IMPRESSUM

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**Introduction**

Examining the reasons for the spreading of healing systems (including their personal and institutional infrastructure) brings up a question that unto this date no science department has been able to answer satisfactorily. Neither statistic proofs of efficacy nor philosophical syllogisms alone suffice, nor sociological, economical, psychological or similar points of view, to fully understand why homeopathy in the US for example witnessed such a powerful rise in the 19th century followed by such a dramatic fall in the 20th century.

A comparative study of its history shows that the spreading of homeopathic medicine founded by Hahnemann and left to us in canonical form (Organon of the Art of Healing) took place in very different ways according to the cultural, scientific, religious, political, economic and other basic conditions in each country and period.

No universal pattern of a seemingly linear world history of homeopathy can therefore be determined. Although the arguments of advocates and critics with regard to the contents always remained the same, charismatic doctor-personalities, benevolent rulers and patrons, politically active patient associations, a free medical market and interested pharmaceutical companies and editors were not always and everywhere available to the same extent. Varying national configurations of factors like these resulted in an amazing time difference regarding the respective institutionalisation of homeopathy (in form of societies, training centres, hospitals, pharmacies, journals and text books), the professionalisation of homeopathic doctors (including their relations towards practicing homeopathic laymen) or official recognition.

The history of homeopathy and its institutions in the US is in so far something special as the seed of homeopathic medicine — having travelled over the Atlantic in the 1820s — produced the most impressive fruit worldwide until the end of the 19th century in the so-called land of unlimited opportunities. In 1898 the US listed around 20 homeopathic colleges, 140 homeopathic hospitals, 57 homeopathic dispensaries, 9 national, 33 state and 85 local homeopathic societies and 31 homeopathic journals.

This story of success, until then unsurpassed, could only be noted by European homeopaths from afar with amazement and presumably with some envy as well.
Meanwhile the direction of the appreciating eye has again switched sides, presumably. Compared to the small number of around 100 nationally organised American homeopathic doctors today (in the A1H), homeopathy in Europe, in Germany in particular, has slowly reached a more stable status in the long term (German Central Association of homeopathic Physicians, supplementary title by the State Medical License Board, integral part of the medical license law, etc.)

In founding their first national organisation, the American Institute of Homeopathy (1844), homeopathic doctors were even quicker than their colleagues of regular medicine who only joined in 1847 to form the American Medical Association (AMA) – as a reaction to homeopathic competition.

The main reason for founding the AMA was, on the one hand, to regain – by introducing new standards of education – the respect conventional doctors had lost with the people, yet on the other, to demarcate themselves from homeopathic doctors with whom they were henceforth not allowed to cooperate (consultation clause, code of ethics). These politics of exclusion on the part of regular medicine, however, favoured the spreading of homeopathy rather than harmed it. It helped homeopathic doctors to a corporate (heterodox) identity and to support by a great part of the population.

Given the liberal American conditions in the middle of the 19th century, regular medicine – failing to produce neither better cures nor a scientific basis for its treatment nor enjoying any national privileges – seemingly was not able to come up with anything better against homeopathic competition than this questionable form of political fight.

However, when the first city hospitals were established in the second half of the 19th century and homeopaths demanded equal rights for filling the wards, the joint defensive action of „regular“ doctors proved efficient. Although most town admin-
istrations agreed to assign about a fourth of the wards to homeopathic doctors, regular doctors managed to prevent these concessions with a threat of boycott until 1880 approximately.

At that time state universities supported by tax money showed up as a second battlefield between homeopathy and regular medicine. For a long time, regular professors refused to continue teaching students attending supplementary courses given by homeopaths, as this would have sufficed for being accused by the AMA of violating the code of ethics. In fact, professors in danger of being expelled in the end had to defend themselves before the AMA court of arbitration with arguments such as the following:

not even the church punished representatives of a religious dogma for occasionally also preaching to incidentally present unbelievers.

In the second half of the 19th century the two medical schools, existing apart from one another and fighting against each other, gradually came closer. Regular medicine dropped its heroic treatments of past decades and increasingly prescribed single remedies as well as lower medicinal doses and accepted a great number of substances from the homeopathic Materia Medica for their own medicine cabinets. On the other hand, more and more homeopaths often turned to the same regular patent medicines of unknown content in an empiric and eclectic way as their „allopathic“ colleagues.

After the 1870s the homeopathic medical profession therefore saw itself confronted with the problem of how to preserve its identity in a world lacking the „heroic“ medicine, from which it had been able to strongly demarcate itself in former days, even more so as rigidly holding to dogmas in times of scientific discoveries did not seem to bear any future prospects.

On the one hand this dilemma resulted in the foundation of the International Hahnemannian Association (IHA) in 1881, with which the purists among homeopaths distanced themselves from their eclectic colleagues. On the other hand, the tendency of a number of regular doctors to interpret the ban on cooperation with their homeopathic colleagues more and more laxly, led to a split in regular medical profession in 1882 — it was only in 1903, after the old code of ethics of 1847 had been revised, that they reunited.

The last decades of the 19th century even witnessed a downright cooperation between regular and homeopathic doctors — concerning the joint demarcation from new medicinal „sects“ such as osteopaths, chiropractors, Christian Science and others. It was agreed that a doctor’s license should henceforth only be granted to a person who had passed an examination by certain (mixed or separate) boards made up of regular, homeopathic and eclectic doctors exclusively.

Already since the middle of the 19th century the interest of the numerous private colleges in training as many (paying) students as possible clashed with the interest of the medical profession to limit the number of doctors and to standardise the training.
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With this continuous stalemate the level of medical education remained alarmingly low for a long time. Finally, around the end of the century, the following joint objectives crystallised in medical societies, license boards and a leading block of colleges: Raising of admission requirements, specification of curricula, closing of the financially weakest private schools and a reduction in the number of graduates.

The Reform of Medical Education in the 20th Century

The nationwide reform movement of medical education that followed was mostly favoured by the expansion of the cities, the growth of communication means and the impression left by the scientific success of medicine in Germany and France where there were considerably less medicinal faculties, yet considerably more fulltime professors. Financially the reform became possible thanks to major foundations of American philanthropists emerging at the turn of the century, the most important being the Carnegie Foundation (1906) and the Rockefeller Foundation (1913). While e.g. all medical colleges together owned around US$ 500,000 in 1891, in contrast, nine foundations donated alone US$ 150 million to medical institutes between 1903 and 1934.

From 1906 to 1907 the „AMA Council on Medical Education“ had their representatives and those of the license offices visit individual colleges and rank them into quality classes. This was based on the declared objective to reduce the number of medical colleges (166 colleges in 1904) to 31. At the same time „The Carnegie Foundation for the Advancement of Teaching“ conducted a complementary study. The results published by Abraham Flexner in 1910 (Flexner Report) produced far-reaching consequences.

Due to the newly determined standard based on the model of Johns Hopkins Medical School (established in 1893) the majority of existing colleges henceforth lost their right to exist. Apparently 20 schools even closed before the report was published to avoid being mentioned at all. Further 92 schools merged with others or for ever closed their doors between 1904 and 1915 facing the discrepancy between the new standards and their financial options — among them many homeopathic colleges and almost all „black“ colleges. Since no possible role for smaller colleges was considered, practically all financial means were focused on the extension of the big renowned universities. Although fund contributions were reduced during the Great Depression the modern structure of big, well equipped medical centres had been irrevocably established by then.

In spite of the fact that John D. Rockefeller senior underwent homeopathic treatment and explicitly stated in his letters that homeopathic colleges should continue existing, his son together with his consultants Starr J. Murphy and Frederick T. Gates distributed the millions of the foundation in such a way that not a single homeopathic college was favoured. A total of approximately US$ 600 mil-
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lion went into the reform of regular medical colleges until 1960. In contrast, the means of the Hahnemann Medical College of Philadelphia amounted to a total of US$ 325,000 in 1921 and those of the Hahnemann College of Chicago to US$ 537,000. Both were the homeopathic colleges that lasted the longest.

Critics of the political decisions of those days today speak of an „anti-homeopathic bias“ in the Flexner Report. In their opinion the criteria of the then constituted medical standards put in particular homeopathic colleges at a disadvantage and that Flexner himself openly took sides against homeopathy in his report which later served as a guideline for foundations in their decisions regarding the support deserved by individual projects. Out of 22 homeopathic colleges in 1900, 10 were left in 1913, 5 in 1919, and 2 in 1923 – both were to stop their courses in homeopathy within the next decades to come. The last homeopathic diploma was issued in Philadelphia in 1950.

Politics that the AMA also had an influence on determined the course for medicine of the 20th century. It is marked by an increasing specialisation, high-tech medicine, an emphasis on palliative and emergency medicine, an interlacing with the pharmaceutical-technical industry, governmental subsidies, international options of standardisation and last not least a strict time economy that is reflected in the relatively low fees for medical conversation. The one-sided orientation towards a unified medicine that is taught in ever bigger hospitals neglects to consider the necessity of alternative approaches and the option of establishing smaller medical colleges.

Homeopathic Hospitals

These are more or less the big lines constituting the setting for the rise and fall of homeopathy and its institutions in the US. Besides the relatively trouble-free, unbureaucratic establishment of homeopathic societies, journals, colleges and hospitals during the entire 19th century, the growing closeness of both schools, particularly from the 1880s onwards, had enabled homeopaths to send graduates from homeopathic colleges to city hospitals (or individualwards), enter military service or work in mixed license boards. Apart from a few exceptions regular and homeopathic colleges offered a fairly comparable education (leaving a great deal to be desired in both), especially as the subject matter solely differed in regards to homeopathic therapeutics and materia medica.

Retrospectively, due to the poor sources, it is hard to determine in how far the numerous hospitals managed by homeopathic doctors and societies actually deserved the term „homeopathic“ in those days of syncretism and eclecticism. Given the fact that even today in times of gold standards, guidelines and quality controls genuine puristic homeopathy is by no means the only treatment in all hospitals and offices that call themselves homeopathic, a certain restraint in one’s opinion seems to be appropriate.
Florence Ward may serve as an example of a seemingly "typical" homeopathic career at the turn of the century. She graduated from Hahnemann Medical College in San Francisco in 1887 and after several postgraduate studies in Europe opened her own Florence Ward Sanatorium in San Francisco as a surgeon in 1911.

Although she was regarded as a homeopath all her life and was even elected first female vice president of the AIH, strangely enough not one of the many clinical articles she published in homeopathic journals, contains a reference to a homeopathic prescription nor to homeopathy itself. It is most probable that this extraordinary woman and threefold mother who became Fellow of the American College of Surgeons in 1915 was primarily geared towards the career as a surgeon and only completed the compulsory four years of medical school at a homeopathic college because women did not have many alternatives to turn to in those days. At least her later practical-therapeutic work did not seem to differ much from that of her "regular" colleagues — and if so — only marginally.

The contrast between regular and homeopathic institutions became more and more blurred due to the increasing approximation of the subject matters of its colleges and the regulationment of technical standards in hospitals. Thus fate would have it that homeopathic hospitals experienced the same downfall as the homeopathic colleges after the Flexner Report (1910). In lack of material as well as non-material support they closed their doors or merged with regular medical institutions — usually on condition that the "sectarian" term "homeopathic" was dismissed.

One of the longest lasting "homeopathic" hospitals for example was the Hahnemann Hospital in San Francisco. It managed to keep its name in spite of merging with the University of California in 1918. In 1975 it was renamed Marshall Hale Memorial Hospital in honour of the sponsor of the third new building. In 1988 it merged with the neighbouring Children's Hospital which again joined the Presbyterian Hospital in 1991 to form today's California Pacific Medical Center. Homeopathy has ceased to be practiced there since many decades.

**Outlook**

Inspite of the fact that all important institutions and buildings have disappeared, homeopathy continues to be alive in the US, although in reduced form and in different ways. In order to prevent a complete disappearance of homeopathy Julia M. Green established the American Foundation of Homeopathy in 1921, together with a group of homeopaths working with high potencies. Its major aim was the organization of postgraduate homeopathic training for allopathic doctors. However, as she also agreed to include laymen, the AIH refused to cooperate and the demand on the part of the doctors she had hoped for did not arise.
When homeopathy reached its bottom in the middle of the 20th century, in 1959 the IHA rejoined the AII after having split off the parent organisation in 1881. Meanwhile homeopathic colleges had vanished from the medical scene and even at the few state universities, where chairs for homeopathic lectures had been established for some time, most students lost their interest. When it became clear that homeopathy was not able to recruit itself from the medical profession alone, the National Center for Homeopathy (founded in 1974) declared homeopathy as „Postgraduate Specialty of Medicine Practiced by Licensed Health Care Professionals“ in 1980. Including registered, non-medical therapists in the professional „homeopathic community“ and demarcating from uncontrolled laymen treatment at the same time, apparently proved to be the most promising strategy under the circumstances given in order to reanimate homeopathy – a medicine that already had been declared dead.

The most recent development in US homeopathy began with the appearance of George Vithoulkas in Berkeley/California in the 1970s which – due to several intermediate stages of fragmentation among his students – led on to a general debate on homeopathy. Reflecting our modern times it generated new sources in the internet (www.grundlagen-praxis.de). In this respect the history of homeopathy has not come to an end for a long time yet.

References

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