

Harris L. Coulter

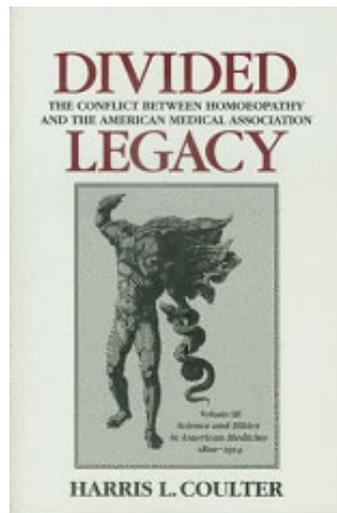
Divided Legacy, Volume III

Leseprobe

[Divided Legacy, Volume III](#)

von [Harris L. Coulter](#)

Herausgeber: North Atlantic Books



<http://www.narayana-verlag.de/b4940>

Im [Narayana Webshop](#) finden Sie alle deutschen und englischen Bücher zu Homöopathie, Alternativmedizin und gesunder Lebensweise.

Das Kopieren der Leseproben ist nicht gestattet.
Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern
Tel. +49 7626 9749 700
Email info@narayana-verlag.de
<http://www.narayana-verlag.de>



CHAPTER III

THE ALLOPATHIC COUNTERATTACK: FORMATION OF THE AMERICAN MEDICAL ASSOCIATION AND THE "ETHICAL" BAN ON CONSULTATION WITH HOMOEOPATHIC PHYSICIANS

THE EROSION OF PUBLIC CONFIDENCE IN MEDICAL ORTHODOXY

The rise of homoeopathy coincided with a decline in the prestige of the regular profession and a waning of public confidence in its procedures. Oliver Wendell Holmes was one of the first to call attention to this trend:

Society is congratulating itself . . . that the spirit of inquiry has become universal, and will not be repressed; that all things are summoned before its tribunal for judgment. No authority is allowed to pass current, no opinion to remain unassailed, no profession to be the best judge of its own men and doctrines . . . The dogmas of the learned have lost their usurped authority, but the dogmas of the ignorant rise in luxuriant and ever-renewing growths to take their place.¹

Others commented on it in a less elliptical manner:

. . . the whole community do not regard an educated medical profession with that steady and intelligent esteem that they do the other professions.²

Formerly, though often the subject of ridicule and satire, medicine was looked upon by the mass of mankind with a veneration almost superstitious, as it still is among savage nations. In times long since past there was supposed to be something recondite, mysterious, far above the apprehension of the vulgar, in the knowledge of physicians. The oracular air, and the dictatorial authority which they assumed, were submitted to as rightfully belonging to those who possessed secrets of nature and art of an almost supernatural character. And more recently, although the excess of this feeling had passed away, there still remained

a *prestige* around the profession, which gave its members a sort of authority over the minds of men in their peculiar vocation, resembling that possessed by ecclesiastics at the confessional. But this has nearly ceased. Indiscriminate reliance on authority no longer exists. To assume it would be to expose us to derision. The confidence of mankind, as a mass, in the regular profession has changed its character, and has probably much diminished.³

All admit that there is a widening gap between the people and the regular profession.⁴

Our noble art . . . has indeed fallen *so low* that there are few to do it reverence . . . quackery and empiricism in divers forms like the locusts and lice of Egypt, swarm over our state and are eating out the very vitals and sucking the life blood of the community.⁵

. . . so strong an antagonistic feeling has arisen that they regard the reliance upon nostrums and quack administrations of medicine as more valuable than any dependence upon a learned profession. The profession to them is "pearls before swine" . . . we are really in less repute with the people than the unblushing, boasting, presumptuous quack.⁶

. . . allopathy . . . has lost the confidence of the community.⁷

Richard Shryock, who has written extensively on this period, notes that in 1859 a large daily paper stated that the whole medical guild was a "stupendous humbug."⁸ His own conclusion is that "it seemed to many people that the interests of the medical profession as a whole were opposed to the best interests of society."⁹

The regular profession lacked popular support throughout the period from about 1840 until the early 1900's. We will now examine the reasons alleged for this loss of public confidence and the steps taken by the profession to repair its image and restore its fortunes.

The profession could not be expected to blame its declining status on its own therapeutic practices, and consequently it distinguished three principal culprits: the public, the new recruits to medicine who were said to be uneducated, and, finally, the homoeopaths.

In the first place, the public's lack of discrimination and inability to judge the qualifications of medical practitioners were singled out as the chief reasons for its desertion of allopathy:

There is a growing tendency in the public mind to patronize the ignorant and uninformed.¹⁰

The actual desire of the people to be deceived has become classical.¹¹

. . . [the physician] . . . looks out with contempt upon what he regards as the almost heathenish observances and worship of the unscientific and unlearned people.¹²

Why have the crude questionable opinions of one man and his visionary followers with limited experience and doubtful veracity, stood for a moment in the comparison with the wisdom and veracity of one thousand years? For no other reason than that the public are unqualified to judge.¹³

You will find that many persons cannot understand your position. They have been led to believe that the different forms of quackery and regular practice are just different systems of treatment—all alike good—sometimes one is best, and sometimes the other! One *pathy* versus another *pathy*—one *pathy* for children, another *pathy* for adults.¹⁴

Allopaths even went so far as to claim that the apparent recoveries of patients under a physician's treatment were no evidence of his skill. Dunglison wrote in 1836:

It is obvious that, *caeteris paribus*, Therapeutics should be the touchstone of medical skill: the number of cures ought to decide the qualifications of the practitioner; but it is so extremely difficult—nay, impossible—to estimate all the deranging influences;—so many modifying circumstances are perpetually occurring that we cannot decide that any two cases are precisely identical. Hence we can never judge of the comparative success of different practitioners, on which so much stress is placed—and placed erroneously—by the public.¹⁵

Worthington Hooker wrote in 1844:

. . . a physician's reputation among the members of the profession, for talent and skill, is very often no measure of his reputation in the community . . . It is often the case that a physician of small practice is highly respected by his medical brethren, and his advice is valued by them in difficult cases; while, on the contrary, there are men enjoying a lucrative business, whose opinions have very little weight with their brother physicians . . . The distinction between reputation in the profession and a

CHAPTER VI THE SPLIT IN

HOMOEOPATHY: "HIGHS" VS. "LOWS"

The marked homoeopathic influence on regular medicine, and the increased public, and even professional, acceptance of homoeopathic doctrines and procedures, were not reasons for self-congratulation, as most in the New School believed, but should rather have been seen as causes for concern. Homoeopathy's years of triumph were equally the time of its greatest peril, since the relaxation of external pressure brought to the fore a weakness which the movement had manifested since its earliest days. This was the division in opinion between the pure Hahnemannians and the revisionists.

From its inception the homoeopathic movement had been divided into those who accepted Hahnemann's views in their entirety as the only correct guide to therapeutics and those who were unwilling or unable to adhere to Hahnemann's rigid formula. In 1880 this doctrinal division took an institutional form with the departure of the purists from the Institute and their establishment of the International Hahnemannian Association. The ensuing warfare between these two groups was a principal cause of homoeopathy's eventual downfall.

This conflict was both tragic and inevitable since it stemmed from the inherent inequality of men. A small proportion of the New School were willing to take the trouble and make the sacrifices implicit in the pursuit of Hahnemannian homoeopathy. The great majority rejected that course and attempted to revise Hahnemannism along lines which made it easier to practice.

The conflict was unavoidable in a medical movement which prided itself on being scientific. The reader's attitude toward it will depend upon his acceptance or rejection of Hahnemann's claim to have established therapeutics as a scientific discipline on the basis of his three rules: the law of similars, the single remedy, and the minimum dose. At a later stage we will discuss Hahnemannian

homoeopathy in terms of the modern doctrine of scientific method.³ It would be anachronistic to do so at this point in the narrative, however, and we need only allude to one aspect of Hahnemannian homoeopathy which played a major role in the internecine conflict—his establishment of therapeutics on a rigorous methodical basis.

Hahnemann's three rules imposed a severe discipline on the physician. They reduced to a minimum the "artistic" element in medical practice. Rigid attention to the symptoms would, in principle, lead to one, and only one, remedy. Furthermore, the history of the homoeopathic movement shows Hahnemann to have been correct, since the more skillful and conscientious practitioners can generally reach agreement on the indicated remedy in any given case.^b

Finally, the Hahnemannians argued that rigorous observance of this method would lead to a cure in all cases where cure was possible. Here they switched from a philosophical to a historical argument. The history of homoeopathy, in their view, showed that those who followed Hahnemann most closely had the best curative records. Furthermore, this was the only test of the correctness of a medical doctrine, and it was the only criterion of the scientific nature of a medical doctrine. We quote James Tyler Kent:

What can there be in the science of medicine but a knowledge of how to cure the sick? The scientific physician, when asked what he knows, must say: I know how to cure the sick. If he really knows this, he has the knowledge and is scientific. If he has not this knowledge, which he pretends to possess, he is a pretender and a fraud.¹

The beauty of the homoeopathic doctrine is that it brings the whole of pharmacy within the grasp of the individual practitioner by offering a method for distinguishing among all the possible remedies in a given case. At the same time, however, it imposes a very heavy responsibility upon the physician, since in any particular case there is, in principle, only one correct remedy. All the remaining hundreds

=>See below, pp. 484-488.

in 1890 a California homoeopath sent the symptoms of one of his patients to six colleagues with a request for advice on the remedy. All six suggested the same medicine (*Southern Journal of Homoeopathy*, VIII [1890-1891], 17).

of medicines in the pharmacopoeia are inapplicable. The physician must find the one correct remedy, and if the patient does not recover, the physician must himself assume the responsibility.

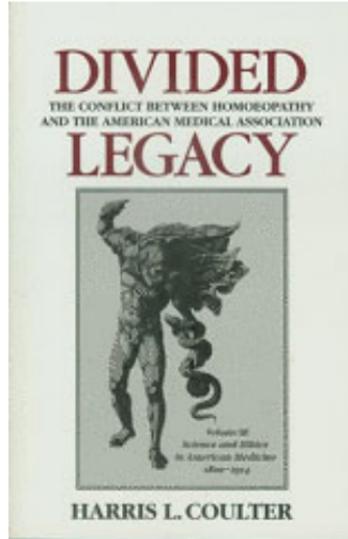
Of course, patients did not live forever under homoeopathic care. Like every other physician, the homoeopath had his share of fatalities, and he did not take each one as a reflection on his professional competence. This factor, nonetheless, was a very serious element in the nineteenth-century controversy which rent the homoeopathic movement. The rigid Hahnemannian approach to healing both curtailed the physician's freedom and heightened his responsibility. The resulting burden was heavier than many could bear, and they reacted by attempting to evade the full force of the Hahnemannian doctrine, claiming that the Founder's formulation was old-fashioned and in need of updating to take into account the more recent pathological discoveries.

The leaders of nineteenth-century homoeopathy—men such as Hering, Adolph Lippe,^c and Carrol Dunham^d—adhered strictly to Hahnemann's three rules. The less conscientious and capable practitioners, however, resented the tutelage exercised by the movement's leaders and complained that this infringed upon their professional liberty. Their resentment took the form of opposition to the three rules.

This latter group became known as the "low potency" men, since one element in their rejection of Hahnemannism was a re-

^cAdolph, Graf zur Lippe-Weissenfeld, was the most prominent homoeopath after Hering. He was born on the family estate near Goerlitz, in Silesia, studied law in Berlin but then came to the United States and received his diploma in homoeopathy from Hering's Allentown Academy. Thereafter he lived in Philadelphia and was associated for the rest of his life with Hering and the Hahnemann Medical College. He was the most violent polemicist among the "highs" and was their standard-bearer for years. He died in 1888, eight years after his friend and mentor (obituary in *Homoeopathic Physician*, February, 1888, supplement).

^dCarrol Dunham was a unique figure—a thoroughgoing "high" who had studied homoeopathy in Germany with Baron von Boenninghausen (himself a student and confidant of Hahnemann) and was at the same time a symbol of toleration in the homoeopathic movement. During his lifetime he managed to hold the two factions together. He presided over the World's Homoeopathic Convention, held in Philadelphia in 1876 during the Centennial Exposition, but died shortly thereafter (*Transactions of the American Institute of Homoeopathy*, XXX [1877], 961. *Homoeopathic Physician*, IX [1889], 123).

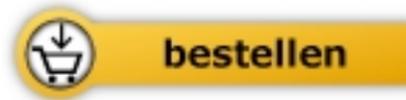


Harris L. Coulter

[Divided Legacy, Volume III](#)

The Conflict Between Homeopathy and
the American Medical Association

580 Seiten, geb.



Mehr Bücher zu Homöopathie, Alternativmedizin und gesunder Lebensweise

www.narayana-verlag.de