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The ideology of science and medical reform : a case study, the University of Michigan, 1850-1920

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A CASE STUDY, THE UNIVERSITY OF MICHIGAN 1850-1920

LEWIS PHILLIP RUBIN

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The Ideology of Science and Medical Reform:
A Case Study, The University of Michigan 1850 - 1920

Lewis Phillip Rubin

A Thesis Submitted to the Yale University School of
Medicine in Partial Fulfillment of the Requirement for
the degree of Doctor of Medicine

1982

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Introduction:

To be a doctor in America in fact it is sufficient after leaving primary school to pass two years in an institution where you are issued a diploma after [taking] any sort of examination whatsoever. How could it be possible, then, in great universities to maintain a high standard of teaching and not overlook the ambitious and impatient [students] while captivating all of the others? [The universities] find themselves forced knowingly to do wrong in order to avoid a still greater wrong; and in the same fashion, on account of a false appearance of liberty, the development of science is thwarted [entraver], and ignorance perpetuated to the detriment of the entire nation.

The period falling roughly between the 1880s and 1920s marked an enormous transition in American medicine. At mid-century the profession was in disarray. Education tended to be informal and poor; students, frequently barely literate, received little didactic instruction and even less practical experience. Most important, the principal purpose to clinical medicine was to comfort the sick. Few drugs could substantially ameliorate illness or cure and surgical interventions were limited by the constraints imposed by the lack of anesthesia, asepsis and hemostasis.

The great discoveries concerning the bacterial etiologies of infectious diseases changed the situation drastically. Science could now make a palpable impact on diagnosis and therapy. By the middle 1870s German-style scientific research was beginning to take hold in the United States. "Research," which Richard Shryock once conveniently defined as, "a more or less systematic investigation of phenomena intended to add to the sum total of verifiable knowledge,"² in the natural sciences first became a cooperative, institutionalized endeavor in the 1820s in German universities. Perhaps the first modern research laboratory devoted to a biological or medical science was founded by Jan

Purkinje for physiology in Breslau in 1824.³ In 1827 Justus Liebig in Giessen opened a larger and more influential institute devoted to chemistry. An even greater influence than Liebig's laboratory, as gauged by numbers of students trained and methods and ideas diffused, emanated from Carl Ludwig's Leipzig physiological institute founded in 1865.⁴ Rudolf Virchow opened the first true laboratory devoted to pathological investigations in Berlin in 1856.

Contemplating this shift in academic research from avocation to vocation Donald Fleming has maintained that:

The new element was the idea, only gradually rendered articulate but visibly groping for expression, that instruction in laboratories should be the instrumentality of perpetuation a creative tradition in science.... With the new endeavour to found an unbroken creative tradition in every empirical science, by uninterrupted transfer from master to student across the generations, went a growing awareness of how rare the gift of creativity in science was, let alone the overflowing creativity that could charge the batteries of other people.⁵

In the United States this movement to recreate institutionalized science in universities and medical schools set itself against the obstacle of the joint-stock company proprietary school. The principal initial path to medical educational reform led through improvement and expansion of scientific investigations. Historians of the medical sciences in America have often explained that the evolution of scientific work easily falls into four epochs. From the mid-eighteenth century until about 1820 British influence predominated; for the approximately 40 years between 1820 and 1860 elite American physicians then looked to France, especially Paris; from about 1860 to 1895 a "German inspiration was obvious"; and since the turn of the century American medicine has transcended its colonial status and emerged culturally inde-

pendent.⁶ Americans who read the Continental medical literature and, increasingly, eyewitness reports from European universities spread the knowledge that on the Continent, and especially in Germany, physiological chemistry, physiology and pathology were legitimate and integral subjects for medical study.⁷ A combination of awe and a visitor's idealized view of conditions obtaining at German university research institutes tended to popularize among American physicians a romanticized version of the medical sciences and medical schools in Germany. By 1904 Theobald Smith could exclaim:

If there be one word which is heard most frequently in the most intelligent circles interested in professional education to-day, it is the word research. In our country in recent years medicine has fallen under its sway, and on all sides efforts are being made to meet its demands by the erection and equipment of costly laboratories within whose walls research may be carried on in a continuous and orderly manner.

There were several great, interlacing Progressive Era reforms in American medicine: the reorganization of education capped by the issuance of the famous "Flexner Report" in 1910; the establishment of organized and supported biomedical research; the creation of a politically powerful professional organization, the American Medical Association, capable of enforcing self-regulation and influencing legislation; reassertion of meaningful laws concerning medical practice; and, finally, the dawn of a modern age of rational and effective medical therapeutics. The earliest medical leaders in each of these movements were scientists, or what Charles Rosenberg has termed "scientist-entrepreneurs."⁸ Only later in the early years of the twentieth century did these various strands of reform begin to come apart. Although all

parties still adhered to an ideology of science, rifts appeared between laboratory scientists and academic clinicians and between academic and community physicians.

The visibility and successes of William Welch and Abraham and Simon Flexner have colored subsequent interpretations of this period. Regional and institutional biases, reinforced by Abraham Flexner's intimate connection to Hopkins personalities and Welch's relationship to the Rockefeller Institute for Medical Research in New York have focused attention on developments taking place in the East, especially New York and Baltimore.¹⁰ Needless to say, there is a richer texture to late nineteenth and early twentieth century American medicine and medical education. Several institutions, including the University of Michigan pursued goals similar to those of Hopkins' founders, though never so conspicuously and rarely so successfully. Under the careful husbandry of Victor C. Vaughan, the Michigan medical department that school built up, by the opening of the Hopkins Medical School the nation's most distinguished scientific faculty.

The present study forms a portion of an extended historical analysis of the University of Michigan Medical Department from its creation in the 1850s until the 1920s. By virtue of its political, geographic and demographic circumstances -- it was a large state supported institution located in a small town and in proximity to a large city, Detroit -- several themes in the intellectual and political development of "scientific medicine" in the United States can be more clearly seen there than elsewhere.

The section which follows deals with the institutional history of a state homeopathic medical college at the University. When

was grounded in rationalism and empiricism and bore little relation to the findings of experimentally verifiable pathophysiological principles, numerous therapeutic doctrines easily coexisted. The rise and eventual demise of the Ann Arbor sectarian school offers an instructive example of the changes that laboratory science wrought upon medical practice, medical education, the profession's political structure and the public perception of what the doctor could and should do for his or her patient.

Notes:

1. Annot (1875), p. 16.
2. Shryock (1947), p. 1; also see pp. 1-8.
3. See Welch (1896); Galston (1946).
4. See Rosen (1936).
5. Fleming (1965), pp. 673-674.
6. E.g., Shryock (1947), p. 9.
7. This awareness was paralleled by non-medical American educators interested in instilling German science in American colleges in the 1870s: see Veysey (1965), pp. 128-129.
8. Smith (1904), p. 319.
9. In the context of agricultural experiment stations: Rosenberg (1976).
10. See, for one popular example, Flexner and Flexner (1941).

Bibliography:

- Angot (1875): Angot, Alfred, L'enseignement supérieur en Amérique. I. L'Université d'Ann-Arbor (Michigan), Revue Scientifique, 1875, 9: 13-16.
- Flexner and Flexner (1941): Flexner, Simon and James T. Flexner, William Henry Welch and the Heroic Age of American Medicine, New York: Viking Press, 1941.
- Fleming (1965): Fleming, Donald, American science and the world scientific community, Cahiers d'Hist. Mond., 1965, 8: 666-678.
- Caldston (1946): Caldston, Iago, Research in the United States, Ciba Symp., 1946, 8: 362-371.
- Rosen (1936): Rosen, George, Carl Ludwig and his American students, Bull. Inst. Hist. Med., 1936, 4: 609-650.
- Rosenberg (1976): Rosenberg, Charles E., Science, technology, and economic growth: the case of the agricultural experiment station scientist, 1875-1914, pp. 153-172 in his No Other Gods: On Science & American Social Thought, Baltimore and London: Johns Hopkins University Press, 1976.
- Shryock (1947): Shryock, Richard H., American Medical Research: Past and Present, New York: The Commonwealth Fund, 1947.
- Smith (1904): Smith, Theobald, Medical research: its place in the university medical school, (address delivered before the Harvard Medical Alumni Association of New York City, 26 November, 1904), pp. 319-336 in J. McKeen Cattell (editor), Medical Research and Education, New York and Garrison, N.Y.: The Science Press, 1913.
- Veysey (1965): Veysey, Laurence R., The Emergence of the American University, Phoenix Books, Chicago and London: University of Chicago Press, 1965 (first Phoenix edition, 1970)
- Welch (1896): Welch, William H., The evolution of modern scientific laboratories, Johns Hopkins Hosp. Bull., 1896, 7: 19-24.

Sectarianism, Science and Nineteenth Century Medical Economics

Early Nineteenth Century Therapeutics and Hahnemann's Challenge:

...all the authors on materia medica, who have appeared since Dioscorides up to the present day, say nothing of the peculiar and special action of individual medicines, but content themselves, after enumerating their supposed virtues in any particular case of disease, with saying, whether they promote urine, perspiration, expectoration, or the menstrual flow, and particularly if they have the effect of emptying the alimentary canal upwards or downwards, because the principal tendency of the efforts of practitioners has at all times, been the expulsion of a morbid material principle, and of a quantity of acrid matter, which they imagined to be the cause of disease... But the essence of diseases and their cure, will not bend to our fancies and convenience; diseases will not, out of deference to our stupidity, cease to be dynamic aberrations, which our spiritual existence undergoes in its mode of feeling and acting--that is to say, immaterial changes in the state of health. ¹

The Medical Department of the University of Michigan was organized differently from the large number of American proprietary medical schools, some of which were nominally university-affiliated institutions. Theoretically, at least, the Ann Arbor school adhered to an explicitly German educational plan; the department was integrated with the university and student fees were deposited into university coffers, not professors' pockets. Elsewhere almost invariably, including the earliest American university medical colleges such as Harvard, Columbia, Dartmouth and the University of Pennsylvania, medical education was organized in the form of joint stock companies of practitioner-teachers.

Practically, however, the University of Michigan professors continued to derive the greater portion of their incomes from private medical practice or chemical consultations. Furthermore, clinical instruction at Ann Arbor differed little from that offered at the other schools. Students attended a short course

of lectures, usually twice, apprenticed to local practitioners, and then took a degree.

The special situation of the Ann Arbor school, namely, its location in a small town and its early intimate association with the university science faculty, really dictated that its strengths must lie in teaching the sciences rather than in practical clinical instruction. Medicine, in the minds of Ann Arbor's medical reformers, was essentially applied science. Nonetheless, this article of faith was difficult actually to demonstrate. Therapeutic decisions bore little relationship to contemporary investigations in anatomy, physiology, or even chemistry. The few effective, specific drugs at the physician's disposal, for example quinine, digitalis or opium, were derived from folk practice or from long experience. Surgical innovations derived from a separate tradition of empirical advances.

Early nineteenth century therapeutics was characterized by a mania for simplicity, hence the numerous medical monism that each sought to provide the rationale for treatment with a single, overarching pathophysiological truth. Practically, therapists often took an aggressive approach, making use of polypharmacy and large doses. Despite the wane of Galenic humoral pathophysiology beginning in the seventeenth century, early nineteenth century practitioners often adhered to what Erwin Ackerknecht has termed the Galenic "unholy trinity" of "cleaning" the patient's blood, lungs, and gastrointestinal tract by, respectively, bleeding, emetics and cathartics. Amid this climate of therapeutic uncertainty matched by activism, homeopathy arose as yet another reformist therapeutic system. It evolved into a sect, and in the United States, into a parallel medical establishment.

When Samuel Hahnemann proposed his new system, European practitioners were experimenting with a series of new and murderous therapeutic reforms, a condition partly made possible

by the discovery of new medications. From the 1770s, for example, emetics, especially tartar emetic, became generally available. Foremost among the heroic systems was that of John Brown. Brown, the recondite pupil of the Scottish physician William Cullen, used Cullen's neuropathology to fashion his own version of medical monism. In his Elementa Medicinae (1780), Brown declared life to be a passive state which must be continually maintained by stimulation. Disease, then, is a deflection from the healthy state of balanced excitation; excessive stimulation produces sthenic (phlogistic) diseases, curable with debilitants; inadequate stimulation results in asthenic (anti-phlogistic) diseases, curable with irritants. Brown died destitute in London in 1788, his death probably hastened by self-medication with his two favorite "stimulants", laudanum and spirits.²

Brownian, or Brunonian medicine found its greatest appeal in Germany, where it merged with speculative "romantic medicine" and Naturphilosophie.³ In 1801 the University of Goettingen was convulsed by a two-day riot between Brownian and anti-Brownian factions of medical students assisted by partisan faculty; the combattants were only dispersed by the Hanoverian cavalry.⁴ Brownianism's success, which may be otherwise be hard to explain, according to Ackerknecht, probably must be attributed to the charms of his generous dosing with alcohol and opium.⁵ Brown, however, also liberally used the dysphoric calomel, "the Samson of medicine", in the opinion of his American disciple Benjamin Rush.

"The acme of therapeutic mania" was reached in the teachings of another widely-followed therapist, Giovanni Rasori of Parma and Milan. Rasori prescribed bleeding, emetics and calomel. He reportedly bled a female patient during the last four years of her life (she died at about age 31) 1309 times.

"And Rasori did this," Ackerknecht avers, "in spite of the fact that he was a very intelligent and decent man."⁶

In France a third heroic system was advanced by the skeptic and reformer J.F. Broussais. Broussais held most human pathology to be based on gastroenteritis, a reasonable speculation given the prevalence of water-borne gastroenteridites in unsanitary, overcrowded Paris. He treated his patients with mucilaginous soups and the extensive local application of leeches over the abdomen since he believed, mistakenly, that plethora denotes inflammation. An impressive measure of the popularity of Broussais' "vampirism" (immortalized in Daumier's caricatures) is that while in 1820 France exported 1,158,000 leeches, in 1833, at the height of Broussais' career, she imported 41,654,000.⁷

Certainly, other practitioners, be they self-styled Hippocratists or skeptics, recoiled from inducing iatrogenic alcoholism and anemia. The salutary influence of a skeptical attitude to medical intervention was carried to America by the Paris-trained students of Pierre Louis. But one must address the question of why so many practitioners in Europe and America vigorously bled, puked and purged their patients. On this point Ackerknecht called for a "behaviorist. history of medicine" to investigate what physicians actually did as opposed to merely what they wrote.⁸

"To understand therapeutics in the opening decades of the nineteenth century," Charles Rosenberg has observed, "its would-be historian must see that it relates, on the one hand, to a cognitive system of explanation, and on the other, to a patterned interaction between doctor and patient, one which evolved over centuries into a conventionalized social ritual."⁹ To address the issue more specifically, what evidence of the nature of disease did the physician obtain at the bedside? Increasingly, in the early nineteenth century he relied upon

physical examination--the traditional observation and palpation and taking of temperature and pulse, and increasingly, percussion and auscultation. He also obtained a symptomatic history, and importantly, he paid close attention to excreta: urine, stool, pus, mucous. In conformity with this approach his pharmacopeia was arranged not as specifics intended for specific ailments, but "symptomatically", as diuretics, cathartics, narcotics, emetics and diaphoretics. The physician could intervene in the disease process by extracting blood, promoting perspiration, urination and the like. Mercurials, to offer one example, commonly were administered until a given quantity of saliva had been produced. Even the few undeniably effective drugs--quinine, digitalis, iodine-- were employed for a range of symptomatology, not as specifics for malaria, congestive heart disease or goiter. No less a clinician than Ludwig Traube in the 1860s recommended digitalis for cases of pneumonia. ¹⁰

The rationale for early nineteenth century therapy, then, is what Rosenberg has aptly called a "central body metaphor": physical effects are produced visibly and predictably by drugs; purges purged, opium soothed pain and moderated diarrhea, bleeding altered pulse and decreased plethora. Consequently, physicians sought rationalistic speculations to account for these impressive observations, and, consequently, orthodox practitioners disdained "empirics" in a class lumped with quacks, mountebanks and charlatans. The body, after all, appeared to rid itself of disease in ways parallel to those encouraged or elicited by drug action. ¹¹ The physician only imitated nature by promoting a crisis and eliminating morbid matter. Rosenberg's metaphor of a "liturgy calculated for the sickroom" seems singularly appropriate. Drugs produced phenomena that could be "witnessed"--allowing for the full theological overtones of the word--by the physician, the patient and the patient's family. ¹²

Allowing for the fact that therapy produced powerful physiological and psychological effects, one must next inquire whether it actually produced real or perceived cures, or a more complex issue, relief. The opinion of many practitioners was confidently affirmative. Pitcher of Ann Arbor and Detroit offered the following account of a case of probable epidemic cerebrospinal meningitis:

Thomas _____, a labourer in a bakery and potash factory, was taken sick on the 6th [January, 1848]. When I saw him, his head and chest were very hot; he had severe pain in the head and back, a rigid state of the muscles of the back of the neck, shoulders, and arms, rather a full pulse and confined state of the bowels. He was bled with relief, and took a full dose of calomel and Dover's powder [probably greater than ten grams each]. These, by the aid of an extemporaneous vapour-bath, produced a free perspiration, which was kept up several hours. The action of a cathartic then subdued most of the febrile symptoms. A blister to the nape of the neck, with occasional doses of quinine and Dover's powder, was continued till the muscular rigidity was removed, which lasted fifteen or twenty days. 13

Pitcher plainly credited heroic treatment for the favorable outcome. In the course of discussing the similar but less fortunate case of a young man, he described vigorous venesection and use of calomel, Dover's powder, quinine, ice packs and leeches applied to the mastoid processes: "Neither quinine nor opium was useful in this case, owing, as I suppose, to the postponement of the venesection and the consequent development of inflammation in the arachnoid". 14 He concluded that, "There is no probability that the time will ever arrive when simple inflammation of the brain, or of the lungs, or that acute rheumatism can ever be safely or successfully treated without prompt and efficient venesection..." 15

Heroic therapy of this sort was practiced no less ardently in the medical centers of Europe than in backwoods America.

Another Ann Arbor doctor, Alonzo Palmer, during an 1859 visit to St. Bartholomew's, London's oldest and largest hospital, recorded in his diary that, "The statistics of the amount of medicines used show that dosing is by no means given over." He was informed that the annual purchases for St. Bart's included 2,000 pounds of castor oil, 1,000 pounds of senna, 27 ctw. of salts and 12 tons of linseed meal. "They seem to have confidence in sarsaparilla", he wrote, "as more than half a hundred weight is used every week; and that they are not altogether insensible to the good effects of blood-letting is shown by the fact that within a single year, not long since, 29,700' leeches were bought for the use of the establishment." 16

At midcentury, even though bloodletting was again, on the wane, therapeutic use of alcohol was increasing.

Heroic therapy did have its notable opponents. Elisha Bartlett actually advocated the abolition of nine tenths of all drugs. And Oliver Wendell Holmes offered the pithy epigram: "I am firmly convinced, that if the whole materia medica, as used now, would be sent to the bottom of the sea, this would be very good for mankind--and very bad for the fishes." Many of these physicians were guided by the Hippocratic dictum of vis medicatrix naturae, that many ailments, if one will support the patient, will cure themselves. Indeed, it has been suggested that this therapeutic philosophy based on a commitment to the healing power of nature may be seen as an intermediate stage between the medical practice grounded in the speculative pathological theories of the eighteenth and nineteenth centuries and the "scientific" therapeutics based on laboratory investigation and checked against the clinical phenomena; skepticism was a wayside in the transformation of nineteenth century medical practice from "heroic" medicine to scientific medicine. 17

Samuel Hahnemann offered a different approach to the patient, an attractive alternative to both the brutal nature-imitative assaults of Brown, Rush or Broussais and to the nature-trusting skeptics. Despite his critics' protests to the contrary, Hahnemann's original doctrine was not primarily empirical, but rather, like other medical systems of the time, it was grounded in eighteenth century medical rationalism.¹⁸ How can "allopathy", i.e. traditional medicine, Hahnemann inquired, which counts itself "rational", blindly follow the unintelligent vital power? Allopathy in his view falsely judges the efforts by which the vital power battles disease. Specifically, these physicians observe the external manifestations of disease and operate, "Solely in conformity to the laws of the organic constitution, and not according to the inspirations of a reflecting mind..."¹⁹ "The whole proceedings," he declared, "by which the system delivers itself from the diseases with which it is attacked, only exhibit to the observer a tissue of sufferings, and show him nothing which he can, or ought to imitate, if he truly exercises the art of healing."²⁰ Homeopathic treatment, to the contrary, is direct and dynamic; without wasting the vital powers, it extinguishes the disease promptly and specifically. According to homeopathic principles the physician can act without doing harm; indeed, not to act will unloose later and greater woes for the uncured patient: "The efforts of the vital powers, and the imitative attempts of alleopathy, are not potent enough to effect a resolution [in acute disease]; and all that results from them is a truce of short duration, during which the enemy gathers his forces to re-appear, sooner or later, in a more formidable shape than ever."²¹

Christian Friedrich Samuel Hahnemann, son of a porcelain painter, studied medicine at Leipzig and Vienna--

where he met and was much impressed by Mesmer and his method --and took an M.D. at Erlangen in 1779. For several years thereafter he practiced medicine peripatetically and unethu- siastically. He otherwise applied his considerable linguis- tic skills to translation, and dabbled in chemistry and toxicology. In 1796 he published his first paper on the subject of homeopathy in Hufelands Journal and unveiled his "great truth", the aphorism similia similibus curantur, or like cures like. The distinction is drawn with the time- honored Galenic humoral therapeutic dictum of contraria contrariis, i.e. employ sedatives for excited states, stimu- lants for depressed states. Oliver Wendell Holmes, in his famous 1842 address before the Massachusetts Medical Society, wrote: "Not contented with choosing a name of classical origin for itself, it [homeopathy] invented one for the whole community of innocent physicians, assuring them, to their great surprise, that they were all ALLOPATHISTS..."²². In 1810 Hahnemann published his Organon of the Healing Art, homeopathy's gospel, and a book that Holmes, in his inimi- table style called, "A mingled mass of perverse ingenuity, of tinsel erudition, of imbecile credulity, and of artful misinterpretation."²³

Among homeopathy's several tenets, that of similia is central. It is reported that in 1790 while Hahnemann had been engaged in translating Cullen's Materia Medica, he decided to ascertain the mode of the febrifuge action of cinchona bark (quinine). He ingested bark and experienced for several days symptoms which he identified with those of intermittent fever (malaria). The consequent speculation (which he supported with excerpts from the whole literature of medicine including, suprisingly, the works of the Brown- ians Marcus and Rush²⁴) was that the proper medicine for any disease is the one capable of producing similar symptoms

when given to a healthy person; for example, one would use hot compresses for a burn, opium for somnolence. Or, as Hahnemann rhetorically asked, "Could vaccination protect us from the small-pox otherwise than homeopathically?"²⁵

According to homeopathic theory, then, one prescribes for the symptoms alone. Indeed, Hahnemann explicitly stated "The ensemble of [the] available signs represents, in its full extent, the disease itself--that is, they constitute the true and only form of it which the mind is capable of conceiving."²⁶ This attention to the symptomatic repertoire bid the physician to elicit a careful clinical history, but also dissuaded him from any concern with etiology.

Hahnemann's second tenet was the belief in infinitesimal doses, the so-called "theory of potencies", viz., a drug becomes more powerful the smaller the dose. He had prescribed very minute doses of belladonna to several children suffering from scarlet fever. When they recovered Hahnemann concluded that a sick body somehow becomes extremely sensitive to drug action. Hence, following the maxim "die milde Macht is gross" (the mild power is great), homeopaths prepared their remedies according to the following procedure: for liquids of, for example, the decennial (or thirtieth) potency two drops of drug are added to 98 drops of alcohol; one drop of this mixture is then diluted in 99 drops of alcohol, and the procedure is repeated 28 times. For solid drugs one follows an identical method though using milk sugar as the diluent. A critical step in the process is "potentization", the notion that medicines develop extraordinary power by shaking or rubbing. Initially Hahnemann advised shaking or rubbing each dilution ten times; by the third edition of the Organon "experience" indicated to him that twice sufficed.

In this fashion, homeopaths claimed, a powerful remedy that can elicit symptoms bearing a strong resemblance to a given disease, but much more powerfully, will permanently extinguish that disease. Experience, they felt, demonstrated the truth of this "natural law". However, its explanation remained unsatisfactory and so Hahnemann felt obliged to explicate the homeopathic mechanism with the use of several rather fanciful analogies. Brilliant Jupiter, he said, disappears in the twilight because the light of daybreak is more potent to the observer's eyes; when one's olfactory nerves are offended by a disagreeable odor one extinguishes that odor with snuff; mourning and sadness are extinguished when news arrives of a greater misfortune occurring to another; the Germans, "who for centuries were plunged in apathy and slavery by their princes, did not rise from their abject condition until bowed to the dust by the tyranny of the French invader." ²⁷

Given this belief in the potency and specificity of homeopathic drug action, in every instance the homeopathic practitioner must prescribe a single medicinal substance at a time. ²⁸ Here was their basis for criticizing the rampant polypharmacy others practiced. Similarly, Hahnemann challenged the traditional aim of physicians to "disencumber" the diseased body of morbid or peccant matter. He stated: "Every medicine which, in the course of its operation, produces new symptoms that do not appertain to the disease to be cured, and that are annoying, is incapable of procuring real amendment, and cannot be considered as homeopathically chosen." ²⁹

Hahnemann's attractive theory offered a rationalistic basis for turning away from the unpleasant balance-restoring treatments of purifying the blood, exciting urin-

ation, perspiration and expectoration, and scouring the stomach and intestines: "What nosologist [he rejoined] has ever seen one of those morbid principles, of which he speaks with so much confidence, and upon which he presumes to found a plan of medical treatment? Who has ever been able to exhibit to the view, the principle of gout, or the virus of scrofula?" ³⁰

Rather, Hahnemann persistantly affirmed that both disease and its cure are essentially spiritual things. His intellectual debt to Mesmerism underlay this conviction and his pervasive argument of medicine's spiritual essence probably contributed to homeopathy's broad appeal among physicians and laypeople. He wrote:

The supporters of an hypothesis so gross, as that of morbific principles, ought to blush, that they have so thoughtlessly overlooked and disregarded the spiritual nature of life, and the spiritual dynamic power of morbific agents, and have thus reduced themselves to mere scouring physicians, who, instead of curing, destroy life by their attempts to drive out of the body peccant matters which never had an existence there. ³¹

No one could deny, he stated, that there exist degenerate and impure substances which appear in disease, but these substances are products of disease. They appear in the shape of morbid symptoms which should aid "the true physician" to discover the nature, or rather the image of the disease so that he may avail himself of curative treatment by means of homeopathic agents. ³² Certainly, Hahnemann could easily mount a convincing challenge to the traditional treatment regimens of his day:

Though the living human body may, perhaps never have contained one drop of blood too much, still the old school regard [sic] a supposed plethora, or superabundance of blood, as the principle material cause of hemorrhages and inflammation, and which ought to be attacked by bleeding, cupping, and leeches. This they call a treatment of the cause, and a rational mode of proceeding. In fevers with an inflammatory character, as well as in acute pleurisy, they even go so far as to regard the coagulable lymph that exists in the blood, (and which they call the buffy coat,) as the peccant matter, which they do their best to evacuate, as much as possible, by repeated bleedings, although it often occurs that this crust becomes thicker and tougher in appearance, at every fresh emission of blood. In this manner, when inflammatory fever cannot be subdued, they often bleed the patient till he is near death, in order to remove this buffy coat, or the pretended plethora, without ever suspecting that the inflamed blood is nothing more than the product of the acute fever, the inflammatory immaterial (dynamic) irritation...[I]f he escape death after numerous bleedings and unspeakable suffering, [he] often languishes yet entire months, reduced and exhausted, before he can upright, if he is not taken off in the interval (as is frequently the case) by typhus fever, a leucophlegmacy, or a pulmonary consumption, the common result of this mode of treatment. ³³

Heroic medicine invited such challenges, but the confusion over therapeutic modalities resulted from ignorance of disease etiology and pathophysiological mechanisms; homeopathy could in no way illuminate these areas. For Hahnemann and his disciples the only knowable nature of disease was its image, i.e., the symptomatic ensemble. Neither could one investigate drug action by chemical or physiological analysis. The remedy being essentially spiritual, its action could be demonstrated only through "provings" which would reveal each drug's symptomatology. Oliver Wendell Holmes was certainly correct when he claimed homeopathy was an obstacle to scientific investigation. The sole homeopathic investigative activity, and the method by which their pharmacopeia was constructed, was drug

provings. Hahnemann's American disciple Constantine Hering described the approach:

Hahnemann's way of conducting provings was the following. After he had lectured to his fellow workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or locality, the observation, and the mentioning of everything that influenced their feelings, the time of day, etc. When handing their papers to him, after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him--the customary pledge at the universities of Germany instead of an oath. This was the way in which our master built up his *Materia Medica*.³⁴

The common homeopathic medications included *aconitum napellus* (monkshood), *antimonium tartaric* (tartar emetic), *arsenicum album* (arsenous acid), *belladonna* (deadly nightshade), *bryonia alba* (white bryony), *chamomilla* (Chamomile), *cinchona* (peruvian bark), *ipecacuanha* (ipecac), *nux vomica*, *veratrum album* (white hellebore), *apis mellifica* (poison of honey bee), and *arnica montana* (Leopard's bane). Folk practitioners already employed these drugs; homeopathy changed their preparation and uses. Thus, the general symptoms produced by *cinchona* are said to irritability and sensitiveness of the whole system, languor, heaviness of the limbs, aversion to both mental and physical labor, painful weariness of the limbs, weakness from dehydration, uneasiness in the affected parts, emaciation (particularly in children), intermittent fever, tension and wandering pains. *Belladonna*'s general symptoms are spasms, startings and convulsions of the limbs, convulsions, loss of consciousness, violent screamings, epilepsy, St. Vitus Dance, hysteria, scrofulous swellings, ~~ophthalmia~~, conges-

tion of the brain, scarlet eruptions, erysipelas, and burning and itching of the skin.

In 1828 Hahnemann brought out the first two volumes of his four part Chronic Diseases, the fuller development of homeopathic pathophysiology and the description of his doctrine of the psora. At least from Celsus, psora and lepra had been loosely applied to designate skin afflictions. For Hahnemann, psora, or itch, was the morbid principle (identical to that which produces a variety of scaly skin diseases such as scabies) that is the peculiar derangement of the vital force and responsible for most chronic diseases. But allopathic and homeopathic therapists endeavored to destroy the cause of disease and so cure radically. However, Hahnemann believed that no non-homeopathic treatment, not even surgery, alone could cure. Removing a polyp by ligation, extirpating a tumefied gland or destroying it by suppuration produced by local irritation, dissecting out a cyst or lipoma, operating for an aneurysm or fistula, amputating a cancerous breast or a necrotic limb does not cure a malady. Experience, he claimed, demonstrates that new forms of the disease infallibly manifest themselves sooner or later and always will be worse than the "primitive affection".³⁵ Only homeopathic remedies can strike at the true cause, the psora.

Once again, Hahnemann had appropriately pointed to a fallacy in traditional treatment, in this case, therapy for chronic infectious and neoplastic diseases. However, by asserting the spiritual, immaterial nature of the psora he effectively shut off homeopathic participation from the century's great advances in the discovery of microbic and parasitic causes of disease. In point of fact, Hahnemann was unsympathetic to early work in this area, regarding parasites, like morbid matter, as mere products

of the primary psoric derangement. His discussion of worms that infect children, clarifies that opinion. He states that, "A few lubrici are found in some children, and ascarides in greater number. But the greater part of either one or the other is owing to a general affection (psoric) connected with an unhealthy mode of living". The purgatives used to drive out tapeworms often kill or greatly debilitate the child and often the worm is not entirely driven out or it returns. "The different species of taenia are only found in patients labouring under a psoric affection, and when the latter is cured, they instantly disappear." The worms nourish themselves from the alimentary residue in the child's intestine and cause him no great inconvenience; but when acute disease strikes, nourishment is no longer sufficient for the worm and it "turns itself about and irritates the sensitive part of the entrails, exciting a species of spasmodic cholera, which adds greatly to the sufferings of the invalid." The smallest dose of tincture of male-fern root (*filex mas.*), he claimed, will eradicate it.³⁶ In this case too, Hahnemann typically coupled a careful, reasoned clinical analysis with an almost incredibly naive faith in his remedies. His argument, basically that of "seed and soil" in disease causation, has been a persistent medical motif which figured in the Hippocratic Corpus and later prominently in Sydenham's notion of the "epidemic constitution." Unfortunately, Hahnemann's claims for wondrous results from homeopathic medicine focused attention on his scheme's soundness rather than on his cogent criticisms of contemporary practice.

As a consequence of Hahnemann's controversial statements his personal career suffered numerous upsets, and he was induced to leave Leipzig and his university post in 1821 after the death of a patient, an Austrian prince. He had long engendered the antagonism of apothecaries by

compounding his own medicine. Nonetheless, his fame grew and in 1835 he and his second wife, a wealthy former patient, relocated in Paris. This "sage of Koethen" died, a wealthy and renowned practitioner, in 1843, at age 88.

At the time of his death homeopathy had acquired a respectable medical following in Europe and several homeopathic dispensaries and societies had been established. In the 1820s Gottlieb W. Rau of Giessen, physician to the Duke of Hesse Darmstadt, and Berzelius, physician to the Russian tsar, embraced the new system. An 1841 American survey lists thirty European medical professors who practiced homeopathy. With the exception of Rau, who attained clinical distinction, these men were evanescent figures in the history of medicine; in no case did their fame or accomplishments outlive them. In sum, homeopaths made no definable contribution to the development of medical practice or education in Europe. Hahnemann's major influence, and notoriety, was relatively brief there. Aside from a minority of homeopathic stalwarts, the system, like other monistic artifacts of this age of speculative medical simplification, was eventually incorporated into the general medical culture. In sharp distinction, in the United States, homeopaths in an unprecedented fashion became, in Richard Shyrock's apt phrasing, "a minority transformed into a rival profession." 37

Homeopathy's Appeal in America

What should be the legal position of the [medical] profession. It is manifest that it cannot be the same in this country that it is in some other countries. It must be conformed to the genius of our institutions. It must recognize most fully the voluntary principle. Any plan that does not recognize this cannot succeed. It is in vain

to attempt the enforcement of any direct legal restrictions upon the people in regard to medicines; if they chose quacks and quackery, no law which would forbid such choice can stand in this country. ³⁸

Two general approaches exist for a society to ensure adequate health personnel for the care of the population. In the first a stratified system of professions performs specialized tasks. In European medicine, this state of affairs existed as a heritage of the medieval guilds, a separateness of physicians, surgeons and apothecaries. By the early nineteenth century the training of physicians and surgeons had begun, albeit slowly, to fuse. "Second-class" health workers assumed the burden of caring for the urban poor and, depending upon circumstances, rural populations. These workers included surgeon-apothecaries, midwives, officiers de santé and feldshers. ³⁹

The conditions of colonial and early republican America demanded a different approach. Ease of entry into an heterogeneous medical profession was ensured by lax regulation of physician training and affirmation of the freedom of anyone to practice medicine. ⁴⁰ In the American countryside even these physicians were not always available; furthermore, not all persons chose to submit themselves to physicians' care. Among independent frontierspeople, self care and a melding of traditional European and native American medicine exerted a strong influence.

The earliest forceful challenge to trained physicians came from Samuel Thomson, a New Hampshire Baptist farmer. Thomson blamed his mother's death on the mercurials prescribed by her doctors; when his wife fell ill he threw out the physician who purged and bled her and called in two herbal and root doctors. She survived and he eventually

became an itinerant herbal practitioner. "Thomsonianism" evolved a new monism based on the familiar dyad of hot and cold, a popularization of orthodox medical speculations. Whereas regular physicians used calomel, jalap, cayenne pepper, laudanum and bloodletting, Thomsonians cleaned the bowels, employed steambaths, cayenne pepper and botanical emetics, purgatives, diuretics and sudorifics. Numerous "Friendly Botanic Societies" grew up; for the price of \$20 one could buy Thomson's manual and practice according to his guidelines.⁴² The popularity enjoyed by such untutored practitioners as Thomsonians further blurred the boundaries of a medical "profession" in the United States.

During the 1780s physicians had begun to insist that a medical license not only commended some for practice but excluded others. "In doing this they raised the question of the need for a medical profession," Kett has remarked, "confident of an affirmative answer. To their amazement, Thomson took up the challenge and demonstrated to the satisfaction of many that the capacity of Americans to survive between 1630 and 1760 without a medical profession had not been an accident, that a separate class of medical men was a luxury incompatible with sound reasoning or domestic practice."⁴³

Jacksonian America's elevation of the "common man" left little sympathy for monopoly grants or corporate privilege. From the 1830s Thomsonians increasingly called for repeal of such medical regulatory statutes as existed. Maryland's law, for instance, had been passed in 1799. In 1839 hundreds of petitions representing nearly every county and calling for repeal were presented to the legislature. In March the House of Delegates passed an amended version of a bill allowing any citizen of the state to sue for payment of medical fees.⁴⁴

A hallmark of Jacksonian democracy was skepticism of professionalism and questioning of the privileged status of "learned professions." Doctors' actions did little to enhance their position. They could not reach a consensus as to appropriate treatments for specific ailments, and, furthermore, cutthroat competition and the lack of standards of ethics or etiquette left little room for professional dignity. Medicine, like the sciences, was a systematization of sensory evidence; hence any literate, thinking individual could pick up medical knowledge by reading a book, then forming a valid opinion. Under these circumstances it was not apparent why trained physicians should have "exclusive pretensions" to medical practice; to a great extent, adherence to one or another therapeutic system, like political or religious affiliations, was a matter of choice or faith, and not necessarily a conclusion drawn from science. A form of free trade, "medical freedom," became the catchphrase of the Thomsonian challenge.

Similarly, Wooster Beach, who had begun regular medical studies, founded the Eclectic system as another protest against established medical authority. He extensively used botanical preparations as well as the mineral medicines of the regular doctors. Beach's brand of medicine was explicitly and radically reformist, and his popular journal, the Telescope, was devoted to radical medical, religious and political causes. Frequently he railed against the world's four evils, "King-craft, Priest-craft, Lawyer-craft, and Doctor-craft."⁴⁵ During the 1830s and '40s his followers founded several Eclectic medical colleges. Many of these sectarian-trained doctors were subsequently converted to homeopathy.

Homeopathy, gauged by the numbers of its adherents and by virtue of its origins from the thought of an eminent medical authority, Hahnemann, presented the most serious challenge to the exclusivity of regular physicians.⁴⁶

Hahnemann's doctrine first reached North America with Hans Gram, an American of Danish heritage who had studied medicine in Copenhagen. Gram settled in New York in 1825 and eventually gathered around him numerous students and followers. Pennsylvania served as the other Atlantic center of homeopathic physicians and patients, the most prominent doctor being Constantine Hering, a Saxon who had studied under Hahnemann.

As a medical student Hering suffered a severely infected dissection wound. Rather than consent to amputation he tried homeopathic treatment with arsenicum, and recovered. In the United States he actively popularized Hahnemann's doctrine as a legitimate department of natural philosophy, of comparable importance to, for example, the doctrines of magnetism, electricity or galvanism. Homeopathy, he claimed, is based on the experience of systematic experimentation with the effect of drugs. One need not accept "a single theory in the Organon as it is there promulgated," he wrote in his introduction to the American edition of that work. "It is the genuine Hahnemannian spirit totally to disregard all theories, even those of one's own fabrication, when they are in opposition to the results of pure experience."⁴⁷

In Jacksonian America, as John Higham has noted, reliable knowledge was widely believed to be immediately available through the direct observation of surface appearances.⁴⁸ Homeopaths defined diseases in terms of symptomatic manifestations, not the sometimes prolix and obscure humoral pathology of regular doctors. The efficacy of homeopathic

remedies was said to be demonstrable through the method of drug proving, i.e. sensory experiments accessible to any careful individual. Undoubtedly, the homeopathic approach, resonated with the surrounding culture, and this was a factor in it's American acceptance.

Furthermore, homeopathy offered a challenge from within medicine's ranks. The homeopathic methodology, Hering claimed, was the time honored medical scientific approach:

[Hahnemann] promulgates his views and the peculiarities of his method, as a learned physician, and in a manner fully recongized in the history of medicine...Not to mention the example of Brown, we need only refer to that of Broussais, and the reports received strikingly in favour of his doctrines, or even to the contra-stimulus of the Italians, which incessantly appeals to the same experience as the test of its value. 49

Each physician who would test homeopathic remedies for himself would see the validity of their use. An unfortunate or disastrous experience with aggressive treatment or an apparently salutary result from the homeopath's palatable pharmacopeia could suffice to make a convert.

Hering, like all early American homeopaths, was converted from regular practice. These doctors, exhibiting a fervor of new converts, extensively proselytized during the 1830s and '40s. Their attempts to spread homeopathy within the ranks of American physicians at once distinguished the movement from other contemporaneous health sects and contributed the "peculiar hostility" introduced into the relations between homeopathy and orthodox medicine. 50

Importantly, in America Hering could do what in Continental Europe was impossible, namely, build exclusive homeopathic educational institutions. In 1835 he founded the

first American homeopathic college, the North American Academy of the Homeopathic Healing Art in Allentown, Pennsylvania, familiarly known as the Allentown Academy. Like his "regular" medical contemporaries Nathan Smith and Daniel Drake, he proceeded to found several other medical schools, including the leading American homeopathic institution, Philadelphia's Hahnemann Medical College.⁵¹

Thus endowed with several schools, homeopathy began to recruit would-be physicians to the sect. They proudly displayed their distinction as "homeopathic" doctors, and in 1844 they organized the first national American medical professional organization, the American Institute of Homeopathy.

Initially, many nonhomeopathic practitioners reserved judgement of the merits of this new, rather unusual medical system. In 1832 the Medical Society of the County of New York voted that an honorary membership be awarded to Hahnemann for his contributions. However, increasingly during the 1840s an attitude of ridicule and then overt hostility emerged. In order to appreciate the reasons for this striking attitudinal shift one must first examine the appeal of homeopathy for practitioners and patients.

As described previously, homeopathy emerged in response to the cruelty and conspicuous failures of early nineteenth century therapeutics. In the United States the spread of its popularity was facilitated by the great epidemics. In the American South homeopaths typically obtained better results with yellow fever patients than did orthodox practitioners⁵², understandably so, since the most effective treatment would be to support the convalescing patient during the course of the infection. Furthermore, public confidence in traditional medicine's efficacy was rocked by the lack of unanimity among physicians on the proper treatment of the

major epidemic diseases. During the cholera epidemic of 1848-1853 doctors had difficulty convincing many patients to take the very unpleasant calomel, a mainstay of anticholera therapy. According to popular belief, five physicians attending the same case would invariably present the hapless patient with five different prescriptions, alike only in their unpleasantness.⁵³ Homeopathy, armed with defined and palatable remedies, offered a refuge from physicians' frustration and uncertainty and patients' apprehensions. During the cholera hundreds of doctors in desperation adopted homeopathic practices, and numerous manuals were published to instruct the new converts.⁵⁴ The author of one such manual counseled his fellow doctors:

Fortunately for mankind, Hahnemann has discovered a law of cure which is not based upon pathological speculations. The want of such a law and of any reliable guide, is the real cause of the want of unanimity and--I may say--the uncertainty, confusion and anarchy, that prevails in the allopathic school. These have, in the case of no disease, been more conspicuous than in relation to Cholera, and never more so than at the present time.⁵⁵

The typical, perfunctorily trained American doctor had little appreciation of recent European advances in pathology, meager pathophysiological knowledge, and was frequently an anticontagionist.⁵⁶ Few were capable of distinguishing, as for example, could Trousseau, the foremost Parisian clinician, an admiration for nature's remarkable healing power from the ineffectiveness of homeopathic remedies.⁵⁷ In England John Forbes, court physician and Laennec's English translator, in 1845 strongly criticized polypharmacy and defended the healing power of nature. That power, he too saw verified by the outcomes of homeopathic treatment, but he did not confuse this fact with homeopaths' theoretical claims.⁵⁸ In America too, such members of the Paris-influenced medical elite as Bartlett and Rhode Island's Elisha Bigelow attribu-

ted the recovery of patients receiving homeopathic care as evidence supporting the contention that diseases were self-limiting.⁵⁹ For the more typical untutored doctor who preferred active over expectant medicine and who was unsympathetic to therapeutic skepticism homeopathy provided a means to do "something."

From the perspective of patients, homeopathic medicines were not only more pleasant, but also cheaper.⁶⁰ Doctor-patient interactions have always been characterized by the popular desire for a "remedy", hence the long and continuing existence in the United States of a mass market for nostrums, potions, secret remedies, patent medicines and anodynes. Homeopathic sugar pills and globules satisfied both the patient's urge to be treated and the doctor's desire to treat.

The medical demography of nineteenth century America also facilitated the growth of numbers of homeopathic patients. Whenever a homeopathic practitioner was the sole doctor available, he was the doctor perforce consulted. Distinctions drawn by physicians did not necessarily carry meaning for patients. Homeopaths prescribed different pills and potions, but like other doctors, they set bones, performed minor surgery, attended at childbirths, and comforted the sick.

Finally, acceptance of the system was spread by its particular appeal for three identifiable, influential groups: the clergy, the educated and women. Clergymen were prominent supporters of Thomsonianism, Eclecticism, hydropathy, phrenology, Mesmerism and homeopathy.⁶¹ Hahnemann had stressed the essential spirituality of illness and cure, christian symbolism informed by his study of Mesmerism. Understandably, Protestant pastors were unusually susceptible to the lure of a system whereby the Mesmerist would cure by slowly gliding his hands over a patient's body from head to the soles of the feet. According to Hahnemann, "This curative power

[of Mesmerism] acts homeopathically by exciting symptoms analogous to those of the malady..." It imparts a uniform degree of vital power to the organism when there is an excess at one part and a deficiency at another. ⁶²

The spiritual sciences of homeopathy, Mesmerism and phrenology were incorporated into the religious and liberal framework constructed by Swedenborgians. ⁶³ Homeopathy's synthesis of matter and spirit in an orderly, predictable universe seems to have played a role in its attraction for religious leaders and the educated. Gram, Hering and many other early publicists of the sect were Swedenborgians. And many notable American Transcendentalists, including Theodore Parker, Bronson Alcott, Elizabeth Palmer Peabody and Thomas Starr King, as well as New England improvers such as William Lloyd Garrison, Wendell Phillips, Julia Ward Howe and Thomas Wentworth Higginson were homeopathic advocates. ⁶⁴ Homeopathy benefitted from this association with liberal intellectuals and gained supporters influential beyond their small number.

Women, too, were a mainstay of homeopathic practice. In 1869 the American Institute of Homeopathy devoted its annual session to a discussion of women's role in medicine and especially homeopathy. It was noted that about two-thirds of all homeopathic patients were women and that they had played a significant part in the spread of the doctrine. ⁶⁵ The numerous, popular "domestic guides" and "domestic kits" that enabled one to prescribe homeopathic remedies at home, like Thomson's earlier botanical manuals, helped disseminate homeopathy into the popular culture. ⁶⁶ For minor ailments and complaints the patient could resort to the homeopathic "book and box", a practice which became another source of anger and disdain for regular practitioners. A Michigan regular doctor complained: "...the Hahnemannian

supplied the maternal head of the family with this little book which so convincingly asserts the superiority of similia similibus, and she, in turn, in lieu of more scientific information, becomes a champion of infinitesimals." ⁶⁷ Additionally, homeopathic medical colleges admitted female students more readily than regular institutions and so a relatively larger proportion of female than male physicians were sectarians.

It was the seemingly bizarre practice of prescribing infinitesimal doses and "dynamizing" by shaking a tincture or grinding with milk sugar that earned homeopathy the ridicule of many doctors. For Holmes, the simplistic doctrine of similia presented a real danger since it urged the rejection of all accepted therapy, including the small part Holmes believed useful, and denied the validity of all medical knowledge. Homeopathy, he claimed, would distract physicians from the pursuit of objective scientific information. In fact, no homeopath contributed to the significant advances of nineteenth century American medicine, namely, the introduction of surgical anaesthesia, progress in dentistry, gynecological surgery and sanitation.

Richard Shryock, from his studies of nineteenth century American medical attitudes, concluded that, despite the frailty of the medical armamentarium, physicians tended to believe that objective science would eventually accomplish more for human welfare than would monistic theories. He asserted that during just those decades when homeopathy was coming into its own (i.e. 1820-1850), the attitudes of medicine's professional elite were becoming increasingly hostile to unconfirmed generalization. ⁶⁸ "It is against this background," Shryock maintained, "that one may view the changing image of homeopathy, from the dignity of a system to the status of a sect, as a turning point in medical thought." ⁶⁹ Surely, after mid-century, orthodox practi-

tioners asserted that exclusive dogmas of all varieties are inimical to good medicine. "[W]e are no sect," wrote Worthington Hooker in 1852. "We have no medical creed."⁷⁰ The Professor of Principles and Practice of Medicine at the University of Maryland proclaimed: "Away then with allopathy! If there be exclusive allopathists, they are not much better than exclusive homeopathsists."⁷¹

Unfortunately, we possess little information concerning the personal relationships obtaining between regular and homeopathic practitioners in mid-nineteenth century America. It would appear that friendships and collegial associations were not unknown, and homeopaths were for several decades tolerated within medicine's loose professional structure. The reasons why homeopathy eventually became sharply distinguished from regular medicine, thriving as a parallel medical establishment, are at bottom more economic and institutional than philosophical or scientific.

"The pestilence of the proprietary medical school"⁷² provided the United States with an abundance of frequently ignorant, often vulgar physicians.⁷³ An 1848 American Medical Association report questioned:

Do [young physicians] not, in many instances, travel hundreds, perhaps thousands of miles, in search of a place in which there is a fair prospect of supporting themselves?...Are not all vacancies immediately supplied, and do not two or three physicians frequently settle in a village, the population of which will hardly furnish a sufficiently remunerative occupation for one? Are there not numerous instances in which the difficulty of finding a suitable residence induces the young practitioner to abandon his profession and seek in other and less dignified pursuits, that prosperity which, from its crowded condition he is no longer permitted to expect from his legitimate vocation?⁷⁴

The disorganized state of medicine, the surfeit of doctors in established communities and the rapid proliferation of proprietary schools all left medical societies in disarray. The proprietary tradition in state after state wrecked efforts at licensure. However, as Kett has pointed out, licensing no longer served the purpose which it had begun to acquire in the late eighteenth century, namely, the suppression of incompetent practice; its only real effect was the separation of semi-qualified from wholly unqualified practitioners. This had been the original purpose of a license granted by a medical society; before 1760 a license had been no more than a testimonial of superior qualification. But by 1830 medical degrees had taken over this function, with comparable results. Before 1760 the establishment of an identifiable profession outside a few large cities had been extremely difficult, while in the nineteenth century the facility with which degrees could be obtained ensured that a fairly high percentage of practitioners was brought into the organized medical fraternity. ⁷⁵

By obtaining the M.D. degree from proprietary institutions homeopaths were, by these criteria, professionally indistinguishable from regulars. Among doctors, however, the differences between homeopathic and regular practice were clear. Further, large numbers of practitioners promoted cut-throat competition and inhibited collegial relations. A town which could adequately support one or two doctors might contain a half dozen including a single homeopath offering an alternative to the others' treatments. Given the character of persons attracted to Hahnemann's system, frequently the better educated, paying patients were attracted to the homeopath.

An additional blow to practitioners seeking to define professional boundaries was the competition from non-physician providers of medical care such as Thomsonians. By 1851 fifteen states had repealed regulatory legislation on medical practice; eight others had never passed any statutes.⁷⁶ This lack of barriers to practice effectively prevented regular physicians from controlling incipient medical or quasi-medical sects.

M.D.'s were compelled to organize in order to confront the perceived excesses of Jacksonian freedom. In 1848 a group of physicians formed the American Medical Association. As Zina Pitcher of Detroit, A.M.A. President a decade later, noted, the Association "was formed to repair the evils resulting from the dissevered relation of medicine to the State authority"⁷⁷:

[I]n the process of time, when our form of government was changed, when the repository of sovereignty became inverted, when the power of the State passed from the few to the many, when the State became nothing and the citizen all in all, when this segregation of the sovereign power was rendered complete by the absolute freedom of the elective franchise in many of the States, then our art ceased to have a party in the commonwealth, as the law which became the exponent of this new opinion, the expression of the popular intelligence, effaced from the public record all legal traces of distinction between the physician and the hypocritical pretender.⁷⁸

When the American Medical Association held its first session in Baltimore in May, 1848, its first president lamented: "The profession to which we belong, once venerated on account of its antiquity,--its various and profound science,--its elegant literature--its polite accomplishments--its virtues,--has become corrupt, and degenerate, to the forfeiture of its social position, and with it, of the

homage it formerly received spontaneously and universally."⁷⁹ This longing for the gentility of the past was echoed by the bulk of medical periodicals of this time. Medicine's new organizers, in accepting their challenge, anticipated an arduous struggle to improve medical education and, thereby the quality of persons entering the profession. Their method was to draw a line between "scientific" medicine and sectarians and empirics. Consequently they professed an ideology that declared medicine to be science and the application of scientific investigation. Thus, the following famous clause was incorporated into the original Association Code of Ethics: "no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."⁸⁰ Homeopaths, the self-proclaimed "new school," might be free to establish their schools, hospitals and societies, but "regulars" could enforce their separation from the mainstream by precluding the possibility of professional contacts.

Regular physicians in major cities used political influence to purge homeopaths from, and deny their access, to public institutions. In 1857 when Chicago prepared to open its municipal hospital homeopaths who applied for attending privileges were denied use of the hospital facilities. During 1856-1858 homeopaths in New York petitioned for the right to staff certain wards of Bellevue Hospital. Despite considerable public support, including that of Horace Greeley's Tribune, they lost a closely contested battle. Several years later the same issue arose in connection with the staffing of the Boston City Hospital. Again, the refusal of regulars to serve alongside sectarians excluded homeopath participation.⁸¹ Similarly, the lay administrators of New York City's short-

lived Metropolitan Board of Health were initially quite friendly to homeopathy. However, the New York Academy of Medicine threatened to withdraw its support from the Board should it allow homeopathic doctors to practice in the city's cholera hospitals.⁸² Regular physicians were active at the level of state government as well. In 1847 one house of the Michigan legislature actually passed a bill which would have made the practice of homeopathy in the state an offense punishable by a prison sentence.⁸³ To varying extents a genuine public concern and desire to protect one's livelihood motivated these and similar actions.

By the 1850s the assault against homeopaths by newly organizing regular medicine began to take on inquisitorial tones as the profession sought to rid itself of nonconformist practitioners. State and local medical societies would only be allowed to join the American Medical Association once they had purged themselves of sectarians. One illustrative case is that of the Massachusetts Medical Society, one of the nation's oldest and largest societies. The quarrel with homeopaths there began in 1850 when a Dr. Benoni Carpenter of Pawtucket, Rhode Island at the February meeting of the council moved that:

Resolved, That all homeopathic practitioners are, or should be, denominated irregular practitioners, and, according to the By-Laws of this Society made and provided, ought to be expelled from membership. Resolved, that Ira Barrows, of Norton, now a member of this Society, ought to be, and by vote of this Society is, expelled from membership, for the following reasons: 1. For being guilty of dishonorable conduct; 2. For being the maker and vendor [sic], at sundry different times, of certain and several quack medicines; 3. For being an irregular practitioner, having adopted the homeopathic or infinitesimal or loaf-sugar system.⁸⁴

After several heated exchanges a year later Barrows was indeed expelled. The various charges levelled against him open to question whether his allegiance to homeopathy was

was the determining factor in the expulsion. The Massachusetts Medical Society by-laws in 1850 made no reference to the manner in which a candidate practiced. But in 1860 the first such reference did appear: "No person shall hereafter be admitted a member of the Society who professes to cure by Spiritualism, Homeopathy or Thompsonianism [sic]." ⁸⁵ An expanded clause on exclusive systems was added in 1874. In 1870 charges were made to the American Medical Association session in Washington, D.C. that the Massachusetts Medical Society harbored in its ranks irregular practitioners. In June 1873 the Society complied and expelled its first group of seven homeopaths and eclectics. ⁸⁶

Organized medicine from the 1850s through '80s actively pressed for the re-enactment of licensure and guarantee of a well-educated body of physicians; an associated goal was to isolate and eliminate all classes of doctors who professed exclusive systems. The first Committee on Medical Education of the American Medical Association (consisting of Worthington Hooker, T.W. Blatchford, J.R. Wood and Nathan Smith Davis) argued that the Association should steadfastly oppose the granting of state charters to medical schools set up by Thomsonians, homeopaths, or eclectics only "upon the ground that such institutions interfere with that system of education which secures to the community a body of well-qualified physicians; and not at all upon the ground that errors dangerous to the community will be taught in them." They warned, "And if error be taken as the ground of exclusion from privilege, where, we ask, shall the line be drawn ?" ⁸⁷

The Committee had articulated the rationale which governed professional relations between regular physicians and sectarians for the next two generations:

Some physicians, who have avowed their conversion to Homeopathy, have been excluded from the ranks of the profession simply for that reason. We find no fault with the exclusion, but only with the grounds upon which it was done. They should have been excluded, not for their opinions, but for misdemeanours. Any act by which they associate with the common herd of Homeopathic practitioners is a misdemeanour, which is a proper ground of expulsion. And it is so, because it casts contempt upon the necessity of those measures and provisions which secure to the community a well-educated medical profession, and not because it gives countenance to a destructive error. 88

The strife between regular physicians and sectarians was public, and involved public institutions as well as local and state governments. As the Committee on Medical Education regretfully noted, this strife "is regarded by even sensible men in the community as being for the most part a war of opinions." 89 Antipathy towards sectarians resulted from a complex mix of humanitarian and economic concerns, and was informed by a growing appreciation of the (potential) scientific character of medicine. But, as many leaders of the profession realized, an argument which rested upon the failure of homeopathy to ameliorate or cure disease was inherently dangerous. Regular physicians were obliged to retreat to legalistic defense, but legalism, too, inevitably caused popular misunderstanding. The profession appeared self-seeking, concerned with its exclusive corporate privilege at a time when the tendencies in American society were centrifugal and egalitarian. Orthodox medicine's claims to privileged medical knowledge sounded like those of an established religious creed. If Americans tolerated many churches, why not several medical "sects"? A "state" medicine could be seen to resemble a state religion.

Sectarians' efforts, under the banner of "medical free trade", to abolish discrimination in medical legislation and education struck asympathetic chord for many mid-century Americans. Would not one or another system or school survive or not in the free market depending on its merits? Indeed, regulars' noisy objections appeared to justify the claims that there must be something to homeopathy.

Worthington Hooker's committee warned the American Medical Association that as medicine continued to organize it must be careful to support the principle of freedom of opinion. "[A]ny act," they reported, "on the part of physicians, which trenches in any degree upon freedom of opinion, prevents our holding successfully this broad ground before the public. Such acts are a great source of embarrassment to the profession whenever we oppose the granting of charters to irregular schools of medicine." ⁹⁰

Michigan Homeopathy and the State University

"For what each school called the other, one would need an unabridged dictionary of epithets."⁹¹

Homeopathy was carried beyond the Alleghenies principally by German-Americans. Homeopathic practitioners migrated to the territory of Michigan as early as the early 1840s. ⁹² In fact, the region's first medical periodical was the Michigan Journal of Homeopathy, published in Detroit from 1845-54 (and briefly resurrected in 1872.⁹³) There were few physicians in the sparsely settled territory, even in the major town of Detroit. The several homeopaths enjoyed popular patronage from farmers and labourers as well as from a significant number of the better educated and well-to-do.

The creation of a state supported medical school at Ann Arbor channelled the energies of the new state's homepaths. Instruction in Hahnemann's principles at the University would at once grant official aegis to homeopathy, ensure a parity with regulars and guarantee an ongoing flow of young homeopathic practitioners. The public mood of the 1840s and '50s, especially in the Old Northwest, discouraged entrenching special privilege. Michigan's University had already served as a battleground for the state's major religious denominations and in the arts faculty the State had carefully allocated positions and influence among the significant Protestant congregations. Now, an argument of similar character arose over who should control medical education. Homeopathy, a minority medical sect, requested a university role. To taxpayers and legislators it was not immediately apparent why regular physicians should be granted state appropriations exclusively. In a similar situation in 1851, in Georgia the legislature actually appropriated the sum of \$5,000 to establish a Botanic Medical College. ⁹⁴

The subsequent medical sectarian struggle at the University of Michigan, no less than the theological one, touched upon issues of dogma, intolerance and fundamentalism. The problem of homeopathy was to play a critical role in the University's and the medical school's nineteenth century existence; at nearly every critical point in these institutions' development, the issue inevitably surfaced. ⁹⁵

Michigan's homeopaths at an early date united on two crucial professional questions, namely, medical education and their freedom to practice medicine. At the Michigan Institute of Homeopathy's first meeting in 1845, five years before the opening of the University Medical Department, a portion of one session was devoted to the question of how to secure

state homeopathic instruction. By 1849 only Michigan, Louisiana, New Jersey and the District of Columbia laid any claims to the regulation of medical practice,⁹⁶ and Michigan homeopaths bristled under even this modicum of legislation, which was administered by regulars. By 1851, homeopathic doctors, as part of the national movement against legislation, successfully lobbied the state for repeal of all restrictions on medical practice. Their second request to the legislature, that a professor of homeopathy be installed at Ann Arbor, however, was defeated. One indication of the palpable animosity between regulars and homeopaths at this time was that when Henry Tappan's candidacy for the university presidency was first proposed to the Board of Regents it became known to Detroit doctors that he had once called upon a homeopath; they mounted opposition to Tappan such that another candidate was first offered the post.⁹⁷

A relentless petitioning by homeopaths and their supporters soon produced results. In 1855 the Board of Regents requested from the legislature, and was duly granted, powers of university management, such as setting of professors' salaries, appointments and enacting governing regulations. However, a proviso (Act #100) was inserted into the bill: "That there shall always be at least one Professor of Homeopathy in the Department of Medicine." Alonzo Palmer and the other medical faculty immediately announced their implacable opposition to the presence of a sectarian colleague. And that year the American Medical Association national session in Philadelphia confronted the issue. J.L. Atlee of Pennsylvania moved:

Resolved, That to secure efficient teaching in medical schools, where the prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them by their pupils.

Resolved, That any such unnatural union as the mingling of an exclusive system, such as homeopathy, with scientific medicine in a school, setting aside all questions of its untruthfulness, cannot fail, by the destruction of union and confidence, and the production of confusion and disorder, unsettling and distracting the mind of the learners, to so far impair the usefulness of teaching as to render every school, adopting such a policy, unworthy of the support of the profession. ⁹⁸

Palmer seconded the resolution and expressed forcefully the indignation of the University faculty and students to this legislative intrusion. He urged that the Association lend support by declaring its opinion in condemnation of the plan. The resolutions elicited much discussion and were then passed unanimously.

Under the circumstances, the Regents considered it imprudent to disturb the Department. They refused to comply, claiming their prerogative under a Michigan constitutional clause which relegated to them alone the supervision of the University and control of expenditures.

Hence, that year, for the first of many occasions, the homeopathic party resorted to the State Supreme Court to seek a mandamus. ⁹⁹ The court denied application and so this "obnoxious condition," as University President Erastus Haven termed it, was for a brief while set aside ¹⁰⁰ and the legislature frustrated in its bid for academic control.

At about this time a young graduate of Cleveland's Homeopathic Hospital College, Alfred I. Sawyer, took up residence in the small town of Monroe, Michigan. ¹⁰¹ Sawyer, who was eager to spread Hahnemann's teachings to medical students in his newly adopted state, soon built a

large and successful practice in Monroe. In homeopathy's cause he hobnobbed with influential citizens, cultivated political contacts and made use of his Masonic ties. When another writ of mandamus was sought from the Supreme Court, Sawyer paid the then considerable sum of \$155 for attorney's fees and also paid out of pocket for a lobbyist to remain in Lansing throughout the legislative session to promote the passage of a favorable bill.¹⁰² He himself attended more or less every legislative session from 1867 and for nearly ten years nearly every meeting of the Board of Regents. His presence helped assure that the question of homeopathic instruction would not be laid to rest.¹⁰³

Necessities of the University's continued growth within several years again forced the issue to surface. The original endowment fund was hopelessly inadequate to ensure future development and in 1867 the Regents had to resort to the State for aid. An act was subsequently passed granting the University proceeds from a one hundredth of a mill tax.¹⁰⁴ However, the State Senate committee on public instruction had received about thirty petitions from all sections of the state, and including more than 1600 signatures demanding that no appropriations be granted unless the University complied with the 1855 homeopathic proviso.¹⁰⁵ The Lansing legislators, perfectly willing to acquiesce to this apparent effervescence of popular opinion, used their newly acquired purse strings to attach to the tax law the caveat that a homeopathic professor must be installed.

Immediately, the medical faculty threatened a mass resignation. President Haven complained to the Regents:

on prudential reasons alone it would be clearly impracticable to teach homeopathy in a manner satisfactory to its friends in such a school as ours which espouses and teaches no exclusive theory-- this school teaches neither a conglomeration of conflicting theories, nor any one in particular, but aims, in accordance with the time-honored customs of the oldest medical school, to teach the science or sciences underlying or embraced in medicine and surgery. ¹⁰⁶

"The effect of this proviso," one observer noted, "was to bring on one of the most exciting contests in the history of the University. It was earnestly debated in the Board of Regents whether the Medical School should be imperilled by an acceptance of the grant on the conditions imposed." ¹⁰⁷ The matter was of particular concern since the Medical Department was then enjoying a post-Civil war boom; it enrolled the University's greatest number of students and hence was by far its most remunerative division.

The matter was again brought before the Michigan Supreme Court when the Regents refused to act. Again, the Court declared itself uncertain of its authority to compel the Regents to carry out legislative decisions. ¹⁰⁸ When certain residents of Detroit (including homeopathic practitioners) petitioned the Senate for the establishment of a state homeopathic college outside Ann Arbor ¹⁰⁹, the Regents probably most gratefully, suggested Detroit as an appropriate location. The everpresent Alfred Sawyer, who also chaired the homeopaths' committee investigating options for homeopathic education, declared: "Resolved, That when the same rights, benefits, and privileges that are now enjoyed by the old school doctors shall have been accorded to homeopaths on the University campus, we will be satisfied and not before." ¹¹⁰

Early in 1869 the Michigan House of Representatives considered the alternatives. Their Committee on state affairs made common cause with the homeopathic lobby recommending passage of a bill which called for the establishment, endowment and support of a homeopathic college and the simultaneous repeal of the 1855 law. The committee declared that it purposely had not undertaken any investigation of the relative merits of one or another medical system:

The legislation demanded is neither a decision of the question of the superiority of one system over the other, nor the choice of either to be adopted by law as the "State system" of medical theory and practice.

...The legislation asked for is simply to place both systems on an equal footing, in respect to the facilities afforded by the State for the professional education and training of physicians and surgeons. ¹¹¹

Homeopathy, the chairman remarked, had gradually gained in public favor, and nearly 400 practitioners of the "new system" in the state cared for nearly two fifths of the population, "embracing a very large proportion of the most cultivated, refined and intelligent of our people, who, after a trial of both systems, have adopted the theories, and prefer the practice of homeopathy." ¹¹² If the purpose of the state's medical school was to protect the people from unskilled and ignorant practitioners, the two fifths of the Michigan population were then entitled to the same protection as the majority who used allopaths. The existence of distinct and independent rival school at the University, they suggested, would "give rise to a vigorous and healthy competition, beneficial to both": ¹¹³

Had the faculty of the old school been as schrewd [sic] as they are zealous, they would have secured a cheap and easy victory, by promptly accepting and carrying out the provisions of the act of 1855. The infusion of so small a proportion of homeopathy into so large a mass of allopathy would have been ineffectual; the dose was homeopathic in quantity, but it lacked the essential requisite of "similia similibus." Homeopathy and its champion would both have disappeared together from the University, to trouble it no more forever.¹¹⁴

In the present context, the state felt obliged to "stand the just and impartial judge between the rival systems."¹¹⁵

However, the state supreme court for a third time refused to grant a mandamus.¹¹⁶ In the face of considerable University and medical lobbying the legislature in June 1869 reversed its opinion, removed the homeopathic proviso and granted the University a direct subsidy of \$15,000. Any solution to the questions of homeopathy at the University continued to subject to the vagaries of legislative politics.

Despite this setback, the homeopathic lobby continued to organize and momentum for the homeopathic cause increased. In April 1873 the House of Representatives collected 110 closely written pages of testimony from members of the University community, all of which opposed instituting state homeopathic instruction. The new president, James B. Angell (who, incidently, personally consulted a homeopath), stressed the fact that imposing homeopathy in Ann Arbor would damage both the well-being of the Medical Department and the University.¹¹⁷ Despite all pleas, that year when the University appropriation was increased by the substitution of a one-twentieth mill tax for a direct allotment, legislators again asserted financial powers and again attached the homeopathic proviso to the bill. On this occasion several medical

professors did promptly resign. The Lansing legislators were notified that should the Regents this time comply, the entire Medical Department would follow suit. The Board of Regents decided to treat this exasperating affair as an attack of academic freedom. Either they were indeed representatives popularly elected to govern the University, or, in effect, they were servants of legislative whim; the Regents claimed that if the Legislature could assert any jurisdiction over University appointments, it theoretically could exert unlimited powers. The actual constitutional definitions of University powers were confused, as demonstrated by the Court's persistent refusal to intervene. Discretely, the Regents chose to shelve a decision for one year.

Although the Regents had preferred the solution of establishing a sectarian school out of site, and hopefully out of mind of the Ann Arbor Medical Department, they finally acquiesced to political pressure. In April 1875 the legislature passed a law establishing two new professional schools in Ann Arbor, a Homeopathic Medical College and a College of Dental Surgery.¹¹⁸ Following the recommendations of Michigan's state homeopathic society the Regents appointed Samuel A. Jones of Englewood, New Jersey as Professor of Materia Medica and Therapeutics and John C. Morgan of Hahnemann Medical College of Philadelphia as Professor of the Theory and Practice of Medicine. Neither man had been involved in Michigan's long-lasting sectarian feuding. Jones, additionally, soon became a significant figure in the University's intellectual life.¹¹⁹

Certainly, this contentious struggle had been used by various parties in the state for their own purposes. Burke Hinsdale, the University's historian, summarized the decades-

long attempt to establish homeopathy in Ann Arbor as "a controversy in which unquestioned zeal for the public good did not altogether conceal personal ambition, political motive, desire for partisan advantage, and possibly also a feeling towards the University that delighted in strife and confusion."¹²⁰

In October 1875 the Homeopathic Medical College commenced its first session with a class of 22 students. Matriculants in both medical schools paid identical fees, met identical entrance requirements and received the same instruction, with the exception of the two subjects of materia medica and therapeutics and medical theory and practice. The result was that Ann Arbor's homeopathic course, which ran for two nine month sessions, had the most stringent requirements in the United States. Although Abram Sager, the Medical Department dean, had resigned in protest, the remainder of the regular faculty attempted to adjust to the new situation. But this protracted conflict had clearly demonstrated the Medical Department's tenuous position. As a state-supported institution it was simultaneously obliged to pursue science and education to the best of its ability and to adequately represent the desires of the state's popular representatives.

Predictably, state recognition of homeopathy opened the way for appeals from more marginal and less influential medical sects. The State Eclectic Medical and Surgical Society of Michigan soon set up its own Committee on Legislation. "The whole thing," wrote its chairman to the Regent Charles Rynd:

is as plain as a barber pole or the fact that
2 & 2 makes 4. Taxation without representation
is tyranny [sic]. The Department of Medicine
and Surgery...has no more right to advertise---

& require its candidates for graduation to have studied three years under a "regular" physician that the litterary [sic] Dept. has to require its candidates for graduation to have studied and prepared [sic] the three years under a Catholic priest... The one position is not more unreasonable, & rediculous [sic] than the other for they are identical, the same.

He urged the Regents to establish an Eclectic chair, thereby "not only dealing justly with a respectable minority but... vindicating a principle of universal & eternal justice & republicanism..." 121

The Eclectics in Michigan did not possess sufficient political influence to succeed. However, elsewhere in the midwest the combination of organized lobbying by homeopaths and legislative fiscal control over state universities produced results. The State University of Iowa Collge of Medicine, organized in 1869, like its sister institution in Ann Arbor had tried to improve the quality of state supported medical education. In 1877 the Iowa legislature compelled the University to accept alongside its regular medical college a College of Homeopathic Medicine. At the University of Nebraska homeopathic and eclectic departments were established in 1883. The eclectic department, for lack of interest ceased to function in 1885, and two years later the University halted medical education altogether. (The present University of Nebraska medical school was reestablished in 1902). In 1889 the University of Minnesota also initiated homeopathic instruction along the lines followed at Ann Arbor. Finally, as late as 1915, a similar plan was adopted by Ohio State University.

Relationships Between Regulars and "Irregulars" at Ann Arbor

"It would seem that there must be some special reason why the system of homeopathy is rejected with such contempt by scientific and discriminating men--by those who should be qualified to judge its merits; and why men so liberal in other cases should regard with such repugnance associations with homeopathsists." 122

Had it not been for the increasingly militant anti-sectarian mood of the American Medical Association and state medical societies, an uneasy truce might have prevailed between partisans of the two medical schools at Ann Arbor. While in 1855 Palmer had called for Association support in defying the Michigan legislature, two decades later, the medical faculty hoped to salvage the Department's reputation and make the best of unsavory neighbors. The local profession in southeastern Michigan, however, reacted violently to homeopathy's victory. State medical society members openly questioned whether the Ann Arbor faculty "depreciated themselves and prostituted their profession, by contribution to the enlightenment of 'irregulars'," and so should be ostracized from the society. They further debated whether or not graduates from the University regular medical college should be permitted society membership. 123

Nationwide, regular physicians felt impelled to root out irregulars from organized medicine and sever any professional ties with them. The following resolution was offered before the Michigan State Medical Society in 1875:

We believe that the attempt to associate regular and homeopathic students in the same institution, to participate in the same lectures, to be a

scheme impossible to carry out and one fraught [sic] with disaster, and perhaps dishonor to those who attempt its execution; an attempt likely to arrest the prosperity and destroy the usefulness of said medical department. Any such attempt to bring about such an unnatural and, to us, repugnant affiliation will meet with our decided disapproval. 124

Only after heated debate was the resolution tabled. However, in May of the next year a Society committee issued a report which concluded, in part:

The medical department of the institution has been the sacrifice offered to appease the legislature, and to build up or maintain other departments.

That state management of theological or medical schools will, in the nature of things, be disastrous to their welfare, if not actually destructive to their life.

That it remains for the medical profession to provide for its own education, like theologians, to conduct its own schools and take care of its own interests. 125

Professor of Otolaryngology George E. Frothingham and Regent Charles Rynd immediately resigned from the Michigan State Medical Society. In part, the severity of the Society actions arose from the desires of a faction of Detroit doctors who had long hoped to relocate the University Medical Department in their city. Several of them were stock holders in Detroit's proprietary medical college, and Rynd charged that the State society had "become the agent of private school to accomplish [the University Medical Department's] virtual dismemberment." 127

During the next two years Wayne County practitioners repeatedly offered similar resolutions, all of which were tabled, albeit not without acrimonious debate. An

exasperated Michigan delegate at the 1878 annual meeting announced that "the large majority of the members will be disappointed and disgusted should any attempt be made to open up old sores," but insomuch as "there is no law against a man's making himself ridiculous and contemptible," it is "possible, that some imperfectly balanced individual, itching after a little notoriety, will endeavor to revive the University homeopathic squabble." The majority of the members, he claimed, "have now reached the limit of forbearance." ¹²⁸ Detroit physicians were not of one mind. During the debate which inevitably ensued William Brodie, a Detroit surgeon, proprietary school professor and Wayne County Medical Society President, rose to the University's defense. A preacher, he stated, does not violate the tenets of his church because he preaches his doctrine to a congregation that may include Catholics, Episcopalians, Methodists or Baptists. "What does matter to Dr. Ford, or to the State of Michigan, how many men come in and hear him, as long as he don't [sic] endorse any of them that don't belong to his class." ¹²⁹ In 1878 the resolution was finally put to a vote and was defeated 62 to 42.

Dissident Michigan physicians had meanwhile carried the controversy before the national convention of the American Medical Association in Philadelphia in June 1876. There, a roisterous floor fight over the exclusion of University of Michigan faculty members from the state's delegation so exceeded even the Association's lax standards of decorum that the entire Michigan delegation was cited for unprofessional conduct. That the Detroit dissident's charges against the Ann Arbor faculty and students were less than candid may be inferred from the Michigan State Medical Society's own stance

on irregulars in violation of the consultation clause of the American Medical Association Code of Ethics. In 1874 the Society had finally succeeded in restoring a modicum of regulation of medical practice in Michigan, but only by advocating a mixed state board of medical examiners, i.e., one consisting of nine members proportionately representing the strength of the regular and homeopathic professions in the state. Formally, then, the state society was on record as not opposed to submitting its own candidates for licensure to examination by irregulars. That situation had obvious similarities to the instruction of homeopathic students by regular professors. Supporters of the University countered charges against them by pointing out that certain professors of the competing Detroit College of Medicine spearheaded the campaign. ¹³⁰

At the following year's American Medical Association Chicago convention the scenario of the previous year was replayed and the Michigan delegation was again cited for unprofessional conduct. At the 1878 convention in Buffalo, the Association Judicial Committee (created in 1873) did deprecate "the teaching and graduation of students known to be supporters of singular and exclusive dogmas in medicine as beneath the dignity of right-minded teachers of an honorable and liberal profession." ¹³¹ However, the Committee believed that since the Code of Ethics did not directly bear upon the indiscretions of the Ann Arbor faculty, no formal action could be taken. Nathan Smith Davis immediately proposed a corrective resolution to prohibit the abetting of sectarian instruction.

In Atlanta, the following year, Edward Swift Dunster, Professor of Obstetrics at the University of Michigan and Dartmouth Collge, delivered an impassioned defense of Ann

Arbor faculty position before the American Medical Association Assembly. For so long as the public demands homeopathic physicians, he declared, it is the duty of the medical profession to train the best qualified persons possible.¹³² The extent to which his speech swayed the delegates is unclear. Due to a small attendance at Atlanta, Davis' punitive resolution was shelved. Only two years later at the Richmond convention was a compromise finally hammered out. The Ann Arbor professors could continue to teach homeopathic students, but only if they did not sign these students' certificates or diplomas. The University faculty gladly agreed to the demand.

By this point the question of relations with sectarians had for the Association in any case shifted to the difficult and potentially more divisive issue of the New York State Society breaking the consultation clause. That controversy was more basic to the rapidly changing realities of American medical practice and the consequent necessity of an accord between regulars and homeopaths. Whereas many state societies such as the Massachusetts Medical Society, had buckled under Association pressure and expelled sectarian members in the 1870s, New York and especially New York City was the center of liberalizing relations with homeopaths. The City long had contained a large homeopathic medical community as well as one of the major homeopathic medical schools and hospitals. In 1882 the New York State Medical Society voted to abolish, for practical necessities, the A.M.A. consultation clause¹³³, and the A.M.A. Judicial Council responded by denying further representation to the society's delegates. New York's regular physicians had long agitated for a strict medical licensure law, but the state legislature refused to pass any bill that did not have the support of homeopaths. An additional motivation for liberalized relations was the

desire by the growing corps of New York City specialists and consulting physicians to be able to accept referrals from homeopathic general practitioners. When leaders of the New York regular profession approached their homeopathic counterparts requesting their support for a licensure law, the latter stipulated abolition of the consultation clause as the price of cooperation. ¹³⁴

The fact that regulars could entertain cooperation was made possible no less because of changes that had been occurring within American homeopathy. Beginning in about the 1880s strict homeopaths increasingly charged that many homeopathic medical schools were not really instilling homeopathic principles, instead emphasizing basic sciences and clinical subjects other than Hahnemann's therapeutic teachings. This division between pure Hahnemannians and revisionists took an institutional form in 1880 when the purists' left the American Institute of Homeopathy and established the International Hahnemannian Association. ¹³⁵ In contradistinction to these strict "high potency" practitioners, revisionist "low potency" homeopaths practiced medicine in a fashion much akin to regulars. ¹³⁶ In both their practice and philosophical outlook these "low potency" physicians tended to resemble regulars rather than the largely German-American defenders of the faith who a generation earlier had set the tone of American homeopathy. Many of them had become "homeopathic" doctors by virtue of the chance circumstance of where they trained. Especially in larger cities they shared professional and economic concerns of their regular neighbors and desired to practice their profession in peace and security.

The emerging common economic interest of M.D.'s of various therapeutic persuasions was recognized by a New York

State symposium of 1883. It was there noted that:

"Professional men of acknowledged ability and great reputation have said that they could not tell how many thousands of dollars they have lost by adhering to the Old Code, in declining consultation with irregulars." ¹³⁷ However, although the rescinding of the consultation clause by the New York State Medical Society was a harbinger of fundamental changes in American medical practice, the national regular profession could not yet council a rapprochement with irregulars. In 1883 the American Medical Association expelled the New York Medical Society, which led to the emergence of the New York State Medical Association and the peculiar circumstance that there existed two competitive state organizations until 1906.

In Michigan, even though the University Medical Department faculty staunchly defended the right to instruct sectarian students, they adamantly refused any possibility of consultation or professional acceptance. Whereas New York City's regulars were largely motivated by economic concerns and the local difficulties of securing licensure, Ann Arbor's physician-teachers only tolerated the existence of an "anti-scientific" cult from necessity. Alonzo Palmer, for one example, used his professorship as a forum to persistantly challenge homeopathy.

In 1882 national public attention was directed to the consultation issue by the imbroglio in New York, the publication of William Dean Howell's popular novel Dr. Breen's Practice and two newsworthy medical cases. The first of these was the shooting of President James Garfield and his subsequent prolonged, downhill course, while attended by fractious physicians. In the second, an illness of the British Prime

Minister, Lord Beaconsfield, a court physician refused to visit his patient so long as a reputed homeopath was attending notwithstanding the Queen's special request; another regular physician finally reluctantly consented, but only after the supposed homeopath denied any adherence to Hahnemann's system and promised to follow all directions from the regular. Undoubtedly, many people in Britain and America considered these refusals to minister to patients extremely callous. Palmer, in the March 1882 issue of the popular North American Review, attempted to demolish the basis of traditional homeopathy and explain to the public the necessity of the consultation injunction. He wrote: "If a regular physician, for the sake of a consultative fee, or the purpose of obtaining popular favor, sacrifices his convictions, relinquishes measures in which he has confidence and consents to a practice he is sure is useless, he may be a fitting person for such consultations, but he is not an honorable member of an honorable profession." 138

While at local, state and national levels relations between regulars and homeopaths were undergoing redefinition, at the University of Michigan the Homeopathic Medical College for its first decade and a half of operation maintained a surprisingly inconspicuous existence. Relations with the regular faculty, although never warm, were cordial. The major source of conflict was eased with the erection of a separate, small homeopathic hospital. The Regents had tersely noted in their request for funds: "The experiment of carrying on clinical work under the same roof, and in the same room, by the Medical Department and the Homeopathic College had not been a marked success, nor can we reasonably expect that it will be." 139

Fortunately, an insider's account of the Homeopathic Medical College in this period, one during which Ann Arbor had not yet lost its rough, frontier atmosphere, has been left by James Cravan Wood, a student at the College between 1877 and 1889.¹⁴⁰ Wood was thus a contemporary of Vaughan, and, indeed, his autobiography makes an interesting counterpoint to Vaughan's A Doctor's Memories. Like Vaughan, Wood was the product of the rural Midwest, though a son of pious Ohio farmers rather than Missouri freethinkers. And like Vaughan, Wood taught in a secondary school in his native state before attending the University of Michigan. When he arrived for medical studies in Ann Arbor he was armed with only a secondary school education.

Wood's choice of a homeopathic medical career furnishes a perspective on the popular image of medicine and medical sects in the 1870s. The Woods at this time had bought a farm in Monroe, Michigan. Like many other young people who patronized sectarians and undertook homeopathic instruction, experience had made him wary of traditional medical care. He recalled:

I had no very clear conception of the differences between the two leading schools of medical thought--the so-called regular and the homeopathic except that the regulars gave big doses and the homeopaths, small....I first visited a representative of the majority group. I think it was his vicious denunciation of homeopathy that finally decided me to examine, at least casually, the relative merits of the two schools...

My experience during my long illness [pneumonia] with "allopathy" as regular medicine was then designated by the laity, rather prejudiced me in favor of the "new school", as homeopathy was then and is now known.¹⁴¹

A homeopath also managed his mother's difficult menopause to her and the family's satisfaction. Finally, and likely the most important, were Wood's practical considerations. Alfred Sawyer, Monroe's prominent homeopathic publicizer and lobbyist, was the town's leading doctor. Sawyer invited Wood to be his apprentice, and as Wood later recalled: "All in all I thought him a pretty good fellow to tie to. and so he was--the best friend I ever had other than the members of my own family." ¹⁴²

Wood soon entered the college that his preceptor had so long agitated to establish. He wrote of his experience there: "In all things else, surgery, ophthalmology, diagnosis, prophylaxis, sanitary science, etc., there was not the slightest difference between the two schools. A homeopathist was simply a specialist in the art of prescribing drugs to sick human beings according to a certain principle or rule..."¹⁴³ The homeopathic student did, however, experience the palpable animosity of the regular faculty, especially Palmer and Maclean:

[T]here were but seventy-five of us to more than five hundred other fellows. It required what is now known by the polite term "intestinal fortitude" to be a homeopathic student in the University of Michigan during the seventies.

Yet in most things else the students, if not the faculties, of the two departments fraternized harmoniously even though most of those belonging to the older school looked upon homeopathy as more or less of a joke. ¹⁴⁴

Acquiring clinical experience in Ann Arbor's tiny homeopathic hospital was seemingly more difficult than was the case for regular students. For example, while vacationing in northern Michigan after his graduation Wood was called to an obstetric case. He attended the birth, though he writes

that, incredibly, it was the first human one he had ever seen. ¹⁴⁵

After obtaining his M.D. Wood sought to improve his education by working for a B.S. at Ohio Wesleyan University. Before he could complete his requirements for that degree, however, he was called back to Ann Arbor to become Assistant in Homeopathic Theory and Practice. This circumstance, as well as Wood's subsequent career, demonstrates the relative ease with which a young doctor in the late nineteenth century--especially if he was an irregular--could rapidly advance in his profession. cursory education and lack of medical training and experience proved surmountable obstacles. For four years during the early 1880s Wood and Alfred Sawyer were partners in practice in Monroe. In 1885, at the age of 24 years and by his own admission largely inexperienced, he was named Professor of Obstetrics and Diseases of Women and Children at a newly expanded Ann Arbor Homeopathic Medical College.

While Wood practiced and taught in Ann Arbor homeopathy had a significant campus following and his patients included several faculty members and their families, including that of the University secretary and treasurer. ¹⁴⁷ Hence, despite homeopathy's degeneration within the Medical Department, it retained influential patrons.

The University of Michigan Homeopathic Medical College:
Aborted Conciliation

Habits of belief are so strong that we often preserve their form long after the substance has departed. This face has much to do in

maintaining a stable membership in schools of medicine as well as in churches and political parties." 148

During the late 1880s and 90s Ann Arbor's two medical schools gradually redefined their relationship and became accommodated to each other's presence. In 1880 the Medical Department voted to exclude homeopathic students from sectional work in the University Hospital and in June 1881 the faculty readily consented to American Medical Association demands that they no longer sign these students' certificates. That policy was strongly reaffirmed five years later.¹⁴⁹ In February 1890 the Department passed a resolution which urged that, in the proposed new hospital, a separation of clinical amphitheaters, wards, receiving rooms and dispensaries "are absolutely essential for the two schools of medicine."¹⁵⁰ However, within five years they decided that all students should be supplied with tickets to the Department clinic.¹⁵¹ The softened attitude was indicative of a new accord emerging between the two faculties.

In 1885 Henry L. Obetz of Columbus, Ohio, who had in 1883 been appointed homeopathic Professor of Surgery, became Dean of the Homeopathic Medical College. The next year the College grew to its largest faculty size of five professorships: theory and practice of medicine and clinical medicine; surgery and clinical surgery; ophthalmology, otology and paedology; materia medica and therapeutics; and obstetrics and gynecology.

Unfortunately for the College controversy with Michigan's homeopathic profession accompanied internal growth. Just as the Medical Department had recently won a drawn-out battle

with the Michigan State Medical Society ostensibly precipitated by the existence of homeopaths in Ann Arbor, strict Hahnemannians in the state now voiced objections to the Homeopathic Medical College mixing homeopathic doctrine with regular medicine. In the face of this less-than-wholehearted support from Michigan's homeopathic practitioners, enrollment at the College dropped in the early 1890s.

During the next decade various medical communities across the nation followed New York State's precedent of regulars and irregulars uniting on matters of common professional interest. In 1893 Dean Obetz took advantage of this changing climate to propose a tentative plan for the amalgamation of the University's two schools. Students would be taught by a merged faculty and graduate as a single class. Vaughan, then dean, and the Medical Department expressed interest and the Board of Regents, seeing a means of eliminating duplication of facilities, eagerly adopted the proposal.

Obetz's own faculty, including James C. Wood, vehemently objected. Both the Michigan homeopathic society and the American Institute of Homeopathy denounced Obetz as a traitor to the sect.¹⁵² Inevitably, the furor spilled over to the state capital. The legislature now reversed its position of twenty years earlier and directed the Regents to relocate the Homeopathic Medical College in Detroit. The Board of Regents had resisted all previous efforts to remove all or a portion of the Department of Medicine and Surgery to Detroit on the grounds that any division of the University constituted a blow to its academic integrity. They now again enunciated this opinion and resisted the legislative directive.

A bill was then pending which would increase University revenues from one-twentieth to one-sixth of a mill on all taxable property in the state. Wood later related that he and another homeopathic professor were summoned to an evening meeting with the Governor in Lansing. The Governor, a homeopathic sympathizer, purportedly suggested that they attempt to attach a rider to the appropriations bill to the effect that "there shall never be less [sic] than five chairs in the Homeopathic Department."¹⁵³ The homeopathic lobby was activated, and this time-tested maneuver again succeeded. The Homeopathic Medical College was granted preserved autonomy, and Obetz's planned amalgamation defeated. Obetz, alienated from his homeopathic colleagues in the College and the state, was forced to resign. Wood himself soon left the damaged College for the Cleveland [Homeopathic] Medical College.¹⁵⁴

This whole unseemly affair convinced Michigan legislators, at the urging of Michigan's homeopathic society, to again pass a law requiring that the Homeopathic Medical College move to Detroit. The pall of uncertainty about the College's future, combined with the probably more significant factor of new, more stringent admission and course requirements of the Medical Department (applicable to the Homeopathic College as well), took a further toll in the number of homeopathic matriculants. From its outset, the University of Michigan Homeopathic Medical College had demanded more from its students than did other sectarian schools. As the College continued to "benefit" from the Medical Department's educational reforms in the 1880s and especially the early 1890s, the gulf with the standards of proprietary homeopathic schools widened. In the progressive regular medical schools, despite apprehensions of Vaughan, William Welch, and others, student enrollments did not significantly diminish. In contrast, the homeopathic college, which drew upon a smaller applicant pool, fared poorly.

The combined effects of internal turmoil, relatively stringent requirements and meager clinical facilities compared with urban schools, left only several homeopathic students in Ann Arbor by the mid-1890s.

The University administration attempted a fresh beginning and requested the immediate resignation of the remaining homeopathic faculty. An exasperated President Angell reported in 1894:

The Regents have tried for nearly twenty years in good faith to administer this college with efficiency, and have always found one of the chief obstacles to success in the hypercritical spirit of certain members of the homeopathic profession. Whether it is possible for the Board to establish a policy and appoint a Faculty, which the homeopathic physicians can unite in approving is a question which in the light of experience is not easy to answer. 155

The installation of a new faculty did not assuage the college's homeopathic critics. In his next annual report the usually conciliatory Angell wrote: "The state has provided most generously for its needs, and the Regents have done and are doing everything in their power to make it useful and successful. If those for whose assistance it was especially organized choose to embarrass rather than to support it, on them rest the responsibility for the consequences." 156

Sectarian Demise

[M]edical sectarians to-day...teach pathology, bacteriology, clinical microscopy. They are thereby committed to the scientific method; for they aim to train the student to ascertain and interpret facts in the accepted scientific

manner. He may even learn his sciences in the same laboratory as the non-sectarian. But scientific method cannot be limited to the first half of medical education. The same method, the same attitude of mind, must consistently permeate the entire process. The sectarian therefore in effect contradicts himself when, having pursued or having agreed to pursue the normal scientific curriculum with his student for two years, he at the beginning of the third year produces a novel principle and requires that thenceforth the student effect a compromise between science and revelation. 157

In the wake of the disruption caused by the aborted attempt of amalgamating the homeopathic and regular University medical schools, in 1895 Wilbert B. Hinsdale was appointed Dean. By all accounts, he was a more congenial personality than Obetz, and from this juncture, as the University's secretary wrote, "the Homeopathic Medical School lived in comparative peace, both outwardly and internally, until in 1922 it ceased to exist." ¹⁵⁸ Throughout these years, while under Vaughan's leadership, the Medical Department was developing a distinguished scientific faculty and expanded clinical facilities, few students attended Michigan's homeopathic school. Angell wrote in 1899: "It is clear that some of the adherents of homeopathy have over-estimated the number of persons who desire to prepare themselves for homeopathic practice." ¹⁵⁹ References to the College's stagnation appear yearly in the Presidential Annual Reports from the first decade of the new century. A representative statement reads:

The homeopathic Medical College is pursuing the even tenor of its way and receiving as large a share of patronage as can perhaps be expected for a school which holds higher standards of attainment for admission

and graduation than most of the Homeopathic schools in the country. It's [sic] students reap the advantages of instruction in most of the scientific laboratories of the Department of Medicine and Surgery. 160

Approximately a century after Hahnemann had revealed his new system, homeopathy's appeal in America was experiencing a dramatic decline. In part, its waning was caused by clinical medicine's changing character and, specifically, its new relationship to the sciences. Whereas homeopathy had arisen when medical practice was grounded in rationalistic speculation, towards the end of the nineteenth century there arose within a brief span of time, radiology, aseptic surgery, prevention and therapy with vaccines, serums, hormones, and vitamins, and a deeper appreciation of microbial etiologies of communicable diseases. To an increasingly scientifically literate and specialized medical audience, the doctrine of similia and the homeopaths "little pills" appeared relics from a more naive time. Numerous homeopaths, especially those engaged in specialty work, practiced medicine nearly indistinguishably from their regular counterparts. Some overtly abandoned a sectarian label and, whereas at homeopathy's birth its ranks were filled with defectors from regular medicine, the movement now reversed.

Economic demands, too, promoted an uneasy alliance between homeopaths and regulars. Earlier in the nineteenth century homeopaths frequently joined with other "irregulars" to break regular medicine's control of medical licensure. The changed circumstances of the 1890s called for a realignment of interests. Newer, less socially and educationally

respectable practitioners who took no M.D.--osteopaths, chiropractors, and Christian Scientists ¹⁶¹--now took up the cause of medical freedom; other practitioners took mail-order medical degrees without ever attending a course of instruction. The demands for increased regulation which mounted from the 1880s then provided a common ground for compliant regulars and homeopaths. Though those New York State regulars who had united with homeopaths in 1882 were rebuffed by the American Medical Association two years later Massachusetts constituted a mixed Medical Examining Board, and in 1891, a New York State medical practice act provided for three separate boards of seven members each chosen from the regular, homeopathic and eclectic professions.

In Michigan no restrictions on medical practice existed until 1883. Any person could advertise himself as a physician or surgeon and could use the term "doctor" or the letters "M.D." ¹⁶² At the 1883 legislative session Representative George Howell, a regular physician, introduced "A Bill to Promote Public Health." A considerably weakened version of this so-called "Howell Medical Act" passed both houses and took effect on September 7. The law contained a grandfather clause which legalized all present practitioners in the state and mandated that any graduate of a legally authorized medical college anywhere in the world could practice medicine in Michigan upon signing an affidavit before the clerk of the county in which he sought to work. As Beverly D. Harison, a spokesman for the Michigan State Medical Society, noted, this unfortunate act ushered in a "Period of Legalized 'Free Trade'." ¹⁶³ An applicant in Saginaw, later called upon to reregister, offered as evidence of his legal registration under the Howell Act a dental diploma with which he had for several years practiced general medicine. When it was

pointed out to him that the diploma was dental and not medical, he reportedly looked dazed and then replied: "It is very funny; I paid for the other kind and supposed I had it." ¹⁶⁴ Rather than successfully regulating practitioners, then, the Howell Act was directly responsible for the proliferation of numerous "diploma mills" in neighboring states, particularly Illinois. Diplomas were simply sold at any price the market would bear.

Both regular and homeopathic physicians angered at this state of affairs ultimately ensured passage of more stringent legislation. In 1899 Harison introduced the Chandler Act, which created a Michigan State Board of Medical Registration composed of ten members appointed by the Governor and confirmed by the State Senate. All Michigan practitioners were required to reregister, and future registration was to be contingent upon passage of an examination or the presentation of a verified diploma and record from a medical school recognized by the Board. A previously registered graduate of a diploma mill, the Independent Medical College of Chicago, applied to the Michigan Supreme Court for a mandamus to prevent the Board from compelling him to reregister. The Court decided in favor of the Board's interpretation of the law, thus opening the way for extensive professional house-cleaning. ¹⁶⁵ Two thousand two hundred practitioners subsequently were purged from the field. In the autumn of 1901 Michigan pioneered the principle of reciprocity of licensure with other states enforcing comparable qualifications. ¹⁶⁶ In September 1903 a Nottingham Medical Act was passed, providing for the examination, rejection, licensure and registry of physicians and surgeons, for punishment of offenders and for relegating standards of premedical and medical education to the Board of Medical Registry.

The passage of effective regulations on medical practice in Michigan and other states occurred contemporaneously with broad-based changes in the American Medical Association and its constituent state and county societies. Their passage was, in fact, facilitated by reorganized medicine's strengthened political influence. Political lobbying was largely directed at controlling the quality of new physicians through improved medical education and by enforcing standards of practice and limiting unfair competition through meaningful licensure. As regular physicians sought to impose professional boundaries upon the chaos of American medical practice, the minority of homeopathic and eclectic M.D. s were as a matter of course, included within the "legitimate" profession. Notwithstanding the continued enmity felt between many regulars and sectarians, new circumstances more easily allowed past divisions to be officially eschewed. In 1888 five states required examinations for licensure; by 1896, the number had grown to 23, 16 of which had single, mixed regular-irregular boards. A license again became the means to facilitate the separation between legitimate and bogus practitioners; homeopaths were frequently identifying themselves to the public merely as doctors. 167

Given organized medicine's financial and political resources and the minority status and doctrinal weakness of homeopathy, only those homeopaths who turned their backs upon Hahnemannian theory were able to be accepted into the regular profession. In 1903 the American Medical Association began this process of absorption by offering membership to recanting sectarian doctors. 168

Joseph N. McCormack, architect of the Association's 1901 reorganization, urged that each county society must decide for

itself the matter of admitting sectarians: "The habits of thought and prejudices of a lifetime can not be overcome in a day," he advised, "even though conditions causing them have largely disappeared. There need be no haste about it, and with the element of time, and an abundance of good temper on all sides, a fair and just consideration of the rights and interests of all concerned can be secured." ¹⁶⁹ Most of these physicians, he cautioned, had become sectarians "by chance, as it were," and attended a sectarian school before they appreciated anything about medical sects and systems. Afterwards their practice had broadened to differ little from that of other M.D.s. ¹⁷⁰ William Osler, perhaps America's most distinguished physician, concurred, announcing to the New York Times: "A difference in drugs should no longer separate men with the same hope. The original quarrel is ours but the homeopaths should not allow themselves to be separated by a shibboleth that is inconsistent with their practice today." ¹⁷¹

Between 1900 and 1906, the American Medical Association, hoping to eradicate newer, more marginal sects, encouraged those states possessing two (regular, homeopathic) or three (regular, homeopathic, eclectic) parallel examining boards to unify the licensure procedure; the system of parallel boards, it was reasonably felt, had a potential to proliferate, thereby offering legitimacy to osteopaths or chiropractors. New York physicians, for example, in the face of the opposition of staunch homeopaths, successfully lobbied for a unified board in 1907. ¹⁷² Nationwide, homeopaths constituted no more than ten percent of physicians. ¹⁷³

In the national arena the campaign against homeopathy as a separate system was carried by George H. Simmons, the A.M.A. General Secretary (1899-1911) and later General Manager and

Editor of the A.M.A.'s Journal (1899-1924). Simmons appointed the committee chaired by McCormack--Simmons served as Secretary--that outlined the policies for the Association's important 1901 reorganization; under his editorship, the Journal of the American Medical Association (established 1883) was fashioned into an effective tool for initiating and promoting progress in medical education, and for promoting medical science. In 1901 JAMA began the annual publication of information concerning American medical schools, including sectarian ones, and in 1903, it commenced publication of the results of examinations of graduates in medicine for licensure by state examining boards. 174

Simmons, a fascinating character in American medical history, was born in England but emigrated to the United States at eighteen years of age. At first he studied at an Iowa college and then at the University of Nebraska and worked as a journalist and editor. In 1882 he took an M.D. from the Hahnemann Medical College of Chicago. After several years engaged in practice as a homeopathic obstetrician in Lincoln, Nebraska, in the late 1880s, he underwent a change of heart about either the prospects of homeopathic practice or the validity of that doctrine. He returned to Chicago and received a second M.D. from Rush Medical College in 1892. Armed, ironically, with degrees from institutions memorializing two great, and oppositional, therapists of a previous generation, the ambitious and talented Simmons rapidly rose in the ranks of the Nebraska and then national medical organization. This most notable of reformed homeopaths used JAMA, America's major medical journalistic forum, to carry out a battle against homeopathy.

When a homeopathic professor at the University of Michigan objected to the process by which recanting homeopaths would be allowed into Michigan county medical societies and thence into the Michigan State Medical Society and the A.M.A., Simmons editorialized:

[Homeopathy] has flourished on its soi disant reputation of being a 'new school', and inferredly a broader, better and more liberal body of practitioners than the 'old school', whose alleged persecutions have been its best capital. The sudden wiping out of this stock in trade is naturally a blow to the invested interests of homeopathy--hence these tears. 175

He offered the "olive branch" to willing homeopaths, and charged that only the vested financial interests of irregular schools and journals permitted the continuation of ~~sectarianism~~ sectarianism.

In similar circumstances, in Michigan Walter H. Sawyer of Hillsdale, an 1884 graduate of the University of Michigan Homeopathic Medical College and later a house officer at the Ann Arbor Homeopathic Hospital, eventually could become fully identified with the regular profession. 176 Sawyer was, in fact, elected President of the Michigan State Medical Society in 1912. (He also served as a University Regent from 1906 until his death in 1931.)

An ex-President of Michigan's Homeopathic Medical Society, invited to address the Wayne County Medical Society in April 1908, spoke in conciliatory tones about the mutual ideals of regulars and homeopaths and their changed relations "which are making a chapter in the history of medicine." 177 The speaker noted: "I take it that we have gathered together tonight to consider this well established line of cleavage in the medical profession--to look at it fairly and

dispassionately and to determine so far as we may, for ourselves, whether it must continue to exist." ¹⁷⁸ Little more than a century earlier, he declared, the moment was ripe for the promulgation of any theory which promised to simplify and render more logical therapeutics.

Although Hahnemann's theory was the outcome of patient and laborious study, to secure a following it was not necessary that a theory be based upon rigorous experimentation. "It was natural that his immediate followers should have accepted his propositions on faith, but it is a serious criticism on his later adherents that they have continued to accept these propositions as a matter of doctrine without subjecting them to the most careful examination by modern methods of scientific study." ¹⁷⁹ The bitter, personal controversy, the speaker retold, that pertained between Hahnemann and his colleagues as time went on, given the nature of human conflicts, grew more bitter. Hahnemann's followers were compelled by circumstances to look to each other for fellowship. It was only a step from this to an organized school of medicine, which once having come into existence, found abundant reason for its continuance. There were "extraneous" reasons for homeopathy's separate existence, the speaker noted, but it does not follow that in medicine a theory necessitates a school to foster or develop it. His conclusion, couched in the new language of Progressive Era social analysis, was: "It seems to me that perpetuation of medical schools has often depended upon incidental sociological factors, I mean factors arising from the incidental attributes of organized communities; attributes which have no essential connection with the principles upon which the communities were founded." ¹⁸⁰

He suggested that members of both bodies must ask themselves whether it is worthwhile to perpetuate the feud, whether the original causes for quarrel yet existed. After all, it would be easier to conceive of some kind of a "law of similars" after the discoveries of ionization, physiological effects of minute quantities of certain metals and salts, and opsonization, and homeopathic principles should be subjected to scientific evaluation. In his view the entire medical profession had tended to adopt single remedies and avoid heroic dosages while the percentage of homeopaths who practiced as strict Hahnemannians had declined. The ex-homeopathic society president suggested to his audience that the medical profession is a body of persons who, having received a medical education, share the purpose of healing the sick and advancing medical science and art. "Should we not say to one who applies for admission to the profession, 'What are your ideals?' rather than 'What are your doctrines?' " 181

At their following November first meeting, the membership of the Wayne County Medical Society voted to amend their constitution so that every physician residing and practicing in the county would be eligible for membership. JAMA announced: "Here is evidence that we are progressing toward that dignified and unified profession which shall come when gross errors are eliminated and the truth prevails." 182

In 1900 there were twenty-two American homeopathic medical colleges; by 1910 only fifteen remained. 183 During this decade the A.M.A.'s Council on Medical Education had decided to report and make its judgements known on all educational institutions, including those nominally homeopathic, eclectic, botanical and naturopathic, which awarded the M.D. degree.

The famous "Flexner Report" of 1910, culminating this decade of American Medical Association reformist activity, hastened the sects' already apparent decline.

Abraham Flexner was an eloquent spokesman for the Johns Hopkins model of scientific medicine. "Prior to the placing of medicine on a scientific basis, sectarianism was, of course, inevitable", he wrote. "Allopathy was just as sectarian as homeopathy. Indeed, homeopathy was the inevitable retort to allopathy."¹⁸⁹ He prepared perhaps the most forceful, persuasive indictment of homeopathy since the speeches of Oliver Wendell Holmes: "The ebbing vitality of homeopathic schools is a striking demonstration of the incompatibility of science and dogma...[O]ne cannot travel half the road under the former banner, in the hope of taking up the latter, too, at the middle of the march. Science, once embraced, will conquer the whole."¹⁸⁵ Homeopaths acknowledged the existence of "the scientific position", he observed, but had taken no part in scientific development. Nowhere in their institutions, "with the exception of one or two departments at Boston University", was there any evidence of progressive scientific work. "Even 'drug proving' is rarely witnessed."¹⁸⁶ Flexner's report had the effect of dispelling the complacency into which American medical education had lapsed and of dooming numerous marginal institutions. Weaker colleges were eventually forced to merge or dissolve; several sectarian colleges gave up claims to any exclusive system.

Ann Arbor's homeopathic college was relatively insulated from the effects of the Flexner Report by virtue of its state endowment. However, in the early twentieth century as relatively and absolutely fewer medical students chose to follow a sectarian path, the duplication of clinical facilities

and clinical staffs in the University became subject of government scrutiny. Such expensive duplication had not been stipulated by the original act compelling the University to hire two homeopathic professors. It rather had resulted from the exigencies of maintaining parallel, unharmonious clinical faculties. Whereas regular medicine was highly organized and politically powerful in the early century, Michigan's homeopaths were not, and had suffered numerous defections to the Michigan State Medical Society. Efficiency was a clarion call of Progressive Era politicians; and increasingly, the homeopathic cause was dependent on a small number of influential citizens.

In 1901 the University of Minnesota Board of Regents voted to abolish its homeopathic department. Higher entrance requirements--two years of college education--had decreased enrollment to the point where only three students remained in attendance. Electives in homeopathic materia medica and therapeutics continued to be offered for several more years on the condition that students taking them receive a degree of Doctor of Medicine in Homeopathy. JAMA applauded the merger and advised: "The logic of the situation as applied to Michigan is unmistakable. For years the most expensive state institution per capita benefitted directly, has been the Homeopathic School at Ann Arbor. The first two years of study are already identical. Economy and force would both be conserved by merging the two departments." 187

Abraham Flexner proposed that Iowa adopt Minnesota's consolidation plan. That University's homeopathic hospital in Iowa City was wholly inadequate, and the Professor of Materia Medica and Therapeutics, who additionally was Dean, resided in Des Moines, while the Professor of Theory and Practice lived

in Davenport. ¹⁸⁸ In 1919 Iowa finally implemented the plan. One year earlier, Boston University's medical school, one of the leading homeopathic institutions, had requested that the American Medical Association remove from its name the distinction "Homeopathic".

The University of Michigan Homeopathic Medical College, an expensive operation and perhaps embarrassment to University authorities, lingered on due to bureaucratic inertia. In July 1920 at the end of a quarter century of service, Dean Hinsdale submitted his resignation to the University President, Burton. When Burton discovered that "it proved impossible to find available anyone whose training and experience fitted him for the deanship", he pleaded with Hinsdale to continue in office. ¹⁸⁹

The combined difficulties of staffing the College and the total homeopathic enrollment of 47 students spread among four classes hardly seemed to justify the continued operation of a separate hospital. On March 9, 1921, the Michigan State Senate adopted a consolidation act and removed the restriction on the state mill tax which stipulated that all University departments must be maintained as they were presently constituted. The Board of Regents immediately complied with the new law. At the conclusion of their meeting the School of Medicine's new dean, Hugh Cabot, addressed the fears of the College's alumni and supporters:

... It is but reasonable to suppose that a consolidation in which the distinctive teaching of Homeopathy is recognized by the establishment of chairs of materia medica and therapeutics, does not spell annihilation. Whatever of truth is in Homeopathy will be perpetuated. Truth

cannot be killed, and those who fear annihilation will follow consolidation may be suspected of doubting that there is in fact fundamental truth in the doctrine of Homeopathy. It cannot be denied that the support by the State from taxes of two schools which duplicate the great departments of medicine, surgery, obstetrics, gynecology, ophthalmology, otolaryngology and other clinical subjects, is an expenditure of funds difficult to justify. 190

Extravagance," Cabot proclaimed, "is a luxury which the state cannot afford." 191 Despite veiled assurances, Cabot no doubt, like the defenders of homeopathy, knew that the sect could not survive without an institutional framework. As one homeopathic supporter later bitterly observed, "the dose which [Cabot] administered to the homeopathic school through this consolidation was far from a homeopathic one." 192

The Homeopathic Medical College closed in the summer of 1922. At this same time the Ohio legislature dissolved its seven year old Ohio State University homeopathic college and made no provisions for homeopathic electives. So ended the American experiment in state university sectarian medical education. 193

Homeopathy in Michigan had not acquiesced without a struggle. Dean Hinsdale and such College alumni as James C. Wood and Royal S. Copeland, then New York City Health Commissioner, vainly labored against the merger. Hinsdale had appealed to an old friend H.B. Biggar, a Cleveland homeopath who was personal physician to John D. Rockefeller, Sr., and his family. He hoped that Rockefeller would

appropriate General Education Board funds to save his College. ¹⁹¹ This last desperate and futile effort to save homeopathic education is ironic, since medical education's private benefactors like Rockefeller and Samuel Carnegie encourage only those institutions which received A.M.A. and Flexner Report approval. The Flexner Report had been funded by the Carnegie Foundation; Rockefeller's General Education Board was administered by none other than Abraham Flexner, sectarians' nemesis.

Within two years of the dissolution of the University of Michigan Homeopathic Medical College, the last four homeopathic professors quite the University. James Wood lamented that, "homeopathy on the campus became for all practical purposes as dead as the first Ramses." ¹⁹⁵ A decade later Hahnemann Medical College of Philadelphia, the last of the homeopathic medical schools, dropped its sectarian label.

Immediately following the Flexner Report publication in 1910, Henry Pritchett, President of the Carnegie Foundation, had complained that, "It is a very common thing to find the young candidate for medicine more concerned over the question whether he shall be allopath, homeopath, eclectic, or osteopath than to find him seriously inquiring as to the nature of the instruction he is to seek." ¹⁹⁶ A decade later, as the University of Michigan Homeopathic Medical College prepared to close, a distinguished alumnus of Michigan's regular school, William J. Mayo, could declare: "today homeopathy is a part of regular medicine." ¹⁹⁷ And in a dozen years, following the closing of the University of Michigan Homeopathic Medical College, a Massachusetts physician could report: "In recent times the forsaking of the extreme views of Hahnemann and the improvement in the standards of

medical education have removed the stigma attached to the early practitioners of homeopathy and they have become regular." 198

Notes:

1. Hahnemann (1843), pp. 18-19.
2. Brown's biographer, Thomas Beddoes, recounted: "One of Brown's pupils informs me that when he found himself languid, he sometimes placed a bottle of whisky in one hand, and a phial of laudanum on the other; and that, before he began his lecture, he would take forty or fifty drops of laudanum in a glass of whisky, repeating the doses four or five times during the lecture. Between the effects of these stimulants and voluntary exertion, he soon waxed warm, and by degrees his imagination was exalted into phrenzy." (Beddoes (1795)).
3. See Risse (1970); Neubauer (1969); Lenoir (1980).
4. Garrison (1929), p. 314.
5. Ackerknecht (1973), p. 80.
6. Ibid.
7. Ibid.
8. Ackerknecht (1967).
9. Rosenberg (1979), p. 4.
10. Furthermore, only in the 1890s did digitalis become used as a specific in certain heart diseases: Ackerknecht (1973), p. 115.
11. See Rosenberg (1979), p. 8.
12. Ibid., p. 10. However, one might differ with his assessment on present-day therapy: "In a sense, almost all drugs now act as placebos, for with the exception of certain classes of drugs, such as diuretics, the patient experiences no perceptible physiological effect" (p. 21). Those various injections or inhalants which break an asthmatic attack, anticonvulsants, or even the effect of antibiotics in instances of sepsis are a few examples which can be offered to the contrary.
13. Pitcher (1852), p. 506.
14. Ibid., p. 507.
15. Ibid., p. 520.
16. Palmer (1890), pp. 27-28.
17. Warner (1977-78), p. 324.
18. On the biological and medical speculations of German Natur-

philosophie and philosophical idealism that served as background to Hahnemann's theories and which he shared with, for example, German Borwnians, see: von Brunn (1964).

19. Hahnemann (1843), p. 26n.
20. Ibid., p. 27n.
21. Ibid., p. 25n.
22. Holmes (1842), p. 28.
23. Ibid., p. 72.
24. See Hahnemann (1843), pp. 45-77.
25. Ibid., p. 62. By analogy, present day treatment of children with attention deficit disorders (hyperactivity) with amphetamines would be a prima facie hœopathic treatment.
26. Ibid., p. 80.
27. Ibid., p. 89.
28. For example, ibid., p. 201.
29. Ibid., p. 192.
30. Ibid., p. 19.
31. Ibid., p. 21.
32. Ibid., p. 23.
33. Ibid., pp. 15-16n. Hahnemann claimed that one can cure the most violent pleuritic fever within twenty four hours with a globe of sugar impregnated with the juice of aconite in the decillionth dilution.
34. Constantine Hering, Monthly Homœopathic Review, 1879, 23: 196; quoted in Coulter (1973), p. 24.
35. Hahnemann (1843), p. 17.
36. Ibid., pp. 22-23n.
37. Shryock (1969).
38. Hooker et al (1851), pp. 428-429.
39. For example, Heller (1978).
40. On American attempts at medical licensure between the 1780s and 1850s see Kett (1968), pp. 14-30.

41. Ibid., p. 70.
42. On Thomsonianism see, e.g., ibid., pp. 100-131. Later, the sect was succeeded by proprietary school trained "Neo-thomsonian" physicians.
43. Ibid., p. 131.
44. Ibid., p. 22.
45. Ibid., p. 105.
46. On the early history of the homeopathic movement in America see Coulter (1973), pp. 101-126.
47. Hering, in "Preface" to American edition to Hahnemann (1843), p. xv.
48. Higham (1979), p. 8.
49. Hering, in "Preface" to American edition to Hahnemann (1843), p. xii.
50. See Coulter (1973), p. 103. This prodigious, partisan study of homeopathy is the work of an historian-believer.
51. Eventually, Hering devised a variant of mainstream homeopathy, "isopathy," the basic principle of which was that the proper treatment of a disease was the very products of that disease. Variolation and perhaps vaccination offer two examples; Hering also prescribed tapeworm heads for tapeworm sufferers and the administration of gonorrhoeal pus for cases of gonorrhoea.
52. Duffy (1976), p. 115.
53. Rosenberg (1962), p. 157.
54. For example, Joslin (1849): the author, an allopath who adopted homeopathy during the cholera epidemics of 1832 and '34, offered the following injunction to the potentially faithful: "if any one should fail in some of his first attempts at Homeopathic treatment, in any curable malady, the fault ~~was~~ would not be in the law, but in its administration. Let him not impute to Homeopathy the results of his own ignorance, indolence or haste" (p. 7). Homeopathic treatment for cholera typically consisted of the administration of camphor, copper, veratrum and several other preparations.
55. Ibid., p. 32.
56. See Ackerknecht (1973).
57. Ackerknecht (1973), p. 106.
58. Ibid., p. 109; Warner (1977-78), p. 298.

59. Warner (1977-78), p. 298.
60. See Coulter (1973), quotation on p. 114.
61. For testimonials by clergymen for homeopathy see ibid., pp. 110-112; Palmer (1882), p. viii.
62. Hahnemann (1843), p. 210.
63. See Kett (1968), pp. 139-155.
64. Ibid., p. 154; King (1905), I, 220.
65. See Coulter (1973), p. 114, citing Trans. A. I. H., 1869, 22346.
66. Exerpts are provided in ibid., pp. 115-118.
67. Ibid., quoting Peninsula J. Med., 1875, 11: 186.
68. Shryock (1969), p. 120: "This is apparent when one reads the better journals of the time, with their insistence on confirmation of theories as well as of facts, and with their dawning distrust of 'experience,' that is, of one man's personal findings. Many American as well as European authors cited the physical sciences and Comte's positive philosophy as inspiring their objective outlook. They were aware that biology (including medicine) was, as Charles Gillispie puts it, at last becoming assimilated 'to the objective posture of physics.'"
69. Ibid., p. 121
70. Worthington Hooker, The Present Attitude and Tendencies of the Medical Profession (New Haven, 1852), p. 15, quoted in Kett (1968), p. 161.
71. McSherry (1869), p. 93.
72. Metcalf (1909), p. 400.
73. See Duffy (1976), pp. 181-182 for a typical, harsh criticism by Daniel Drake on the nature of American doctors.
74. American Medical Association (1848), p. 242.
75. Kett (1968), p. 69.
76. Rosenberg (1962), p. 155.
77. Pitcher (1857), p. 54.
78. Ibid., p. 53.

79. Chapman (1848), p. 7.
80. American Medical Association (1847), p. 100.
81. Duffy (1976), p. 118.
82. Rosenberg (1962), p. 224n.
83. Burr, in Burr et al (1930), II, 14.
84. Quoted in Burrage (1923), pp. 425-426, 97.
85. Ibid., p. 427, p. 127.
86. Ibid., pp. 127-128; Burrow (1963), pp. 5-6.
87. Hooker et al (1851), p. 430.
88. Ibid.
89. Ibid., p. 429.
90. Ibid., p. 431.
91. Smith (1954), p. 103.
92. Bradford (1905), p. 322.
93. Burr et al (1930), I, 629.
94. Rosenberg (1962), p. 155.
95. On the history of homeopathy at the University of Michigan see: Adams (1876), pp. 38-42; Shaw (1920), pp. 167-169; Burr et al (1930); Bradford (1905); W. Hinsdale (1905) in King (1905), III, 87-117; B. Hinsdale (1906), pp. 138-145; Vaughan (1926), pp. 103-107; relevant pages in Shaw (1941-52); Kaufman (1971).
96. Trans. A. M. A., 1849, 2: 326-332.
97. See, e.g., Perry (1954); Shaw (1920), p. 44; Shaw (1951), V, 1004.
98. Trans. A. M. A., 1855, 8: 55; also Fishbein (1947), p. 62.
99. Michigan, 1856, 4: 98-106; also see Burr et al (1930), I, 8-9.
100. Haven was incumbent between Tappan and Angell; see Doolen (1964), p. 54.
101. Also known as the Western College of Homeopathic Medicine.

Sawyer also attended the medical department of New York University in the winter of 1856-57.

102. Burr (1930), p. 67.

103. See Shaw (1951), p. 1004; Burr (1930), p. 68.

104. Later increased to one sixth mill in 1893, one quarter in 1899 and three eighths in 1907: see Shaw (1920), p. 59.

105. Michigan, Senate, 1867, I, 562.

106. Haven, Annual Report 1867, quoted in Burr et al (1930), II, 9.

107. Adams (1876), pp. 6-7.

108. Michigan, 1868, 17: 160-197.

109. Michigan, Senate, 1869, I, 216-221 reproduce the petitions.

110. Quoted in Burr (1930), p. 67.

111. Ingersoll (1869), p. 1241.

112. Ibid., p. 1242.

113. Ibid., p. 1244.

114. Ibid., p. 1245.

115. Ibid.

116. Michigan, 1869, 18: 468-483.

117. See Shaw (1951), p. 1006.

118. Previously, in 1871, a proprietary Central Michigan Homeopathic Institute had been established in Lansing; it closed after a single session. In 1872 a homeopathic college was founded in Detroit and continued in operation for four years: Bradford (1905), p. 322.

119. He was a humanist and avid bibliophile. Upon his death he bequeathed his extensive collection of the works of Carlyle to the Library.

120. B. Hinsdale (1906), p. 107.

121. H. S. McMaster to Regent C. Rynd, M.D., 14 March 1879, in MUMS Box 72 folder: "two letters from State Eclectic Medical and

Surgical Society of Michigan concerning Medical School, 1879." Rynd was a regular physician who had prepared the 1875 compromise plan for the two medical schools. On the vicissitudes of Eclectic medical education in the Midwest during this period see Numbers (1973).

122. Palmer (1882), p. 294.

123. Burr (1930), II, 10; also see pp. 6-20, 55-70. Burr, who joined the Michigan State Medical Society in 1878 at the height of the controversy recalled that he "felt a degree of security from having graduated in the East, not unmixed with trepidation lest my record of one term attendance at the University (of Michigan) medical school might be invoked to prevent favorable consideration of my application for membership" (p. 10).

124. Ibid., p. 15.

125. Ibid., p. 16.

126. Ibid., p.16.

127. See exchange of letters in ibid., p. 17.

128. Ibid., pp. 10-11, quoting from Michigan Medical News.

129. Cited in ibid., p. 18. Brodie was President of the Wayne County Medical Society from (except for two years) 1876 to 1890, President of the Michigan State Medical Society in 1876, A.M.A. national secretary in 1857 and President in 1886. He also taught at the Michigan College of Medicine and its successor, the Dettroit College of Medicine.

130. See Kaufman (1971), pp. 104-107. The severity of A.M.A. sanctions at this time as well as a glimpse of the professional relations between regulars and sectarians are presented in Howells' romantic novel, Dr. Breen's Practice (1882); the heroine, Grace Breen, is a graduate of the "New York homeopathic school" who becomes romantically involved with a regular colleague.

131. Cited in Dunster (1879), p.239; Fishbein (1947), p. 96.

132. Dunster (1879).

133. See Trans. Med. Soc. N. Y., 1882, 50.

134. Coulter (1973), p. 313.

135. Ibid., p. 328.

136. Documented in ibid., pp. 328-401.

137. Ibid., p. 314, quoting An Ethical Symposium (1883), p. 19.

138. Palmer (1882), p. 312; also see homeopathic response: Dowling (1882).

139. Board of Regents, H.R. Report, Michigan, 1879, p. 134.
140. Wood (1942), esp. pp. 118-148.
141. Ibid., p. 106; also see pp. 107-110.
142. Ibid., p. 110.
143. Ibid.
144. Ibid., p. 132.
145. Ibid., p. 149.
146. Several years later Wood left Ann Arbor for Cleveland, where he eventually became a successful obstetrician, surgeon and medical school teacher. In 1901 he was elected President of the American Institute of Homeopathy, his sect's highest recognition.
147. Wood (1942), p. 191.
148. Wilson (1908), p. 195. Wilson was Ex-President of the Homeopathic Medical Society of the State of Michigan.
149. MUMS, Box 71, Med. Sch. Faculty Minutes 1878-1891. 8 December 1880 (p. 104) and 27 June 1881 (p. 118); 25 March 1886.
150. Ibid., 11 February 1890.
151. Ibid., 25 January 1895 (p. 150).
152. Wood (1942), p. 257.
153. Ibid., p. 257.
154. Ibid., p. 181: Wood, writing amid the war fervor of 1941 insisted: "He (Obetz) was a man of much natural ability, exceedingly practical in his technique, but not a student. Had he been he could have gone far in his chosen specialty. Of Teutonic ancestry, he was of the Hitler type -- short, stocky, and domineering. His policy... was 'rule or ruin.'"
155. Univ. Mich. Pres. Rep., 1894, p. 19.
156. Ibid., 1895, p. 17.
157. Flexner (1910), p. 157.
158. Smith (1954), p. 103.
159. Univ. Mich. Pres. Rep., 1899, p. 11.

160. Ibid.
161. Andrew T. Still established his American School of Osteopathy in Kirksville, Missouri in 1892; Daniel D. Palmer of Davenport, Iowa founded chiropractic in 1895.
162. Burr et al (1930), I, 460.
163. Harison (1905).
164. Ibid., p. 351.
165. Ibid., p. 352.
166. See ibid., pp. 358-363.
167. Kaufman (1971), p. 167.
168. See ibid., pp. 125-155; Coulter (1973), e.g., p. 439 presents data that indicate that in contrast to the regular profession at this time, homeopaths tended to be economically more secure as individuals but their organizations were poor and weak.
169. McCormack (1903), p. 736.
170. Ibid. He remarked (p. 737): "In this connection it may be said that two inquiries have been received as to osteopaths. This is a passing fad which has about settled itself. They do not claim to be physicians and should not be so considered anywhere."
171. Quoted in Kaufman (1971); Osler, N. Y. Times, 28 April 1 1905, p. 6.
172. See ibid., pp. 161-162.
173. This is the figure frequently offered by independent sources; e.g., Bradford (1905), p. 326. Michigan's homeopathic profession had additionally stagnated. Despite dramatic population growth, in 1896 there were only 460 homeopaths practicing in the state; by 1904 their numbers had barely risen to 501.
174. See Anon (Simmons) (1937).
175. (Simmons) (1903), p. 250.
176. See Smith (1954), pp. 104-105.
177. Wilson (1908), p. 191.
178. Ibid., p. 192.
179. Ibid., pp. 192-193.

180. Ibid., p. 194.
181. Ibid., p. 198.
182. Editorial (1908).
183. Flexner (1910), p. 161.
184. Ibid., p. 156.
185. Ibid., p. 161.
186. Ibid., p. 154. Flexner discovered that among the "complete" homeopathic schools -- viz., those in contrast to homeopathic departments appended to regular schools -- only Boston University, New York Homeopathic Medical College and Hahnemann Medical College of Philadelphia possessed the requisite equipment for routine scientific teaching; and none of these latter institutions employed full-time instructors "to any considerable extent."
187. Editorial (1909).
188. Flexner (1910), p. 225. One should consider, however, that among the faculty of the State University of Iowa College of Medicine at this time the Professor of Surgery lived and practiced in Souix City and the Professor of Gynecology, also Dean, lived in Dubuque.
189. Univ. Mich. Pres. Rep., 1920-21, p. 158. Several years earlier, Rosenstein, Professor of Pathology and Therapeutics at the University of Leyden had retired. The government decided to give the chair to a homeopath, despite faculty opposition. Only when a committee of two homeopaths was unable to find a Hollander with suitable credentials for a university professorship, was the chair given to a young regular physician: see Anon. (1904).
190. Cabot (1921-22).
191. Ibid.
192. Novy Coll., Novy Scrapbook, p. 145: clipping from the Washtenaw Tribune, 7 February, 1930.
193. For a review of this episode in American medical education see Editorial (1922) which, however, contains several factual errors.
194. Burton Coll., Box 6: W. B. Hinsdale to M. L. Burton, 10 September 1921.
195. Wood (1942), p. 257; also see "Homeopathic Merger," Mich. Alumnus, p. 329.

196. Pritchett (1910), p. 274.

197. JAMA, 1921, 76: 923, quoted in Shryock (1969).

198. Burrage (1923), p. 128. The medical literature of the 1920s is replete with comparable statements, e.g., that of University of Michigan Medical School graduate William J. Mayo: "today homeopathy is a part of regular medicine."

Bibliography:

- Ackerknecht (1967): Ackerknecht, Erwin H., A plea for a "behaviorist" approach in writing the history of medicine, J. Hist. Med., 1967, 22: 211-214.
- Ackerknecht (1973): Ackerknecht, Erwin H., Therapeutics: From the Primitives to the Twentieth Century, New York: Hafner Press, 1973.
- Adams (1876): Adams, Charles Kendall, Historical Sketch of the University of Michigan, Ann Arbor: Published by the University, 1876.
- American Medical Association (1847): (American Medical Association), Proceedings of the National Medical Conventions, Held in New York, May, 1846, and in Philadelphia, May, 1847, Philadelphia: Printed for the American Medical Association, 1847.
- American Medical Association (1848): American Medical Association, Report of the Committee on Education, Trans. A.M.A., 1848, 1: 235-247.
- Anonymous (1904), Anon., Homeopathy given a chance in the Leyden Medical Faculty, JAMA, 1904, 42: 548.
- Anonymous (1937), Anon., George H. Simmons, JAMA, 1937, 109: 807-808.
- Beddoes (1795), Brown, John, The Elements of Medicine, translated by Brown. A New Edition, Revised and Corrected with A Biographical Preface by Thomas Beddoes, 2 vols., London: J. Johnson 1795.
- Bradford (1905), Bradford, Thomas Lindsley, Homeopathy in Michigan, pp. 322-333 in King (1905).
- Burr et al (1930), Medical History of Michigan, 2 vols., compiled and edited by a Committee, C. B. Burr chairman, published under auspices of the Michigan State Medical Society, Minneapolis and Saint Paul: Bruce Publishing Co., 1930.
- Burrage (1923), Burrage, Walter L., A History of the Massachusetts Medical Society with Brief Biographies of the Founders and Chief Officers 1781-1922, privately printed, 1923.
- Burrow (1963), Burrow, James G., AMA: Voice of American Medicine (Baltimore): Johns Hopkins Press, 1963.
- Cabot (1921-22), The homeopathic merger, Mich. Alumnus, 1921-22, 28: 328-329, including A statement by Dean Cabot of the Medical School, pp. 328-329.

- Chapman (1848), Chapman, Minutes of the First Annual Meeting of the American Medical Association, Trans. A.M.A., 1848, 1: 7.
- Coulter (1973), Coulter, Harris Livermore, Divided Legacy: A History of the Schism in Medical Thought, vol. 2, Washington, D.C.: Weehauken Press, 1973.
- Doolen (1964), Doolen, Richard M., The founding of the University of Michigan Hospital: an innovation in medical education, J. Med. Educ., 1964, 39: 50-57.
- Dowling (1882), Dowling, J.W., Old-school medicine and homeopathy, North American Review, 1882, 134: 578-599.
- Duffy (1976), Duffy, John, The Healers: The Rise of the Medical Establishment, New York: McGraw-Hill, 1976.
- Dunster (1879), Dunster, Edward S., An argument made before the American Medical Association at Atlanta, Ga., May 7, 1879, against the proposed amendment to the Code of Ethics restricting the teaching of students of irregular or exclusive systems of medicine, Physician & Surgeon, 1879, 1: 237-256.
- Editorial (1908), Editorial, The county society broadens, Detroit Med. J., 1908, 8: 410.
- Editorial (1909), Editorial, Homeopathy and the State University, Detroit Med. J., 1909, 9: 305.
- Editorial (1922), Editorial, State universities and homeopathy, JAMA, 1922, 79: 664.
- Fishbein (1947), Fishbein, Morris, A History of the American Medical Association 1847 to 1947, Philadelphia & London: W. B. Saunders Co., 1947.
- Flexner (1910), Flexner, Abraham, Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching, Bulletin Number Four (1910), reprinted 1960.
- Garrison (1929), Garrison, Fielding H., A History of Medicine, fourth edition reprinted, Philadelphia & London: W. B. Saunders Co., 1929.
- Hahnemann (1843), Hahnemann, Samuel, Organon of Homoeopathic Medicine, second American edition, New York: William Radde, 1843.
- Harison (1905), Harison, B. D., The past and present status of the medical profession in Michigan, J. Mich. State Med. Soc., 1905, 4: 349-368.

- Higham (1979): Higham, John, The Matrix of knowledge, in Alexandra Oleson and John Voss (eds.), The Organization of Knowledge in Modern America, 1860-1920, Baltimore and London: Johns Hopkins University Press, 1979.
- B. Hinsdale (1906): Hinsdale, Burke A., History of the University of Michigan, with Biographical Sketches of Regents and Members of the University Senate, edited by Isaac N. Demmon, Ann Arbor: Published by the University, 1906.
- W. Hinsdale (1905): Hinsdale, Wilbert B., Homoeopathic Medical College of the University of Michigan, pp. 87-117 in King (1905), III.
- Holmes (1842): Holmes, Oliver Wendell, Homoeopathy, and its Kindred Delusions; Two Lectures Delivered Before the Boston Society for the Diffusion of Useful Knowledge, Boston: William D. Ticknor, 1842.
- Hooker et al (1851): Hooker, W., T. W. Blatchford, J. R. Wood, N. S. Davis, (Report of the Committee on Medical Education), Trans. A.M.A., 1851, 4: 409-441.
- Howells (1882): Howells, William D., Doctor Breen's Practice, Boston: James R. Osgood and Co., 1882 (first published 1881).
- Ingersoll (1869): Ingersoll, John N., J. House Representatives State of Michigan, 1869, 1869, 3: 1240-1246.
- Kaufman (1971): Kaufman, Martin, Homeopathy in America: The Rise and Fall of a Medical Heresy, Baltimore and London: Johns Hopkins Press, 1971.
- King (1905): King, William Harvey (editor), History of Homeopathy and its Institutions in America, New York and Chicago: The Lewis Publishing Company, 1905.
- Joslin (1849): Joslin, B. F., Causes and Homoeopathic Treatment of the Cholera; Including Repertories for This Disease, and for Vomiting, Diarrhoea, Cholera Infantum and Dysentery, New York: Wm. Radde, 1849.
- Kett (1968), Kett, Joseph F., The Formation of the American Medical Profession: The Role of Institutions, 1780-1860, New Haven and London: Yale University Press, 1968.
- Lenoir (1980): Lenoir, Timothy, Kant, Blumenbach, and vital materialism in German biology, Isis, 1980, 71: 77-108.
- McCormack (1903): M'Cormack (sic), J. N., Medical organization methods and benefits, JAMA, 1903, 41: 568-569, 623, 675-677, 736-739.

- McSherry (1869): McSherry, Richard, Essays and Lectures..., Baltimore: Kelly, Piet & Company, 1869.
- Metcalf (1909): Metcalf, Wm. F., The business end of medicine, Detroit Med. J., 1909, 9: 393-401.
- Neubauer (1969): Neubauer, John, Novalis und die Ursprünge der romantischen Bewegung in der Medizin, Sudhoffs Arch., 1969-70, 53: 160-170.
- Numbers (1973): Numbers, Ronald L., The making of an Eclectic physician: Joseph M. McElhinney and the Eclectic Medical Institute of Cincinnati, Bull. Hist. Med., 1973, 47: 155-166.
- Palmer (1882): Palmer, A. B. , The fallacies of homeopathy, North American Review, 1882, 134: 293-314.
- Palmer (1890): (Mrs. A. B. Palmer), Memorial of Alonzo Benjamin Palmer, Cambridge (Mass.): Riverside Press, 1890.
- Pitcher (1852): Pitcher, Zina, (Report to Committee on the epidemics of Ohio, Indiana, and Michigan of the American Medical Association), Trans. A.M.A., 1852, 5: 503-530.
- Pitcher (1857): (Pitcher, Zina), Address of Zina Pitcher, President of the Association, Trans. A.M.A., 1857, 10: 49-62.
- Pritchett (1910): Pritchett, Henry S., How to study medicine, The Outlook, 1910, 96: 272-275.
- Risse (1970): Risse, Guenter B., The Brownian system of medicine: its theoretical and practical implications, Clio Med., 1970, 5: 45-51.
- Rosenberg (1962): Rosenberg, Charles E., The Cholera Years: The United States in 1832, 1849 and 1866, Chicago and London: University of Chicago Press, 1962.
- Rosenberg (1979), Rosenberg, Charles E., The therapeutic revolution: medicine, meaning, and social change in nineteenth-century America, pp. 3-25 in Morris J. Vogel and Charles E. Rosenberg (editors), The Therapeutic Revolution: Essays in the Social History of American Medicine, (Philadelphia): University of Pennsylvania Press, 1979.
- Shaw (1920): Shaw, Wilfred, The University of Michigan, New York: Harcourt, Brace and Howe, 1920.
- Shaw (1941, 1951), Shaw, Wilfred B. (editor), The University of Michigan: An Encyclopedic Survey, Ann Arbor: The University of Michigan: Part I: History and Administration (1941), Part V: The Medical School. The University Hospital. The

Law School 1850-1940 (1951).

- Shryock (1969): Shryock, Richard H., Empiricism versus rationalism in American medicine 1650-1950, Proc. Amer. Antiquarian Soc., 1969, pp. 99-150.
- Simmons (1903), (Simmons), Sectarianism in medicine, JAMA, 1903, 40: 250-251.
- Smith (1954), Smith, Shirley W., James Burrill Angell: An American Influence, Ann Arbor: University of Michigan Press, 1954.
- Vaughan (1926), Vaughan, Victor C., A Doctor's Memories, Indianapolis: The Bobbs-Merrill Co., 1926.
- von Brunn (1964): von Brunn, W. L., Homöopathie als medizin-geschichtliches Problem, Sudhoffs Arch., 1964, 48: 137-156.
- Warner (1977-78), Warner, John Harley, "The nature-trusting heresy"; American physicians and the concept of the healing power of nature in the 1850's and 1860's, Persp. Amer. Hist., 1977-78, 11: 291-324.
- Wilson (1908): Wilson, Harold, The medical profession: then, now and hereafter, Detroit Med. J., 1908, 8: 191-199.
- Wood (1942): Wood, James C., An Old Doctor of the New School, Caldwell, Idaho: The Caxton Printers, Ltd., 1942.
- State of Michigan Senate, House of Representatives, and Supreme Court publications appropriately noted above.
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