Homeopathy is moribund in the United States. Once a major route to robust health, it now surfaces on health food shelves, an oddball nostrum. The biomedical therapy of homeopathy worked. Even now it cures, where applicable, for its problems were never medical in a narrow sense. Homeopaths recognized a delicate union of mental and physical health and tried to treat both body and mind in a modern context which challenged their definition of illness. Increasingly, both doctor and patient were told to take their pick—manipulate the machine or massage the neuroses. The integrated view succumbed. There are those who would recapture it. They would do well to examine homeopathy at its time of crisis and in its historical bastion of strength—the Lehigh Valley of eastern Pennsylvania at the turn of the century.

At that time Lehigh Valley homeopaths drew on a long tradition to confront challenges on two fronts, orthodox medicine epitomized in the American Medical Association and new sects, especially Christian Science. In the Valley, homeopaths clarified their distinctiveness in the process of withstanding these threats and then used available supportive institutions to strengthen their organization, the Lehigh Valley Homeopathic Medical Society. Over two decades, the Society became a functionally specific professional organization. But it paid a price; it dropped its emphasis on a balanced therapeutic relationship between doctor and patient. More than pills and prescriptions, that relationship had been the alternative which members of the Society had struggled at the outset to define and which gave


them claims to distinction. By 1920, therefore, Valley homeopathy was alive and well, but blending with the medical landscape.

The Lehigh Valley was the cradle of American homeopathy. Its homeopathic practitioners followed paths of their founders. Early in the nineteenth century, these had been German-speaking immigrants who settled in and around Hellertown, adjacent to Bethlehem and not far from Allentown, the Valley's hub. By the late 1820s, Henry Detweiler and William Wesselhoeft were experimenting in the ways of Samuel Christian Friedrich Hahnemann’s new method of healing and their successful practice attracted Dr. John Romig, a prominent Valley physician, to the cause. Then, in 1833, came Constantine Hering, impeccably trained in German universities, learned and messianic—usually considered the “father of American homeopathy.” Together these men established the North American Academy of Homeopathic Healing Art at Allentown. In 1835, the Allentown Academy, as it was called, was the first homeopathic medical school in the world.³

By the end of the century, Lehigh Valley homeopaths eagerly embraced this heritage. After 1881, organized homeopathy in the area was represented by the Lehigh Valley Homeopathic Medical Society (LVHMS). The Allentown Academy had closed in 1841, suffering terminal financial distress, and the institutional heart of the sect subsequently became Hering’s Homeopathic Medical College of Pennsylvania, in Philadelphia.⁴ Nonetheless, when Valley homeopaths organized the LVHMS on April 7, 1881, they renewed the original commitment of Detweiler and Hering. According to the first president, Daniel Yoder of Catasauqua, the heritage of the LVHMS ran straight, true, and proudly to the source.⁵

Hahnnemannian homeopathy, as practiced in the Valley, was a

---


⁴ Later to merge with Hahnnemann Medical College of Philadelphia.

⁵ Minutes of the Lehigh Valley Homeopathic Medical Society, Mar. 7, 1907, library of Allentown (Pa.) State Hospital. Hereinafter the citation will be LVHMS. See also, Roberts, History of Lehigh County, I, 291.
form of natural healing based on biochemical medication. Horrified by the carnage then committed in the name of healing, Hahnemann devised a therapy which became an alternative to the popularly-accepted methods: bleeding of the ill body and purging it with huge doses of largely mineral drugs, most often mercury. Assuming at the outset that diet, fresh air, and exercise produced health, Hahnemann proceeded on the further assumption that an ailing body was much more capable of healing itself than regular treatment recognized. He rejected the notion that disease was an entity, a “thing,” perhaps called malaria, or maybe yellow fever, residing somewhere inside. Instead, Hahnemann treated those abnormal symptoms which, because they were all that could possibly be detected, constituted, rather than accompanied, the disease.

Through personal experimentation Hahnemann discovered that certain drugs which he took while healthy in short order gave him symptoms of disease. Notably, cinchona bark produced all the symptoms of malaria, in effect gave him malaria. Because cinchona bark also cured the disease in those already sick and was commonly prescribed for it, Hahnemann was able to announce a general principle of healing: what causes symptoms of illness in a well person will cure similar symptoms in a sick person. This was the “law” of similia similibus curantur, like is cured by like. On this law rested the medical system of homeopathy, Valley and otherwise.

Two other principles accompanied the law of similars. Because large doses of almost anything poisoned the system, albeit more quickly in cinchona bark than marigold petals, small doses of an appropriate drug must suffice to cure. This became the principle of the minimum dose and it joined the third of homeopathy’s triad, the principle of the single remedy. Because disease entities did not exist, symptoms of afflictions tended to be individually various. The task of the physician was to locate in his materia medica that medicinal drug which, if given to a healthy person would provide the symptoms most closely matching the complaints of the patient in front of him. This drug, and it alone, provided cure; anything else was palliative at best.

6 The following delineation of homeopathy leans heavily on the work of Coulter, Divided Legacy, III, 20–26, 328–401, and Rothstein, American Physicians in the Nineteenth Century, 152–158.
Curing a patient in the homeopathic manner always retained a faint redolence of mystery. Illness was derangement of “vital force,” a concept implying a God-given harmony and balance within the system—Hahnemann refused greater precision. A minute dose of the appropriate single remedy was sufficient to trigger the body’s natural tendency to regain its balance. Hahnemann and his “purist” heirs believed that the smaller the dose of the precise medication, the more effective the cure. Oddly to many, extremely diluted drugs became those of “high potency.” Through a strange semantic inversion the most potent remedies became those in which the actual medicinal substance was a drop, not in the bucket but in the ocean. Here was a continuing source of ridicule for homeopathy as well as the basis for division among homeopathic high-potency and low-potency practitioners.

Finally, the homeopathic system necessitated close collaboration between doctor and patient. The law of similars meant finding the precise drug among multitudes and, in order to do this, a physician had to know as much as possible of an individual’s infirmity. The most idiosyncratic of symptoms might hold the key to the specific single homeopathic remedy. Extended medical histories ideally accompanied each homeopathic exchange. Apparently incidental, this aspect of homeopathy was crucial to the system and central to problems homeopathic medicine confronted as it entered the twentieth century.7

Throughout most of the nineteenth century, the advocates of this system of healing stolidly endured the vilification and hostility of “regular” medicine and its adherents. Always a medical minority, homeopaths in the Lehigh Valley shouldered their share of the

---

7 The ensuing essay follows Rothstein’s minimization of the importance of the “high-low” split within homeopathy (American Physicians in the Nineteenth Century, 245). While Coulter finds in the controversy the seeds of homeopathy’s own destruction, Rothstein does not. Rothstein claims that virtually all homeopaths rejected “pure” homeopathy by 1900; the “high potency men” constituted an insignificant fringe element. Rothstein then goes on to make his point: when the AMA opened its doors to all in 1901-1903 homeopaths were already “regular” in all but name and quickly digested by mainstream medicine (ibid., 321). Rothstein is right in directing us away from the potency issue, but, as the following discussion will argue, premature in his treatment of decline. In the Lehigh Valley, homeopaths struggled not with the potency issue, but with the nature of the therapeutic exchange—an exchange which provided continued distinction as a method of cure.
suspicion, disdain, and ridicule of orthodoxy that burdened homeopaths everywhere. This too was part of the heritage. Never mind that homeopathic therapy cured, that patients responded to the infinitesimal dose, orthodox doctors gagged on it more readily than their patients on calomel. Quackery was what it was and the response had usually been professional ostracism. By the turn of the century, homeopaths were accustomed to keeping up their guard.8

This sort of suspicion, while habitual, was waning by the end of the century, for ostracism had failed. The American Medical Association, organized in 1846 primarily to combat the challenge of homeopathy, had fought Hahnemannians with every available device, their efforts culminating in a consultation clause of their charter which outlawed professional contact of any sort. Yet homeopathy persisted.9 By the eighties, when the LVHMS organized, homeopathy peaked nationally, having become more or less respectable. It was successful in curing, employed a welcome alternative to the excesses of allopathic medicine, found favor with a wealthy and influential clientele, and remained receptive to general advances in scientific medicine.10 By 1898, the LVHMS was one of 124 local homeopathic organizations in the United States which accompanied thirty-three state and nine national societies in representing the Hahnemannian cause. Homeopaths ran sixty-six general and seventy-four specialty hospitals, as well as twenty medical colleges. The 9,369 homeopathic physicians in the nation formed 12½ per cent of the whole.11

Alas, new dangers loomed. At high tide of prosperity, homeopathy, Valley and elsewhere, confronted new sectarian rivals in addition to the traditional foe. For its part, organized regular medicine altered its strategy. Shifting from a policy of exclusion to one of inclusion, the AMA reorganized in a manner designed to lure homeopaths into the mainstream. Unable to exorcise their traditional rivals, regular medicine tried to ingest them. Ever wary, the LVHMS trod care-

9 Kaufman, Homeopathy in America, 48–92.
10 See especially, Rothstein, American Physicians in the Nineteenth Century, 246.
fully. The siren song of the regulars meant loss of identity, but of equal danger were the newer healing sects which flourished on every hand—Christian Science, osteopathy, chiropractic, faith healing, hydropathy. Homeopathy wanted no part of these; indeed, joined regulars in denouncing them. And so it was a fine course that homeopathy steered, between absorption in a misguided monolith and ridiculed association with newly arrived quackery.

In September 1907, the regular Medical Society of Northampton County, which shared a jurisdiction with the LVHMS, sought detente with the homepaths. Specifically, they wanted a joint committee formed to discuss the need for new licensing legislation. Existing legislation dated from 1893 and Pennsylvania homepaths and eclectics had been politically strong enough to insist on a “three board” governing apparatus. In order to practice in the state, physicians had to pass an examination administered by the branch of medicine to which they adhered, regular, homeopathic, or eclectic. Licensing had come late to Pennsylvania thanks to the traditional strength of unorthodoxy, and when it did, it had failed to legislate the “quackery” that was homeopathy out of existence.13

The threat, however, of this form of political ostracism remained and Valley homepaths confronted a bind. They knew that unless they cooperated with the Northampton regulars a “single board bill” might result. Such an arrangement would doom their distinctive therapy. The LVHMS, in other words, faced an old tactic once more revived.14 Still, charlatans abounded in the Keystone State, from midwives to “electro-therapeutists,” and, according to Ralph Stadtler, they did great damage. Christian Science, Stadtler emphasized to his mates, was simply a “menace.”15 History, though, taught that any device used to eliminate false healers would surely eliminate homeopathy as well.

12 LVHMS, Dec. 6, 1906, and Sept. 5, 1907; Harold F. Alderfer, “Legislative History of Medical Licensure in Pennsylvania,” Pennsylvania Medical Journal, LXIV (December 1961), 1606. Eclectic physicians relied primarily on botanical remedies in much the manner of homepaths, their basic distinction being a thorough familiarity with folk medicine which homeopathy eschewed, as such, in favor of the rationale for healing developed by Hahnemann.
14 LVHMS, Sept. 5, 1907.
15 Ibid., Dec. 6, 1906.
This time, however, there was an important difference. The "Old School National Society," as the AMA was quaintly known to the LVHMS, had changed its corporate strategy. Forever unsuccessful with a policy of exclusivity, the AMA, in 1901 and 1903, launched a new program designed to encompass all licensed physicians. In 1901, the AMA decentralized, making membership in local societies the basis for national affiliation. Membership in county organizations, moreover, was to be a right of every physician, not a privilege, and all claims to exclusivity dropped.\footnote{Rothstein, \textit{American Physicians in the Nineteenth Century}, 318–320.} Two years later, the regulars revised their code of ethics. The AMA suspended ethical judgments about sectarian therapies. Sectarianism, said the organization, "is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or sectarian system of medicine."\footnote{Ibid., 321.} In short, if homeopaths stopped calling themselves by that name, they were welcome to join the AMA.

The Old School had mounted a campaign and, however attractive the pitch, Valley homeopathy ran true. For the LVHMS, "amalgamation means obliteration"; it was as simple as that.\footnote{LVHMS, Sept. 5, 1907.} Thus, while the Society decided to cooperate with other local organizations in order to protect its interests, it nonetheless made it clear to the Northampton society that theirs was an "agreement to disagree."\footnote{Ibid., Dec. 5, 1907.} However difficult, Valley homeopaths were bent on retaining their identity.

All the same, they would dance, if asked. Valley homeopaths considered the 1907 autumn meeting with the Northampton County regulars an "entering wedge," an "epoch in the history of the two schools" which would ideally lead to further fruitful exchanges.\footnote{Ibid.} Life had often been perilous for homeopathy during the nineteenth century, but it had survived and, indeed, prospered. Now its institutions seemed languid and indifferent. Perhaps the dues were too high for membership in the state society; a meager ratio of one in twelve homeopaths belonged to the national organization, the
American Institute of Homeopathy. The LVHMS itself seemed to be in what one Valley physician described as a “marasmic condition.”21 Continued isolation threatened further stagnation.

Stagnation had less to do with institutional indifference, however, than it did with a profound ambivalence. Homeopaths had long fought regulars because orthodox practice was invalid. Although worse, because they were irresponsible, the newer sects erred in the same way. Of the two, homeopathy clearly resembled the regulars, increasingly so. By the turn of the century, homeopaths specialized at about the same rate as orthodox practitioners and the American Institute of Homeopathy contained a wide range of specialty sections ranging from obstetrics and gynecology through surgery to psychological medicine, none of which were narrowly homeopathic. Indeed, in 1899, the AIH redefined its practitioner as “one who adds to his knowledge of medicine a special knowledge of Homeopathic therapeutics.”22 While adhering to the law of similars, homeopathy was coming to terms with scientific modernity—and regular medicine.

In the Lehigh Valley, this produced tension. Specialization could be dangerous, Daniel Yoder liked to remind his colleagues; one ought to be a good general practitioner first.23 Even then he wondered if they were not succumbing to the chief evil of orthodoxy—palliative medicine.24 Basic to homeopathy was the reliance upon the body to heal itself. True, the physician was the catalyst of that process and choosing the precise single remedy which most successfully sponsored cure took great therapeutic skill. But in the end, Yoder argued, most diseases had a definite course to run; if allowed, people will cure themselves.25 Indeed, shorn of its metaphysical pretensions, this explained the curative success claimed by Christian Science. Faith healing worked. Why? Because recovery finally depended upon the mental condition of the patient.26 On this, Valley homeopaths totally agreed—and flirted with “mind cure.”

21 Ibid., Feb. 2, 1899; June 1, 1905; June 6, 1906; Mar. 7, 1907. A “marasmic” condition is one of progressive emaciation.
22 Rothstein, American Physicians in the Nineteenth Century, 236–237, 245.
23 LVHMS, Dec. 6, 1906.
24 Ibid., Dec. 7, 1905.
25 Ibid.
26 Ibid.
By 1900, “mind cure” encompassed a variety of healing groups and their theories. Mary Baker Eddy had founded her first Church of Christ (Scientist) in 1879. By 1892, a congeries of groups in New England became the International Divine Science Association. An International Metaphysical League followed and, in turn, became the National New Thought Alliance in 1906, broadened by success to “International” by 1914. At bottom more theological than “medical,” New Thought built churches, not clinics—Unity Centers, Divine Science and Religious Science congregations, Churches of the Higher life proliferated into the twentieth century. By 1906, Eddy’s Christian Science movement attracted 85,000 stated members and the fascination with mental healing, of which it was a part, encompassed millions more.27

Tightly organized in Christian Science or loosely federated in New Thought, mind cure ideas came down to a generic faith in the power of mind over body. Mind alone contained ultimate reality; ideas alone mattered, for in thought man placed himself in touch with the ultimate cause in the universe. God was metaphysical, beyond base material explanations and insofar as evil exists, men “create” it through wrong thoughts. Infinite goodness dwelled within pure spirits. People could aspire to perfection would they only live and think in the manner of God. Disease was nonexistent.28

Homeopathy shared a history with mind cure. A notion of all ages, mind cure in America accepted P. P. Quimby as its source. Coincident with the emergence of homeopathy, Quimby, a clock repairer from Belfast, Maine, experimented with hypnotism, or mesmerism, and in 1837 embarked on a career of hypnotic healing. People, unlike clocks, could be repaired by suggestion and Quimby felt he ought to know.29 Hahnemann agreed with him. Unfamiliar with the American rustic, Hahnemann accepted mesmerism, found it useful in several homeopathic ways, and considered it a means of dealing with that spiritual “vital force,” the derangement of which

produced disease.\textsuperscript{30} Subsequently, the rise of homeopathy in America complemented the growth of mental healing. Each was an effort to provide empirical science with a spiritual aspect. Homeopathy, often as not, was the medicine of American Transcendentalism.\textsuperscript{31}

Homeopathy tried to serve both body and soul, but in the late nineteenth century the split in that classic duality broadened. Darwinian evolutionary theory violated the notion of “higher consciousness” and suggested material reductionism. Among medical men and women, the germ theory of disease which followed Pasteur’s work in the 1870s emphasized the physical nature of ailments. Regular medicine, which had always accepted this bias, nonetheless lagged in formulating effective treatment. Bloodletting and purges accomplished little and, as homeopaths always claimed, did much harm. Alive to their inabilitys, but certain that disease was somatic in nature, regular medicine approached therapeutic nihilism. There was little that could be done. For its part, mind cure accepted this medical inability without its materialist assumptions and by the end of the century devised a reductionism of its own. Only the Ideal was real; the true physician was he who served the soul.\textsuperscript{32}

The post-Civil War division between regular medicine and mind curists left homeopathy’s holistic therapy in a conceptual centrist limbo. Mind cure had to be rejected, but without recourse to a thoroughgoing materialism. Homeopaths, like most physicians, were practical men and women, healers, not philosophers. For such people, theory merged with therapy and, ironically for this holistic technique, produced the classic split within homeopathy. Low potency advocates fought high; the infinitesimal dose was scientifically ludicrous, physically irrelevant. Usually described as a more or less fierce internecine combat, the potency disagreement seemed the essence of fatal internal weakness.\textsuperscript{33}

If the potency issue was a problem in the Lehigh Valley, it was scarcely divisive. Members of the LVHMS discussed potency freely, several favoring high potency. Difficult and dangerous illnesses such

\textsuperscript{30} Kett, \textit{Formation of the American Medical Profession}, 141.
\textsuperscript{31} Ibid., 149, 153-154.
\textsuperscript{32} Meyer, \textit{Positive Thinkers}, 46-49.
\textsuperscript{33} Coulter, \textit{Divided Legacy}, III, 328-401.
as diphtheria produced certain debate. Chronic diseases, including “hysteria,” especially demanded high potency treatment, agreed a majority of Society members in the fall of 1903. The LVHMS contained its share of high potency advocates and differences as to efficacy occurred.

Yet for Lehigh Valley homeopaths, the potency issue was beside the point. It merely accompanied a more central problem. Valley homeopaths, again like brethren elsewhere, sought cures, results. As the old Catasauqua homeopath, Daniel Yoder, proclaimed, the potency of medicine had less to do with poor results than “laziness.” Therapeutic failure stemmed from inadequate or incomplete diagnosis. The search for the single remedy necessitated conversation, an exchange between doctor and patient. Regular medicine and mind cure each represented modifications of the doctor-patient relationship, which in either case would be fatal to homeopathy. In short, homeopathy’s ambivalence was a problem in medical sociology.

Valley homeopaths employed a therapy which involved a high degree of mutual participation between doctor and patient. Disease was individualized in each patient. Because the obscure, seemingly unrelated, symptom pointed to the proper medication, the remedy might also be highly individualized. Numb fingers accompanying “normal” symptoms of fever called for a prescription out of the ordinary. Confronted with a peculiar type of tapeworm case, Dr. Yoder once prescribed an entire coconut, hair and all—a novel departure for all who learned of it. In any event, the subsequent application of medical treatment relied heavily on the give-and-take

34 LVHMS, June 1, 1899.
36 Ibid., Dec. 5, 1901.
37 Ibid.
38 “Mutual participation” is one of three “models” of the doctor-patient relationship originally presented by T. S. Szasz and M. H. Hollender in “A Contribution to the Philosophy of Medicine: The Basic Models of the Doctor-Patient Relationship,” *AMA Archives of Internal Medicine*, XCVII (May 1956), 585. The second of Szasz and Hollender’s models to be incorporated in the present essay is that of “guidance-cooperation.” Szasz and Hollender’s third is called “activity-passivity” and refers to a situation wherein the physician treats a helpless, perhaps comatose or delirious, patient. All activity in this case is done to a passive patient. The material is cited and summarized in Samuel W. Bloom, *The Doctor and His Patient: A Sociological Interpretation* (New York, 1965), 41.
39 LVHMS, Apr. 6, 1900.
of diagnostic talk. Whatever the therapeutic upshot, Valley homeopaths agreed on the central importance of medical histories.  

Regular medicine had always minimized this transactional system. In the orthodox way, the patient acquiesced to treatment, only marginally contributing to the therapy imposed. Medicine was a priestly function; guidance and cooperation typified the doctor-patient relationship, not mutual participation. Historically, homeopathy had challenged regular medicine’s tendency to cure through generalized treatment; physicians put in calomel and took out blood. Contemporary developments often seemed mere extensions of this generalized and overemphatic method. Regular treatment routinely recommended, for example, the knife for ovarian tumors, antitoxin for diphtheria. Valley homeopaths used these devices, but differed over their efficacy. E. S. Hubbs claimed uniform success in treating his diphtheria patients with antitoxin; A. J. Bittner insisted the reverse—all his patients, save one, died. Moreover, homeopathy’s own healing arsenal was suspect; the materia medica, most Society members agreed, contained “trash.” The real argument with modern medicine pertained not to devices, but systems. Homeopathic or not, modern techniques relied too heavily on medicines.

Homeopathy’s system of healing required a “transactional balance.” It smacked of “old fogyism,” Yoder once announced to the Society, but modern therapeutics strayed much too far from Nature’s Way. Homeopathy was pre-eminently natural healing. The body, nudged certainly by the appropriate homeopathic aide, would heal itself if allowed. Forebearance and, above all, a positive mentality were essential to recovery. The patient, in other words, played an active role in the healing process. This meant that there was an “expressive” dimension to the transactional exchange which com-

40 Ibid., Mar. 7, 1906.
41 Ibid., June 1, 1899.
42 Ibid., June 6, 1907.
43 Ibid., Dec. 6, 1900.
44 Ibid., Dec. 7, 1905.
plemented the instrumental application of medical expertise. All successful physicians addressed the mind as well as the body, were “mental healers.” LVHMS members universally accepted “Suggestion” as a powerful “ally” in the treatment of most, if not all, diseases, from diabetes melitis to “the so-called nervous conditions” and especially in those cases “where the body is about well, and the mind not yet ready to admit it.”

Mental healing and cure through “suggestion” led directly to mind cure, of this Valley homeopaths were well aware. These men and women accepted cures wrought by Christian Science just as they did those of regular medicine. Indeed, such success was not “mysterious” in the least. Nevertheless, mind cure remained “charlatanism.” Mind cure was medical antinomianism, complete denial of the efficacy of materia medica and its practitioner. If regular medicine erred in neglecting the expressive element in the therapeutic transaction, mind cure sinned by spurning the healing aids that were nature’s bounty. Christian Science irresponsibly ignored instrumental interaction. Indeed, insofar as healing remained systematic at all, Mary Baker Eddy became High Priest, right thinking replaced healthy thinking, and the “patient” acquiesced to the Word. Christian Science became a sort of ethereal version of regular medicine’s unbalanced guidance-cooperation healing model. The mutual participation of healer and sick, so essential to homeopathy, was as lost in the one as it was in the other. Valley homeopaths rejected the temptation of both. For their part, Society members ought to renew their attention to the materia medica, the Law of Similars, and hew to the line.

In such manner, the LVHMS survived its challenges in the early years of the twentieth century, clarifying its distinctive identity in the process. Subsequent developments became sources of strength. In 1911, a new medical licensing law in Pennsylvania tightened requirements for practice in the state without destroying homeopathy’s distinctiveness. The law resembled that of 1893 in that

46 On “field theory” in doctor-patient relationships, see Bloom, The Doctor and His Patient, 52–74.
47 LVHMS, Apr. 6, 1900; June 28, 1900.
48 Ibid., June 28, 1900; Dec. 7, 1905; Dec. 6, 1906; June 6, 1907.
49 Ibid., June 6, 1907.
three of the five professional members of the state licensing bureau were to be representatives of the existing branches of medicine in the state—regular, homeopathic, and eclectic—and of the remaining two positions, only one could be a regular. Unlike previous practice, wherein potential physicians took the specific examination of their favored “school,” the new regulation stipulated a single test administered by the entire board, the section of materia medica and therapeutics alone being judged autonomously by the branch in question.  

Homeopathy would not be politically ostracized. Lehigh Valley homeopathy received a transfusion in the fall of 1912 with the opening of the State Homeopathic Hospital for the Insane. Often called the Allentown State Hospital, it was an institution members of the LVHMS had long urged. The hospital benefitted the Society in two ways. It provided new blood. In December 1912, Henry I. Klopp, superintendent of the new facility, joined the Society and in short order brought four newly-arrived colleagues into the fold. From that time, the hospital produced manpower and leadership for the LVHMS. As a second contribution, the hospital supplied institutional support. Valley homeopaths had feared that, unless effective, a homeopathic mental hospital might reflect badly on the legitimacy of their medicine. Such fears proved ill-founded and the hospital became both a meeting place and showcase for area homeopaths.

Hahnemann Medical College in nearby Philadelphia remained a boon to the LVHMS. As homeopathy waned nationwide, its schools closed as well, which, in turn, hastened the decline. Hahnemann, which had incorporated Constantine Hering’s Homeopathic Medical College of Philadelphia, dated from 1867 and possessed a sound medical reputation. Of the twenty homeopathic medical colleges which existed in 1898, Hahnemann was one of only three which survived the first decade of the twentieth century. The college

51 LVHMS, Apr. 6, 1899; June 2, 1904; Mar. 7, 1907.
52 Ibid., Dec. 5, 1912; Sept. 18, 1913.
53 Ibid., Sept. 1, 1910.
54 Ibid., Sept. 5, 1912; Sept. 7, 1916.
55 Rothstein, American Physicians in the Nineteenth Century, 296–297. The others were the Boston University School of Medicine and the New York Homeopathic Medical College.
continued to send qualified graduates into the Lehigh Valley and the Society increasingly turned to the school as a source of expertise.

In sum, statewide validation through licensing and the viability of two local institutions combined to provide Valley homeopaths with a solid frame of reference. The hospital and the college, in particular, helped define the behavior and social responsibilities of the homeopathic physician. The arrival of Henry Klopp and his associates at Allentown State had the most immediate impact on the LVHMS. In September 1914, Klopp and four colleagues presented a clinic on dementia praecox before the Society in which the speakers outlined the various categories of the malady: hebephrenia, catatonia, and paranoia. Prior to this, mental ailments often dominated the Society’s discussions, but conversation revolved around “delusions,” or “poor thoughts.” W. A. Satchell thought he had a handle on mental illness. “We ought,” he was quoted as saying, “to examine the penis more frequently when remedies fail to act.” Klopp brought sophistication to such discussions.

Coincident with Klopp’s arrival came a change in structure as well. The “scientific” portion of the regular meetings of the LVHMS had always been the substance of the gathering. Members delivered papers on a variety of topics, haphazardly selected, with random and general comment following. The tone was chatty. In 1912, the Society began inviting guest speakers, as routine headliners, something they had done sporadically in the past. Then, in the summer of 1915, the Society instituted a system of regularized, reporting bureaus. Thereafter, each session featured papers revolving around the topic of the day—surgery and gynecology, diseases of the digestive tract, dermatology and syphilis, as well as materia medica and therapeutics. Each had its bureau, its chairman, and its discussant, it being the latter’s task to read the material in advance and formally to respond. In the process, the LVHMS increasingly drew upon the faculty of Hahnemann Medical College as featured members of

56 For a discussion of the relationship of the physician to his professional social group, see Bloom, The Doctor and His Patient, 89-95, passim.
57 LVHMS, Sept. 3, 1914.
58 Ibid., Oct. 4, 1906; Mar. 5, 1908.
59 Ibid., July 1, 1905.
It was better organization, clinically presented—what hindsight predicted for a secure professional society.

By 1920, the LVHMS radiated health. Its medicine secure within the state, the Society relied on two sound and flourishing professional institutions, hospital and school. It had provided itself with better internal organization. Attendance was up. Judged by membership turnout, interest in the Society peaked in 1915 when average attendance numbered twenty-two. By 1920, attendance ran less than this, but remained consistently higher than had been the case at the turn of the century. In the first decade of the century, thirteen homeopaths, on average, met regularly. From 1911 to 1920, average attendance was eighteen. Actual membership in the LVHMS remained fairly constant. In 1899, thirty-three physicians were on the roll; in 1916, the last year prior to 1920 for which figures exist, the roster numbered thirty-five.

Valley homeopaths knew that their medicine suffered elsewhere. On several occasions, members discussed AMA recruiting raids, weaknesses in state and national homeopathic organizations, and fading medical schools. No one gnashed teeth, however, and if members fretted about the challenge of drug companies and their proprietary medicines or institutional philanthropic neglect, they did not say so. Jeremiads had no place on the agenda of the LVHMS; "garrison" thinking was nowhere evident.

Secure as it seemed, a change had taken place within the LVHMS. Incrementally, the tone and manner of the quarterly meetings altered with the revision in structure. At the turn of the century, a typical program might include discussion of chronic ulcer of the leg, vomiting in pregnancy, and simple anemia and its complications—each member tossing in his latest case by way of contribution. Fifteen years later, instead of talking about Mrs. Jones' bizarre ovaries, members discussed gynecology, or, rather, listened to formal papers on the subject. In the process, *materia medica* and the therapeutic exchange, often debated earlier as the physicians compared

---


64 LVHMS, Apr. 6, 1899.
notes, become merely one of the several reporting bureaus and isolated.

In short, the LVHMS increasingly resembled any other normal professional society. Its members were pleased to remain homeopaths. But by 1920, security had released them from the need consistently to clarify their distinctive medicine. In the early twentieth century, that distinctiveness had less to do with dosage and prescriptions than it did with diagnostic system. Squeezed by regulars on one side and mind curists on the other, Valley homeopaths had struggled to maintain the “transactional balance” that lent them their medical identity. Having passed through the crisis, the Society lost the interactive emphasis. Attention to the “expressive” dimension of the transactional exchange waned. Modernity threatened mutual participation, the hallmark of the homeopathic healing method. The price of survival in the Lehigh Valley was loss of identity.

Amherst, Mass.  Walker Rumble