the Homoeopathic law,"<sup>82</sup> the letter insisted that the school should be maintained as a 'supplementary,' instead of replacing, to allopathic medical schools.<sup>83</sup> When they emphasised that the school should focus on offering instruction in "scientific and rational therapeutics to students and graduates of the ordinary medical school,"<sup>84</sup> they probably had Leaf and Curie's school at the Hahnemann Hospital in mind, which was dedicated exclusively to homoeopathy and as a populist movement was considered by professional homoeopaths as responsible for the hostility of the medical profession (see Part I).

79. Black et al., "A Few Last Words on the London School of Homoeopathy," 297.

80. "Homoeopathy and the New Medical Bill," *Monthly Homoeopathic Review* 27, no. 3 (March 1882): 133–138; "The Report of the Medical Acts Commission."

81. "The 'L.H.' of the London School of Homoeopathy," *The British Journal of Homoeopathy* 40 (158 1882): 157.

82. Black et al., "Letter to the Medical Profession on the Proposed London School of Homoeopathy," 195.

83. "A School of Homoeopathy for London," 200.

84. "The Obligations We Incur by the Establishment of the School," *The British Journal of Homoeopathy* 35, no. 4 (April 1877): 97.



In the 1870s, professional homoeopaths had other reasons not to identify themselves distinctively as homoeopaths, but as medical practitioners with some extra knowledge. Not only had professional homoeopathy incorporated the latest medical practices and theories and given up some awkward theories from the later stage of Hahnemann, allopathic practice had also reduced its heroic dose (see Part II). Drysdale pointed out that a homoeopathy, distinctive from and independent of allopathy, simply did not exist any more.

Which homoeopathy does the school profess to teach? The homoeopathy with non-homoeopathic auxiliaries which we all practice, or a homoeopathy in which the whole medical practice is distinctively homoeopathic or nothing—a homoeopathy which nobody, so far as I am aware, really practises?<sup>85</sup>

And by employing the term ‘homoeopathy,’ one simply made a self-limiting definition on medical practice. This would further create unnecessary conflicts between homoeopathy and other medical practitioners, when simple medical issues were turned into political ones.

We narrow our range of vision to the limits embraced by the terms ‘Homoeopathy’ and ‘Homoeopathic.’ We bring medical questions to the homoeopathic test, not to the medical one in the large sense. We value unduly our own views and our own literature and our own practice, and are thus disposed to underestimate those of our brethren of the dominant school.<sup>86</sup>

For Drysdale, it was impossible and “inconvenient” to have a separate sectarian title for the school. He even stated that to practise homoeopathy exclusively would make homoeopathy an inferior medical discipline compared to allopathy.<sup>87</sup> Conrad Wesselhoeft (1834–1904), the ex-president of the American Institute of Homoeopathy, in remarking on Dudgeon’s reply to an article in the *Lancet*, concluded that in Europe, allopaths had no reason to object to the actual practice of homoeopathy, since they had adopted quite a few homoeopathic practices. It was probably the sectarian title and the values associated with it which steered most medical practitioners away.

85. Drysdale, “On the Needs and Requirements of a School of Homoeopathy,” 687.

86. Black et al., “A Few Last Words on the London School of Homoeopathy,” 302.

87. Drysdale, “On the Needs and Requirements of a School of Homoeopathy,” 687.

They [allopaths] do not object to *similia similibus*, to small doses and all that—oh no; it is only to the names, for the editor of the *Boston Medical and Surgical Journal* (No.22, p. 554) assures us that no one has objected to their employing any medicine they chose. No one has found fault that they believe in “*similia similibus curantur*,” &c.—no indeed; it is only that they practise according to a “specific dogma,” or a “certain dogma,” or an “exclusive dogma,” which has always born the title of homoeopathy, whose favorable working threatens to displace their ruder and less successful practice.<sup>88</sup>

Drysdale et al.’s stance differed significantly from what professional homoeopaths believed in the first part of the nineteenth century: that homoeopathy might have offered a whole-package solution to finding a scientific medicine. And they were not alone. Yeldham, for example, in 1875 concluded that homoeopathy, even after eighty years of its emergence, was still premature as a medical science.<sup>89</sup> Their colleagues in America also shared the same opinion. Wesselhoeft declared that homoeopathy played the same role as allopathic medicine; both were branches of medical science.

What is homoeopathy but a branch of medical science, and of therapeutics more particularly? It is but one method of applying medicines in disease, different from, though not necessarily excluding, other methods. We do not deny their usefulness; we do not deny that medicines can be applied, in the case of diseases, upon other principles. All we claim is, that we desire for the present to develop this one principle of applying drugs as medicines. It is of so great a scope, it has already proved to be of vast general applicability, and promises still greater development and success, that many physicians find other methods quite superfluous.<sup>90</sup>

88. Dudgeon’s reply was quoted in *The Boston Medical and Surgical Journal* (vol. scii, No. 22, p.661) and thus caught Wesselhoeft’s attention. Wesselhoeft also assumed that the difficult situation homoeopathy was going through both in Europe and America might be for the same reason. C. Wesselhoeft, “Homoeopathy: Its Name and Relation to Medicine,” Boston, Mass., *The British Journal of Homoeopathy* 34, no. 1 (January 1876): 58.

89. Wyld, “On the Theory and Practice of Homoeopathy,” 125.

90. Wesselhoeft’s article was published in the BJH Wesselhoeft, “Homoeopathy: Its Name and Relation to Medicine,” 65.

## 10.10 A happy marriage between homoeopathy and allopathy?

The new proposed relationship between homoeopathy and medical science was that homoeopathy could offer some insights in the progress of medical science, instead of replacing it, as many homoeopaths believed in the early days. In the 1870s, professional homoeopaths were singing about how homoeopathy could complete medicine as a science. In 1873, Professor Arthur Gamgee of the Physiological Laboratory of Owen's College in Manchester opened the term of the college with an address anticipating a scientific medicine with greater certainties and detailed knowledge on the effects of drugs on the human body. A homoeopath, W. B. A. Scott, happily pointed out that the reformed professional homoeopathy would supply answers to Professor Gamgee. Scott said that "medicine will only be entitled to rank as a science when a link shall be found uniting pathology and pharmaco-dynamics."<sup>91</sup> Scott argued that homoeopathy specialised in finding the relationship between drugs and diseases with "careful observations and experiments."<sup>92</sup> Homoeopathy had principles, and regular medicine did not have any and thus "as at the present time, the 'orthodox' or 'dogmatic' school was in reality no school at all."<sup>93</sup> Scott's response was of course published in professional homoeopathic journals only. It is doubtful that how many, if any, allopaths were aware of Scott's response. Therefore, this response probably served better as a means for a creative re-interpretation of a social group's own social identity amongst group members.

Bayes, on the other hand, was not as optimistic as Scott and Drysdale, and possibly most professional homoeopaths, regarding the possibility of combining homoeopathy and allopathy. The two medical systems were still not yet compatible with each other at this stage. Bayes clearly pointed out that the two medical systems looked at diseases differently. Allopathic medicine categorised diseases, while professional homoeopathy, though on its way to finding specific drugs for certain diseases, was still largely based upon understanding symptoms rather than disease classification.

[...] the great difficulty of reconciling the present pathology with the practical application of our symptomatology. We cannot treat diseases according to the present names given to them, and what we need is a

91. W. B.A. Scott, "The Chief Medical Schools of Antiquity, Considered in Their Relation to Homoeopathy," 35, no. 1 (January 1875): 5.

92. Ibid., 12.

93. Ibid., 13.

new classification of diseased states, so that the thing named may be really the thing to be treated.<sup>94</sup>

## 10.11 Summary

From the above we can see that different opinions about the compatibility of the two medical systems resulted in different proposals for a school for homoeopathy. Bayes, based upon his belief that for the time being the two were incompatible, wished to maintain distinct and equal identities between the two medical systems. He therefore proposed a complete medical school and demonstrated the equality of the two by setting two chairs for each subject. Drysdale, Dudgeon and most professional homoeopaths seemed to see the two medical systems collaborating and enriching each other, and moving medicine towards the direction of certainty and scientificness. There was therefore no need for a distinctive identity for a homoeopathic school. While these two stances differed, neither one assumed the superiority of homoeopathy, nor a desire to keep a distance from allopathy, as in the early days. In order to practise good homoeopathy, one would have to be conversant in other branches of medicine. Both of them believed that, sooner or later, a unification, or at least collaboration, between the two medical systems would further facilitate the progress of scientific medicine.

94. Discussions after the address Scott, "The Chief Medical Schools of Antiquity, Considered in Their Relation to Homoeopathy," 122.

## Chapter 11

# “We Are Not Homoeopaths:” The Homoeopathic Schism Statement in the Media

So far these debates amongst professional homoeopaths regarding the relationship between homoeopathy and allopathy had only been a storm in a teapot. The desired social identities had not been communicated with out-group members. Without mutual recognition of how the relationships should be, there would still be conflicts between in-group and out-group members.

Wyld, the promoter of calf lymph vaccine, rightly acknowledged that professional homoeopaths’ newly self-defined social identity would have to be recognised by other parties, especially other medical practitioners and laymen. In June 1877, two months after the circulation amongst professional homoeopaths of the letter proposing to change the name of the LSH, Wyld initiated a discussion between professional homoeopaths, allopaths and laymen in the *BMJ*, the *Lancet*, and the *Times*. Wyld’s success was extraordinary considering that these media were largely unavailable to professional homoeopaths after the 1860s.

### 11.1 The background

Sometime before June 1877, Wyld, then President of the BHS, was introduced to Sir Benjamin Richardson (1828–1896), an eminent sanitarian who was close

friends with John Snow and President of the Association of Public Sanitary Inspectors of Great Britain. Sir Edwin Chadwick was his predecessor.<sup>1</sup> Wyld expressed to Richardson his view that homoeopathic and allopathic practices had become so similar that it was not necessary for the medical profession to ostracise homoeopathy, and that it was not necessary for homoeopathy to be a distinct medical sect. Allopaths had largely reduced the dose, while homoeopaths used more *low* dilutions of medicines and incorporated many “auxiliaries,” such as “a mild aperient, mineral waters, Turkish baths, friction, galvanism, and *the water cure*.”<sup>2</sup>

In short, we define our practice as rational medicine, including the application of the law of contraries, but *plus* the application of the law of similars.<sup>3</sup>

Wyld concluded that

[a]ll this shewed [sic] that the two schools were advancing to a common-ground, which offered an opportunity for friendly conferences, out of which must arise more and more mutual respect; and thus might be presented to the public a more dignified picture of the attitude of medical science, an attitude from which we might all aim at important discoveries in the Art and Science of Medicine.<sup>4</sup>

Wyld requested Richardson to present his view to the medical profession. Richardson expressed his surprise but nevertheless arranged for the publications of Wyld’s letter, which recorded part of the conversation between Richardson and Wyld, in the *Lancet* and the *Times* with his own comments, on the second of June 1877.<sup>5</sup>

The letter, published under the title of “Homoeopathic Schism,” and the following responses, marked a distinct departure from previous controversies over homoeopathy before the 1860s. The focus of these letters and articles was not on science any more, but on the liberty of opinion and medical sectarianism. The discussions happened in the context that both professional homoeopaths and many medical

1. In his autobiography Wyld wrongly remembered the date of his encounter with Richardson and the letters exchanged as 1876, instead of 1877. Wyld, *Notes of My Life*, vii.

2. Ibid., 34.

3. Wyld, quoted from Dr. Richardson, “The Homoeopathic Schism,” *The Lancet* (June 1877): 817.

4. Wyld, *Notes of My Life*, 35.

5. Ibid., 34.

practitioners had acknowledged that the practices of the two factions had become similar, as I have discussed in Part II. When the actual practices had become similar, the separation between homoeopathy and the medical profession turned into a political issue, instead of a matter of scientific controversy.

## 11.2 Reasons for rejection: A schism within the medical profession

During the formation of the Brighton Resolution of the PMSA in 1853, homoeopathy was rejected for being anti-profession and anti-science. In 1877 Richardson and others' responses to Wyld's appeal showed that the reasons for the rejection of homoeopathy had changed. Some allopaths showed more appreciation towards homoeopathy, and acknowledged the close relationship between homoeopathy and the medical profession. The main criticism was that homoeopathy maintained sectarian behaviour to divide the profession. In his conversation with Wyld, Richardson confirmed the suspicion of many professional homoeopaths that homoeopathy was not ostracised because of its unscientific principles but because of its acts of dissociation from the medical profession.

We do not ostracise you because you prescribe medicines according to a specific rule, nor because you prescribe them in an unusual form, but we deny you professional intercourse because you proclaim yourselves sectarians, and by means of books, journals, societies, and hospitals, advertise yourselves homoeopaths.<sup>6</sup>

To this, Wyld answered that this prosecution of homoeopathy was no longer justifiable, as "we are legally qualified medical men and gentlemen, we claim the right of admission to your medical societies, and to professional intercourse with the entire medical body."<sup>7</sup> Furthermore, Wyld pointed out that professional homoeopaths had already given up their distinct identities on many occasions.<sup>8</sup>

[W]e do not desire so to publish ourselves; we do not write homoeopaths on our doorplates; many of our best books eliminate the name homoeopathy

6. Richardson, "The Homoeopathic Schism," 817.

7. Ibid.

8. I have discussed Wyld's and professional homoeopaths' not mentioning homoeopathy in advocating vaccination in Chapter 9.

from the title-page; and, as a recent example, a large number of our body have objected, in a memorial, to the title ‘*Homoeopathic School*.’<sup>9</sup>

The narrative that homoeopathy assumed a sectarian title due to the opposition of the profession was similar to that used in explaining why Hahnemann proposed ‘unscientific’ theories in his later years (Chapter 6). Wyld put forward the orthodox professional homoeopaths’ views on Hahnemann, previously confined only to in-group members, to the medical profession and the public.

[T]he views of Hahnemann are often extravagant and incorrect. Hippocrates was right. [...] Although many believe the action of infinitesimal in nature can be demonstrated, its use in medicine is practically by a large number in this country abandoned.<sup>10</sup>

Wyld hinted that the only reason that professional homoeopaths had to maintain a separate identity was the ostracism from the medical profession. He promised that when the policy of ostracism was not practised any more, homoeopathy as a distinct medical sect would drift away.

We say, admit us on equal terms to your medical societies and the pages of your journals, and all sectarianism will begin from that day to decline, and this I believe will ultimately lead to the abandonment of all sectarian societies, journals, and hospitals. In a word, we demand the same liberty of opinion in medicine as in religion or politics, and an amalgamation with the great body of the profession on equal terms.<sup>11</sup>

Wyld expected medicine would be united under the common factor of science. And as long as one does not act against a unified profession, such as “trade on a distinctive name,” or “unprofessionally advertise his mode of practice,” then the profession “should not exclude any medical man from any medical society, nor from the freest professional intercourse.”<sup>12</sup> Richardson welcomed Wyld’s manifesto, and interpreted it as the abandonment of a “misleading title,” which “has individualised

9. Richardson, “The Homoeopathic Schism,” 817.

10. Ibid.

11. Ibid.

12. Wyld in his autobiography included this paragraph as originally written in the letter to Richardson. This paragraph however was not printed in the *Lancet* or the *Times*. Wyld, *Notes of My Life*, 36–37.



them in the public eye.” He appreciated Wyld’s clarification which was “itself sufficient to demand from us a candid and just appreciation.”<sup>13</sup>

### 11.3 A united medical profession under the name of science

Alfred C. Pope (1830–1908), an active professional homoeopath in Manchester and a co-editor of the MHR, added positive comment to the *Times*. Probably with both the lay public and the medical profession in mind, Pope agreed with Wyld’s initiative and said that it was about time to end this unnecessary schism within the medical profession.

It is no less than an endeavour to re-unite the members of a profession which ought never to have been divided. It is a disgrace to the profession of medicine that a divergence of opinion on a question of therapeutic doctrine should ever have formed a barrier to professional intercourse.<sup>14</sup>

Pope urged the union based on two grounds. Firstly he argued that there should be liberty of opinion in every scientific discipline, that “the obligation to promote freedom of thought, freedom of discussion, freedom of opinion be recognized as being as paramount in the investigation of therapeutics.” Secondly, he argued that allopathy had already incorporated homoeopathic principles, remedies and doses into allopathic practice.

The simple fact is, that by the most thoughtful and scientific physicians of the day “all the dogmas of homoeopathy” are, to a very large extent, practically accepted, taught, and acted upon. To renounce them would be to revert to the therapeutics of 40 years ago. The mode of studying the actions of medicines first promulgated to any considerable extent by Hahnemann is that now generally adopted. Two-thirds of the suggestions for using remedies in the most popular text-book on therapeutics are homoeopathic. The dosage of such remedies is described as small in the extreme when compared with that formerly taught.<sup>15</sup>

13. Richardson, “The Homoeopathic Schism,” 817.

14. Alfred C. Pope, Letters to the Editor: Homoeopathy, *The Times*, 28959 1877, 8.

15. Ibid.

## 11.4 The responses

The letter soon attracted further comments from other professional homoeopaths, allopaths and the lay public. Though being the President of the BHS, Wyld's opinion was not exactly shared by his fellows. The younger and older generations of professional homoeopaths took different stances. Wyld later recalled that he was "supported by the older homoeopathic practitioners, although somewhat feared by the younger members of that body."<sup>16</sup> David Dyce Brown (1840–1910) quickly responded to Wyld's appeal for peace. Qualified as an MD in Aberdeen in 1863, Brown belonged to the younger generation of professional homoeopaths. He took an active role in professional homoeopathy starting in the 1870s. His pamphlet on homoeopathy published in 1875, arguing the validity of the medical system in the light of science, was a rare piece as most publications on homoeopathy after the 1860s were on domestic practice.<sup>17</sup> From the use of potencies, Morrell considered Hughes, Dudgeon and Brown as the "old guard" of British homoeopathy as they were against the use of high-potency/highly-diluted remedies.<sup>18</sup> Nevertheless, Brown held a different opinion on the relationship between homoeopathy and the medical profession from the old generation of professional homoeopaths, such as Quin, Dudgeon, Wyld and Drysdale.

### 11.4.1 Wyld's personal motivations to unite the medical profession

Wyld's open appeal was probably not as much an attempt to 'save' homoeopathy, as an expression of the social identity of the older generation, firstly as professional medical practitioners, then as homoeopaths. In his autobiography written at the age of eighty-two, Wyld shared his shocks and regrets in taking up homoeopathy, and eventually being rejected from the medical profession. His life story probably resonated with many professional homoeopaths.<sup>19</sup> Wyld told a story of his own miraculous cure by homoeopathic medicine given by Dudgeon, when he was a medical student in Edinburgh in 1851. The treatment Wyld received from Dudgeon was globules of *Nux Vomica* 1x and *Bryonia* 1x, a dose to be taken alternatively

16. Wyld, *Notes of My Life*, 34.

17. David Dyce Brown, *Homoeopathy in the Light of Common Sense and Modern Science* (London: Longmans & Co., 1875).

18. Morrell, "British Homeopathy during Two Centuries," part 5.

19. Wyld, *Notes of My Life*, 32–36.

every four hours. Dudgeon's prescription was a typical example of how early professional homoeopaths practised in the nineteenth century: lowly-diluted remedies and a mixture of remedies in a course of treatment. The Hahnemannians, on the other hand, proposed using highly-diluted remedies and one single dose for the whole treatment. Although when compared to the Hahnemannians and their modern colleagues, professional homoeopaths' prescriptions in the nineteenth century seemed heavy and polypharmacy-like, they were nevertheless much milder and simpler compared to allopathic practice in the mid-nineteenth century. Wyld soon recovered and started to research into homoeopathy. He confessed that "although I regarded *The Organon* of Hahnemann as in some respects a work of fiction from its many exaggerations, I yet, on the whole, was so impressed with the ability and sincerity of many of his followers."<sup>20</sup> In 1853, seven years after the debate between Professor William Henderson and Sir John Forbes, homoeopathy was still a sensitive topic in Edinburgh. In the same year, Wyld published a pamphlet, *Homoeopathy: An Attempt to State the Question with Fairness*, and two thousand copies were sold.

Nevertheless, Wyld regretted his immediate and blunt support for homoeopathy, which led to him being excluded from the medical profession. He believed that if he would have expressed his support in some other ways, then he would have not received such treatment.

In after life I sometimes regretted that I had been so precipitate in declaring my views, for my heresy offended many of my valued medical and other friends, and excluded me from all professional interchange of opinions and consultations with the leaders in medicine, and from all orthodox medical societies; and on social and scientific grounds this was a great loss to me. I could not possibly have resisted the conclusions I arrived at as to the immense superiority of the homoeopathic as compared with the heroic treatment of acute disease; but had I called my pamphlet not the *homoeopathic* treatment of disease, but the treatment of disease by *direct specifics* in small doses, that might imply the homoeopathic system, but it omitted the word of all words (which is) the most offensive to the great bulk of the profession.<sup>21</sup>

Wyld confessed this feeling had been on his mind for twenty-five years, and finally found expression in his open appeal in 1877. "I determined, if possible, to reconcile

20. Ibid., 34.

21. Ibid., 34–35.

the two schools of medicine and thus to establish a friendly interchange of views and a mutual scientific respect.”<sup>22</sup>

#### 11.4.2 Dudgeon’s homoeopathy as medicine incorporating more options

Dudgeon, another veteran professional homoeopath, shared Wyld’s sentiment that they were first medical practitioners, then homoeopaths. More specifically, Dudgeon considered homoeopaths as medical practitioners who incorporated ‘extra’ methods in their practice. And it was simply because of the ostracism from the medical profession that they had to assume the title ‘homoeopathy.’

We do not assume the name [homoeopathy] objected to; it has been bestowed upon us, and most inappropriately, for it refers only to a part of our practice. [...] The sole difference between you and us is, that we are medical men who hold ourselves free to avail ourselves of all the resources of therapeutics, including homoeopathy, while you profess yourselves free to avail yourselves of all the resources of therapeutics, except homoeopathy. Having always felt that the names ‘homoeopath’ and ‘allopath’ were nicknames, we shall only be too happy to abandon them. Cease to call us homoeopaths, acknowledge our right to practise medicine according to our judgment, throw open your hospitals and dispensaries to the competition of all without distinction of medical creed, and you will see a rapid extinction of homoeopathic journals, hospitals, societies, and directories.<sup>23</sup>

#### 11.4.3 The younger generation of professional homoeopaths insisted on a separate identity

While the letter of Wyld deliberately appeared to be, as an allopath commented, “soft and gentle, with a sort of injured innocence appearance,”<sup>24</sup> Brown, as the

22. Wyld, *Notes of My Life*, 35.

23. by Dr. Dudgeon, quoted in Wesselhoeft, “Homoeopathy: Its Name and Relation to Medicine,” 57.

24. James Hardie, Correspondence: The Homoeopathic Schism, *The British Medical Journal*, 859 1877, 762–763.

younger generation amongst professional homoeopaths, displayed an antagonistic attitude which reminds us of early populist homoeopaths, and Hahnemann in his later years. And Brown's antagonism, openly expressed in a general lay newspaper, was the exact attitude that Wyld and other members of the older generation of professional homoeopaths wanted to avoid. Brown clearly denied the potential union of homoeopathy and allopathy. While Brown shared the opinions of the BHS before the 1860s that homoeopathy was a superior medicine, he did not agree with bending over to gain recognition from the medical profession. He spoke for the younger generation of professional homoeopaths,

[w]e believe that, being aware of the practical value of the knowledge of this guiding principle in therapeutics, we are in the forefront of science, and are the custodians of a great truth in medicine, and that, therefore, it would be morally wrong to agree to any basis of union with the old school, on which we are prevented in the smallest degree from acting up to our convictions and the result of our practical experience.<sup>25</sup>

Brown exercised his right for the liberty of opinion, as guaranteed by the Medical Act of 1858 and being one of the most precious values of Victorian society, to fight against the 'trade-unionism' of the medical profession. He pointed to the medical profession as the one which impeded the progress of medicine.

We deny that we are sectarians, or have any wish to be so. On the contrary, we consider those to be the real sectarians who refuse to investigate the action of medicines according to the law of similars, and who ostracize those who, having done so, are satisfied that by this law they have the key to the true action of medicines.<sup>26</sup>

Richard Hughes, who joined homoeopathy after the 1860s, also adopted a slightly harsh tone towards allopathy. In his presidential address in the British Homoeopathic Congress in 1879, he criticised the ostracism policy of the BMA as illegal under the Medical Act 1858.<sup>27</sup>

25. Brown, Letters to the Editor: Homoeopathy.

26. Ibid.

27. Richard Hughes, "Homoeopathy: Its Present State and Future Prospects. The presidential address, delivered at the British Homoeopathic Congress, Malvern, September 11, 1879," *Monthly Homoeopathic Review* 24, no. 10 (October 1879): 587–609.

#### 11.4.4 Mixed opinions amongst allopaths

Some allopaths shared Richardson's sympathy towards homoeopathy, while others did not. Their reasons for accepting or rejecting homoeopathy were not as much based upon the 'scientificness' of homoeopathy, as how much allopathy and homoeopathy shared in common. The editor of the *Lancet*, maintaining its consistent antagonism towards homoeopathy, immediately responded that homoeopathy could never be accepted until "[n]othing less than the most unreserved renunciation of all the dogmas of homoeopathy, in name and in deed."<sup>28</sup> A doctor S. M. Bradley, confessing that he had "written against the fatuity of their [homoeopathy's] pseudo-laws more than once," admitted that one "cannot fail to see how largely beneficial an extensive knowledge of the homoeopathic *Pharmacopoeia* has been to us." In fact, he agreed with professional homoeopaths, as I have discussed in Chapter 8, that a large portion of Ringer and Philips' materia medicas were drawn from homoeopathic sources.<sup>29</sup> Hence Bradley reckoned as long as the leaders of homoeopathy had "struck their flag," the resistance to accepting "a body of gentlemen educated on the same lines with ourselves" was probably out of "feud or partly jealousy."<sup>30</sup>

Some allopaths were not impressed by the divided opinions amongst homoeopaths. These different opinions only suggested that Wyld's proposal could not represent homoeopathy as a whole, and in the worst case, was a lie. An anonymous allopath pointed out that homoeopaths "give expression to views and opinions directly antagonistic to each other." He mockingly suggested that maybe the original title of Wyld's letter, "Homoeopathic Schism," did not refer to a schism within the medical profession, but to a division existing amongst homoeopaths themselves.<sup>31</sup> The anonymous medical practitioner asked, before any step being taken to this union, "would it not be as well if it were clearly understood what the tenets and dogmas of homoeopathy really are?" Unfortunately, he believed this question could not be properly answered "even in the ranks of the homoeopaths themselves, as to what they mean by homoeopathy."<sup>32</sup>

28. Pope, Letters to the Editor.

29. S. M. Bradley, Correspondence: The Homoeopathic Schism, *The British Medical Journal*, 858 1877, 731.

30. Ibid.

31. A Medical Practitioner, Letters to the Editor: Homoeopathy, *The Times*, 28962 1877, 6.

32. Ibid.

## 11.5 Summary

Compared to the controversies between homoeopaths and allopaths previously, this incident in 1877 showed that allopaths' attitudes towards professional homoeopathy were at that time much less antagonistic. While we cannot be certain to what extent Wyld's open appeal had mended the relationship between the two, Wyld, in his later years, listed this movement as the primary contribution he had made in life. He believed that his appeal had "permanently led to a more philosophical and less antagonistic relationship between the two Schools of Medicine."<sup>33</sup> Wyld claimed that

although I continued openly to declare my belief in homoeopathy, I yet found no difficulty on obtaining consultations with the highest specialists in medicine; and the final result has been the creation of a more philosophic school of homoeopaths, and a more and more friendly feeling all round. The old bitterness has become less and less, and many of the old school now openly admit that the facts of homoeopathic practice have enabled them to see, that not so much in the use of drugs, as in the practice of temperance, and in purity of diet, air, and conduct, and in the action of a right mind, are contained the chief factors in the sacred art and science of healing.<sup>34</sup>

Meanwhile, the differences between the older and younger generations of professional homoeopaths on whether to maintain a separate identity of homoeopathy persisted. In the next chapter I will investigate how these different opinions affected actual relationships between homoeopathy and allopathy.

33. Wyld, *Notes of My Life*, vi.

34. *Ibid.*, 36.





## Chapter 12

# Illustrative Cases to Show Blurry Boundaries between Homoeopathy and Allopathy

In this chapter I will focus on how these discussions of the social identity of homoeopathy amongst professional homoeopaths, and communications between homoeopaths and allopaths, effectively translated into changes in actual relationships between homoeopathy and allopathy, and between homoeopathy and laymen.

Most studies focus on the process of institutionalisation of the relationship between homoeopathy and allopathy. Informed by a sociological approach, Nicholls, Coulter and Saks argue that financial interest is the primary motivation in shaping the process and direction of institutionalisation.<sup>1</sup> Sharma and Cant, on the other hand, note that some alternative medical practitioners deliberately want to maintain separate identities from orthodox medicine because of different values.<sup>2</sup> So far this thesis has shown that there were multiple opinions and motivations amongst professional homoeopaths and allopaths about how the relationship between homoeopathy and allopathy should be. As I will show soon the diversity of opinions gives rise to a more complicated narrative regarding the boundary between homoeopathy and allopathy than what previous studies suggest.

1. Nicholls, *Homoeopathy and the Medical Profession*; Coulter, *Divided Legacy: A History of Schism in Medical Thought*; Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*.

2. Cant and Sharma, *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the States*.

## 12.1 The reception and outcomes of the London School of Homoeopathy

From its outset, the success of the LSH was measured against its reception amongst the medical profession. Nevertheless, no consensus could be achieved amongst professional homoeopaths and an ideal school could not materialise for the want of adequate human and financial resources. From 1876 to 1883, the LSH did not specifically follow any proposal. The school, nevertheless, successfully defined the new orthodoxy amongst the professional homoeopaths. The Hahnemannians were excluded from lecturing and discussions, and Hahnemann's theories and the history of homoeopathy were reinterpreted (for discussions on the lectures delivered at the LSH regarding Hahnemann and the history of homoeopathy, see Chapter 6). The title of the school stayed with Bayes' original plan. The lectures centred on homoeopathic subjects, and did not focus simply on 'scientific medicine,' nor were any talks delivered on allopathic subjects. Enthusiasm amongst professional homoeopaths with the school did not affect allopaths. The attendance was extremely disappointing. During the summer session of 1877 the number of students who attended the lectures with regularity was six, while another six came occasionally. During the winter session of the same year the number of entries was fourteen. The editors of the BJH and the MHR justified the situation by the busy timetable of medical students and the bad current economy.<sup>3</sup> While there were a total of 133 lectures in 1878, the number of students who attended the classes during the summer session was seven; winter session thirteen..<sup>4</sup> The situation did not improve very much in the third year. 137 lectures were delivered in 1879; however the number of students during the summer session in 1879 was ten; in the winter session it was twelve.<sup>5</sup> During the summer session of 1880, seven students attended, and during the winter session, eleven.<sup>6</sup> The fact that there were very few students coming to the lectures made the continuation of the school an issue during the British Homoeopathic Congress even in the third year of the school.<sup>7</sup> Furthermore, judging from the profiles of participants, the school did not manage to clearly deliver this new orthodoxy to either the public or the profession. Initially the school was designed for existing regular medical practitioners and students, but

3. "Annual Meeting of the London School of Homoeopathy 1878."

4. "Meetings: The London School of Homoeopathy Annual Meeting," 311.

5. "Annual Meeting of the London School of Homoeopathy 1880," 311.

6. "Meetings of societies: Fourth Annual Meeting of the Governors and Subscribers of the London School of Homoeopathy," *Monthly Homoeopathic Review* 26, no. 5 (May 1881): 300.

7. Drysdale, "On the Needs and Requirements of a School of Homoeopathy."

the actual participants in the lectures were homoeopaths and their sympathisers.

Among the twenty regular attendants, the great majority were the hospital house-surgeons for the time being, who were always expected to attend, and medical men who are actually in practice—some whose names were at the time in the *Homoeopathic Directory*. None of these can be considered converts through the school.<sup>8</sup>

Another homoeopath described the students from what he observed during the lectures.

Thus, one gentleman who had practised homoeopathy in Australia, and another homoeopathic MD from America, attended one or more sessions. There are only three doctors who are stated to have come to the introductory lecture, and in consequence of what they heard attended the course and became converts. [...] While there last May, I was present at two lectures, and on entering the room I found, on the first occasion, only two hearers—one was the gentleman from Australia, and the other one of the house-surgeons. After a time, another gentleman came in, and he was a practitioner in London, residing in a fashionable street, and whose name is in the *Homoeopathic Directory*. On the second occasion, when Dr. Hughes was delivering a most interesting and instructive lecture, there were also only two persons present on my entrance. [...] These instances are, I believe, a fair example of the attendance. There are no students attending or even entered for the summer session of this year.<sup>9</sup>

The homoeopathic media, however, was divided in presenting the dreadful situation of the school. Drysdale, as one of the chief members of the School Committee and the co-editor of the *BJH*, was pessimistic about the future of the school in the General Meeting of the school.

But all hope of success in five years, if ever entertained, must now be perceived to be chimerical, seeing that the entries in the third year

8. Ibid., 679.

9. Ibid., 679–680.

are fewer than in the first, and that not one single *bona fide* medical student has as yet gone through a course.<sup>10</sup>

On the other hand, the editors of the *MHR* refuted Drysdale's pessimism and spoke of the school in an optimistic tone.<sup>11</sup> The next year facing the same difficult situation of the school, the editors argued for the loss of revenue of the school from 1878 to 1879 that "owing to depression of trade, bad harvests, any many other circumstances, the funds of almost all institutions have very materially suffered—ours among the rest."<sup>12</sup> In 1882, it was claimed by the *MHR* again that "the number of students is considerably greater than it ever has been, and we venture to prognosticate a steady increase in numbers as the spirit."<sup>13</sup> The unfavourable reception of the school had forced many professional homoeopaths to reconsider whether their partial claim to a close relationship with the medical profession fit into the reality or not. In 1879 Bayes suggested during the Annual Meeting of the school to establish a licensing board which would confer upon successful candidates for examination the diploma of Licentiate of Homoeopathy. The proposal was rejected.<sup>14</sup> In 1880 Bayes and Drysdale (the latter was against a homoeopathic school prior to this incident) made a joint proposal during the *British Homoeopathic Congress* at Leeds, September 9, 1880, suggesting the pursuit of a separate qualification for homoeopathy, and induced a vehement debate.<sup>15</sup> In 1882 Bayes presided over a meeting of the governors of the school, at which it was resolved to apply for a charter of incorporation.<sup>16</sup> The charter was never gained. Bayes passed away in 1882 and soon after that the idea of having a separate license was given up. The LSH merged with the LHH in 1883 and became an Institute for having homoeopathic lectures, without the ambitious intention to convert or educate medical practitioners.<sup>17</sup>

This new orthodoxy, in the end, was only a creative reinterpretation of social identity for professional homoeopaths themselves. The school stayed as primarily a homoeopathic school, and therefore reinforced a separate identity of homoeopathy rather than uniting the medical profession.

10. "The Past Year," 2.

11. *Ibid.*

12. "Annual Meeting of the London School of Homoeopathy 1880," 310.

13. "A Twelve-month's Teachings," 7.

14. "Meetings: The London School of Homoeopathy Annual Meeting."

15. Drysdale, "On the Needs and Requirements of a School of Homoeopathy."

16. "Homoeopathy and the New Medical Bill."

17. "London School of Homoeopathy."

## 12.2 'Is he a homoeopath?': The case of Joseph Kidd (1824–1918), Disraeli's physician

On the one hand, there were more allopaths considering homoeopathy as close to their practice, and more homoeopaths expressed their willingness to give up the 'sectarian' title. On the other hand, decades of ostracism resulted in many allopaths' poor understanding of homoeopathy. As I have shown in Chapter 3, many medical practitioners during the first half of the nineteenth century had investigated homoeopathy. In the 1880s, however, despite professional homoeopaths' attempt to announce the new orthodoxy, most allopaths reckoned the controversy of homoeopathy was an old debate. There was hardly any investigation into homoeopathy conducted by allopaths.

The blurry boundary between allopathic and homoeopathic practices had created confusions about who were homoeopaths. It was likely that a practitioner could sometimes practice allopathically, by engaging 'auxiliaries' as professional homoeopaths openly advocated, or homoeopathically, by applying remedies in small doses or substances from homoeopathic materia medica.

In 1881 the Prime Minister Benjamin Disraeli's illness and eventual death were of concern to both the Queen and the medical profession. Disraeli had been treated by his personal physician, Joseph Kidd (1824–1918). In many ways, Kidd could be rightfully considered as a homoeopath. The Irish physician was associated with the LHH before returning to Ireland to help the victims of the Potato Famine with homoeopathy in 1847. Kidd recorded his endeavour in Ireland to defend the superiority of homoeopathic treatments by comparing statistics of similar diseases treated in different medical institutions.<sup>18</sup> He subsequently published another book on how to treat cholera with homoeopathy.<sup>19</sup> His name was in the homoeopathic directory at least until 1873,<sup>20</sup> but absent in 1898.<sup>21</sup> There were no regular homoeopathic directories in print between 1874 and 1898 so I assume

18. The statistical method was typical in proving the superiority of homoeopathy before the 1860s. See Joseph Kidd, *Homoeopathy in Acute Diseases: Narrative of a Mission to Ireland During the Famine of 1847* (London, 1849); For a historical account about Kidd during the Great Famine, see Francis Treuherz, *Homoeopathy in the Irish Potato Famine* (London: Samuel, 1995).

19. Joseph Kidd, *Directions for the Homoeopathic Treatment of Cholera* (London, 1866).

20. *The Homoeopathic Medical Directory of Great Britain and Ireland* (London: Henry Turner & Co., 1873), 75.

21. Villers, *British, Colonial and Continental Homoeopathic Medical Directory*.

Kidd withdrew his name, along with possibly many other homoeopaths, from homoeopathic directory during this time period.

Kidd's eclectic approach in treating his famous patient probably had many things in common with his contemporary medical practitioners. In 1878 Kidd published *The Laws of Therapeutics, or, The Science and Art of Medicine*, where he discussed the circumstances suitable to apply or combine Hahnemann's method, Galen's methods, electro-magnetism, hydropathy and diet to cure patients.<sup>22</sup> Kidd based his eclectic approach on his belief that in order to "search for truth," one has to "forget men and their systems."<sup>23</sup> Kidd's diagnosis and prescriptions for Disraeli were indeed not based upon homoeopathic principles; however the small doses prescribed could be considered homoeopathic. Kidd diagnosed Disraeli as suffering from Bright's disease, bronchitis and asthma in November 1878.<sup>24</sup> A similar diagnosis would probably be made by allopaths and most professional homoeopaths. However, the diagnosis would probably be criticised by the Hahnemannians as they insisted on selecting remedies according to symptoms, not diseases. For Disraeli's asthma, Kidd prescribed ipecacuanha, a remedy used by homoeopaths to cure nausea,<sup>25</sup> which had made the patient exhibit homoeopathic healing symptoms, "suffering much all day from nausea."<sup>26</sup> Kidd also treated Disraeli with 'auxiliaries,' such as port wine and lamp bath. He utilised allopathic remedies in mild doses, such as "a mild course of arsenic."<sup>27</sup>

Kidd's social identity was not put under the spotlight until Queen Victoria requested another two physicians, Richard Quain (1816–1898) and John Mitchell Bruce (1846–1929), to attend the former Prime Minister alongside Kidd at the last stage of his illness in 1881. Although both physicians were old acquaintances of Kidd, Quain was concerned about having a joint consultation with a homoeopath, which was against the ostracism policy after the Brighton Resolution in 1851. Kidd, in an open letter, assured Quain that he did not treat Disraeli homoeopathically.<sup>28</sup> With the letter Quain successfully got the support from the President of the Royal College, and

22. Joseph Kidd, *The Laws of Therapeutics or the Science and Art of Medicine: A Sketch* (London: C. Kegan Paul, 1878).

23. *Ibid.*, 1.

24. "The Last Illness of Lord Beaconsfield," *The Nineteenth Century* 26, no. 149 (July 1889): 65.

25. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*, 41.

26. "The Last Illness of Lord Beaconsfield," 65.

27. *Ibid.*

28. "Lord Beaconsfield's Illness," *The British Medical Journal* 1, no. 1059 (April 1881): 600.

agreed to treat Disraeli.<sup>29</sup> The three physicians discussed the treatments and took turns in looking after Disraeli.<sup>30</sup> At the death bed of Disraeli, all three physicians were present together.

In spite of the collaboration between Kidd and two allopaths, Kidd's eclectic approach created further tensions between professional homoeopaths and the medical profession. One would imagine that professional homoeopaths would utilise the situation to testify for the possibility of collaboration between homoeopathy and allopathy, as the veteran professional homoeopaths advocated in the discussions about the LSH. The collaboration, as sanctified by the Queen herself, would be a direct blow to the ostracism of homoeopathy. Nevertheless, the fact that Kidd, and possibly many homoeopaths, were not afraid to combine homoeopathy, allopathy and other treatments used by domestic practitioners, had encouraged some allopaths to put homoeopaths in the same category as lying quacks, and it seemed that there was imminent disapproval of homoeopathy as an effective medical system. Quoting Kidd as "the most popular leader of the sect," the *Lancet* made an insightful comment that "there are probably not six homoeopaths in England who would accept the principles of homoeopathy laid down by Hahnemann."<sup>31</sup> The *Lancet* seemed to ignore the fact that Kidd had withdrawn himself from "every association which could in any way connect him with homoeopathy," such as the BHS and homoeopathic directories.<sup>32</sup>

Kidd was an example of what professional homoeopaths did not want as a representation of what homoeopathy was to the profession. Responding to the comments from the medical profession about homoeopaths' self-defeatism, professional homoeopaths marked the boundary between orthodox homoeopathy and "Dr. Kidd's half-hearted adhesion to homoeopathy."<sup>33</sup> Although professional homoeopaths probably did not know any more than allopaths about how exactly Kidd treated his patients in private, the opinions of homoeopathic journals demonstrated a seemingly great knowledge about Kidd's practice. Kidd, they argued, despite his previous enthusiastic activities to promote homoeopathy, was not a proper homoeopath. They contended that what distinguished Kidd from a proper homoeopath was not his method of treatments, but a matter of different frequencies in choosing what treatments to

29. *Ibid.*, 601.

30. "The Last Illness of Lord Beaconsfield."

31. "Notabilia: The *Lancet* on Homoeopathy," *Monthly Homoeopathic Review* 30 (October 1886): 645.

32. *Ibid.*

33. "Miscellaneous: Homoeopathy in Tasmania," *The British Journal of Homoeopathy* 41 (April 1883): 206.

use.

It is true that Dr. Kidd believes in homoeopathy, that is to say he believes in the advantages to the sick of medicines which produce similar conditions in health; but he at the same time very frequently—far more so than most physicians who have had considerable experience of homoeopathy—resorts to the use of remedies having an opposite action, and to an almost infinite variety of medicinal appliances which neither he nor anyone else would regard as homoeopathic in their action.<sup>34</sup>

Moreover, Kidd himself denied being a homoeopath on various occasions.<sup>35</sup> Instead of utilising Kidd's example as the potential collaboration between homoeopathy and allopathy, professional homoeopaths lamented about Kidd's "baneful influence on the acceptance of homoeopathy by the prejudiced person."<sup>36</sup> Kidd was rejected as a genuine homoeopath, and the BJH commented that it was "unfortunate" and "an entire mistake" that Kidd was regarded as an exponent of homoeopathy. Kidd's position, at most, was "halting between two opinions." The BJH emphasised that Kidd was an exception to most "disciples of Hahnemann."<sup>37</sup>

Within five years, however, the leading professional homoeopathic journals would shift their opinions about Kidd's case. Kidd was not seen as a traitor of professional homoeopathy any more. His case was seen as a justification for future joint consultations between homoeopathy and allopathy. More allopathic physicians had reduced the dose of their remedies and incorporated homoeopathic remedies in their treatments. Towards the end of the 1880s, the blurry boundary between allopathic and homoeopathic practices created not only confusions about the social identities of medical practitioners, but also confusions in medical institutions. The lay supporters of professional homoeopathy had taken an active role in medical institutions again in the 1880s, and their casual concern about how homoeopathy was practised in their institutions had created further confusions about the distinction between homoeopathy and allopathy.

34. "The *Lancet* on Homoeopathy," 645–646.

35. *Ibid.*, 645.

36. "Homoeopathy in Tasmania," 206.

37. *Ibid.*



## 12.3 'Is this a homoeopathic dispensary?': The case of Margaret Street Infirmary and Queen's Jubilee Hospital and their physicians

From 1887 to 1888, two medical institutions were undergoing clarifications of physicians' affiliations between the medical officers and lay management. The Margaret Street Infirmary for Consumption and Diseases of the Chest had always been a 'normal' dispensary for the forty years of its existence.<sup>38</sup> It had never been mentioned in any homoeopathic medical directories. In 1887, one of the three physicians in ordinary practice, Apollinaris Victor Jagielski (1853–1920), and one of the visiting physicians, Thomas Charles Marsh (?–?), were accused of practising homoeopathically by the other six members of the Medical Staff. Backed by the Executive Committee, a letter was addressed to the two 'homoeopaths,' calling on them "to cease treating the patients homoeopathically," and "to resign any appointments held in homoeopathic institutions."<sup>39</sup>

To what extent Jagielski and Marsh were 'homoeopathic' is worth some investigation here. Both were qualified medical practitioners and affiliated with professional homoeopathic institutions. The German-born Jagielski was qualified as an MD in Berlin in 1868,<sup>40</sup> and was once a physician to the Prussian Army.<sup>41</sup> He moved to England and first qualified himself as an MRCP in 1874.<sup>42</sup> He soon turned his interest to homoeopathy and was elected as a fellow of the BHS in 1882.<sup>43</sup> There is not much biographical information available on Marsh. He qualified as an LRCP in Edinburgh in 1884 and practised in London.<sup>44</sup> Judging from the fact

38. As far as I know, the curious incident of the Margaret Street Infirmary has never been discussed in previous literature. Amateur homoeopathic historian Susan Young mentioned the Infirmary on her website dedicated to the history of homoeopathy. However, her account is not satisfactorily accurate. She stated that Jagielski and Marsh's appointments were the results of a later conflict, which I will outline in the next paragraph. However, according to my investigation, Jagielski and Marsh's practices were the causes of a series of arguments which I will discuss below. See <http://sueyounghistories.com/archives/2010/01/28/the-margaret-street-infirmary-for-consumption/>, accessed 20th January 2015.

39. "Liberty of Opinion in the Art of Therapeutics," *Monthly Homoeopathic Review* 31 (March 1887): 168–169.

40. *The British Homoeopathic Medical Directory (1888)*, 20.

41. Apollinaris Victor Jagielski, *On Marienbad Spa, and the Diseases Curable by Its Waters and Baths* (Czech Republic: Trübner, 1873), i.

42. "Medical News," *The British Medical Journal* 1, no. 697 (May 1874): 632.

43. Giles F. Goldsbeough, ed., "Members of the British Homoeopathic Society," *The Journal of the British Homoeopathic Society, New Series* 13 (1904–1905): vi–xxiv.

44. *The British Homoeopathic Medical Directory (1888)*, 22.

that he was a medical officer at the LHH between 1884 to 1900,<sup>45</sup> he must also have been a member of the BHS. It was not clear how Jagielski practised ‘homoeopathy,’ but the physician was one of those professional homoeopaths who actively advocated ‘auxiliaries.’ In fact, Jagielski was probably known for his faith in ‘water cures,’ such as the Turkish Bath and mineral water, than for homoeopathy.<sup>46</sup> From 1883 to 1904, Jagielski appeared in trials before the Censors of the Royal College of Physicians six times, due to his promotion and connection with water baths and electrotherapy, not homoeopathy.<sup>47</sup> As a self-proclaimed professional homoeopath, Jagielski’s medical practice would seem ‘unhomoeopathic’ in the eyes of modern readers, but probably perfectly ‘homoeopathic’ to his contemporary professional homoeopaths. As early as 1879, the members of the BHS had pointed out that his addresses delivered during the meetings of the Society were almost irrelevant to homoeopathy itself. The main subjects of these addresses were the water cure and electrotherapy. The only indication of Jagielski’s ‘homoeopathic’ treatments was his use of homoeopathic remedies to treat patients at the Margaret Street Infirmary.<sup>48</sup> The ‘ostracism’ of Jagielski and Marsh, in the case of the Margaret Street Infirmary, was probably less due to the use of ‘homoeopathy’ than their eclectic medical treatments.

Regardless of the two ‘homoeopaths’ actual practices, their ostracism was immediately interpreted as a conflict between the medical profession and homoeopathy. The editor of *The Medical Press and Circular* described the struggle as “a pitched battle between the orthodox practitioners and the homoeopaths!”<sup>49</sup> In-group favouritism of professional homoeopaths nonetheless brought the two physicians significant support. The support came from their homoeopathic colleagues as well as lay proponents. This time the support came in a different form. Instead of publishing petitions in the form of pamphlets and general newspapers, the significance of an institution in supporting a separate identity was recognised. By donating a

45. Reiswitz, ““Globulizing” the Hospital Ward: Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid,” Appendix E.

46. Jagielski wrote many articles on the water cure; the most notable book is on Marienbad, located in the Czech Republic near the border with Germany. See Jagielski, *On Marienbad Spa, and the Diseases Curable by Its Waters and Baths*.

47. The power of the Royal Colleges was in decline in the second half of the nineteenth century. Jagielski’s cases were some of the Colleges’ fruitless attempts in demanding their members follow the policy of refraining from unorthodox practice. For the details of Jagielski’s trials and other ‘bad boys,’ see A. M. Cooke, *A History of The Royal College of Physicians of London*, vol. 3 (Oxford: Clarendon Press, 1972), 904–908.

48. “Liberty of Opinion in the Art of Therapeutics,” 168–169.

49. The London Medical Press and Circular, 9th March, 1887 “Notabilia: The Margaret Street Infirmary for Consumption,” *Monthly Homoeopathic Review* 31, no. 4 (April 1887): 240–241.

significant amount of money from their own pockets, the veteran homoeopath Dudgeon as well as a long-time homoeopathic supporter Edmund Beckett, 1st Baron Grimthorpe (1816–1905),<sup>50</sup> joined the Governing Body of the Infirmary.<sup>51</sup> Successfully asserting their influence in the Committee, the resolution to dismiss the two ‘homoeopaths’ did not pass during the meetings. In protest, seven medical officers resigned in April.<sup>52</sup> They accused the Board, consisting of laymen, of allowing homoeopaths to “take and hold office” at the hospital. The resigning staff stated in the *BMJ* that such a decision “would be wanting in respect to our noble profession, and be disloyal to the interests of true science, to [...] acquiesce in an action so disrespectful and inconsiderate.”<sup>53</sup> Meanwhile, at the Margaret Street Infirmary Grimthorpe and Dudgeon were planning a ‘homoeopathic siege’ of the institution. To what extent the Margaret Street Infirmary had therefore become more ‘homoeopathic’ is worth some investigation. Under the suggestion of Grimthorpe, within one month three new medical officers were elected.<sup>54</sup> John Roberson Day (1860–1935) and Charles Lloyd Tuckey (1855–1925) were both members of the BHS, while Kenneth William Millican (1853–1915) was an allopath, new to London and having no previous connection with homoeopathy.<sup>55</sup>

From the available material, I cannot tell how and why exactly Millican, an allopath, was associated with an institution connected with homoeopathy. It could be Millican’s tolerant attitude towards homoeopathy, as I will discuss later. It could also be because it was common amongst medical practitioners in the 1880s to practice ‘homoeopathically.’ This ‘eclectic’ approach only became controversial when a practitioner was openly associated with or against homoeopathy. Three months before the post at the Margaret Street Infirmary, Millican was appointed a surgeon at the newly-established Queen’s Jubilee Hospital in January 1887. Learning about Millican’s association with the Margaret Street Infirmary, the governing body of the Queen’s Jubilee Hospital warned Millican to resign from the Infirmary, and subsequently dismissed

50. Grimthorpe, acclaimed to be the best locksmith in England, designed the clock for the Houses of Parliament, and was an ardent supporter of homoeopathy. He expressed his support through homoeopathic institutions. In 1874, Grimthorpe assisted the financing of The St. James Homoeopathic Hospital Doncaster. *Oxford Dictionary of National Biography*, s.v. “Beckett, Edmund, 1st Baron Grimthorpe.”

51. “Robert Ellis Dudgeon, M.D.,” *Monthly Homoeopathic Review* 48, no. 10 (October 1904): 577.

52. “Liberty of Opinion in the Art of Therapeutics.”

53. “Resignation of the Medical Staff of the Margaret Street Infirmary for Consumption,” *The British Medical Journal* 1, no. 1366 (March 1887): 541.

54. “Margaret Street Infirmary,” *The British Medical Journal* 1, no. 1371 (April 1887): 797.

55. “Obituary: Kenneth William Millican, B.A. Cantab., M.R.C.S.Eng., L.R.C.P.Edin,” *The British Medical Journal* 2, no. 2867 (December 1915): 878.

him on the 26th of May 1887. Millican brought the case of his wrongful dismissal to the court in the end of 1887, arguing that the governing body had no right to dismiss a medical officer based upon his medical belief. The court was in favour of Millican but the verdict was reversed on appeal.<sup>56</sup> Millican's case generated a month-long correspondence in *The Times*.<sup>57</sup> Interestingly enough, although having accepted a post at an institution associated with homoeopathy, Millican was not considered as a homoeopath in the debate. Nevertheless, a commenter rightly pointed out that Millican's therapeutic approach did not become homoeopathic only when he was in touch with a homoeopathic institution. The physician was likely to be treating patients homoeopathically in Queen's Jubilee Hospital already.

The correspondence published in *The Times* illustrated a diverse range of opinions from allopaths, homoeopaths and homoeopathic lay supporters in terms of the relationship between homoeopathy, the medical profession and laymen. Most allopaths used their initials in *The Times* correspondence as it was considered inappropriate to discuss professional matters in publications for the general public. Millican, who obviously had made his name known in defending himself, argued that homoeopathic and allopathic practices had become similar and there was no point in differentiating between the two medical systems.

The difference becomes no longer one of first principles, no longer one of kind, but one of degree; consequently there is no predetermined impossibility of an honest agreement in consultation as to the drug indicated in a given case.<sup>58</sup>

Millican was later joined by another ardent young homoeopath, John Henry Clarke (1853–1931), who later became one of the most active propagators of homoeopathy amongst the public. Clarke confessed that he had “practised both allopathically and homoeopathically.”<sup>59</sup>

Other allopaths exhibited a wide range of opinions about homoeopathy, which were obviously not informed by the latest developments within homoeopathy due to a long period of non-communication. T. Frederick Pearse, the physician to the

56. Millican v. Sullivan and Others, *The Times*, 32260 1887, 3.

57. John Henry Clarke, *Odium Medicum and Homoeopathy: “The Times” Correspondence* (London: Homoeopathic Publishing Co., 1888).

58. Kenneth William Millican, Correspondence: Odium Medicum at Hospitals, *The Times*, 32267 1887, 10.

59. John H. Clarke, Correspondence: Odium Medicum, *The Times*, January 1888.

skin department at Queen's Jubilee Hospital, repeated the stereotype of homoeopathy which existed since the first half of the nineteenth century: it was unscientific and therefore no sensible medical practitioner should have anything to do with it.<sup>60</sup> J. L. W. Thudichum repeated that homoeopathy was hostile to the medical profession. "Hahnemann had always been a man against the medical profession with lots of criticism."<sup>61</sup> Another allopath, R. B. C., had spared some time in investigating homoeopathy and concluded that the psora theory of the origin of disease, highly-diluted remedies and the effect of dynamisation were against common sense.<sup>62</sup> These theories proposed by Hahnemann in his later years were exactly the same theories that professional homoeopaths regarded as unscientific and attempted to eliminate from the new homoeopathic orthodoxy. Dudgeon and Brown immediately responded to R. B. C.'s letter. Their letters, however, were examples of covering intra-group conflicts when dealing with out-group members. Both Dudgeon and Brown were progenitors of the new orthodox homoeopathy based upon the early theories of Hahnemann. Nevertheless, they did not express their doubts about Hahnemann's later theories. Instead, they demonstrated full confidence in Hahnemann's capacity. Dudgeon even defended the theory of psora by stating that Hahnemann was not the first one to propose the idea.<sup>63</sup> Their letters emphasised the common language between homoeopathy and allopathy, as the former had incorporated pathology and physiology.<sup>64</sup> Another allopath, J. C. B., rightly acknowledged the different opinions and intra-group conflicts amongst homoeopaths.<sup>65</sup> However, to J. C. B., these conflicts only proved that homoeopaths were inconsistent and impossible to work with.<sup>66</sup>

60. T. Frederick Pearse, Correspondence: Odium Medicum, *The Times*, 32270 1887, 7.

61. J. L. W. Thudichum, Correspondence: Odium Medicum, *The Times*, January 1888.

62. RBC, Correspondence: Odium Medicum, *The Times*, 32273 1888, 10.

63. Dudgeon believed that a German physician from Stuttgart, Johann Heinrich Ferdinand von Autenrieth (1772–1835), was the first one to propose the theory. Robert Ellis Dudgeon, Correspondence: Odium Medicum, *The Times*, January 1888.

64. Dudgeon, Correspondence: Odium Medicum; David Dyce Brown, Correspondence: Odium Medicum, *The Times*, January 1888.

65. 'J. C. B.' was likely Dr. J. C. Bucknill. He proposed a motion at an extraordinary meeting of the Fellows of the Royal College of Physicians on December 27 1881, stating "that no competent medical man can honestly practise the so-called homoeopathic system." The motion was however denied. JCB, Correspondence: Odium Medicum, *The Times*, 32273 1888, 10.

66. Ibid.

## 12.4 Laymen's changing roles in homoeopathy disputes

While communications between allopaths and homoeopaths in the 1870s showed one-sided stereotyping and miscommunication, laymen redefined their role in medical matters during the institutional disputes. During the dispute between the BHS and the EHA in the 1840s, lay supporters of homoeopathy agreed that the mission of propagating homoeopathy should be within the medical profession and was best carried out by professional homoeopaths (see Chapter 4). However in the dispute of the Margaret Street Infirmary and the case of Millican, laymen took an active role in expressing their rights to be involved in medical matters. Grimthorpe, the chairman of the Margaret Street Infirmary, stated that the ostracism of homoeopaths not only infringed the medical liberty protected by the Medical Act, but also violated the rights of patients and the poor to receive good treatments. In this case, the lay management body of a medical institution was justified in defending the rights of patients.

As these people evidently mean to defeat the Medical Act by the roundabout process of closing every hospital against those whom they are prohibited from excluding from private practice, the time is come when the governors or subscribers must decide for either liberty or tyranny.

Hospitals do not belong to the doctors; they exist for the double purpose of relieving the poor and teaching doctors by the experience they gain there for the benefit of themselves and of all classes.

We had to pass an "Act for the submission" of the doctors of theology three and a half centuries ago, which they have been constantly trying to repeal by all sorts of tricks, and are at work upon again now, I know.<sup>67</sup>

Major William Vaughan Morgan (1826–1892) was a successful merchant and a long-time supporter of homoeopathy. Together with Robert Grosvenor (1801–1893), Morgan steered the development of the LHH as the Chairman of the Management Committee since the death of Quin in 1879. Twenty-five years younger than Grosvenor, Morgan held a different view on how lay supporters could participate in the propagation of homoeopathy. To Morgan, homoeopathy did not only belong to homoeopaths, but also to its users. He spoke as if he could represent the new school, and offered to drop the name of 'homoeopathy' when it was not 'persecuted' by the profession.

67. Grimthorpe, Correspondence: Odium Medicum at Hospitals, *The Times*, 32264 1887, 10.

Over and over again the new school, called by their antagonists the "Homoeopathic," have offered to drop the name and discontinue their hospitals and journals provided fair play be conceded on the other side.<sup>68</sup>

Morgan spoke as if he felt the pain of ostracism of homoeopaths from the profession.

Moreover, the discussion of the system, and even the advertisements of books bearing on the subject, are rigorously excluded from all the medical periodicals. What then are those who, like myself, have a life-long experience of the system and an ardent belief in its efficacy to do? We have established a hospital with 90 beds in London and support two periodicals, but would gladly drop these if only guaranteed fair play and a cessation of boycotting.<sup>69</sup>

To Grimthorpe and Morgan, the controversy of homoeopathy was not only a matter between homoeopathic and allopathic practitioners, but also between supporters and opponents of homoeopathy. The editors of *The Times* agreed with Grimthorpe and Morgan in commenting on the laymen's position in medical controversies. Ten days into the controversy, the editors of *The Times* published a leading article in defense of Millican's case and liberty of opinion of homoeopathic supporters. After another fortnight, the editors finally decided to close the column to further correspondence. A leading article was published claiming that Lord Grimthorpe had successfully defended his original claim for homoeopathy.<sup>70</sup>

With the rise of bigger medical institutions, lay patrons exerted more influence than medical practitioners with financial means and managerial skills in institutional settings after 1880. The lay managers, however, gave different emphasis on how to propagate homoeopathy from homoeopathic practitioners. The laymen were more interested in renovating and expanding institutions, while practitioners focused on defining medical practice and their relationship with the profession. This distinction soon created conflicts within the biggest homoeopathic hospital in the country, the LHH, where the lay management was assuming a more influential role after 1880. The detailed history of the LHH is beyond the scope of this research. However,

68. William Vaughan Morgan, Correspondence: Odium Medicum and the Jubilee Hospital, *The Times*, 32268 1888, 8.

69. Ibid.

70. Clarke, *Odium Medicum and Homoeopathy*.

while most studies on the LHH focus on the medical officers, their practice and patients, few paid attention to the power struggle between the medical officers and lay management. In April 1883, partly due to lack of financial support and managerial skills, and partly due to Bayes' untimely death in 1882, the professional homoeopaths quietly gave up the management of the school to the Board of the LHH,<sup>71</sup> although the initiator of the School, Bayes, had specifically written a letter to Morgan and the board to kindly request to run the school as it was.<sup>72</sup>

The different focus between laymen and medical practitioners soon turned the only official homoeopathic education institution in a different direction. Within five months, the board soon discovered the difficulty in recruiting students to the school.<sup>73</sup> Morgan, due to the illness of Grosvenor, had been acting as deputy Chairman of the Board. The business-savvy Morgan considered the school an unworthy investment. After struggling for three years, in February 1886 Morgan urged the board to terminate the school, and use the remaining funds to open a new ward. The ward, he suggested, should be named the Bayes Ward.<sup>74</sup> Morgan's proposal was soon accepted. In March 1886 the school was officially suspended, and fund-raising activities were initiated to expand the LHH. The lay management had redefined the focus in propagating homoeopathy to establishing a better hospital. The tension between lay management and medical officers had gradually diminished. Within the next six years, the plan to add an additional ward to the original hospital had expanded into constructing a new one, which would double the capacity of the current hospital from fifty beds to one hundred beds.<sup>75</sup> In 1893 sufficient funds had been raised and the foundation stone was laid down for the new hospital building. Grosvenor's death occurred in the same year, and symbolically marked the end of an era of British homoeopathies primarily represented by a group of professional practitioners firmly believing in the value of science.

71. Board of Management Minute Book, 1877–1888, 275–276.

72. *Ibid.*, 215–216.

73. *Ibid.*, 299.

74. *Ibid.*, 406–407.

75. Board of Management Minute Book, 1889–1899.



## Summary

In Part III, I have investigated the nuances of how different key players redefined the social identity of professional homoeopaths. The inconclusive redefinition and the blurry boundary between homoeopathy and allopathy suggest that the dichotomic interpretation of the conflict between homoeopathy and allopathy is not justified. I have also argued for the influence of laymen in this process, a factor that has not yet been discussed in previous studies. I have demonstrated that the process of redefinition was marked by in-group favouritism and intra- and inter-group conflicts, with miscommunication and prejudices in play. The redefinition of homoeopathic social identity varied according to whose media was used to communicate and against whom it was defined. The opinions addressed to the in-group members could be the opposite when addressing to out-group members. The distinction between discussions amongst in-group members and against out-group members marks the phenomena of social competition. During the discussions of the LSH, professional homoeopaths argued amongst themselves that a distinct boundary between homoeopathy and allopathy was unnecessary. Many allopathic practitioners had adopted 'homoeopathic' practices. However, when the matter was discussed in the public domain, such as in the general newspapers or institutional contexts, both parties assumed the expected antagonistic stance. Overall, professional homoeopaths had gradually become less enthusiastic with having a clearly distinct social identity from other medical practitioners. Homoeopathic institutions, although carrying on a significant presence through the generous support of laymen, did not aid in differentiating between homoeopathy and allopathy as the lay management were less focussed on the medical practice.



## Chapter 13

### Conclusion

This thesis aims to investigate the ‘decline’ of homoeopathy in relation to the ‘rise’ of orthodox medicine. Did homoeopathy decline during the second half of the nineteenth century in Britain? Did it decline because of the emergence of a more scientific and effective medicine? Or did it decline for the malicious ostracism of the medical profession? Was professionalisation a process of eliminating potential competitors? After all, did homoeopathy actually decline?

In order to answer these questions, this thesis sets out to ask what homoeopathy meant to different subjects. I consider ‘homoeopathy’ as a social identity: it was not only a medical system, or a vested interest group, as previous studies suggest, but also a collection of values and beliefs that one associated with a certain social group, and identified oneself with. Moreover, as a group identity, ‘homoeopathy’ was not only made meaningful by the interpretations of its supporters, but also by its relationships with other social groups, as interpreted by both in-group and out-group members. I argue that mere legislative procedure, such as the enactment of the Medical Act 1858, is not enough to create collective subjective boundaries for the medical profession. These boundaries will need recognition from both in-group and out-group members.

Victorian Britain went through significant changes in social and economic structure, which offered opportunities for the introductions of new ideas and shifts in existing social hierarchy and meanwhile created uncertainties in existing social identities. Throughout the nineteenth century, medical practitioners attempted to find a stable position for themselves in a changing social structure. As SIT predicts, three categories of activities might be adopted by group members to find certainties

for one's social identity, depending on how difficult one believes it is to change the status of its original group. These three options are *individual mobility*, *social creativity* and *social competition*. Individual mobility happens when an individual believes it is difficult to change the social status of a group and decides to leave. Social competition happens when it is perceived as possible to change the status of a group, and the group members will engage in collective competition with out-group members. Social creativity happens when the possibility to change the status quo is ambiguous. Although SIT based its theory upon established social groups, this study has found that the three types of activities also happen when a social group is not firmly established.

My investigation shows that a dichotomous and conflicting view on the relationship between homoeopathy and orthodoxy is an over-simplified approach. Many medical practitioners investigated and some even adopted 'homoeopathy,' a potential candidate for a scientific and progressive medicine, as a means to create positive distinctiveness for the medical profession. From this perspective, the motivation to 'adopt' homoeopathy was the same as to create a unified profession—both were social creativities to achieve a better social status for medical practitioners. It is therefore not surprising that many medical practitioners, although adopting homoeopathy, gave priority to a scientific and professional medicine, rather than following Hahnemann's instructions carefully. In order to make homoeopathy part of the common social identity for medical practitioners, the adoption of homoeopathy for medical reform would also need recognition from other medical practitioners. Therefore, for homoeopathic practitioners, the 'progress' of homoeopathy lay in to what extent it was accepted amongst the medical practitioners, rather than in improvements of homoeopathic theories and practices. This explains the deep-felt sense of crisis amongst homoeopathic practitioners, since, while they identified themselves with other medical practitioners, their proposal was ostracised.

Some professional homoeopathic practitioners' endeavour to make homoeopathy part of the social identity of a new scientific medical profession, was further complicated by the fact that 'homoeopathy' was also adopted by other social groups for other reasons. In Part I I have shown that 'homoeopathy' was first introduced to Britain via different social networks and with different intentions. This resulted in multiple meanings of homoeopathy: it was a gentle and civilised medicine, it was a tool for social movement, it carried the message of the Gospels, it was a symbol for scientific and progressive medicine. SIT predicts that during inter-group interactions, intra-group differences will be minimised while inter-group ones will be amplified.

The critics of homoeopathy, especially those of the medical profession, certainly overlooked the intra-group differences. Many who adopted homoeopathy possessed different agendas from medical practitioners' attempts to enhance the social status of medicine and its practitioners. Amongst homoeopathic supporters, the popularisers of homoeopathy held an opposite intention from those who wanted to establish homoeopathy as an elite medicine, as represented by Quin and the BHS.

Adopting homoeopathy for different reasons, homoeopathic supporters initially did not possess a sense of a distinct social group amongst themselves. Nevertheless, the perception and critics of the out-group members compelled homoeopathic supporters to negotiate a common social identity under the same label 'homoeopathy.' Professional homoeopathic practitioners had even stronger motivation to push their version of homoeopathy forward, as they prioritised the recognition from other medical practitioners. The establishment of a scientific and professional homoeopathy had become even more urgent when the PMSA (later the BMA) decided to ban professional associations with homoeopathic practitioners on the grounds that the popularisers of homoeopathy were anti-profession.

The strategy of social competition was adopted by professional homoeopaths before the 1860s, in the form of presenting superior statistical results of homoeopathic treatment to allopathic ones, and of calling public trials on homoeopathy. Nevertheless, the strict execution of the Brighton Resolution of 1851 and the failed cattle plague trials forced professional homoeopaths to adopt other policies for their acceptance. From the late 1860s, professional homoeopaths focused on social creativity activities to re-create the positive distinctiveness of homoeopathy, and to re-draw the boundary between themselves and other social groups. I have discussed these reforms in Part II.

During the process of re-positioning homoeopathy within a new social structure, the discussions of the role of Hahnemann in homoeopathic traditions became the starting point to re-create the social identity of homoeopathy. Professional homoeopaths were divided into two factions: one identified closer to other medical practitioners while the other preferred an independent social identity. Both used the theories of Hahnemann to justify their newly-invented traditions. Hahnemann's authority and status in homoeopathic tradition was first re-evaluated. Dudgeon and Hughes made Hahnemann less important in the history of homoeopathy so that homoeopathy could be compatible within the history of medicine. The history of homoeopathy did not start with Hahnemann, but could be traced back to the history of medicine. They redirected the criticism towards homoeopathy to Hahnemann's character

and his reactions to the opposition from the medical profession. They successfully justified their abandonment of what they thought were ‘unscientific’ aspects of homoeopathy, on the grounds that Hahnemann was not in a sensible state when proposing these theories. New theories were therefore justifiably proposed to correct the mistakes of Hahnemann and to keep homoeopathy up-to-date with science. Homoeopaths who were in favour of this stance reckoned that the law of similars and minimum dose were the fundamental principles of homoeopathy. They advocated the use of mother tincture and low-dilution remedies, and were suspicious about highly-diluted medicines. They embraced pathology and physiology and believed that the law of similars could be applied in the level of organs and tissues.

On the other hand, the Hahnemannians insisted that a true homoeopath was the one who followed Hahnemann’s instructions strictly. Nevertheless, my investigations have shown that many of the Hahnemannians’ claims were not based upon Hahnemann’s theory. Previous studies suggest that these high-potency prescribers’ views on homoeopathy were probably more closely-connected to Swedenborgianism and other mystical traditions than to Hahnemann. My examination suggests that this association was an over-simplification of the relationship between homoeopathy and esoteric traditions. Many nineteenth-century homoeopaths were associated with both esoteric traditions and scientific endeavours. Wyld was the president of the Theosophical Society. Dudgeon was the family physician of Swedenborg’s English translator, John James Garth Wilkinson. Both nevertheless advocated a more ‘scientific’ approach towards medicine. Therefore, a more sophisticated explanation is still needed for the origins of the Hahnemannians.

The new theories and experiments devised by professional homoeopaths show that British homoeopathy was dynamic and progressive, and did not lack its own science programme during the second half of the nineteenth century. The lack of innovations in American homoeopathy, which Rogers suggests contributed to the decline of homoeopathy, did not happen in Britain.<sup>1</sup>

Professional homoeopaths’ opinions about vaccination further illustrated that these practitioners, including the Hahnemannians, identified themselves firstly as scientific and professional medical men rather than homoeopathic physicians. Although could be easily explained by homoeopathic principles, vaccination was not supported or rejected based upon homoeopathic theories. Wyld advocated vaccination to be accepted by the medical profession, while the Hahnemannians

1. Rogers, “The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in An Age of Scientific Medicine.”

refused to collaborate with the Anti-Vaccination League for its anti-professional character.

This 'scientific' homoeopathy, however, has been largely forgotten in the historiography of homoeopathy and medicine. Both Nicholls and Morrell argue that British homoeopathy embraced 'metaphysical' ideas in the twentieth century, to differentiate itself from biomedicine.<sup>2</sup> Homoeopaths today trace their origins to the Hahnemannians and other high-potency prescribers, instead of the orthodox professional homoeopathy. Morrell, a homoeopath himself, gives undue importance to the Hahnemannians, while Dudgeon, Hughes, Yeldham, Wyld and Drysdale are given little scope in his biographical study of British homoeopathy.<sup>3</sup> Brierley-Jones, a homoeopathic sympathiser, uses Burnett's opinions to represent the majority of British homoeopaths.<sup>4</sup> On the other hand, Dudgeon and Hughes' interpretation of the history of homoeopathy is followed by homoeopathic historians who are in favour of the concept of integrative medicine, such as Campbell and Priven.<sup>5</sup>

Homoeopathic practice did become similar with the allopathic one. Nevertheless, I argue that it was not because allopaths adopted homoeopaths' ideas and remedies, nor because homoeopaths adopted allopathic methods, as Coulter and Nicholls argue respectively.<sup>6</sup> I contend that it was because professional homoeopaths held similar ideas with many other medical practitioners of what a scientific medicine was. Due to these ideas of science, professional homoeopaths re-defined homoeopathy as a medical system based upon the law of similars and minimum dose alone, and discarded the notion of highly-diluted remedies and the psora theory. They considered that one of the greatest contributions of homoeopathy was the verification of drug characteristics, which facilitated their search for a specific medicine. Prevalent homoeopathic prescribing methods today, such as considering the totality of symptoms and the emphasis on mental symptoms, was not recognised by nineteenth-century homoeopaths. Therefore professional homoeopaths reckoned that the use of homoeopathic materia medica by allopaths was equivalent to the acknowledgement of homoeopathy.

2. Nicholls, *Homoeopathy and the Medical Profession*; Morrell, "British Homeopathy during Two Centuries."

3. Morrell, "British Homeopathy during Two Centuries."

4. Brierley-Jones, "How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920."

5. Campbell, *Homeopathy in Perspective: A Critical Appraisal*; Priven, *Hahnemann: um médico de seu tempo: articulação da doutrina homeopática como possibilidade da medicina do século XVIII*.

6. Coulter, *Homeopathic Influences in Nineteenth-century Allopathic Therapeutics: A Historical and Philosophical Study*; Nicholls, *Homoeopathy and the Medical Profession*.

Professional homoeopaths' identity as scientific practitioners also motivated them to invent and adopt medical innovations. The result was that during the last quarter of the nineteenth century, it was likely that many medical practitioners practised 'homoeopathically' from the perspective of professional homoeopaths.

Professional homoeopaths were aware that this new orthodox homoeopathy, as first developed out of discussions amongst themselves, could not gain recognition without acknowledgement from out-group members. My examination shows that, in order to be accepted by the medical profession, homoeopaths expressed different opinions about the same topic when addressing different audiences. For example, although Hahnemann's later theories were criticised and abandoned amongst the majority of professional homoeopaths, they would not make similar comments openly as out-group members still associated homoeopathy with Hahnemann. Moreover, different opinions were excluded even amongst homoeopaths to maintain a unified front to the medical profession and the lay public. I therefore emphasise the importance of comparing how homoeopaths expressed their opinions in different contexts. I reckon that it is because of not utilising primary sources which voiced different opinions of professional homoeopaths that previous studies on British homoeopathy neglect the internal variances within the group.

Considering the fact that homoeopaths and allopaths shared similar ideas of science and medicine in the second half of the nineteenth century, the rejection of homoeopathy from the medical profession could be explained by the minimum group paradigm in SIT. The minimum group experiment suggests that in-group preference and out-group prejudice can be achieved by simply dividing participants into two groups randomly. Indeed many allopaths and homoeopaths acknowledged the tension between them was a result of sectarian division. In favour of a unified medical profession, there were pleas from both sides to drop the sectarian title of homoeopathy, and unify the profession under the prospect of scientific medicine. Nevertheless, the pleas had never secured the open acceptance of homoeopaths. Many medical practitioners, however, quietly withdrew their names from homoeopathic directories and quietly carried on their eclectic practice.

Professional homoeopaths further divided regarding the matter of dropping the homoeopathic identity. The older generation seemed to have more affinity with a unified medical profession, while the younger generation, who mostly took up homoeopathy after the 1860s, preferred to maintain a separate identity from the medical profession. The disagreements between the two manifested in how homoeopathy should be advocated and taught in the LSH, and in how the LHH should be managed.



The formation of a common social identity for homoeopathy, which being recognised by both in-group and out-group members, was never achieved during the second half of the nineteenth century due to disagreements amongst homoeopathic practitioners. These disagreements, nevertheless, created opportunities for lay re-participation in homoeopathic matters after the dissolution of lay homoeopathic organisations in the 1850s. While medical practitioners were more concerned about the variances in practice and whether homoeopathy was accepted by the profession, laymen took the steering wheel of the development of homoeopathic institutions. From 1893, the LHH shifted the focus of the hospital from educating medical practitioners about homoeopathy to expanding the infrastructure. From lay management perspective, a successful hospital was a living proof of homoeopathic practice. Into the twentieth century, the lay participation expanded from managerial roles to being practitioners themselves.<sup>7</sup>

So, did homoeopathy ‘decline’ in Britain during the second half of the nineteenth century? According to my study, I argue that ‘homoeopathy’ had never been established as a separate social identity from the medical profession in nineteenth-century Britain. There was therefore no clear dichotomy between homoeopathy and the medical profession. Most professional homoeopaths considered themselves as scientific medical reformers, and their ultimate goal was not to practice homoeopathically, but to practice scientifically. When professional homoeopaths agreed that medical practice had become ‘scientific,’ there was no more effective distinction between the two groups. Nominal rejection from the medical profession still persisted as a natural result of the existence of a separate title. Avowing one’s homoeopathic beliefs had become a political statement. Most practitioners therefore chose to quietly practice electively without affiliating themselves with any group. In this way, homoeopathy did not decline, but changed its meaning and existed in different forms. The title of homoeopathy might not be popular after the 1890s; nevertheless the ‘union’ between homoeopathy and allopathy, as predicted by early homoeopaths, marked the sign of the ultimate triumph of ‘science.’

7. Morrell, “British Homeopathy during Two Centuries.”



# Appendix A

## Acronyms

**BHA** British Homoeopathic Association

**BHS** British Homoeopathic Society

**BJH** *British Journal of Homoeopathy*

**BMA** British Medical Association

**BMJ** *British Medical Journal*

**CAM** Complementary and Alternative Medicine

**EHA** English Homoeopathic Association

**HA** Homoeopathic Association

**HW** *Homoeopathic World*

**LHH** London Homoeopathic Hospital

**LMA** London Metropolitan Archive

**LSH** London School of Homoeopathy

**MHR** *Monthly Homoeopathic Review*

**PMSA** Provincial Medical and Surgical Association

**RCT** Realistic Group Conflict Theory

**SIT** Social Identity Theory



# Appendix B

## A List of Important Figures

**Bayes, William (1823–1882)** An orthodox physician who adopted homoeopathy. A physician at the London Homoeopathic Hospital and an editor of *The Monthly Homoeopathic Review*. The main proponent of the re-establishment of the London School of Homoeopathy.

**Beckett, Edmund, 1st Baron Grimthorpe (1816–1905)** Designed the clock for the Houses of Parliament. An ardent supporter of homoeopathy, assisted the financing of the St. James Homoeopathic Hospital Doncaster, The Margaret Infirmary and the London Homoeopathic Hospital.

**Berridge, Edward William (1844–1920)** An orthodox physician who adopted homoeopathy. Holding similar views with the Hahnemannians, advocated high-potency remedies. A member of The Golden Dawn, a secret society investigating esoteric and magical traditions.

**Black, Francis (1820–1882)** One of the originators and editors of *The British Journal of Homoeopathy*.

**Boenninghausen, Clemens von (1785–1864)** Hahnemann's son-in-law. Trained as a lawyer, he later emigrated to America and became a lay homoeopath.

**Bradford, Thomas L. (1847–1918)** An American homoeopath and a lecturer on the history of medicine at the Hahnemann Medical College of Philadelphia between 1895 and 1900. First English-speaking biographer of homoeopaths.

**Bristowe, John Syer (1827–1895)** An orthodox physician and lecturer at the St. Thomas's Hospital, served in many important posts at the Royal College of

Physicians.

**Brown, David Dyce (1840–1910)** An orthodox physician who adopted homoeopathy. Assistant Professor at Aberdeen University.

**Brown, Samuel Morison (1817–1856)** Graduated MD in 1839 from Edinburgh University, but subsequently pursued a career in chemistry in proving the efficacy of small doses.

**Brunton, Sir Thomas Lauder (1844–1916)** The Scottish physician spent most of his career at St. Bartholomew's Hospital. Best known for the use of amyl nitrite to treat angina pectoris. His text was controversial for its homoeopathic contents.

**Burnett, James Compton (1840–1901)** An orthodox physician who adopted homoeopathy. A physician at the London Homoeopathic Hospital and an editor of *The Homoeopathic World*. He had ambiguous attitudes towards potency and dose issues in homoeopathy. Related to the Hahnemannians.

**Clarke, John Henry (1853–1931)** A consultant at the London Homoeopathic Hospital and an editor of *The Homoeopathic World*. He broke away from the orthodox professional homoeopaths in the 1890s and taught many lay homoeopaths.

**Curie, Paul François (1799–1853)** A French orthodox physician. A cousin to Marie Curie's husband, also a homoeopath. Brought to London by William Leaf in 1835 to propagate homoeopathy. The main physician and lecturer at the Hahnemann Hospital between 1842 and 1853. Most early British professional and lay homoeopaths attended his lectures.

**Drysdale, John James (1816–1890)** Together with two other fellow students he met in Vienna, John Rutherford Russell and Francis Black, they started the first professional homoeopathic journal, *The British Journal of Homoeopathy*. He started and worked at the Liverpool Homoeopathic Dispensary.

**Dudgeon, Robert Ellis (1820–1904)** The most influential English translator of Hahnemann's works. An editor of *The British Journal of Homoeopathy* from 1846 and 1884. A lecturer at the London School of Homoeopathy. Advocated a scientific and rational view of homoeopathy.

**Dunham, Carroll (1828–1877)** Dean of Faculty at the New York Homoeopathic Medical College and was once the President of the American Institute of Homoeopathy. An influential homoeopathic author.

**Dunsford, Harris F. (1808–1847)** One of the early physicians practising homoeopathy in Britain. A physician to Queen Adelaide. Introduced homoeopathy to Rector Everest.

**Epps, John (1805–1869)** A social reformer, a physician and a populariser of homoeopathy. A lecturer on Materia Medica and Chemistry at the Hunterian Medical School. Director of the Royal Jennerian and London Vaccine Institution. Initiated the English Homoeopathic Association in 1845, and published monthly journal, *Notes of New Truth* (1856–1869).

**Everest, Thomas Roupell (1801–1855)** Rector of Wickwar. One of the most passionate early preachers of homoeopathy. Advocated self-help practice amongst laymen and the clergy.

**Forber, Sir John (1787–1861)** An orthodox physician to Queen Victoria 1841–1861. Editor of *The British and Foreign Medical Review*. Had a vehement debate with William Henderson over the experiments on homoeopathy conducted by the latter. Was the Professor of Pathology of Edinburgh University in 1845.

**Gohier, Marie Mélanie d'Hervilly (1800–1878)** Hahnemann's second wife. A French lady with good aristocratic connections. The first female lay homoeopath.

**Grosvenor, Robert, 1st Baron Ebury (1801–1893)** A British Whig politician. Actively supported the homoeopathic cause in Parliament, and in the British Homoeopathic Association. An active member of the Board of Management at the London Homoeopathic Hospital until 1893.

**Hering, Constantine (1800–1880)** One of Hahnemann's early students at the University of Leipzig. Disseminated homoeopathy in America as the chair of materia medica in the Philadelphia College of Homoeopathy. Authored a number of influential homoeopathic repertories.

**Hughes, Richard (1836–1902)** An orthodox physician who adopted homoeopathy, practised in Brighton. The main proponent for a scientific and rational approach towards homoeopathic materia medica.

**Jagielski (1853–1920)** A German-born physician, later moved to the UK in 1874. Was more famous for his association with hydropathy than homoeopathy.

**Kidd, Joseph (1824–1918)** A physician to Disraeli and Gladstone. Was actively promoting homoeopathy during the Irish Potato Famine, but later on denied his connection with homoeopathy.

**Leaf, William Laidler (1791–1874)** A silk merchant who was probably the most important lay sponsor for the early homoeopathic movements in Britain. He supported Paul François Curie's medical career in London. Established the first homoeopathic hospital, the Hahnemann Hospital at Hanover Square in 1842.

**Millican, Kenneth William (1853–1915)** An allopath sympathetic with homoeopathic practice. Was a surgeon at the Queen's Jubilee Hospital and the Margaret Street Infirmary. His dismissal from the Queen's Jubilee Hospital instigated a month-long debate in *The Times*, known as *Odium Medicum*.

**Morgan, William Vaughan (1826–1892)** The founder of Morgan Technical Ceramics. An ardent supporter of homoeopathy and was actively involved in the management of the London Homoeopathic Hospital as the chairman of the Management Committee.

**Pearce, Charles Thomas (1815–1883)** A Northampton-based homoeopath who actively campaigned for anti-vaccination by interpreting crude mortality rates. Supported the work of the English Homoeopathic Association and published the monthly journal *The Homoeopathic Records* between 1855 and 1860.

**Phillips, Charles D. F. (1825–1894)** Had been the Resident Surgeon and Physician at the Manchester Homoeopathic Hospital until 1871, when he denied his connection with homoeopathy. His materia medica, largely-informed by homoeopathic materia medica, was popular among medical practitioners.

**Pope, Alfred Crosby (1830–1908)** A co-editor of *The Monthly Homoeopathic Review*. Was refused his MD from University of Edinburgh in 1851. The degree was finally granted after a national campaign. A physician at the Manchester Homoeopathic Hospital.

**Quin, Frederick H. F. (1799–1878)** One of the first physicians to introduce homoeopathy to Britain. Fostered the connection between homoeopathy and the aristocracy. Founder of the British Homoeopathic Society in 1844.

**Richardson, Sir Benjamin (1828–1896)** An eminent sanitarian. Succeeded John Snow as President of the Association of Public Sanitary Inspectors of Great Britain.

**Ringer, Sydney (1835–1910)** A professor of materia medica, pharmacology and therapeutics, and the principles and practice of medicine at the University College. His popular textbook was controversial for its homoeopathic contents.



**Ruddock, Edward Harris (1822–1875)** An editor of *The Homoeopathic World*. An enthusiastic populariser of homoeopathy, authored a few best-selling domestic homoeopathic books.

**Sampson, Marmaduke Blake (1809–1876)** Active in the financial and political scenes in London, Sampson was reputed to have “more financial influence than the Queen.” One of the originators of the English Homoeopathic Association, he later supported the professional movement of the British Homoeopathic Society.

**Sharp, William (1805–1896)** A surgeon-turned homoeopath, advocated *Organopathy*. Initially rejected by professional homoeopaths for his endeavour in popularising homoeopathy, was nevertheless accepted after 1875.

**Skinner, Thomas (1825–1906)** A leader of the Hahnemannians. A fundamentalist in homoeopathy and high-potency prescriber. An editor of the monthly journal *The Organon*, published between 1878 and 1879.

**Stapf, Johannes Ernst (1788–1860)** The German physician was Hahnemann’s first and most-trusted student. Also an important prover.

**Uwins, Thomas (1782–1857)** A well-connected English portrait artist. One of the early laymen practising homoeopathy.

**Wesselhoeft, Conrad (1834–1904)** A homoeopath and Professor of Materia Medica and Therapeutics at the Boston University Medical School for over thirty years.

**Wyld, George (1821–1906)** Adopted homoeopathy thanks to Drysdale’s successful treatments for his own illness. A physician at the Hahnemann Hospital, and President of the British Homoeopathic Society in 1875. Advocated the use of glycerinated calf lymph for vaccination. Actively campaigned to end the schism between homoeopathy and the medical profession. Also a member of London Phrenological Society, the Vice President of the British National Association of Spiritualists, a member of the Society for Psychical Research (1881), and the President of the Theosophical Society (1880–1882).

**Yeldham, Stephen (1810–1896)** Consulting surgeon at the London Homoeopathic Hospital. President of the British Homoeopathic Society in 1880.



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