

# *The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in an Age of Scientific Medicine*

IN 1893 the medical students of the University of Pennsylvania refused to march behind their peers from Hahnemann Medical College in the annual Medical Parade “on account of the danger to health and dignity” they might suffer being seen walking behind homeopaths. Students at Jefferson and Medico-Chirurgical colleges and those from the College of Pharmacy quickly met and agreed that they would also boycott the parade, and so the October evening of the parade saw only the defiant students from Hahnemann and from Philadelphia Dental College. The police were called in to protect the parade from disruption as the young men marched proudly down Chestnut and up Broad Streets to the sounds of fireworks and martial music, while their rivals stood on the sidewalks and jeered “Sugar pill, sugar pill/ Never cured and never will.” Hahnemann students, following a squad of mounted police and a brass band, carried canes decorated with the College’s colors of royal blue and burnt orange and boldly waved banners emblazoned with their school’s motto: “In things certain, unity; in things doubtful, liberty; in all things, charity” and with other slogans such as “The world moves—so do we.” Local newspapers focused on the “pretty girls” who wore the College’s colors and waved handkerchiefs as they leaned out of the windows of the College on Broad Street and watched the parade pass.<sup>1</sup>

\*This paper is based primarily on sources found at Hahnemann University Archives, in the Lucy F Cooke Memorial Room. The author is grateful to the Hahnemann archivist, Barbara Williams, for her help and encouragement. The author would also like to thank the following people for their editorial work and thoughtful comments: Charles Rosenberg, June Factor, Morris Vogel, Rosemary Stevens and fellow graduate students Mary Fissell and Lisa Robinson.

<sup>1</sup> This description is based on extracts from the *Philadelphia Times* (n.d.), the *Philadelphia Inquirer* (Oct 29, 1893), and the *North American* (Oct 30, 1893) reprinted in the *Hahnemannian Monthly News and Advertiser*, 28 (Nov, 1893), 179-182.

Today few Philadelphians passing the College and Hospital as they walk down Broad Street associate the name "Hahnemann" with any kind of irregular or unusual medical care. The struggles almost one hundred years ago to modernize the training of homeopathic doctors and the care of patients in homeopathic hospitals seem to have become irrelevant. The study of homeopathy has generally been dismissed by medical historians as a curiosity which died with the establishment of scientific medicine and the tightening of medical school and hospital standards. Its demise has been explained as part of the story of the triumph of science and the funding by government and philanthropic agencies of prestigious medical institutions "heading the right way."<sup>2</sup> This picture is not entirely inaccurate. By the early 1920s there were only two major homeopathic medical colleges in the United States; there had been twenty-two at the turn of the century. Philadelphia's Hahnemann Medical College and Hospital seem to have survived mainly due to a thorough exorcism of their homeopathic ancestral ghosts. Crucial archival materials have been discarded in accordance with this defensive policy, and the letters, photographs, and journals that remain are now housed in a small room, hidden amid the modern textbooks and periodicals occupying the bulk of the College library's space.

The theory of homeopathy was developed by Samuel Hahnemann during the latter part of the eighteenth century. An Austrian physician, Hahnemann was dissatisfied by what he believed was the lack of theo-

<sup>2</sup> Homeopathy has had a number of chroniclers, some sceptics, and some converts. For a broad overview, see Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, 1971) and Harris L. Coulter's three volume work *Divided Legacy: A History of the Schism in Medical Thought* (Washington, 1973). See also William G. Rothstein's sociologically oriented study *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore, 1972). For more specific studies of homeopathy in Pennsylvania see Leo James O'Hara, "An emerging profession Philadelphia medicine 1860-1900," (University of Pennsylvania, Ph.D. diss., 1975), W. A. Pearson, "The Hahnemann Medical College of Philadelphia 1889 to 1948," *Hahnemannian Monthly* (Oct. 1947), 412-414, and, particularly, Thomas Lindsley Bradford's *History of the Homeopathic Medical College of Pennsylvania: The Hahnemann Medical College and Hospital of Pennsylvania* (Philadelphia, 1898). For one attempt to look at the relationship between homeopathic leaders and the "great" foundations see James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore, 1977). For a brief discussion of homeopathic domestic practice see Ronald L. Numbers, "Do-It-Yourself the Sectarian Way," in *Medicine Without Doctors: Home Health Care in American History* (New York, 1977), 57-62, eds. Guenter B. Risse, Ronald L. Numbers and Judith Walzer Leavitt "Homoeopathy" is spelled "homeopathy" hereinafter.

retical justification for the drugs and remedies employed by his contemporaries. The system of homeopathy, as he explained it in the various editions of his major work, the *Organon*, provided an understanding of disease processes, drug efficacy, and the role of the physician that caught the interest of many German-speaking medical and lay people in the early decades of the nineteenth century.<sup>3</sup>

Hahnemann Medical College was born amidst controversy. The struggles over its very creation exemplified an ever-widening breach in the Philadelphia homeopathic community over new scientific discoveries in medicine. Allopaths, as homeopaths termed those who practiced regular medicine, had long-established practices and a number of schools in Philadelphia. A homeopathic medical school had been founded in the city by a group of German immigrant physicians in 1848. Four years earlier the first national homeopathic organization in America had held its first meeting, and similar associations were becoming part of a movement by some homeopaths to institutionalize medical training along lines paralleling those followed by regular practitioners. Eastern Pennsylvania had already seen the earliest establishment of a homeopathic school in America, in part perhaps due to the burgeoning of cohesive German-speaking communities which had a traditional respect for learned men and were anxious to be treated by formally educated physicians. In the 1850s and 1860s the founders of Philadelphia's first homeopathic medical school continued to play an active role in its organization. A significant and symbolic break with that college's traditional orientation came in 1867 when Dr. Adolphus Lippe, a conservative homeopath who controlled a majority of college shares, refused to support a proposed separate chair of "Pathology and Diagnostics." Elevating pathology to the status of a separate chair was "unnecessary," he claimed, implying that it was also unhomeopathic.

<sup>3</sup> Homeopathy was distinguished from regular medicine by its motto "like cures like," the theory that each disease may be cured by the application of a drug which causes in a healthy person symptoms similar to those of the disease. Samuel Hahnemann stressed that drugs should never be mixed or "compound." Further, and most significantly, he believed that the impact of a drug was intensified with dilution, causing rivals to designate homeopathic medicines in such terms as "little pills" or "sugar pills." Along with Thomsonianism and other irregular medical systems, homeopathy embraced the healing power of nature and the non-intervention of physicians, and rejected the heroic bleeding and purging practices of many regularly trained physicians. See Kaufman, *Medical Heresy*, and Rothstein, *Sects to Science*.

The school split, and members of the faculty who supported the proposal—and were friends of the man who would have been offered the controversial position—established a new school, the Hahnemann Medical College. The College survived a reamalgamation with the older school two years later, retained its name (and the new chair), and by the 1880s was firmly committed to integrating the “new sciences” into its curriculum.<sup>4</sup>

The place of the “new sciences,” in the older curriculum of homeopathic study was constantly questioned during the last half of the nineteenth century. The conflict centered on the place of laboratory research and clinical pathology in homeopathy, and the appeal of homeopathy to its medical and lay adherents. In theory, a true homeopathic doctor did not need laboratory tests. Communication between doctor and patient was the crucial concern in both the theory and practice of homeopathy. Homeopaths were taught that the examination of a patient should be structured by the patient’s responses. Every case was considered distinctive; therapy was based on the “totality of symptoms” that varied from individual to individual. The study of corpses and pieces of tissue, homeopathic practitioners believed, could not offer any help in diagnosis or prognosis. Hahnemann, in fact, had been very critical of the French penchant for the morgue and the knife. Orthodox followers believed that the later German fixation on the scientific laboratory filled with chemicals and dead animals would have been just as unlikely to inspire his confidence. In theory, the homeopathic vision focused inward on the body’s organs and tissues and bones as well as outward, encompassing the patient’s feelings about his pain, his environment, his symptoms. Treatment was to be based on a delicate balance between symptoms defined objectively (by the physician) and subjectively (by the patient). Homeopathy was thus firmly established in a view of medicine in which the body and environment were inextricably entwined—where the climate, the state of the sick-

<sup>4</sup> For one account of the Lippe story see Bradford, *History*, 106-124. See also Bradford, “Hahnemann Medical College and Hospital of Philadelphia,” *Founders’ Week Memorial Volume Containing an Account of the Two Hundred and Twenty-Fifth Anniversary of the Founding of the City of Philadelphia, and Histories of its Principal Scientific Institutions, Medical Colleges, Hospitals, etc.*, ed. Frederick P. Henry (Philadelphia, 1909). An unsigned article in Hahnemann Hospital’s in-house journal, the *Medic*, (1947), 146 reported that Lippe had proposed to abolish the “Departments” of pathology and diagnosis.

room, the patient's diet and of course his or her "temperament" were seen as central to a physician's diagnosis and treatment of illness. Medical historians have argued that such a view of the relation between environment and disease may be termed "traditional," for it was with this understanding that laymen and physicians had for many centuries accepted and practiced Western medicine.<sup>5</sup> Hahnemann had exhorted his followers to "treat the patient not the disease." How then was the new emphasis on laboratory analysis and hospital treatment to fit into this vision? Would a "modernized" homeopathy retain its traditional appeal and clientele?

Among the new sciences, pathology seemed to many homeopathic practitioners to symbolize the final pressure on homeopathy to become truly "modern" and "scientific." The incorporation of pathology enhanced the relevance of laboratory research to diagnosis and eventually, perhaps, to treatment. For some, pathology and the use of laboratory techniques represented the changes that homeopaths needed to accept in order to counter the widespread view that homeopathy was so weak and harmless that it was best suited to domestic practice and to women and children. Its lack of rigorous scientific theory and association with quackery was believed most appropriate for the poor and ignorant.<sup>6</sup>

Many rural homeopaths criticized integrating laboratory work and hospital training into the education of homeopathic students. These practitioners encouraged Hahnemann Medical College to emphasize those aspects of medical practice (such as making up drugs) that seemed best suited to physicians engaged mostly in private practice. This kind of practice was typical of small towns, where there would be few pharmacists available to make up prescriptions for any doctor, whether regular or homeopathic. Rural doctors feared that orienting homeopathic medicine to laboratory research and hospital work would bind it closer to big-city medicine. They were suspicious of "advances" that

<sup>5</sup> For a recent analysis of the traditional view of medicine see Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America" in Morris J. Vogel and Charles E. Rosenberg, eds., *The Therapeutic Revolution: Essays in the Social History of American Medicine* (Philadelphia, 1979), 3-25. For a study of homeopaths in Pennsylvania struggling to maintain the "transactional balance" between patient and physician, see Walker Rumble, "Homeopathy in the Lehigh Valley, 1881-1920," *Pennsylvania Magazine of History and Biography*, 104(1980), 474-490.

<sup>6</sup> Numbers, "Do-It-Yourself."

further oriented medicine to cities and to those doctors lucky and wealthy enough to utilize their special clinical resources. Likewise, they believed a laboratory and hospital orientation would discourage students with poorer, rural backgrounds from entering the College. Finally, the new orientation to the laboratory and hospital would be discriminatory. Pennsylvania homeopathic practitioners outside Philadelphia or Pittsburgh were unlikely to have direct access to hospital or laboratory facilities. A Wilkes-Barre doctor contrasted "little red-schoolhouse men" like himself with "those real able fellows who know just how their hair should be parted to look its best" in an impassioned attack on those who "trail after the enemy. . . attracted by the flesh-pots."<sup>7</sup>

Unlike homeopathy's traditional approach, "scientific" medicine emphasized precision and detachment, systematic study rather than impression, and validation of conclusions by hospital statistics rather than by observations obtained from private practice and the individual bedside. Many homeopaths were not convinced that attempts by elite urban practitioners to modernize homeopathy would ultimately benefit either homeopathic doctor or patient. Orthodox homeopaths criticized their less conservative colleagues for participating in the glorification of the new sciences in an attempt to become successful and respectable in the eyes of their allopathic rivals, if not the lay community as well.

Technology associated with the new "scientific" approach became part of this debate. For one forward-looking Philadelphia homeopath, the hospital clinical chart symbolized those awesome aspects of modern hospital practice to which a private practitioner could aspire. "To the physician in hospital practice, the temperature, pulse and respiratory records are regarded as indispensable, not alone to a careful recording of the course and nature of the disease, but as well to the intelligent treatment of same," he wrote in 1889. The very technology was regarded as not just an aid to increased efficiency but as itself leading to more efficacious therapy. "Conclusions drawn from hospital practice," this homeopath explained, "are more valuable and reliable than those drawn from the almost uniformly unsystematic and imperfect study of private cases."<sup>8</sup>

<sup>7</sup> J. Arthur Bullard, "The Medical Treatment of Appendicitis," *Hahnemannian Monthly*, 36(1901), 497, 501

<sup>8</sup> G. Maxwell Christine, "The Clinical Chart in Practice," *Hahnemannian Monthly*, 24(1889), 34. In this context, "private" meant not hospitalized

Traditional homeopathy also seemed to contradict the “newer” emphasis on acute care and the hospitalization of patients. In a spirited debate over the “discovery” of appendectomy conducted in the state homeopathic journal, Dr. Arthur Bullard, the “little red-schoolhouse” physician mentioned above, berated his colleagues for succumbing to the influence of elite urban practitioners in believing that appendicitis was a “surgical disease.” Surgery, a “localized” skill that seemed to deemphasize the holistic approach, had always had a precarious existence in homeopathic theory but was taught and practiced nonetheless. Bullard appealed to the fears of rural and non-elite urban practitioners with his picture of the surgeon who treats the appendix as a “coupon,” “knows not his materia medica. . . loves his scalpel, and who possesses the instincts of a hunter.” Such a surgeon was able to find acute appendicitis “in a thinly-settled ward” with almost phenomenal success. We of the “little pills,” Bullard commented, should be wary of such men and medicine. He claimed to have cured one hundred cases of appendicitis “without even the flash of the knife.”<sup>9</sup>

Bullard was answered scornfully by a Philadelphia physician in the following number of the *Hahnemannian Monthly*. Medical treatment of appendicitis after the first few hours, replied Theodore Chase, is no treatment at all, “simply medical observation.” Chase cited eminent pathologists and histologists to support his defense of surgical intervention, and added with offhand condescension:

Physicians within reach of our hospitals are able to see the evidence furnished by early operation in appendicitis, but the men who are in the remote country districts, who have not had the benefit of this training, should be guided by the opinion of the experts who are constantly having a wide experience of this life-saving work.<sup>10</sup>

Bullard had previously mocked such supposed “life-saving work” with a description of “ye gallant surgeon” who saves “another sweet life from the grave that yawned so desperately near,” and then reassures the apprehensive father with the words: “Thank heaven, my dear sir, that I was called in time; another twenty-nine minutes, and you would have lost your darling child.”<sup>11</sup> Like their rural counterparts, urban practitioners also questioned the place of hospital practice in homeopathy,

<sup>9</sup> Bullard, “Appendicitis,” 495, 496, 501.

<sup>10</sup> Theodore L. Chase, “A Criticism” *Hahnemannian Monthly* 36(1901), 580, 582.

<sup>11</sup> Bullard, “Appendicitis,” 496.

but for different reasons. Allopathic colleges and hospitals throughout the United States rarely admitted a self-confessed homeopathic student, and many homeopathic schools did not control ward privileges in public city hospitals or have the financial resources for more than a few beds of their own. A number of Philadelphia homeopaths were not content with such a marginal position in the city's medical circles.

In 1871, Hahnemann Medical College formally opened a hospital on the College grounds. Even before its doors opened to welcome the first patients, the hospital had exacerbated tensions within the city's homeopathic community. In November 1869, the Ladies' Homeopathic Hospital Fair Association, a group of enthusiastic community volunteers, organized a fund-raising fair to be held in the Horticultural Hall. To the surprise of some College faculty members, the fair was very successful, but the goal of those in the community who had helped organize the event was quickly seen to vary from the ideas of the College faculty. Those including Philadelphia homeopaths not associated with the College who had participated in the fund raising wanted the money to provide a stimulus for constructing a large general homeopathic hospital independent of the College. Such a hospital, presumably oriented toward traditional homeopathic values, would actively involve members of the lay community along with private practitioners not necessarily sympathetic to a modern "scientific" approach. The College trustees, however, used the funds to purchase College buildings and to construct a smaller hospital on the College grounds. A committee established by members of the homeopathic community still dissatisfied with this outcome requested the College to turn over its grounds and buildings to a board which would represent the whole homeopathic profession of Philadelphia, including laymen and non-elite practitioners as well as College faculty. The board recommended that a larger hospital be built and the College faculty be granted some clinical facilities. Some real estate was transferred to this board, but during the mid 1870s relations between College homeopaths and those associated with the new hospital were, in the words of Thomas Lindsley Bradford, Philadelphia homeopathy's historian, "rather strained."<sup>12</sup>

In April 1882 the College faculty members who were represented on

<sup>12</sup> Bradford, "Hahnemann Medical College," 300, 301.



the new hospital's board of trustees met secretly and resolved that "an important change should be made in the status of the Hospital, making it a Clinical Hospital subject to the Control of said faculty."<sup>13</sup> Clearly, occasional clinical privileges were not sufficient. The College faculty demanded greater medical control of the hospital both in administrative structure and therapeutics. Students at the College were to be given visiting rights at patients' bedsides, and the hospital was to become a teaching as well as a therapeutic institution. Thus, for the College faculty, homeopathic practice was to become more "scientific" and perhaps respectable through a greater emphasis on hospital-based training care.

The hospital trustees, despite their anger at the faculty's demands, acknowledged that the policies of Pennsylvania Hospital needed to be emulated. That institution was a "noble example," for it welcomed into its wards students of both allopathic and homeopathic belief. The trustees admitted that it would "ill become" a homeopathic institution to restrict or curtail any facilities it might possess to practitioners of any school just when many Philadelphia homeopaths were requesting access to the city's almhouse's wards. Both the hospital trustees and the College faculty must also have been aware that Pennsylvania and Jefferson medical schools had recently established their own teaching hospitals and had received state funds for doing so. A homeopathic hospital, the trustees agreed, should provide "such facilities to the College as may be practical to give toward the education of students" who would be permitted to visit its clinics or under proper precautions visit at its bedsides. However, the trustees were ambivalent about the extent of "modernizing" their hospital. They emphasized from the outset that: "in the opinion of this Board the present and the future usefulness of the Hospital will be best allowed by preserving its present free and independent character."<sup>14</sup>

The tensions demonstrated here between lay and medical members of the hospital and College boards show different conceptions of the place

<sup>13</sup> Trustees Minute Book, I, Special Meeting of the Board of Corporation Trustees of Hahnemann Medical College, April 29, 1882. All unpublished primary sources cited in this paper are housed in Hahnemann University's archival room, the Lucy F. Cooke Memorial Room, Philadelphia.

<sup>14</sup> Trustees Minute Book, *ibid.*

of homeopathy in contemporary medical practice. National and local homeopathic organizations had begun to promote an image of homeopathy as an alternative suitable not for the poor and ignorant but for members of the community who sought professionally educated and oriented practitioners. Regular practitioners made similar attempts to raise standards of care and training and to enhance their scientific authority. These efforts were influenced by European approaches and techniques. During the latter part of the nineteenth century, doctors attempted to professionalize by making it more difficult to enter their schools and societies. A growing number of young men were returning from Germany with a passion for research in the new sciences as a vocation rather than as a hobby subordinate to private practice. The hospital and the laboratory were to play important roles in the redefinition of medical education and care, and some homeopathic practitioners at least—such as College faculty members—were starting to pressure their medical community to be as “progressive” as the foremost allopathic institutions. They viewed the hospital, for example, as an institution best suited to the efficient administration of scientific techniques, not as a place in which vulnerable patients needed to be protected from the exploring and experimenting of all too eager doctors and medical students. This “progressive” view conflicted with that of lay members of the hospital board who continued to see increasing medical control of such institutions as unnecessary for their primary therapeutic and charitable function.<sup>15</sup>

On May 1, 1883, the College and hospital authorities parted company. Newly elected College trustees appointed a committee to plan the construction of a new hospital as well as a modern College building. This hospital was to be much more firmly under medical and College control. The old hospital closed, in part for financial reasons, but College faculty members managed to reopen its doors with their own financial backing. In 1885 the College and hospital again merged and the College established under a new charter the Hahnemann Medical

<sup>15</sup> For greater elaboration of these ideas concerning regular medicine in particular, see Rosenberg, “And Heal the Sick: The Hospital and the Patient in 19th Century America,” *Journal of Social History*, 10(1977), 428-447, Vogel, *The Invention of the Modern Hospital. Boston 1870-1930* (Chicago, 1980), and especially Rosenberg, “Inward Vision and Outward Glance: The Shaping of the American Hospital, 1880-1914,” *Bulletin of the History of Medicine* 53(1979), 346-391.

College and Hospital.<sup>16</sup> Lay members of the community continued to influence the organization of these institutions, but they found it increasingly difficult to contend with the growing power of the adherents of the ideology of scientific medicine within the College.

The first session in the new College building was held in 1886-87, and the first of the new Hospital buildings opened a year later. The external appearance of the new College and Hospital buildings was calculated to catch the eye of the prospective student or patient. Homeopaths had complained that many ambitious young men were impressed by the "glitter and glare" of some regular schools often associated with a prestigious university, drawing on the financial resources of the city and state, or connected with a vast municipal hospital with splendid clinical appointments and facilities. The power of these big hospitals did not end with the conclusion of a student's training, the editors of one homeopathic journal had reminded their readers in 1884, for "their influence and prestige are felt everywhere in the profession, and follow the student to the close of his life."<sup>17</sup> The new Hahnemann College building was colorfully designed, and students entering the 1884-85 session found their new school catalog promising such ornamental features as red terra cotta capitals, columns and window sills of Connecticut brown stone, and a roof of purple slate bordered with red Vermont slate and crestings and gutters of copper.<sup>18</sup> The main building of the new Hospital, "fitted up in handsome style," was located on Broad Street north of the city's center, conveniently in the midst of Philadelphia's "immense manufacturing district" and "the most central of any of Philadelphia's great hospitals." Of course it would be a "model of its kind, and a practical expression of the highest principles of hospital sanitation."<sup>19</sup>

The changes which occurred inside both the College and Hospital buildings were not dissimilar to those that regular medical students and practitioners were experiencing at the same time. The training of ho-

<sup>16</sup> Bradford, "Hahnemann Medical College."

<sup>17</sup> Editorial, "Some Impediments to the Progress of Homeopathy," *Hahnemannian Monthly*, 19(1884), 775. The editors were College professors E. A. Farrington and Pemberton Dudley.

<sup>18</sup> *Thirty-Seventh Annual Announcement of the Hahnemann Medical College and Hospital of Philadelphia 1884-1885*, 6.

<sup>19</sup> *Ibid.*, 8; *Annual Announcement* (1885-1886), 10.

meopaths was not significantly different from that of regular practitioners who taught and practiced in similar institutions. In fact, homeopaths and regulars in Philadelphia set up local societies, schools, hospitals and dispensaries more remarkable for their similarities than for their differences. Homeopaths and regulars both expressed a desire to integrate the values of the new laboratory researcher and hospital-trained physician into their system of medicine. For both systems, the growing importance of the hospital and the laboratory in medical practice and education reinforced tensions concerning the place of traditional conceptions of disease and care in these "scientific" and "efficient" institutional settings. For homeopaths, however, there was an additional aspect: they struggled to become more acceptable and respectable and to reject their association with quackery. These struggles were highlighted by homeopathic attempts to deal with the integration of new subjects in medicine, the new scientific discoveries and the increasing influence of the germ theory, the expense and prestige of expanding hospitals, and clinical and laboratory oriented research and practice.<sup>20</sup> Some homeopaths particularly scorned "wobblers," colleagues who rejected their homeopathic training and turned to the more socially acceptable and prestigious "old school," allopathy. Such men, one Philadelphia homeopath declared:

are always making excuses for being graduates of homeopathic institutions. . . The fawning and cringing attitude that men of this type adopt toward the old school is disgusting to any man who has a grain of self-respect in his make up. A mere crumb of recognition, an invitation to an old school medical gathering or an intimation that he might be received into one of their societies if he renounces his homeopathic views, fills the heart of one of these wobblers with great joy.<sup>21</sup>

A close examination of one homeopathic institution, Hahnemann Medical College and Hospital, suggests that, in fact, the training of

<sup>20</sup> For an example of the debate over the integration of the new sciences into homeopathy, compare: A.H. Seibert, "Hahnemannian Homeopathy Versus Present Day Methods," *Hahnemannian Monthly*, 44(1909), 527-528; Bullard, "Our School and Its Physicians," *Hahnemannian Monthly*, 34(1889), 334-335; M.W. Van Denburg, "Has Homeopathy Retrograded," *Hahnemannian Monthly*, 35(1900), 750.

<sup>21</sup> Editorial [Clarence Bartlett], "Standing Up for Homeopathy," *Hahnemannian Monthly*, 44(1909), 292.

homeopathic students and the care of homeopathic patients in Philadelphia was not as distinctive as orthodox homeopaths hoped and many regular practitioners assumed.

The training of homeopaths in Philadelphia occurred within a strongly community-oriented institution. Both the staff and students of Hahnemann Medical College came mainly from Pennsylvania and the surrounding region. Like the majority of irregular medical schools (and many regular schools as well) in the 1880s and 1890s, the College was privately financed, and students' fees were crucial to the maintenance of the building and the payment of faculty salaries. Consistently during this period, roughly sixty percent of College students and at least half of each graduating class came from Pennsylvania. A substantial number were from Philadelphia, and in the early 1890s as many as a third of the graduating class were from the city. The numbers of students graduating each year ranged from a low of forty-one in 1884 to a peak of seventy-seven in 1893; it decreased to around sixty by the turn of the century. Many students from within the state came from small towns in eastern Pennsylvania with significant German immigrant communities. There were also some smaller groups of students from nearby New Jersey and New York and from a variety of distant states, as well as a smaller number of foreign students from Germany and England. Although the College gradually raised its standards for admission and graduation, the numbers of students at Hahnemann continued to increase from 147 in 1883 to 281 in 1894, and the numbers remained in the mid-200s in the last years of the century.<sup>22</sup>

<sup>22</sup> These figures were obtained from a reading of College *Annual Announcements* over a period of twenty years. At the University of Pennsylvania's medical school, one of the College's major rivals, about sixty-five percent, similarly, of medical students came from within the state during the 1880s, dropping to fifty-five percent in the 1890s. Of these students only a quarter gave home addresses from the city area. New Jersey was the second most common state (seven percent), and there were smaller groups of students from New York, Delaware, Maryland and Ohio. These proportions stayed constant throughout the 1880s and 1890s, and are remarkably similar to those from Hahnemann Medical College, even though the University of Pennsylvania medical school was a regular and better known school. Comparable numbers of medical students at this latter school ranged from 377 in 1878, peaking at 920 in 1896, and decreasing to 566 by 1900. These figures were obtained from a reading of University of Pennsylvania *Annual Announcements* for selected years from 1878 to 1900. I acknowledge with thanks the courtesy of the University Archives archivist.

Like its regular rivals, the College lengthened sessions, increased fees, and began to try to raise educational standards by introducing and emphasizing laboratory and clinical instruction. Courses were graded, so that a student attended second year classes of a different content and standard from those he had completed in his first year. In the early 1880s a student had been required to pay a \$100 fee for one full session of lectures that he was obliged to sit through twice in order to be eligible for graduation or to pay an additional seventy dollars for an optional third year. Students also paid \$10 each for practical anatomy and surgery classes, and they paid the same extra fee if they wished to attend optional obstetrics and chemistry classes. Each session was five months long, and there was an optional spring course for an additional fifteen dollars. In 1884 the session length was increased to six months, and two years later students were charged \$100 for each session, with specified fees for "extras" abolished. The College introduced its first graded three-year course in 1886, and in the mid-1890s followed state regulations by lengthening the course of study to four years and tightening admission requirements.<sup>23</sup>

In 1886 the course structure was significantly altered. Throughout the 1870s and 1880s a College student's week had remained largely unchanged, consisting mainly of lectures attended by both freshmen and sophomores and a few specialist "clinics." Subjects included anatomy, microscopy, and chemistry, and students who had chosen to take the three-year course also attended special lectures on nervous diseases, physical diagnosis, and sanitary science. In the mid-1880s the curriculum was changed to include a much higher proportion of laboratory instruction, and much of the first year's clinical instruction was offered to senior students only. Lectures on "new" subjects such as pathology and physiology were incorporated. The College tried to institute 9 A.M. lectures, but by the late 1880s that experiment had clearly failed and students continued to start their day at the traditional hour of 10 A.M.<sup>24</sup>

The development of the teaching of pathology suggests that College faculty ignored the less "progressive" opinions concerning the proper direction of homeopathic education and care expressed by colleagues in

<sup>23</sup> *Ibid.*

<sup>24</sup> See for example *Annual Announcements*, (1880-1881), (1889-1890).

local homeopathic journals. In 1880 College students were offered each week two hours of "Practical Microscopy," a course which trained students in the use of this novel instrument and drilled them in the preparation and mounting of specimens. Senior students could take three hours a week of "Pathology and Practice of Medicine." In 1883 these courses became "Practical Microscopy and Histology" and "Pathological Anatomy." Three years later, with the grading of courses, the senior course was changed to "General Pathology and Morbid Anatomy," and in 1891, with another course upheaval, it became "Pathology and Physiological Histology." By 1891 the junior course had been renamed "Normal Histology." By the 1890s, then, microscopy as a separate subject had disappeared and had been replaced by subjects which assumed a familiarity with the microscope so that students could actually engage in laboratory work.<sup>25</sup>

In 1894 the word "bacteriology" appeared for the first time in a course title, as part of a special course for senior students. First year students were encouraged to discover that, by the late 1890s, their College provided them with an opportunity in "Normal Histology" to practice "cutting, staining and mounting specimens of normal tissues." Homeopathic education had travelled a great distance from the days when taking "Pathology and the Practice of Medicine" involved learning to "recognize and treat in accordance with the homeopathic method" various forms of disease, "as found in general and everyday practice." In fact, the College catalogs of the mid-1890s specifically refer to homeopathic practices only in the description of a fourth year students' materia medica course, and in the continuing use of textbooks written by authors associated with homeopathy.<sup>26</sup>

Even Samuel Hahnemann himself had become in his followers' eyes no longer a symbol of the mystery of homeopathy, a discoverer of the great natural law that "like cures like." Instead, as a College chemistry professor suggested, Hahnemann had been a cool clinical scientist, searching for truth, scornful of conservative medicine and timid

<sup>25</sup> Compare Russell C. Maulitz, "Pathology" in Ronald L. Numbers, ed., *The Education of American Physicians* (Berkeley, 1980)

<sup>26</sup> An obstetrics text, for example, written by College professor Joseph Guernsey, was assigned to students from the early 1880s and remained part of the curriculum until the mid 1890s. College professors Farrington and Raue wrote materia medica and therapeutics textbooks which were used for over a decade as well.

practitioners, basing his work on empirical research rather than theories or “fashion.” “A man to-day must diagnose disease in the light of modern pathology,” Charles Platt informed readers of the *Hahnemannian Monthly*. There is still an “ignorant belief” that homeopaths neglect the scientific side of medicine in their education and care, he complained. Yet Hahnemann was a man of “exceptional scientific attainments” who studied extensively, knew several languages including Latin and Greek, and approached a chemist’s skill and precision in his attitude to medical research. Touching on some of the controversial questions homeopaths debated during the last decades of the nineteenth century and early years of this century, Platt continued:

Have you ever come across one of these homeopathic physicians who boasts that he is a true Hahnemannian, that he gives his patients nothing but the single remedy in high potency, who sneers at local treatments, and palliatives, at vaccination, at antitoxin, at antiseptis, almost; who, in short, will have nothing to do with anything more modern than Hahnemann himself? . . . Such a man represents the class of men against whom Hahnemann fought all his life. Such men made up of the medical profession of Hahnemann’s day—men who would have nothing to do with the laboratory-working, investigating, experimenting Hahnemann. Hahnemann was almost the first to honestly seek for medical truth by scientific experiment. . . . [insisting] upon a utilization of later gained knowledge, and the raising of therapeutics, by laboratory work, from chaotic art to a science.<sup>27</sup>

As early as the 1880s, a lecturer at the College had concluded a talk with “an eloquent tribute to the memory of Hahnemann as a scientist, and exhorted his hearers to follow him in the laboratory, where observation learns to control authority by facts, which in the real essence are truths verified.”<sup>28</sup>

Homeopaths at Hahnemann were demanding much the same curriculum as their allopathic rivals.<sup>29</sup> Integrating such controversial new sciences as pathology proved more of a problem for rural and non-elite

<sup>27</sup> Charles Platt, “The value of Chemistry to the Practicing Physician,” *Hahnemannian Monthly* 44(1909), 355-359.

<sup>28</sup> George M. Dillow, “Some Elementary Points in the Diagnosis of Disease of the Kidney,” *Medical Institute of Philadelphia* [the College student journal], 3(1886), 58.

<sup>29</sup> See for example the recent collection edited by Numbers, *American Physicians*.



practitioners such as Bullard who wrote to the *Hahnemannian Monthly* than for their fellow homeopaths teaching at the College on Broad Street. Tensions between the homeopathic community, both lay and professional, and the privileged men who taught and practiced in the College and Hospital are apparent in an examination of the Hospital's internal history. College and Hospital homeopaths found that raising homeopathic care "from chaotic art to a science" was not to be so easily achieved by placing it within a new "scientific" institution. Patients were not always as eager as their Hospital physicians to embrace the scientific approach to homeopathy.

As the recent historical scholarship has suggested, regular hospitals were rarely places of calm, where the new scientific medicine was introduced to acquiescent patients.<sup>30</sup> Perhaps homeopathic care, with its emphasis on the patient's subjective sensations and with many of its adherents still suspicious of a modernized homeopathy, was even more difficult to administer. Historian Charles Rosenberg has suggested that in many general hospitals in the mid-nineteenth century administrative and medical staff worked in and shaped an environment in which the distinction between sickness and dependence was often blurred. In its early years Hahnemann Hospital was no exception. The picture of life in Hahnemann Hospital which can be glimpsed from the remaining records reflects many of the same problems occurring in regular institutions in other parts of the city. The staff minutes for the 1890s and early years of this century offer some sense of the day to day workings of Hospital wards. One of the most consistent themes through the collection of staff records is the struggles between lay and professional members of the homeopathic community: hospital and college staff against trustees, visiting managers, lay administrators and, of course, private patients.

Hospital staff members found that the Hospital Board's concern for efficiency and economy undermined their own medical authority. The Board consistently underpaid the Hospital's nurses, men and women who kept leaving for better paid positions elsewhere. The Board was

<sup>30</sup> For important recent studies of the "new" hospital see the essays in the collection edited by Susan Reverby and David Rosner, *Health Care in America: Essays in Social History* (Philadelphia, 1979), particularly Vogel, "The Transformation of the American Hospital, 1850-1920," 105-116. See also Rosenberg, "Inward Vision and Outward Glimpse," and Vogel, *Modern Hospital*.

willing, however, to fund activities it considered of higher priority. In 1897, for example, the Board overruled a staff resolution rejecting the adoption of a treatment for "hydrophobia" due to its expense and the lack of room. At their August meeting staff members were informed that such a treatment was to be carried out for six months, and a special staff committee advised colleagues to agree, in order "to avoid giving offense to perhaps some of the friends of the Hospital."<sup>31</sup>

Technology was also a contentious issue in the struggles between lay and medical conceptions of the Hospital. Superintendents and Board members complained to the medical staff about the excessive and careless use of hospital equipment such as sponges and catgut. Free syringes were being provided, presumably to Dispensary patients, "to excess." The Hospital's Ladies' Board berated the medical and nursing staff for their "ruthless destruction of newly made garments" during operations.<sup>32</sup> Further, there were constant attempts throughout the 1890s and early twentieth century to standardize procedures of admission, recordkeeping, diagnosis and drug dispensing—to make Hahnemann Hospital as up-to-date as any regular institution.

The Hospital staff minute book clearly indicates conflict over a homeopathic question in 1898. A staff meeting provided the arena for a debate on the question of proprietary medicines. The Dispensary had frequently been the focus of conflict between the Hospital's proclaimed homeopathic treatments and its physicians' and patients' needs. Staff had often been told that no proprietary or "compound" medicines be made up. In theory, a homeopathic hospital ought never dispense any mixed (compound) drugs (and particularly those already made up, presumably by non-homeopaths). However, private patients—already conspicuous by their complaints about Hospital residents who smoked in the wards, leaned on occupied beds, and made unnecessary and too frequent visits—were not anxious to turn over complete therapeutic control to the medical staff. Hospital regulations recognized that relatives and friends frequently brought medicines into the Hospital along with food and drink.<sup>33</sup> Many house staff members were dissatisfied

<sup>31</sup> Hospital Staff Minute Book, entitled (and hereinafter) "Record," July 2, 1897; Aug. 6, 1897.

<sup>32</sup> "Record," Nov. 6, 1896; March 6, 1896.

<sup>33</sup> See *Hospital Tidings*, 1(1896), 12.

with their inadequate control of patients' therapy; in the midst of one heated discussion during their March meeting in 1898, the portrait of Samuel Hahnemann hanging on the staff room wall was said to have "looked uneasy." The staff passed a motion for the prohibition of "proprietary" medicines but, as with other staff proposals for restricting food and drink within the Hospital, then severely weakened it by an amendment with the words "unless endorsed by the attending physician." In later years the Hospital staff conceded the existence of such constant allopathic prescribing—be it secret tonics or drugs ground and mixed in a nonhomeopathic pharmacy—and requested that all private patients pay for nonhomeopathic medicines.<sup>34</sup>

The homeopathic community outside the Hospital, both lay and professional, would continue to influence the running and reshaping of Hahnemann Hospital throughout the 1890s and into this century. As late as 1911, a staff member proposed that a letter be sent to all homeopathic physicians "stating that the Hospital has been enlarged, and that the patients of these doctors will be gladly cared for."<sup>35</sup> Many homeopaths, presumably, had remained unconvinced that their patients, particularly their private patients, would find a modern homeopathic hospital an appropriate or satisfactory place in which to receive medical care. Prospective private patients also seem to have needed persuasion. But nevertheless, like the College, Hospital staff members were gradually managing to wrest control of this new institutional setting for "scientific" homeopathic care from the hands of the lay homeopathic community, and even from their professional conservative brethren. Through the 1890s Hahnemann Hospital increasingly tried to become a modern scientific institution which could provide the most up-to-date training and varied experience for ambitious homeopathic medical students and young homeopaths. Here homeopathy could appear shorn of its "harmless" and "domestic" antecedents; here it could attract not only patients seeking dispensary and emergency facilities, such as local workers, but also their employers anxious to receive medical care in an environment which promised the least pain and inconvenience, the most modern technology, and services at least equal to those of a hotel or even a home.

<sup>34</sup> "Record," March 4, 1898.

<sup>35</sup> "Record," May 4, 1911.

The experiences of one young homeopathic pathologist provide a final example of the efforts by homeopaths to place homeopathy within a modern and "scientific" context. Philip Sharpless Hall was born in Philadelphia in 1867, the son of a prosperous coal dealer. He graduated from Hahnemann Medical College in 1891, and a year later married Gertrude Ervin, the daughter of a city banker. Like an increasing number of his regular medical peers who were interested in the new sciences, Hall and his wife spent two years in Europe, where Hall studied pathology in Heidelberg. Hall returned to Philadelphia to take up a position at his alma mater as Professor of Pathology, following the College tradition of appointing graduates to teaching positions. In 1895, a year later, Hall was also appointed pathologist to Hahnemann Hospital. This was a new office which had only been created a few years previously. Hall worked with an assistant, usually a recent College graduate who was also a junior member of the Dispensary staff. However, being assistant to the Hospital pathologist did not seem to have been considered any feather in an ambitious young man's cap, and only one of these young men stayed with Hall any longer than the required year during the 1890s.<sup>36</sup>

Hall was not content to confine his pathological work within the Hospital and College settings. Sometime during these years he issued a card advertising his services as a pathologist to the medical community generally. From his own office on Arch Street, not far from the Hospital, Hall offered to provide "General Pathological Work for the Profession Only." This work included a "complete examination of urine" for five dollars, "examination of Pathological tissue" and "bacteriological examinations" each for five dollars, and "autopsies, minimum price. . . \$10.00." Physicians requiring any of these services were reminded of the need for *fresh* material, such as tumors, tissue and urine. They needed to supply, for example, the whole product of the

<sup>36</sup> Information concerning Hall and other homeopaths of this period has been taken from Bradford's "Biography of Homeopathic Physicians Collection," (Philadelphia, 1916). These "Scrapbooks" are housed at Hahnemann University's Lucy F. Cooke Memorial Room. Other information about Hall has been obtained from reading College *Annual Announcements* and Hospital *Annual Reports*.

kidneys for a full twenty-four hour period.<sup>37</sup>

Whatever the extent of Hall's success in the homeopathic community generally, he emerges from the pages of the Hospital staff minutes as a powerless outsider. He was involved in an number of medical and administrative problems faced by many regular and homeopathic scientific researchers based in similar hospitals during this period. Hall first appeared complaining to his colleagues about the difficulty of securing post mortems, as "valuable specimens" were being lost to the Hospital and College through a lack of any systematic method of guaranteeing autopsies. This charge reminded another staff member of another inefficiency—the delay in the examination and report of that most practical and widely used aspect of pathology work in a hospital: urine analysis. Hall's response was angry. Specimens were sent to him only irregularly, he retorted. He requested that nurses should collect urine specimens and deposit them outside the wards so that an orderly could collect and place them on a table outside the pathology room—all not later than 10 A.M. each morning.<sup>38</sup> Nurses and hospital servants, like residents and medical students, were rarely known for their appreciation of the virtues of punctuality and efficiency.

Even such routine work as urine analysis was not without its difficulties. In another meeting in 1896, Hall complained that the urine of too many female patients was being furnished to him uncatheterized. Four years later, staff members were still dissatisfied with his urine examinations, and they asked Hall to detail his facilities for providing blood and spleen analyses as well. Hall used the opportunity to inform his colleagues about the real conditions of hospital pathological work. Urine examinations, Hall responded at the next staff meeting, were often made by residents over whom he had insufficient jurisdiction, and who did not have sufficient time anyway. Three years earlier Hall had requested two assistants and had received two young men but only for that year. At this meeting in 1900, Hall suggested, rather hopelessly,

<sup>37</sup> For works discussing the careers and experiences of regularly trained pathologists in this period see William G. Rothstein, "Pathology The Evolution of a Speciality in American Medicine," *Medical Care*, 18(1979), Rosemary Stevens, *American Medicine and the Public Interest* (New Haven, 1971), 41-48, Thomas Neville Bonner, *American Doctors and German Universities: A Chapter in International Intellectual Relations 1870-1914* (Lincoln, 1963), and Maulitz, "Pathology."

<sup>38</sup> "Record," Sept. 4, 1896

than an "outside man" be appointed to come in daily and do this routine work. There was not even adequate room for the appropriate instruments for urine analysis, he told the other staff members, and his present quarters were "unfit for a man to work in."<sup>39</sup>

Hall's final appearance in the staff minutes was in 1902. He called attention to the fact that "the blank forms for examination of pathological specimens are not properly filled out and signed by members of staff desiring this work."<sup>40</sup> His cry was echoed in the final meeting in 1916 of the staff in minutes that were recorded in handwritten scrawls. The staff of the Hospital came together to discuss the "improvement of records." Dr. Clarence Bartlett, an old College professor and author of a number of well-known homeopathic textbooks, moved that, "cases shall be transferred only when the order is written on a blue sheet and signed by [a] Staff physician requesting transfer and that a copy of the resolution be sent to every member of Staff."<sup>41</sup> Perhaps these homeopaths had accepted their Hospital's concern with recordkeeping and efficiency and were willing to believe questions of the place and direction of homeopathy already resolved.

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The modernization of homeopathic medicine involved reshaping the vision of medical education and care and imposing a direction determined by medical and professional needs, rather than by lay determinants, whether patients, patrons, or members of the various Boards and Auxiliaries. The entrance of homeopathy into the modern hospital was not accomplished without resistance. Homeopathy had been structured by a view of the world in which body and environment were intimately connected; in this view, medical diagnosis and care focused on the patient's surroundings and feelings. By the last decade of the nineteenth century, homeopaths, particularly those teaching and practicing in elite urban institutions, had begun to emphasize a "modern" approach that valued precision, detachment, efficiency, medical rather than lay control, and "scientific" rather than social definitions of sickness and health.

<sup>39</sup> "Record," Oct. 2, 1896; Oct. 8, 1900; Nov. 12, 1900.

<sup>40</sup> "Record," June 9, 1902.

<sup>41</sup> "Record," Feb. 25, 1916.

This revised homeopathic perspective was oriented inward, into the deadhouse, the pathological laboratory, the clean and orderly hospital ward. As scientific physicians, homeopaths could now dissect the body into organs and tissues and sever the patient from his environment and family.

Modernizing homeopathy exacerbated tensions within the homeopathic community. Various factions had conflicting views about the function and place of homeopathy in the age of scientific medicine. However, many of these conflicts were not unusual. Many regular practitioners were experiencing the same problems working in institutions structured by traditional lay views of medical care and physician's role. The new institutional contexts in which medical students were taught and trained made possible a new relationship between doctor and patient. The students marching through Philadelphia in 1893 proclaimed that "The world moves—so do we." The early history of Hahnemann Medical College and Hospital shows that the motto was also true for homeopathy.

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