

# Triumph of the light— isopathy and the rise of transcendental homeopathy, 1830–1920

P Morrell

*J Med Ethics: Medical Humanities* 2003;29:22–32

Correspondence to:  
P Morrell, Department of  
Sociology, Staffordshire  
University, College Road,  
Stoke on Trent ST4 2DE,  
UK;  
peter1.morrell@virgin.net

Revised version received  
28 August 2002  
Accepted for publication  
18 October 2002

Modern homeopathy dwells in a nebulous and metaphysical realm into which few non-homeopathic doctors would venture; a very different world and speaking a language virtually incomprehensible to science. Fundamentally incompatible systems, their highly sophisticated conceptions of “disease” and “cure” are sufficiently divergent to prevent their peaceful coexistence. Can the best of modern scientific medicine be reconciled with this recently resuscitated “medical Lazarus”? Could a creative dialogue be established? This article explores the development of modern homeopathic thinking between 1830 and 1920, charting a discourse within homeopathy initiated in the 1830s with reference to use of “higher potencies” and disease products (“nosodes”). Incorporation of disease products into the homeopathic mainstream killed off and supplanted the earlier allopathic version of homeopathy, encouraged the use of higher potencies, and legitimated a widespread adoption of metaphysical views within the movement, here termed “transcendental homeopathy”.

Long before the birth of bacteriotherapy ... homeopathic physicians carried out investigation in their own way, and discovered similar medicines, and effected numerous cures ... Hydrophobium was proved in 1833 ... 50 years before Pasteur ... many others followed.<sup>1</sup>

Developed in 1790s Saxony by Dr Samuel Hahnemann (1755–1843), homeopathy gives to the sick drugs that can induce similar symptoms in the healthy (*similia similibus*).<sup>2</sup> Seeking through experimentation to radically improve the ineffective medicine of his day, and partly inspired by studies of poisonings, he conducted “provings” of single drugs on healthy volunteers, and compiled a new *materia medica*, by detailing their precise symptoms. Having studied at Leipzig, Vienna, and Erlangen, where he graduated in 1779, Hahnemann was a controversial figure, who attracted many students; homeopathy spread rapidly throughout Europe, Russia, and the Americas. In 1798, as a result of further experiments, he introduced infinitesimal doses of drugs, using centesimal dilution scales, in which one part of the drug—for example, a plant tincture was diluted with 99 parts of dilute spirit and vigorously shaken (succussion). For insoluble drugs—for example, oyster shell, or *Lycopodium* (pollen), prolonged grinding (trituration) with milk sugar replaced shaking in dilute spirit.<sup>3</sup>

Homeopathy employs single drugs and small doses, based on similars and the overall features of the case (patient totality) rather than upon named diseases. In 1828, Hahnemann announced the miasm theory of chronic diseases,<sup>4</sup> which stirred up controversy and dissent. His main works were the *Organon* (1810, but revised five times to 1842), the *Chronic Diseases* (1828) and the *Materia Medica Pura* (1811), numerous essays and scientific papers, and 21 translations into German of key medical texts from Italian, English, and French, including William Cullen’s pivotal *Materia Medica* of 1790.

Homeopathy was brought to the UK in 1828 by Dr Frederic Quin (1799–1878), who established a London practice in July 1832<sup>5</sup>; the British Homeopathic Society (1844); the London Homeopathic Hospital (1849), and the *British Journal of Homeopathy* (1848). An Edinburgh graduate and aristocrat, he was physician to the Belgian King Leopold (1790–1865) from 1827–29,<sup>5</sup> to Queen Adelaide (1792–1849) and to Elizabeth Cavendish, Duchess of Devonshire (1758–1824). He was the

only British homeopath who had studied directly with Hahnemann, in Coethen, in 1826<sup>6</sup>; in Moravia to treat cholera,<sup>5</sup> and then in Paris from 1830. Quin “combined great charm and close aristocratic connections,”<sup>6</sup> which meant that homeopathy “got a firm hold of the highest grades of society first of all.”<sup>5</sup>

By midcentury, homeopathy in Britain had become something of a medical cause celebre. Quin was a man of tremendous charisma and integrity, well connected, at ease in high society and on friendly terms with everyone who mattered,<sup>7</sup> even being in later life a dining partner of the Prince of Wales, the future King Edward VII (1841–1910). Quin’s efforts obviously rendered homeopathy as palatable to the social elite and ruling classes in London and the fashionable resorts, as it became with royals throughout Europe. He frequently visited Hahnemann in his last years (1835–43) in Paris.

While some physicians regarded homeopathy as “an innocent and harmless species of quackery”,<sup>8</sup> others ridiculed it as “medical superstition and pretension”,<sup>9</sup> condemning the processes of trituration and succussion as “magical ceremonies and the tricks of conjurors”.<sup>10</sup> Apart from vilification heaped upon homeopaths by the mainstream, and many doctors refusing to meet homeopaths in consultation, powerful divisions soon became apparent during the 1830s over some of Hahnemann’s more contentious doctrines; concerning the use of high dilutions of drugs, and the miasm theory (1828), which portrayed all chronic disease as deriving from ancient and internalised dyscrasias, rooted in syphilis, gonorrhoea, and psora (suppressed skin eruptions). In the 1830s, those who favoured such transcendental doctrines, especially in the USA, also developed isopathic drugs (nosodes) derived from diseased tissues,<sup>11</sup> such as *Tuberculinum bovinum* from the lung of a tubercular cow. They devised mechanical contrivances (fluxion machines)<sup>12</sup> for preparing the higher centesimal potencies, upon which their practice became based. It is these aspects of homeopathy, and their impact, that form the focus of this essay.

Homeopathy seems to emphasise a more spiritual aspect in medicine than is recognised by allopaths. Aphorism nine of Hahnemann’s *Organon*—for example, speaks of the material organism being governed by a vital force or “spiritual principle ... that rules with unbounded sway”.<sup>13</sup> The germ theory,

emerging in the 1880s with Koch (1843–1910) and Pasteur (1822–95)<sup>14</sup> actually succeeded and paralleled the nosode movement in homeopathy. “Burnett’s Bacillinum was prepared from ... sputum whereas Koch’s preparation was made from a culture of the bacillus ... by 1914 most homeopathic doctors used both Bacillinum and Tuberculin”.<sup>15</sup> The therapeutics of such preparations varied widely: “Tuberculinum has for years been helpfully given in meningitis, hereditary and inveterate headaches, hectic fever, night sweats, cough with tuberculous expectoration ...”<sup>16</sup> A conflict emerged within the movement, one between darkness and light, between the material and the spiritual. Sceptical of the germ theory, homeopaths consider patient susceptibility as a more credible explanation of the facts of disease.<sup>17</sup> This susceptibility was deemed to “exist in the vital force, and not in the tissues”,<sup>18</sup> because if a man was “in perfect health he would not be susceptible”.<sup>19</sup> The nosode technique was grounded in 1850s experimentation with disease products: “It must be over fifteen years since I first ... [used] the viruses of certain diseases against the diseases themselves”<sup>20</sup>; “I beg publicly to thank Dr Skinner, of London, for inducing me, sixteen years ago, to administer the virus of a disease therapeutically.”<sup>21</sup> It was based upon the proving: “I took [Tuberculinum] myself in varying doses at various times ... in the form of pillules”.<sup>22</sup> Yet, they clearly believed that diseased tissue contains some kind of “healing essence” that can be set to good use.

### A ROMANTIC OUTLOOK

Homeopaths drew some inspiration from esoteric sources, religious, and metaphysical traditions that share a vitalist view of the organism. For example, Simpson claims homeopathy is reliant upon “a spiritual medicinal power”,<sup>23</sup> and homeopaths viewed the phenomena of life, disease, and cure through essentialist eyes: “the outer world is the world of results”.<sup>24</sup> Much homeopathic theory reflects this essentialist view, using concepts such as potency energy, similars, resonance, layers, miasms, and vital force. Even the concept of *constitution* in homeopathy is rather complex and nebulous.<sup>25</sup> Homeopaths have tended towards vitalist and spiritual ideas, and to be sympathetic to concepts such as the soul or spirit, an afterlife, reincarnation, pacifism, vegetarianism, Druidism, paganism, etc, which believe in spirit in all life forms and in the earth itself. Such views bring it closer to Goethe, Steiner, anthroposophy, organic gardening and biodynamic agriculture, and a belief in innate essences in nature, and the soil<sup>26</sup> concepts that seem implicit to the use of microdoses. Both the organic food and alternative health movements resonate and have inspired the revival of each other.

Such views suggest that homeopathy was influenced by Romantic philosophy in the 1790s, just as the recent revival of alternative medicine can be linked to the distant cultural grandchildren of those times: hippies, back to nature pacifists, and political rebels of the 1960s and 70s,<sup>27</sup> who wished to “protest against established society”,<sup>28</sup> and celebrate a “truly do it yourself participatory element”,<sup>28</sup> hostile to the collective power of experts in fields like medicine. The root and branch revolution that hippies were creating for music, sex, art, racial equality, and looser social morals appealed to the “alternative health types” who derided an arrogant and patrician allopathic medical establishment.

Suspicious of science, these movements shared a trust in nature, proletarian politics, and macrobiotics, and a rejection of overchemicalised food, fertilisers, synthetic drugs, and the “throwaway society”. Such “nonconformist, broadly counter-cultural types”,<sup>29</sup> all celebrated “the creative individual”,<sup>29</sup> and had a “clear philosophy condemnatory of capitalist and consumerist society”.<sup>29</sup> The parallels are substantial, both rejecting authority, and regarding the rights of individuals to stand supreme over corporatism and mass

commercialisation.<sup>30</sup> The historical location of the alternative medicine revival, between 1975 and 1980, is hard to locate more precisely, but articles peaked in 1978–9.<sup>31</sup>

Such an impulse, with its pantheistic spiritual outlook, was as suspicious of scientific rationalism as was Romanticism. On this point, it is likely that Hahnemann concurred with Queen Victoria, for whom “all the intellectual and artistic developments of her age flowed by her unnoticed”.<sup>32</sup> Also he was as indifferent to the philosophical developments of his day as to its political upheavals,<sup>33</sup> for “we possess no definite references in his writings to a close intellectual connection with any of the contemporary German poets or intellectual giants. Not a word is mentioned of Goethe or Schiller”.<sup>34</sup> In a letter to von Villers, Hahnemann complains of the “enormous effort [required] ... to understand even [Kant’s] *Critique of Pure Reason*, as so many German born scientists cannot fathom or understand Kant, let alone translate him. ... I only value Plato when he is quite comprehensible.”<sup>35</sup> He struggled in his study of philosophy.

Being “an eclectic”,<sup>34</sup> it is doubtful that Hahnemann embraced any philosophical system of his day, as they “offered him little satisfaction”.<sup>34</sup> In his schooldays, he had followed Descartes, Spinoza, and Leibniz, and then “proceeded to vitalism and to the Naturalism of Schelling and Hegel. He advanced beyond this into spiritualism, and for a time lost his way in occultism ... he was a strong opponent of materialism ... he rejected materialism ... as an outlook on life and as a fundament of his new theory.”<sup>34</sup> Homeopathy bears unmistakably essentialist hallmarks, such as “the conception of dynamisation, in potentising, in giving medicines to smell, and in the long intervals between the individual small doses ... the purely spiritual [the dynamic] came more and more into the foreground ...”<sup>34</sup> Even though Hahnemann condemned philosophers after Kant for writing “even more mystically than Kant”,<sup>35</sup> yet some thought the Naturphilosophie “of Hegel and Schelling ... actually afforded help to the rising of homeopathy”.<sup>36</sup> Hard evidence for this inferred influence remains elusive.

On the other hand, Hahnemann frequently condemned speculative metaphysics, astrology, and theology, and their mediæval supernatural garb, with which he had little patience: “... metaphysical, mystical, and supernatural speculations, which idle and self sufficient visionaries have devised;”<sup>37</sup> “... now the influence of the stars, now that of evil spirits and witchcraft ...”<sup>38</sup> In an especially contemptuous blast, Hahnemann even questions how “old astrology was to explain what puzzled modern natural philosophy”.<sup>39</sup> “[We] were fooled by the natural philosophers ... their whole conception—so unintelligible, so hollow and unmeaning, that no clear sense could be drawn from it.”<sup>40</sup> We can therefore see in the man, and in the movement he spawned, the influences of Enlightenment inspired science and experiment on one side, and mediæval metaphysics on the other.

In the 1780s and 1790s, “faith in the powers of reason and science was by no means universally held, even in the mideighteenth century in Western Europe ... the first formidable attack upon it, uncompromising, violent and fraught with lasting consequences, came from Germany”.<sup>41</sup> There emerged a divide between Enlightenment and Romantic philosophers.<sup>42</sup> Homeopathy is undoubtedly still imprinted with both influences, and to an almost equal degree—signalling considerable ambivalence within Hahnemann himself.

The keen feeling of cultural isolation and intellectual inferiority to France, and the emergence of “an idealistic synthesis which appealed to the romantic mood of the German people”,<sup>43</sup> meant that “for nearly a generation, German physicians remained philosophically aloof from the achievements of the French School”,<sup>43</sup> and deeply ambivalent regarding rationalism in all its then emerging forms. It is sobering to think that until the 1860s, the works of Goethe and Hegel

enjoyed greater influence and respect in German medical schools than did microscopy.<sup>44</sup>

### ISOPATHISTS

The attitude of homeopaths is reflected in their view of isopathy, higher potencies, nosodes, and the miasm theory, because it is these topics that most clearly demarcate those of a more spiritual disposition from the materialists, revealing the “intraprofessional tensions over what constitutes proper homeopathic practice”.<sup>45</sup> Isopathy, the use of diseased tissues as drugs, or “the cure of diseases by their own morbid products or the supposed exciting causes, are, far from being a novelty, on the contrary of very ancient date”.<sup>46</sup> Robert Dudgeon (1820–1904) was in no doubt that “the honour of having introduced isopathic heresies into the homeopathic school ... [falls upon] our transatlantic friend Dr Constantine Hering”,<sup>46</sup> who, according to Dudgeon, simply raked isopathy “up from the dust and rubbish of antiquity ... much encouraged by Gross and systematised by Lux”.<sup>47</sup>

Yet, other homeopaths took a more generous view of “the indispensable curative service of the products of disease ... safely administered in sickness”.<sup>46</sup> “For the past five years I have regularly used the bacillus virus as part of my daily practice ... with great satisfaction”<sup>48</sup>; “I think very highly of Koch’s remedy ... I use it in high potency ...”.<sup>49</sup> In particular, it was claimed, nosodes—that is, disease products, could be used to neutralise internalised illness states (dyscrasias), and to remove invisible “taints”: “the nosode has removed the miasmatic block”,<sup>50</sup> ensuring that “the remedy will work again after the block is removed . . .”.<sup>50</sup> This much at least has been the empirical observation of their regular use in clinical practice: nosodes were not so well proven as “well known polychrests ... but have been so successful”<sup>51</sup>; their use “depends more on clinical experience...[which has] accumulated for many years and has been checked by the experience of so many practitioners that it is considered trustworthy”.<sup>51</sup>

Yet, Dudgeon denounces isopathists outright as “homeopathic heretics distinguished for the eccentricity of their aberrations”.<sup>46</sup> Such strong language reveals his abhorrence for that type of person, exposing him as a “non-believer” in miasms, who poured nothing but scorn on the entire theory. Dudgeon and another leading British homeopath, Richard Hughes (1836–1902), “were ‘pathological prescribers’, their ideas contrasting with those of Frederic Quin”,<sup>52</sup> who mostly used a higher potency, like Hahnemann.<sup>53</sup> The low potency pathological approach dominated early British homeopathy, circa 1830–1870. Dudgeon’s emotive language reveals him as almost an allopath, unable to conceive of anything beyond the rather rigid ideas at the core of homeopathy—single drug, similars, and small doses, provings. For example, he “regretted that the word ‘homeopathy’ had ever been coined and declined to accept the nickname of ‘homeopath’”.<sup>54</sup> He thought “the doctrine of the vital force had been dead and buried half a century”,<sup>54</sup> and was “shocked at any attempt to resurrect it”.<sup>54</sup> He also distrusted “the theories built around the process of dynamisation”,<sup>54</sup> of medicines using dilution and shaking.

One of Hahnemann’s star pupils, Clemens von Boenninghausen, had little patience with low potency types like Dudgeon, calling them “amphibians ... neither homeopaths nor allopaths ... giving low dilutions in frequent repetition”.<sup>55</sup> This echoes Hahnemann himself when he said: “the converted are only hybrids, amphibians”.<sup>56</sup> Such tensions between the “genuine homeopaths and the pretenders”,<sup>57</sup> were soon to grow.

Dudgeon clung doggedly to a tidy image of homeopathy of the weaker allopathic type. Threatened by the challenge high potencies and nosodes posed to his rigid medical beliefs, he simply did not *want* them to be true. For such low dosage,

eclectic homeopaths, the “dangerous” high potency homeopaths “were hopelessly unscientific, metaphysical, and a recipe for the permanent closure of doors to professional credibility”.<sup>58</sup> Thus, their real problem concerned prestige and a desire to see homeopathy tied more firmly to the allopathic mainstream. Transcendental methods and ideas seriously compromised such a cosy arrangement.

Portraying Dr Hering (1800–1880) as “the original suggester of the heresy”,<sup>46</sup> isopathy, Dudgeon contends, is “stretching the principles of homeopathy too far”.<sup>47</sup> It is “a clumsy attempt to revive the doctrine of signatures under a most irrational and repulsive form”,<sup>46</sup> which he depicts as “ineffable trash”.<sup>48</sup> While isopathy does stretch the principles of homeopathy, yet at its core, there sits an empirical record of some real cures. Attempts to dismiss the doctrine do not comprise measured intellectual invalidations, but resemble acts of disbelief and prejudice. Some prominent and respected homeopaths, such as Boenninghausen, repeatedly testified in long medical careers to the power of these high potencies: “the great curative power ... of high potencies ... since I almost exclusively employ these”<sup>49</sup>; “the efficiency of high potencies ... [is] beyond all doubt”<sup>59</sup>; “since 1844 ... I have used high potencies almost exclusively”.<sup>60</sup> Undoubtedly, Dudgeon and others dismissed such claims and wished they would go away.

Dudgeon also confuses isopathy with much absurd material from antiquity, claiming: “Galen says that the brains of a camel are a cure for epilepsy”,<sup>61</sup> and that “the organs of foxes, wolves, dogs, sheep, and swine are arbitrarily selected for supplying the remedial agent”.<sup>62</sup> This seems like a desperate attempt to smear isopathy with any dirt he can find, including ancient and halfbaked material on “signatures”, claiming that much of it is “the offspring of a prurient imagination or a most perverted pathological creed”.<sup>62</sup> Demonising isopathists as extreme deviants within homeopathy, a sect within a sect, and opponents of true homeopathy, he calls for them to be expelled from the “mother church” and all ties to be severed.

Condemning nosodes as having no proven therapeutic value and bringing embarrassment to homeopathy as a whole, this revealed his undeclared desire to pull homeopathy closer to the allopathic mainstream. He stigmatised isopathists as unwanted heretics, referring to the “extravagances of the isopathists”,<sup>62</sup> meaning their use of nosodes and the higher potencies, adopted in the light of the miasm theory.<sup>63</sup> Being unable, however, to expel them by sound intellectual invalidation based upon actual homeopathic principles culled from the *Organon*—for example, Dudgeon deviantised them as just “too weird”. He always answers his own rhetorical question: “can we admit the truth of the isopathic principle as a rule of cure”<sup>65</sup> with a resounding “no”.

Accusing isopathy of being saddled with logical inconsistencies, he claims many nosodes have no rational basis because they are not real remedies: “to give the morbid products of noncontagious diseases and the morbid matters excreted by some contagious diseases, which do not, however, contain the contagious principle of the disease ... these matters are not capable of producing the disease in healthy individuals”.<sup>62</sup> Elaborating this theme further, he claims: “the infecting principle of measles is contained in the blood ... the matter of ophthalmia neonatorum contains undoubtedly a contagious principle ... therefore, it is with respect to these and similar matters only that the isopathic principle can be applied, for they alone are capable of inducing in the healthy the disease to which they owe their origin”.<sup>65</sup>

His strategy is open to criticism as a clear deviation from mainstream homeopathic principles. By implying that only toxic, infectious or contagious materials can yield homeopathic drugs, he clearly abandons the usual homeopathic essentialism. Though many nosodes were not proven, yet their empirical use as adjuncts and intercurrent remedies conferred upon them great credibility and validity, reinforcing their regular use by growing numbers of respected homeopaths.

Transcendental homeopaths regarded nosodes such as *Carcinosisin* and *Tuberculinum*, as valid remedies, not because they contain any poison, virus, or contagious matter, as Dudgeon demands, but because they are imbued with the “secret essence” of cancer and TB, deriving from the diseased tissue itself. Similarly, in remedies like Sol, Luna, or x ray, the lactose has been exposed to and captured the essence of sunshine, moonlight, or x rays: “imponderabilia [like] electricity and the x ray are both capable of potentisation”<sup>66</sup>; “Lyssin, or Hydrophobinum; saliva of a rabid dog ... introduced and proved by Hering in 1833, fifty years before the crude experiments of Pasteur with the serum”<sup>67</sup>; “Electricitas ... the potencies were prepared from milk sugar which has been saturated with the current”.<sup>68</sup> Such diseased tissue is deemed to contain the “essence” of that disease, its fundamental but invisible disease creating force, which is the same as Simpson’s “spiritual medicinal power”, but lacks any infective material.

This is an essentialist point of view inherent to homeopathy, and has nothing to do with any “contagious principle” alleged by Dudgeon. The use of nosodes was not based upon “belief”, supposition, or superstition, even though Dudgeon suggests “these isopathic preparations seem to accommodate themselves remarkably to the pathological views of those who administer them”,<sup>69</sup> which seems an astonishing claim for a homeopath to make. Their use was always grounded in clinical experience.<sup>70</sup>

Because Dudgeon believes that no symptoms can derive from non-contagious material, therefore no cures can devolve from them either. In other words, all provings, and implicitly, all cures, must involve the use of “toxic” (symptom producing) material. In this sense, he denies any natural sympathy that might pertain between a drug and its effects, which modern homeopaths see as innate, and which Dudgeon insists, must be chemically detectable and pathogenic. This is like Simpson saying that “no poison in the billionth or decillionth ... would in the least degree affect a man or harm a fly”.<sup>71</sup> It reads like the outright demolition of a core homeopathic principle and its replacement with a very material and literal reading of a fundamentally allopathic principle.

Dudgeon conveniently ignores Hahnemann’s contention that many otherwise medicinally inert substances can be converted into powerful medicinal agents by potentisation, in line with the maxim that “everything that can hurt is something that can heal”.<sup>72</sup> Indeed, Shakespeare once observed: “in the infant rind of this small flower, poison hath residence and medicine power”,<sup>73</sup> and although it is self evident that “drugs, in crude form ... [do] have the power to make even well people sick”,<sup>74</sup> yet this line of argument ignores the more subtle dimension of sickness, and those “agents, material or immaterial, which modify disease”.<sup>75</sup> Because “dream proving”, “vital force”, or remedy essence cannot be expressed in the familiar materialist pater of modern science, they seem ineffable, being taken on trust, as “idealised entities”.<sup>76</sup> Equally, the idea of contagion becomes a complex subject—“Remedies operate as by contagion. He caught the disease, and catches the cure.”<sup>77</sup> We do not see “disease itself any more than we see life, mind or thought”.<sup>78</sup>

Sidestepping the genuinely substantial philosophical issues, Dudgeon denounces nosodes as unproven and illegitimate extensions to the *materia medica*. What would he have made of modern remedies like Berlin Wall,<sup>79</sup> Luna,<sup>80</sup> or Venus?<sup>81</sup> Can such remedies be presumed to contain any “infective principle” as his view demands? Presumably not. Other homeopaths realised what Dudgeon could not: “the homeopath does not consider it essential that its bacilli be seen in the atom of diseased material which he prepares for medicinal use”.<sup>82</sup> As a modern master practitioner insists: “the material of the nosodes is much more than the microorganisms involved”.<sup>83</sup> The implication that remedies contain some metaphysical essence, acting as the source of their therapeutic power, is an idea Dudgeon was very keen to con-

demn, presumably because it would be unacceptable to allopaths.

### A LUMINOUS AND PIVOTAL EXAMPLE

When Dudgeon states that “there cannot theoretically be a more appropriate stimulant than the very agent capable of producing the same state, given in regulated doses”,<sup>83</sup> then this could be the nosode, or it could be the most similar drug (simillimum), depending upon the case in hand. Dudgeon rightly states the basis of Similia involves “the curative process in admitting the possibility of cure by an agent capable of producing the same disease”,<sup>83</sup> and therefore admitting some uses for nosodes. For example, “I find a good many cases of measles which apparently recovered very quickly under the use of morbilline”<sup>83</sup>; “varioline in ... cases of smallpox ... [having a] decidedly beneficial influence exerted by the remedy on the course of the disease”<sup>83</sup>; but he insists that “isopathic agents should, in my opinion, be strictly limited to really infectious morbid products”.<sup>83</sup> His views on contagion have a modern ring: “contagion by means of clothes ... and often by the mere emanations from the patient”.<sup>83</sup> The concept of contagion is more ancient and more complex than Dudgeon pretends. Right down to the time of Sydenham (1624–89), it was regarded as an invasion by a “spiritual gas”.<sup>84</sup> His deceptively literal and allopathic interpretation of homeopathy, probably blinded Dudgeon to such subtleties.

Frustrated in his attempts to state why he would impose limits upon the use of remedies or miasms, his condemnations lacked focus and failed to attract any followers. If Dudgeon permits entry into the realm of “the real” and “the approved”, only provings and cures obtained by using contagious or toxic material, this would logically invoke a corollary that only material doses can induce symptoms in the healthy and that only material and submaterial doses can elicit cures. Such a ludicrous position almost invalidates the entire basis of homeopathic drugs.

Dudgeon must have denied the great strides homeopathy was making in the 1850s. The reality of the high potencies is not just the reality of *cures*, but also includes the reality of *symptoms induced* in people with such dilutions—“the dynamic potentised drug is the chief factor in both proving and healing”.<sup>85</sup> A point echoed by Kent thus: “Disease is a proving of the morbid substance. It is not true that there is one law for disease and another for drug effects . . .”<sup>86</sup> Then too are provings with completely noninfective material.<sup>87</sup> When Close (1860–1929) mildly suggests that “the whole scale of potencies from the lowest to the highest is open to the homeopathic physician”,<sup>88</sup> this would seem outrageous to the likes of Dudgeon, so eager to dismiss spiritual links between remedy and patient and with an unwillingness to adopt higher potencies, because of entrenched disbelief and trepidation. He clearly felt this would lead homeopathy into some disastrously laissez faire policy, doubtless to the furious applause of allopaths everywhere.

There exists a real province within homeopathy that embraces the nebulous, but it is a province lying entirely beyond the comprehension of someone like Dudgeon; a realm he dare not enter lest “the wheel be broken at the well”.<sup>89</sup> The desire to negotiate a prestigious relationship with orthodoxy polarised the movement into those who were attracted by nebulous practices and those who were repelled by them, mostly for political reasons. Yet, in terms both of ideas and technique, this polarity already existed even in the *Organon* and, as we shall see, even in Hahnemann himself. It certainly existed in German homeopathy, with its many rebels and dissenters from the official doctrine.

Dudgeon provides a luminous and pivotal example of an articulate but conservative homeopath who at best could only grasp Hahnemann’s teachings in a crudely allopathic fashion; part of a homeopathic “old guard”,<sup>90</sup> who initially controlled

UK homeopathy, sceptical of high potencies and nosodes, and very resistant to change.<sup>91</sup> Like Hughes, Dudgeon wished to root homeopathy solely within an allopathic framework of familiar and trusted concepts like “diseases” and “remedies”. In the 1890s, however, homeopathy in the UK was influenced by American transcendentalism,<sup>92</sup> expanding beyond the limits of early Hahnemannian homeopathy. Both strands of the modern movement can be traced back to Hahnemann, not only the allopathic version preferred by Hughes and Dudgeon.

Dudgeon claims that the whole isopathic “affair finds but little favour in Hahnemann’s eyes”,<sup>93</sup> and this he feels condemns it as unhomeopathic nonsense. He depicts it as a medical path to be shunned, yet Dudgeon is wrong; Hahnemann was not disapproving, as Dudgeon claims, he was ambivalent. He saw uses for some nosodes and miasms, but also some problems; likewise with the higher potencies. He countenanced these concepts and methods, but stopped short of some other practitioners who embraced them more fully. The dispute over dilutions and potencies not only dominated American<sup>94</sup> and British homeopathy in the last quarter of the 19th century, it was a widespread division much before that. Having seeds in the *Organon*, it is a conflict inherent to early homeopathy, with clear roots in Hahnemann himself.

The radical new isopathic and transcendental homeopathic conception, which originated about the time of the publication of *Chronic Diseases* in 1828,<sup>95</sup> was seen as pernicious to people like Dudgeon, gathering to its cause a motley but energetic crew of rebels, dissenters, and freethinkers and garnering support from all those who indulged a taste for the higher potencies.<sup>96</sup> Transcendental views spread throughout American homeopathy, with its strongly metaphysical inclinations, and also influenced small groups in British homeopathy by about 1870.<sup>97</sup> “Kent [placed great] ... emphasis upon mental symptoms and the use of high potencies . . . [they gained official approval in Britain] when Dr Octavia Lewin presented a paper . . . in 1903 . . . Dudgeon, who was present at the meeting, raged against the whole idea”.<sup>98</sup> Dr Clarke “congratulated Lewin on the courage she had manifested in treating them with single doses”.<sup>99</sup> At the meeting Dr Dudgeon, clearly outraged, “spoke out against the use of high dilutions and quoted . . . ‘quod fieri potest per pauca, non debet fieri per pauca’ . . . if we can get by with few dilutions, we ought not to employ many”.<sup>99</sup> Dudgeon was ejected from the meeting.<sup>100</sup>

### DUDGEON AND CLOSE ON DISEASE AND CURE

The shift isopathy inspired in homeopathy, rests in a comparison of the ideas of Dudgeon (1853) and Close (1924). Their differences reveal what real progress had transpired. After 1900, we beheld a relentless movement towards transcendentalism, shamelessly extolling the virtues of high potencies and nosodes (disease products) in even the most serious conditions. While for most of the 19th century, conservative British homeopaths prescribed remedies in low potency, yet “by 1910 there was a complete change from the prescription of 90% material doses to 70% or more of high potencies”.<sup>101</sup>

Underscoring the essentialist ideas of transcendental homeopathy, the use of high potencies and nosodes became emblems of its new identity, and preferred to the materialist, bacterial, and physiological constructs of allopathy. Homeopathy demarcated and policed the borders of its own identity, by creating a medical and philosophical identity distinctive from the numerically dominant and politically more powerful allopathic medicine. Though the movement had gone into long term decline by 1900, nevertheless, henceforth it was to be “pure homeopathy” or nothing.

When Dudgeon complains that “the disgusting character of many of the preparations introduced into our *materia medica* by the isopathists has been particularly held up to public condemnation by our adversaries”,<sup>102</sup> his was a voice of those

stuck in the past and terrified of change. They were “disgusting” only in their origin, before dilution rendered them as safe as baby’s milk. Indeed, an ethical imperative impels physicians to explore any means of curative treatment: “the homeopaths . . . have not hesitated to explore filth, decay, and disease for morbid products or nosodes. Diseased material from animals and plants, and the poisonous secretions of reptiles, fishes, and insects, are found to be indispensably curative in desperate or obscure diseases”.<sup>103</sup> Dudgeon conceals his real problems concerning the prestige and social standing of homeopaths: as Dr Burnett himself once bitterly put it, “the social value of [surgery] is a baronetcy. The social value of [homeopathic remedies] is slander and contempt”.<sup>104</sup>

Considerable metaphysical fallout from transcendentalism demands consideration. Close states: “the gross, tangible, lesions and products in which disease [results] are not the primary object of the homeopathic prescription”.<sup>105</sup> For Close, it is not symptoms that need correction, but the *deranged function* that lies beneath them: “function creates the organs . . . function reveals the condition of the organs”,<sup>105</sup> and he further insists: “the totality of the functional symptoms of the patient is the disease”.<sup>105</sup> This contrasts with Dudgeon’s claim that disease is a localised affair, a material disorder requiring material doses. Close directs the real focus of homeopathy not upon the tissues, but into “the realm of pure dynamics”<sup>105</sup>; what he calls the “sphere of homeopathy is limited primarily to the functional changes from which the phenomena of disease arise”.<sup>106</sup>

Manifestly, after 1880 or so, homeopathic philosophy became increasingly concerned with “essence”, the deeper and invisible “genotype” of disease, rather than with the phenotype (the visible); that is, with causes rather than with effects. This shift reflects a form of homeopathy that is subtler and more sophisticated than its allopathic predecessor. When Close speaks of “the morbid vital processes”,<sup>106</sup> insisting that any pathological changes and “physical effects of mechanical causes, are not primarily within the domain of Similia, and therefore are not the object of homeopathic treatment”,<sup>106</sup> he stresses that true homeopathy aims to remove Dudgeon’s external “phenotype” of disease, not directly in the tissues, with material drugs, but indirectly by deleting its root cause, its internal “genotype”—the fount from which all symptoms spring—and by using high potencies. “In faithful treatment, it is sought to accomplish an end far more subtle than the mechanical removal of bacilli . . .”<sup>103</sup> Homeopaths refused to see symptoms, lesions, tumours, bacilli, etc, as the disease, but instead saw them as the end products of dynamic disease processes: “tissue changes . . . are but the results of disease”<sup>107</sup>; “a cure is not a cure unless it destroys the internal or dynamic cause of disease”.<sup>107</sup> Homeopathy seeks to remove the underlying process of disease, not the surface symptoms.

When Close states that the “real cure . . . takes place solely in the functional and dynamical sphere”,<sup>106</sup> he shifts the emphasis from visible pathology resident in the organs and tissues, to the underlying vital processes, conceived to underpin and derange the cells and tissues. Focus has shifted from physical symptoms as such to the vital force, mind and spirit, disposition, modalities, and peculiar symptoms of the patient; from germ and cell to miasm; from the visible to the hidden archetypal and miasmatic realm; from effects to causes; from matter to spirit (essence); from phenotype to genotype. The focus has settled upon those dynamic forces that precede, underpin, and direct, tissue processes and tissue changes.

Even in the perception of remedies and diseases, the focus shifted away from the physical to emphasise the mental, emotional, and dispositional factors of the proving, of the remedy and of the patient. This focus becomes even more clearly visible in the work of modern figures like Sankaran, Scholten, Vithoulkas, Eizayaga, and Candegabe.<sup>108</sup> The “homoeopathic gaze”<sup>109</sup> no longer falls upon the “disease”, the symptoms or the condition, but much more upon the mentality and disposition, constitution, layers, essence, which distinguish each

remedy and case in its uniqueness. Uniqueness and individuality being the true realm of Similia; “homeopathy considers the single patient as indivisible and unique”,<sup>110</sup> recognising “health as a dynamic equilibrium”,<sup>111</sup> of invisible forces ultimately controlled by the vital force. Previous talk of diseases became muted in favour of the individualised nature of cases and patients and the mentality of the case and the remedy—what Vithoulkas and Sankaran call the “essence states”, and what Eizayaga calls the “genotype”.<sup>112</sup>

Close traces this view back to its true source: “Hahnemann introduces us into the realm of dynamics, the science ... of motion”.<sup>113</sup> Power, Close insists, resides not in the body, in the tissues, or cells themselves, it “resides at the centre”<sup>113</sup>; disease “is the suffering of the dynamis”.<sup>114</sup> Close’s efforts to define disease, repay close study. For example, he says that “homeopathy does not treat disease; it treats patients”.<sup>115</sup> Disease, he declares, is “an abnormal vital process”<sup>113</sup>; “a dynamic aberration of our spirit like life”<sup>113</sup>; “a perverted vital action”<sup>114</sup>; it is “not a thing, but only the condition of a thing”<sup>114</sup>; in the last analysis disease is “primarily only an altered state of life and mind”.<sup>114</sup> This is like Kent equating cure to a qualitative retuning of a piano,<sup>117</sup> and is all a very long way from Dudgeon using remedies in material dose to eradicate named conditions.

Close characterises disease as “primarily a morbid disturbance or disorderly action of the vital powers and functions”,<sup>118</sup> and as “purely a dynamical disturbance of the vital principle”.<sup>118</sup> Because “disease is always primarily a morbid dynamical or functional disturbance of the vital principle”,<sup>119</sup> so, “functional or dynamic change always precedes tissue changes”,<sup>114</sup> and cure has been established only “when every perceptible sign of suffering of the dynamis has been removed”.<sup>118</sup> For Close, it is precisely upon a bedrock of such definitions that “the entire edifice of therapeutic medication governed by the law of Similia”,<sup>119</sup> has been erected. Close’s views do derive from Kent, but, they also flow from Hahnemann’s *Organon*: “let it be granted now ... that no disease ... is caused by any material substance, but that every one is only and always a peculiar, virtual, dynamic derangement of the health”<sup>120</sup>; and “it is the morbidly affected vital force alone that produces disease”.<sup>121</sup>

Close emphatically distances homeopathy from disease labels, and Dudgeon’s preferred cells and tissues, or material doses of drugs, grounding it firmly in the invisible sphere of causes—the vital force and the non-material drug. When he says, “the tumor is not the disease, but only the ‘end product’ of the disease”,<sup>118</sup> he means that disease is not a thing (entity), but a process of change at work within the organism, directed, not under its own power in the cells, but by the power of a deranged vital force that underpins and coordinates all cellular processes. Such is certainly a view of disease as a “dynamic derangement of the life force”,<sup>105</sup> <sup>118</sup> a derangement of process, that precedes any tangible derangement of structure. Kent agrees: “That which we call disease, is but a change in the Vital Force expressed by the totality of the symptoms”.<sup>122</sup> The remedy for these sickness processes is equally dynamic and nebulous—the potentised drug—which gives rise to the comment by Kent: “lower potency ... less fine and less interior than the higher”,<sup>107</sup> meaning the higher the potency, the deeper it enters and purifies the hidden realm of disease causes—the vital force.

To Close, homeopathy defines its healing mission as being to progressively underange the vital force, which is what he claims its remedies do. This is expressed in words that Kent himself would have used, Close treading perfectly, one might say, in the “verbal footprints” of Kent himself, who in turn we might say closely follows Allen, Hering, and Boenninghausen. They all speak with one voice, even though their voices span ten decades: “That which we call disease, is but a change in the Vital Force expressed by the totality of the symptoms”.

“We do not take disease through our bodies but through the Vital Force.”

“The Vital Force dominates, rules and coordinates the human body.”

“The Vital Force holds all in harmony, keeps everything in order when in health.”

“Man cannot be made sick or be cured except by some substance as ethereal in quality as the Vital Force.”<sup>123</sup>

Suppression of disease by palliating symptoms is strongly condemned by the transcendentalists. They regard drug induced changes in cases as fundamentally incurative acts: any “removal of the tangible products of disease ... does not cure the disease, but does the patient a positive injury”.<sup>118</sup> As Close then adds, “the suppressed case always goes bad”,<sup>118</sup> to which Kent adds: “all prescriptions that change the image of a case cause suppression”.<sup>119</sup> These positions became bolstered into massive ideological barriers standing between homeopathy and allopathy, preventing dialogue. Once this more sophisticated, spiritualised, and transcendental form of homeopathy had reached maturity, and transformed the entire movement after 1920 or so, a great gulf lay between the two systems, too wide to bridge; no dialogue or reconciliation being henceforth possible. In saying that, “truth looks as black as smoke and false philosophy as bright as the sun”,<sup>123</sup> Kent meant that the physical, physiological, and bacteriological realms, which wholly dominate allopathic medical thinking, can never be viewed by homeopaths as the true realms of disease cause: he regarded that as a false and incurative medical philosophy, extending disease and harming patients.

## ANGLO-AMERICAN HOMEOPATHY

Rather inevitably, the dispute between supporters of high potencies and low potencies soon spilled over into American homeopathy<sup>124</sup> and came to bear similar hallmarks to that in England and in Germany. “During the 1860s the homeopathic profession began to fragment over the desire of some practitioners to modify Hahnemann’s practices and to rejoin their allopathic colleagues.”<sup>125</sup> The remaining high potency devotees were termed “Hahnemannians” and their “extravagant claims had always been an embarrassment to the ... eclectics”.<sup>126</sup> The Hahnemannians also criticised the homeopathic colleges for wasting “too much time on anatomy, physiology, surgery ... while neglecting the study of materia medica”.<sup>127</sup> They considered themselves the “legitimate voices of pure homeopathy, proclaiming most homeopaths as mongrels”.<sup>128</sup> Though a minority until around 1900, they came increasingly to dominate the movement thereafter, in the USA and Britain.

Similar divisions broke out in UK homeopathy in the 1870s and for similar reasons. By 1870, “Drysdale was admitting that Hahnemann’s more extreme views had been ‘a perpetual source of embarrassment to nearly all of us’”.<sup>129</sup> These views encouraged the use of higher potencies and “case totality” to select remedies, rather than the “pathological approach” of matching remedies to named conditions. In 1881, “Drs Skinner, Berridge, Lippe, Swan, and Bayard attempted to propagate high dilutionist doctrines through a journal called *The Organon*”.<sup>129</sup> This led to considerable acrimony within the movement, but worse was to come. “The antagonism between the two homeopathic camps began to assume the qualities of earlier exchanges between the regular and new schools. Though *The Organon* had been short lived as a journal, the views it espoused did not disappear. On the contrary, they gained in support. The struggle was symbolised by the exchanges between Hughes and Clarke.”<sup>130</sup> Kent referred to Hughes as “that skunk I shall fight to the end of my days”.<sup>131</sup>

Though Hughes “staunchly defended low dose pathological prescribing”,<sup>130</sup> storm clouds were gathering. After his death in 1902, the movement increasingly danced to the high potency tune of Dr Clarke, and “by the end of the first world war the views of people like Clarke were in the ascendancy”.<sup>130</sup> Then

came the influence of James Tyler Kent and “a teaching scholarship which enabled British doctors to go to study with Dr Kent in Chicago”.<sup>132</sup> A brand of American homeopathy with a “Swedenborgian philosophy, a fervent, religious, and metaphysical reinterpretation of Hahnemann appeared, the Psoric doctrine was reactivated, vitalism re-emphasised, the importance of psychological and ‘spiritual’ symptoms in remedy selection, and the use of the very high potencies advocated”.<sup>130</sup> The reverberations this shift visited upon UK homeopathy placed it at the upper end of the Richter scale. There is no doubt that the “highs” “were attracted by the spiritual and metaphysical element in Hahnemann’s work”,<sup>130</sup> and owing to “the dramatic decline of homeopathy after the turn of the century, high dilutionist views increasingly predominated”.<sup>133</sup>

Such changes erased previous friction within the movement, delaying any reconciliation with allopaths as envisaged by Dudgeon and Hughes, whose “pathological prescribing” was left as a relic of the past, eclipsed by fast moving transcendental developments. Dudgeon reminds one of the description Isaiah Berlin gives of Auguste Comte (1798–1857): “a sad, huge, oddly shaped fossil in the stream of knowledge, a kind of curiosity in a museum”.<sup>134</sup> Or, Berlin’s view of Joseph de Maistre (1753–1821): “a retrograde figure”,<sup>135</sup> “an exasperated reactionary . . . vainly seeking . . . to arrest the progress of history . . . defying and denouncing a shifty and vulgar world into which he has been incongruously born”,<sup>135</sup> “hostile to everything that is new”,<sup>135</sup> “a queer anachronism . . . peripheral and anomalous . . . swimming against the current of his time”.<sup>135</sup>

In England and America, “[the] purists railed against the corruption of Hahnemannian doctrine by half homeopaths ... [leading] to an institutional split, with the formation by the fundamentalists of the International Hahnemannian Association [IHA] in 1880, and the appearance of high dilutionist medical schools, such as those formed in Chicago in 1892 and 1895.<sup>133</sup> Once again, there was no mood for compromise between two polarised camps. “In 1880 ... the IHA split, as the purists left to form their own IHA”,<sup>136</sup> and as before, the purists “held to Hahnemann’s faith in extreme dilutions of drugs”.<sup>136</sup>

## DISCUSSION

In interpreting the changes described, one might decide that transition towards a modern dominance by individual mental, dispositional, and lifestyle factors in disease has occurred in all health care fields since 1900, and that the general decline in infectious disease since 1900 has enhanced this shift. During the same period an increasing presence and sophistication of psychological medicine has occurred, a presence virtually unknown in 1900. These factors undoubtedly contribute to the picture. Homeopathy has developed considerably during its resurgence in the last three decades,<sup>132</sup> becoming highly sophisticated as a distinctive medical tradition. Far from being abandoned, its core beliefs have been deepened and strengthened through attracting many talented minds that it lacked in the so called “dismal period” of 1900–1978.<sup>138</sup>

While being “left for dead”<sup>139</sup> in that period, homeopathy developed its own ideas in relative isolation, unmolested by allopathic and scientific attacks. This provided time for introspection, during which its ideas matured into a coherent philosophy, inspired by an incentive to develop a medical identity distinctive from allopathy and so crystallise its sense of therapeutic “otherness”.<sup>140</sup> Such a goal was probably achieved more efficiently in isolation. Materialist science denounces homeopathy as impossible; its drugs defy the known laws of physics and chemistry and therefore “the infinitesimal dose is an outrage to human reason”.<sup>141</sup> “Homeopathy ‘is illogical’; ‘this doctrine is unbelievable—it runs against the known rules of

medicine”.<sup>142</sup> These aspects are core elements of homeopathic identity as a “deviant medical sect”.

Its ideas were formulated in the 1820s, debated throughout the nineteenth century, and placed in the deep freeze after about 1900, only to re-emerge around 1978. It is a philosophical throwback, still very reluctant to question the words of the Master, deeply adherent to its origins, and tightly adherent about its core beliefs. As Guttentag observed in 1940: “the actual status of homeopathic knowledge is to a considerable extent far below contemporary medical standards”.<sup>143</sup> Though it has caught up considerably in the last three decades, it is still true that “years of isolation have left very distinct marks of anachronism and rigidity”.<sup>143</sup> This can be seen, however, as a reaction against the likes of people such as Hughes and Dudgeon, who peddled an allopathic version of homeopathy. By distancing itself from such “failed experiments” of the past, post 1900 homeopathy resolved to “go it alone” as a distinctive medical system in its own right.

Dudgeon’s and Hughes’s failed attempts to promote a low potency pathological homeopathy, echoes a similar impulse in Hahnemann, seeking to force the high potency rebels in the 1830s to follow the rules of homeopathy laid down in his *Organon*. That he himself continued experimenting up to his death in Paris<sup>139</sup> might well be rank hypocrisy on his part, but this also exposes the warring impulses at work in the man and the movement he spawned. Experiments twinned with dogma seem to dominate the history of the movement.<sup>145</sup> Like science itself, homeopathy seems impelled first by pioneering creative work, making experimental discoveries, then by a phase of “making concepts rigid ... creating an ossified system of symbols no longer flexible”,<sup>146</sup> such as the conceptual straitjacket of the *Organon*, which might more realistically portray “Hahnemann’s ... advice in the *Organon* ... [as] a counsel of perfection and not something he invariably did”.<sup>147</sup> Everywhere he leaves traces of his ambivalence.

Progress has been made in a zigzag fashion by repeated acts of rebellion against the “ossified system” by leading freethinkers and rebels, such as Boenninghausen, Hering, and Clarke, who were addicted to free creative work: new experiments. Such pendulum swings or competing claims of orthodoxy and heresy are also characteristic of intellectual traditions more generally. Rather than comprising a Kuhnian alternation of “normal science” and “revolutionary science”, a “paradigm shift”,<sup>148</sup> such oscillations might better conform to a Popperian view of the repeated construction of new hypotheses, inspired by empirical investigations, then demolished or revised in the light of ongoing empirical investigations and the flow of new data.<sup>149</sup> Progress today proceeds by much the same route, where theory and method intertwined in homeopathy, inspire the retention of those metaphysical elements of theory confirmed by clinical practice—“theory [has been] ... the hypothetical string upon which ... [its] clinical pearls of diagnostic and therapeutic description were strung”.<sup>150</sup> Yet, no minority medical system can survive isolation without some relationship with the mainstream. It is this necessity that Hughes and Dudgeon were minded to overemphasise.

Arguably, the shift to transcendental methods resulted from higher potencies proving more powerful clinical weapons, shifting cases and curing disease faster, impelling their rapid incorporation into mainstream homeopathic technique after 1900. The inclusion of nosodes also rested on their usefulness as tools in clinical practice, unblocking “stuck” cases, and allowing conventional remedies to work smoothly.<sup>50 51</sup> What is the point in using “blunt tools” when high potency dilutions for all cases bring much speedier cures? Respected figures like Boenninghausen in the 1830s consistently used very high dilutions for all conditions.<sup>151</sup> Such improved techniques were attractive to American homeopaths eager to adopt them, with few qualms over using nosodes, which for safety have to be used in high dilution anyway.

Regarding the supposed influence of Romantic philosophies and spiritual views, homeopathy sits very comfortably with

forms of transcendentalism, because many non-rational and unscientific concepts are common to both. Such views can be traced to German Romanticism (1780–1830) and have become integral to the subject, parts of its world, its peculiar medical dimension and mindset—seeds carried since the formation of homeopathy, and persistent imprints of that epoch. While some homeopaths are naturally predisposed towards Romantic views, to prove that named homeopaths were consciously influenced by Romantic philosophers would require much further research.

Hahnemann's intellectual ambivalence is easy to demonstrate. Though a lifelong Freemason,<sup>152</sup> and an active member of a Masonic lodge in every town, wherever he lived<sup>153</sup> (Haebl claims he was always “a good Mason”<sup>154</sup>) he nevertheless condemned astrology, “the influence of the stars”,<sup>39</sup> which he lumps together with “evil spirits and witchcraft”,<sup>38</sup> and condemns antiquated medical patter about “constellations of the stars, in an influence emanating from the heavenly bodies”.<sup>154</sup> He was equally disparaging about the “doctrine of signatures”.<sup>152</sup> In his *Materia Medica Pura* we read under Chelidonium: “The ancients imagined that the yellow colour of the juice of this plant was an indication (signature) of its utility in bilious diseases ... the importance of human health does not admit of any such uncertain directions for the employment of medicines. It would be criminal frivolity to rest contented with such guesswork at the bedside of the sick.”<sup>152</sup> These are good examples of his fundamental ambivalence.

Certainly, various examples exist. Burnett and Clarke were influenced by figures like Swedenborg, Paracelsus, and William Blake<sup>156</sup>; most New England “followers of the New Jerusalem Church were homeopaths almost to a man”.<sup>157</sup> The James family, including Henry (1843–1916) and William (1842–1910) were Swedenborgians and in Massachusetts and on the East Coast “among its adherents [were] most of the social, intellectual, and business elite”.<sup>157</sup> The ArchDruid Thomas Maughan (1901–75) in the 1960s and 70s trained many modern British homeopaths.<sup>158</sup> Maughan seems to have seen homeopathy as being just as essential to training Druids, as Druidism was to training homeopaths.<sup>159</sup> One of his prominent students of the 1970s, Martin Miles, a London homeopath, invokes a “spiritual paradigm” which has been thoroughly blended with some basic homeopathic ideas: “the physical vehicle is the temple of an indwelling spirit, this outward cloak being an exact reflection of the being who inhabits it”.<sup>160</sup> He goes on: “the spirit's descent upon the cross of matter usually amounts to being plunged into the overwhelming darkness of the earthly life”.<sup>159</sup> And Kent was equally emphatic: “You cannot divorce medicine and theology. Man exists all the way down from his innermost spiritual to his outermost natural”<sup>161</sup>; “a man who cannot believe in God cannot become a homeopath.”<sup>161</sup>

Kentianism, was regarded as “metaphysical, dogmatic, puritanical, and millennial...”<sup>162</sup> Both Cooper's “arborivital medicine”,<sup>163</sup> and Bach's “Flower Essences”,<sup>164</sup> contain decidedly spiritual overtones.<sup>165</sup> As core elements of homeopathy seem romantic in tone and spirit—non-rational, millennial, and numinous, so Hahnemann might be said to have imbibed the Romantic spirit of the 1780s and 90s, even if not acquiring much of its concrete “intellectual property”.

Regarding contagion, before about 1650 it was a concept always regarded as an invasion of the soul by the evil spirit (archeus) of the disease, not as “germ particles”.<sup>118</sup> Only with Sydenham (1624–89) did the idea of germ particles begin to be taken seriously in medicine, even though it remained an unconfirmed medical idea until the advent of powerful microscopes and Koch's experiments in the 1880s. Even after 1900, there was considerable resistance to the germ theory.

For example, regarding vaccination, “many physicians thought it a very illogical procedure”,<sup>166</sup> and a number of epidemics “were traced to inoculation”.<sup>166</sup> Added to this, no one knew “how or why vaccination worked”.<sup>166</sup> Throughout the

19th century, both in Europe and in North America, vaccines were “denounced as unholy ... useless and dangerous”,<sup>167</sup> and efforts were made “to prohibit compulsory vaccination”,<sup>167</sup> with the situation becoming “quite serious between 1870 and 1900”.<sup>168</sup> Even though some physicians saw the need for quarantine measures—for example, social taboos often seemed to “prohibit notification and isolation procedures”,<sup>168</sup> especially regarding infectious diseases like cholera, yellow fever and typhus.<sup>169</sup>

In terms of the flow of medical ideas, it seems ironic that as allopathy became spellbound by a very materialist doctrine (germ theory), the same doctrine sounded a very different homeopathic bell, pushing homeopathy in a completely different direction—reinforcing metaphysical and nebulous ideas and techniques (miasms, isopathy, and high potencies). This difference in direction probably arose more from big differences in their respective worldviews,<sup>170</sup> than from differences in technique.

The homeopathic use of bacteria and nosodes ran parallel to a similar discovery in allopathy. Homeopathic tinkering with nosodes and diseased tissues (from 1830 onwards), though noticed and condemned in allopathic circles,<sup>20</sup> nevertheless inspired similar experiments in the 1880s by allopaths. A collision of ideas occurred; medical minds in both traditions became engaged with vaccines and nosodes (germs). These reactions to (germs) and disease products form two very divergent paths—one leading to vaccinations and bacteriotherapy via serums and antibodies (the germ theory of Koch and Pasteur and increased use of vaccines—that is, modern immunology), and the other to nosodes, higher potencies, and transcendental views. The interpretations each tradition made of “germs” could not be more different, the idea reinforcing both the latent materialism of allopathy and the incipient spiritualism of homeopathy. This entire episode illustrates the fundamentally materialist nature of allopathy and the increasingly essentialist nature of homeopathy after the deaths of Hughes (1902) and Dudgeon (1904). It illustrates how very similar observations in the world were viewed and interpreted very differently by minds of a very different stamp.

Nosodes encouraged the use of higher potencies, and a move away from Dudgeon's “infective principle”. They reinforced the idea of disease being caused not by the “morbific particles”<sup>145</sup> on the material level, but by some “subtle essence” carried by the germ (what Van Helmont called a “spiritual gas”) and transferred through potentiation to the nosode. Hence, Kent's dictum of “the higher the deeper” and the concept that the “disease essence” (= miasm) can only be truly neutralised by the highly potentised drug (= what van Helmont called the “drug archeus”). Kent also expresses this very clearly: “The Bacterium is an innocent feller, and if he carries disease he carries the Simple Substance which causes disease, just as an elephant would”.<sup>171</sup>

There is a broad and strong parallel between the metaphysical views of van Helmont and transcendental homeopathy concerning a triad of spirits—vital force, drug essence, and disease archeus.<sup>84</sup> To which we might add that therapeutic resonance (sympathy) between these three spheres would operate as “*similia similibus curentur*” as well as “*similia similibus causam*”—diseases being both cured and caused by similars. “There is not one law for contagion and another one for proving. They are both one”<sup>171</sup>; “the quality of contagion is similar in nature to the cure”.<sup>19</sup> Such a notion then places Hahnemann's system absolutely in a line with the previous vitalist systems of Paracelsus (1493–1541), van Helmont (1577–1644), and Stahl (1660–1734). And it is also clear that vestiges of Galenic medical theory doggedly persist in all these medical systems: man has “a soul, a vital principle (anima) ... a spirit endowed with mechanical powers, or a most ethereal matter ... the vital principle had the power of thinking and (thus comprised) ... an immaterial substance stemming from God”.<sup>172</sup> The “Stahlian concept of Archeus and anima quite

closely reflect the basic characters of Galenic form . . . controlling forces which direct all activities of the living body",<sup>172</sup> Such a "vital force" clearly "has the power of directing the body . . . through mechanical means but itself was not mechanical . . . an essential part of bodily phenomena".<sup>172</sup>

The remarkable shift we have charted underscores an essentially spiritual view of contagionism reminiscent of that held by Fracastoro, Paracelsus, and van Helmont, on the one hand, as opposed to the conception of physical, microscopic, and morbid particles (infective viruses; germs) first made by Sydenham and Boyle,<sup>150</sup> and later systematised into the official dogma of orthodox medicine after Koch and Pasteur. Ironically, both views derive from Paracelsus, it being a chemical interpretation of Paracelsus that was embraced by allopaths, while a succession of vitalists espoused his more metaphysical medical ramblings. Sydenham, however, was not a materialist, for he "stubbornly saw no value in the microscope for revealing his morbid particles",<sup>150</sup> believing it would contribute "very little towards the discovery of the cause and cure of diseases".<sup>150</sup>

The impact made by "the isopathic heresy," upon the ideological fabric of homeopathy was exactly as Dudgeon had predicted: it pushed it further away from allopathy. By encouraging belief in the miasm theory (diseases deriving from an internalised imprint, or dyscrasia, of the disease archeus upon the vital force), and the increased use of higher potencies, these developments pushed homeopathy into increasingly nebulous and metaphysical territory.

## CONCLUSIONS

It seems that Dudgeon was fully justified in the trepidation with which he instinctively greeted isopathy. What he wanted to cling to was doomed anyway as an allopathic version of homeopathy. Certainly, Dudgeon's "wheel was broken at the well" and the development of transcendental homeopathy abjured scientific materialism. Homeopathy feels fully justified in declaring that the high potencies and nosodes validate spiritual paradigms and vitalist medical views. Undoubtedly, many modern homeopaths point to nosodes and high potencies as providing ample confirmation of the metaphysical remarks made by Hahnemann, Kent, and van Helmont regarding the inherent genotypes of matter, of disease, and of living things. It all hangs together neatly. The corpus of homeopathic expertise of the last century and a half validates such concepts as potency energy, vital force, and disease essence (miasm) that temporarily invades and "poisons" the spirit of the person, inducing symptoms.

While transcendentalists interpreted the germ idea as spiritual contagion by essence, the allopaths interpreted it as physical contagion by microbes. In this sense, therefore, there has certainly been a "triumph of the light"; vitalism has triumphed over materialism within homeopathy. Returning to the question we posed at the start, the two systems of medicine stand as far apart today as ever, both in their methods and philosophies, but most importantly also in their perception of disease cause and cure. It is hard to see how these very divergent medical paradigms might be brought into a dialogue close enough to reconcile their profound differences.

## ACKNOWLEDGEMENTS

My sincere thanks are due to Gregory Vlamis for locating references 3, 16, 45, 110, 150, 172; to Charles Wansbrough and Harry van der Zee for some information contained in notes 87 and 108; to Chris Wilkinson for information in reference 81; to Julian Winston for some of note 108; and to Martyn Evans and Ann Lloyd for much general assistance. Much appreciated additional assistance with references is gratefully acknowledged from Gregory Vlamis, Francis Treuherz, Chris Wilkinson, Nick Hewes, George Guess, Charles Wansbrough, Corrie Hivatt and Harry van der Zee. Sincere thanks also to Susanne Rehms and Michaela Alender of the Library of the Deutsche Homöopathie-Union in Karlsruhe, Germany for help in detailing some reference sources.

## EDITOR'S NOTE ABOUT REFERENCES

Academic historians advise us that where historical documents are involved it may not be possible to give name of publisher and place of publication.

## REFERENCES AND NOTES

- 1 Allen HC. *Materia medica of the nosodes*. Calcutta: Sett Day, 1942 v.
- 2 This account is mostly based upon: Bradford TL. *The life and letters of Hahnemann*. Philadelphia: Boericke & Tafel, 1895; Cook T. *Samuel Hahnemann the founder of homeopathy*. Wellingborough: Thorson's, 1981; Nicholls PA. *Homeopathy and the medical profession*. London: Croom Helm, 1988; Blackie M. *The patient not the cure* London: MacDonald & Janes, 1976; Haehl R. *Samuel Hahnemann his life and works* [2 volumes]. London: Homeopathic Publishing Company, 1922; Hobhouse RW. *The life of Christian Samuel Hahnemann*. New Delhi, India: Harjeet & Co, 1933; Winston J. *The faces of homeopathy: an illustrated history of the first 200 years*. Tawa, New Zealand: Great Auk Publishing, 1999; Stonham DG, et al. Dr Charles Wheeler's obituary. *Brit Homeo Jnl* 1947;**37**:2-11; Bodman F. Richard Hughes memorial lecture. *Brit Homeo Jnl* 1970;**59**:179-93 at 186.
- 3 Kleiner IS. *Hahnemann as a chemist*. *Scientific Monthly* 1938;**46**:450-4.
- 4 Miasm: a mist in the being; a primary defect; a shadow or internalised relic of a disease; a vaccine defect; an inherited predisposition towards a certain pattern of diseases in families, a defect in the vital force.
- 5 See reference 2: Blackie: 20-2.
- 6 See reference 2: Blackie: 27.
- 7 Jenkins H. The history of the London Homeopathic Hospital. *Brit Hom Jnl* 1989;**78**:198-203.
- 8 Simpson J. *Homeopathy—its tenets and tendencies*. Edinburgh: Knox & Sutherland, 1853: 34.
- 9 See reference 8: 2.
- 10 See reference 8: 42.
- 11 See reference 2: Blackie: 39.
- 12 Munz R. Continuous fluxion potencies. *Homeopathic Links* 1997;**3**:26-9; Winston, J. A history of potentising machines. *Brit Homeo Jnl* 1989;**78**:59-68 at 60.
- 13 Hahnemann S. *Organon of medicine* [combined 5th/6th eds] translated and edited by Boericke WG, Dudgeon RE. Chicago: Boericke & Tafel, 1922, Chicago: aph 9.
- 14 Shryock RH. *The development of modern medicine, an interpretation of the social and scientific factors involved*. Philadelphia: University of Pennsylvania Press, 1936: 272-6.
- 15 Leary B, Lorentzon M, Bosanquet A. It won't do any harm: practice & people at the London Homeopathic Hospital, 1889-1923. In: Juette R, Risse G, Woodward J, eds. *Culture, knowledge and healing: historical perspectives on homeopathy in Europe and North America*. Sheffield: Sheffield University Press, 1998: 268.
- 16 Nichols CF. Homeopathy in relation to the Koch controversy. *Science* 1891;**17**:233-4, at 234.
- 17 Close S. *The genius of homeopathy: lectures and essays on homeopathic philosophy*. New York: Boericke & Tafel, 1924: 76-86; Kent JT. *New remedies, clinical cases, lesser writings, aphorisms and precepts*. Chicago: Ehrhart & Karl, 1926.
- 18 See reference 17: 649.
- 19 See reference 17: 660-1.
- 20 Burnett JC. *New cure of consumption by its own virus*. London: Homeopathic Publishing Company, 1890: 1.
- 21 See reference 20: 109.
- 22 See reference 20: 4.
- 23 See reference 8: 141.
- 24 See reference 17: 657; see also Coulter HL. *Divided legacy, a history of the schism in medical thought* [3 volumes]. Washington: Wehawken Books, 1973-5: iii and 334 about essence; also Mayr E. *The growth of biological thought*. Cambridge, MA: Belknap Press, 1982: 38, 87, 304-5; Bullock A, Trombley S. *The new Fontana dictionary of modern thought* [3rd ed]. London: Harper-Collins, 1999: 282-3.
- 25 Verspoor R, Decker S. *Homeopathy re-examined*. Canada: Heilkunst, 1999: 156-71; Campbell A. The concept of constitution in homeopathy. *Brit Homeo Jnl* 1981;**70**:183-8; De Schepper L. *Hahnemann revisited: a textbook of classical homeopathy for the professional*. Santa Fe: Full of Life Publications, 1999: 143-50; Zissu R. The evolution of ideas on constitution and temperament from the homeopathic standpoint. *Brit Homeo Jnl* 1961;**50**:4-25; Viithoukas G. *The science of homeopathy*. New York: Grove Press, 1980; Clarke JH. *Constitutional medicine*. London: Homeopathic Publishing Co, c 1930; Leary B. Constitutions again. *Brit Homeo Jnl* 1983;**72**:214-16.
- 26 Hill A, ed. *A visual encyclopedia of unconventional medicine*. London: New English Library, 1979 29-33; Evans M. *Extending the art of healing, an introduction to anthroposophical medicine*. London: Steiner Press, 1985; Kolisko E, Kolisko L. *Agriculture of tomorrow*. Bournemouth: Kolisko Foundation, 1978; King FK. *Rudolph Steiner and holistic medicine*. London: Rider, 1989; Morrell P. *Steiner and homeopathy*. *Prometheus Unbound* 1995;**2**:24-30; Steiner R. *The anthroposophical approach to medicine*. London: Steiner Press, 1951; Steiner R. *Spiritual science and medicine*. London: Steiner Press, 1975; Treuherz F. Steiner & the similimum. *The Homeopath* 1985;**5**:12-31; Turner JFG. Rudolph Steiner: a fresh look at the etiology of disease. *Brit Homeo Jnl* 1939;**28**:157-68; Bott V. *Anthroposophical medicine—an extension of the art of healing*. London: Steiner Press, 1985; Sogard AB. Organic

- agriculture and alternative medicine: parallels and paradigms. In: Olesen SG, Eikard B, Gad P, et al, eds. *Studies in alternative medicine 4*. Inrat, Odense, Denmark: University of Odense Press, 1997: 150–63.
- 27 **See reference 2: Winston: 323.**
- 28 **Marwick A.** *British society since 1945*. London: Penguin 1990: 131–3.
- 29 **Marwick A.** *The sixties*. Oxford: Oxford University Press, 1998: 481.
- 30 **See also Pepper D.** *The roots of modern environmentalism*. London: Croom Helm, 1984 15–18.
- 31 By comparing the tenor and content of early articles on this subject with later ones we can see this shift in interest. For example, compare these from 1975–6: Roebuck J, Hunter RB. Medical quackery as deviant behaviour. In: Scarpitti F, McFarlane P, eds. *Deviance, action, reaction and interaction: studies in positive and negative deviance*. Reading, MA: Addison-Wesley, 1975; Wallis R, Morley P, eds. *Marginal medicine*. London: Peter Owen, 1976, with the following from 1978–9: Jack RAF. Resurgence of homeopathy in the Midlands. *Brit Homeo Jnl* 1978;**67**:39–42; McKenzie V. Fringe medicine is beginning to break through the barriers of medical scepticism. *The Guardian* 1978 Jun 23: 9; Callan JP. Holistic health or holistic hoax? *JAMA* 1979;**241**:1156–7; Cousins N. The holistic health explosion. *Saturday Review* 1979 Mar 31: 17–20; Inglis B. *Natural medicine*. London: Collins, 1979; Inglis B. Breaking the health monopoly. *The Spectator* 1979 Jul 28: 14–15; Salmon JW, Berliner HS. Health policy implications of the holistic health movement. *J Health Politics, Policy & Law* 1980;**5**:533–53. Initially hostile, this interest then became a more genuine academic engagement. This continues in such examples as: Shearer A. Quacks are no longer ugly ducklings. *The Guardian* 1982 Apr 7: 17; Reilly DT. Young doctors' views on alternative medicine. *BMJ* 1983;**287**:337–9; Lister J. Current controversy on alternative medicine. *New Engl J Med* 1983;**309**:1534–7. Arguably, this reveals how a deviant social grouping becomes first an issue and then an object of genuine interest.
- 32 **Trevelyan GM.** *A shortened history of England*. London: Pelican, 1959 523.
- 33 **Regarding political influence**, Hahnemann showed “no sign of any interest,” in this subject: see reference 2: Haehl vol 1: 263; and he “takes no side,” in political matters generally: see reference 2: Haehl vol 1: 264. He “lacked in his nature an interest in politics ... he was thoroughly non-political,”: see reference 2: Haehl vol 1: 263; and there is nowhere even a “trace of inward personal interest in political happenings,”: see reference 2: Haehl vol 1: 264.
- 34 **See reference 2: Haehl vol 1: 250–1.**
- 35 **See reference 2: Hobhouse: 104.**
- 36 See reference 2: Haehl vol 1: 252; re Romantic influences on Hahnemann see also reference 2: Nicholls: 259–60.
- 37 **Dudgeon RE.** *The lesser writings of Samuel Hahnemann*. London: Leath & Ross, 1895 491.
- 38 **See reference 37: 421.**
- 39 **See reference 37: 490; see also reference 24: Coulter**, vol 2: 327–8.
- 40 **See reference 37: 494.**
- 41 **Berlin I.** *Against the current—essays in the history of ideas*. London: Pimlico, 1997: 164–5.
- 42 **Tarnas R.** *The passion of the Western mind*. London: Pimlico, 1996: 367–75.
- 43 **See reference 14: 187.**
- 44 **See reference 14: 21**, 111–113, 191; Rothstein WG. *American physicians in the nineteenth century: from sects to science*. Baltimore: Johns Hopkins University Press, 1972: 261–2; Warner JH. *The therapeutic perspective*. Cambridge: Harvard University Press, 1986: 262–3; Starr P. *The social transformation of American medicine*. New York: Basic Books, 1986: 136–7.
- 45 **Kirschmann AT.** Adding women to the ranks, 1860–1890: a new view with a homeopathic lens. *Bull Hist Med* 1999;**73**:429–46.
- 46 **Dudgeon re.** *Lectures on the theory and practice of homeopathy*. London: Henry Turner, 1853 141–3.
- 47 **See reference 46: 158–60.**
- 48 **Burnett JC.** *New cure of consumption by its own virus*. London: Homeopathic Publishing Co, 1890: iv.
- 49 **See reference 48: vi.**
- 50 **See reference 25: 321.**
- 51 **See reference 25: 317.**
- 52 **See reference 15: 263.**
- 53 **See reference 2: Haehl**, vol 1: 321–2.
- 54 **See reference 2: Bodman: 182.**
- 55 **Boenninghausen C.** The high potencies. *Allg Hom Zeit* 1850;**38**:358. This can also be found in Bradford TL, ed. *The lesser writings of C von Boenninghausen*. Philadelphia: Boericke & Tafel, 1908: 5.
- 56 **See reference 2: Haehl**, vol 1, 187; this is also quoted in reference 24: Coulter, vol 3: 332.
- 57 **See reference 24: Coulter**, vol 3: 333.
- 58 **See reference 2: Nicholls: 184.**
- 59 **Boenninghausen C.** Typhoid fever and high potencies. *Allg Hom Zeit* 1853;**47**:57–65. See also reference 55: Bradford TL: 36.
- 60 **Boenninghausen C.** Traumatic ailments and high potencies. *Allg Hom Zeit* 1854;**48**:43, 51, 61; See also reference 55: Bradford TL: 50.
- 61 **See reference 37: 141.**
- 62 **See reference 37: 164–5.**
- 63 **See reference 2: Nicholls: 127–8**, 265; See reference 25: De Schepper—about the nosodes, 316–52; about the three main miasms, 355–412; about TB and cancer as new miasms, 413–54; see also Ortega PS. Chronic miasms. *Brit Homeo Jnl* 1983;**72**:8–19.
- 64 **See reference 37: 173–4.**
- 65 **See reference 37: 166.**
- 66 **See reference 1: 528.**
- 67 **See reference 1: 132.**
- 68 **See reference 1: 39.**
- 69 **See reference 37: 162–3.**
- 70 **See reference 2: Winston: 98–99; reference 2: Nicholls**, about unproven nosodes: 185, 228–30; Kerr JF. Unproven nosodes, their use and some thoughts thereon. *Brit Homeo Jnl* 1960;**49**:187–91; Harling ME. The use and abuse of nosodes in homeopathic treatment. *Brit Homeo Jnl* 1974;**63**:94–101.
- 71 **See reference 8: 11.**
- 72 **Norland M.** *Group and proving phenomena, observations*. *The Homeopath* 1999;**72**:38–41.
- 73 *Romeo and Juliet*: act 2, scene 3. *Oxford Shakespeare complete works*. Oxford: Oxford University Press, 1974: 774.
- 74 **See reference 17: Close: 54.**
- 75 Examples of Hahnemann's interest in the medical significance of poisons include his publications: *On poisoning by arsenic*. Leipzig: Siegfried Lebrecht Crusius, 1786; Directions for the preparation of soluble mercury. *Crell's annals* vol 8, part 2 1790, and What Are Poisons? What are medicines? *C W Hufeland's Journal der practischen Heilkunde* 1806; **24**:40–57.
- 76 **Berlin I.** *The sense of reality—studies in ideas and their history*. London: Pimlico, 1997: 18.
- 77 **See reference 17: Kent: 641–3.**
- 78 **See reference 17: Close: 71–2.**
- 79 **Evans M.** Berlin wall—a meditative proving. *Prometheus Unbound* 1995;**1**:24–31.
- 80 **King L**, Lawrence B. Luna: a proving. *The Homeopath* 1993;**13**:99; Barthelet P. *La lune*. Frejus-St Raphael: l'Ecole Hahnemannienne, 2000. www.homeopathe.org and follow links to luna.htm (accessed 3 October 2002).
- 81 **Wilkinson C.** Venus proving, the homeopathic proving of “venus stella errans”. www.btinternet.com and follow the links to venusbase.htm (accessed 11 March 2003).
- 82 **See reference 2: Nicholls: 234.**
- 83 **See reference 37: 166–7.**
- 84 **Pagel W.** Van Helmont's concept of disease. *Bull Hist Med* 1972;**46**:419–54; Pagel W. The religious and philosophical aspects of Van Helmont's science and medicine. *Bull Hist Med* 1944;**2**[suppl]; see also reference 24: Coulter, vol 2: 32–7.
- 85 **See reference 1: 528.**
- 86 **See reference 17: Kent: 668.**
- 87 **Bedayn G.** Anhalonium dream proving. *The American Homeopath* 1995;**2**:74–5; Dam K. Are dream provings Hahnemannian provings? *Homeopathic Links* 1999;**1/99**:10–13; Mortelmans G. Dreams in homeopathy: a snake in the grass? *Homeopathic Links* 1995;**7**:11–16; Santos U, König P. Dream proving of Berberis. *Homeopathic Links* 1994;**7**:15–17; Santos U, König P. Dreams in homeopathy? Yes a snake in the grass! *Homeopathic Links* 1995;**7**:7–8; Whitmont E. The use of dreams in homeopathic prescribing and proving. *The Homeopath* 1996;**62**:588–9; Whitney K. A dream, a patient, a remedy: argemum nitricum. *The Homeopath* 1995;**56**:352–4; Thompson M. Memories, dreams and remedies. *The Homeopath* 1995;**58**:413–15; Wansbrough C. *Ayahuasca proving*. *Prometheus Unbound* 1995;**1**:3–16; Wright J. Chalcancite—a new methodology for provings. *Prometheus Unbound* 1994;**1**:15–18. Some recent examples: Brillant P. A lie of the mind; dream proving. *Homeopathic Links* 1998;**2**:110–12; Lippe A. Drug proving. *Homeopathic Links* 1999;**1**:43–4; Brillant P. Evolution of homeopathic materia medica based on rigorous provings. *Homeopathic Links* 1997;**3**:137–9; Wieland F. Proving—a scientific approach. *Homeopathic Links* 1992;**1**:20; Goorhuis J. Proving—coordination of new provings. *Homeopathic Links* 1994;**3**:10; Norland M. Group and proving phenomena, observations. *The Homeopath* 1999;**72**:38–41.
- 88 **See reference 17: Close: 51–2.**
- 89 **Ecclesiastes 12: 6.** The Holy Bible.
- 90 **Bodman F**, Stewart TF, Boyd IWW, et al. Sir John Weir. *Brit Homeo Jnl* 1971;**60**:224–8.
- 91 **Blackie MG.** Twentieth century homeopaths. *Homeopathic Heritage* 1996;**21**:557–62 at 561–2.
- 92 **Morrell P.** Kent's influence on British homeopathy. *Journal of the American Institute of Homeopathy* 2000;**92**:228–35; see reference 2: Winston: 200–09; see reference 2: Nicholls: 186, 217–18, 265–6.
- 93 **See reference 37: 155.**
- 94 **See reference 24: Coulter**, vol 3: 328–401.
- 95 **Hahnemann S.** *The chronic diseases—their peculiar nature and their homeopathic cure*. Dresden: Arnold, 1828.
- 96 **Examples include Korsakoff (1788–1853); Boenninghausen (1785–1864); Stapf (1788–1860)**, and Griesslich (1804–48). Such pioneers were then followed by Hering (1800–80), Allen (1830–1909) and Kent (1849–1916) in the USA, and by Skinner (1825–1906), Berridge (1844–1920), Clarke (1853–1931) and Weir (1879–1971) in the UK.
- 97 **See Bodman F.** The life & times of Dr Quin. *Brit Homeo Jnl* 1960;**50**:73–82; Bodman F. Wind of change from Chicago. *The Homeopath* 1990;**10**:85–6; Treuherz F. The origin of Kent's homeopathy. *JAIH* 1984;**77**:130–49; Carlson M. Kent and Swedenborg. *The American Homeopath* 1995;**2**:97–9; Hoagland G. Homeopathy: medicine or religion? *Homeopathic Heritage* 1995;**20**:297–300; Morrell P. Homeopathy and religion. *The Homeopath* 1982;**24**:136–8; Gardiner H. *Swedenborg's philosophy and modern science*. *Brit Homeo Jnl* 1961;**50**:195–203.

- 98 See reference 15: 264.  
 99 See reference 2: Winston: 203.  
 100 Bodman F. Richard Hughes memorial lecture. *Brit Homeo Jnl* 1970;59:186.  
 101 See reference 15: 265.  
 102 See reference 37: 174.  
 103 See reference 2: Nicholls: 233–4.  
 104 Clarke JH. *The life and times of Dr Burnett*. London: Homeopathic Publishing Co, 1902.  
 105 See reference 17: Close: 38–9.  
 106 See reference 17: Close: 40–2.  
 107 See reference 17: Kent: 672–4.  
 108 Candegabe E. *Comparative materia medica*. Published as *Materia Medica Comparada* in Argentina, it was translated and republished in 1997 by Beaconsfield. Beaconsfield: Beaconsfield Publishers, 1997; Eizayaga F. *Treatise on homeopathic medicine*. Buenos Aires: Ediciones Marcel, 1991; first published in Argentina in 1972; Eizayaga F. *Demonstrative clinical histories*. *The Homeopath* 1994;52:148–50; Sankaran R. *The spirit of homeopathy*. Mumbai: Homeopathic Medical Publishers, 1991; Sankaran R. *The substance of homeopathy*. Mumbai: Homeopathic Medical Publishers, 1994; Sankaran R. *The soul of remedies*. Mumbai, India: Homeopathic Medical Publishers, 1997; Sankaran R. *The system of homeopathy*. Mumbai, India: Homeopathic Medical Publishers, 2000; Scholten J. *Homeopathy and minerals*. Utrecht, Holland: Stichting Alonnisos, 1993; Scholten J. *Homeopathy and the elements*. Utrecht, Holland: Stichting, Alonnisos, 1996; Vithoulkas G. *The science of homeopathy*. New York: Grove Press, 1980.  
 109 Sharma U. The homeopathic body, reification and the homeopathic gaze In: Johannessen H, Olesen SG, Andersen JO, eds. *Studies in alternative therapy 2*. Odense, Denmark: University of Odense Press, 1995: 33–49.  
 110 Guttentag OE. Trends towards homeopathy. *Bull Hist Med* 1940;8:1177–93.  
 111 See reference 110: 1186.  
 112 See reference 25: 160–63.  
 113 See reference 17: Close: 59–61.  
 114 See reference 17: Close: 70–2.  
 115 See reference 17: Close: 51.  
 116 See reference 17: Close: 67.  
 117 See reference 17: Kent: 664–5: “A piano tuner has restored harmony to a piano; has added nothing and taken nothing from it, yet has restored it to harmony.”  
 118 See reference 17: Close: 73–5.  
 119 See reference 17: Close, 88.  
 120 See reference 13: 10.  
 121 See reference 13: aph 12.  
 122 See reference 17: Kent: 661.  
 123 See reference 17: Kent: 641–89.  
 124 Rothstein WG. *American physicians in the nineteenth century: from sects to science*. Baltimore: Johns Hopkins University Press, 1972: 239–43; Kaufman M. *Homeopathy in America: the rise and fall of a medical heresy*. Baltimore: Johns Hopkins University Press, 1971: 116–22; see also reference 24: Coulter, vol 3: 328–401.  
 125 See reference 124: 115.  
 126 See reference 124: 175.  
 127 See reference 124: 169.  
 128 Kirschmann AT. Adding women to the ranks, 1860–1890: a new view with a homeopathic lens. *Bull Hist Med* 1999;73:429–46 at 435.  
 129 See reference 2: Nicholls: 180, quoting Drysdale JJ. *Modern medicine and homeopathy*. London: Henry Turner and Co, 1870: 12.  
 130 See reference 2: Nicholls: 185–6.  
 131 See reference 2: Winston: 175.  
 132 See reference 2: Blackie: 157; see also reference 2: Bodman: 85.  
 133 See reference 2: Nicholls: 207.  
 134 Berlin I. Political judgement. *The sense of reality—studies in ideas and their history*. London: Pimlico, 1996 49.  
 135 Berlin I. Joseph de Maistre and the origins of Fascism. *The crooked timber of humanity, chapters in the history of ideas*. Baltimore: University of Princeton Press, 1997: 91–174.  
 136 Starr P. *The social transformation of American medicine*. New York: Basic Books, 1986: 101.  
 137 On the subject of the resurgence of homeopathy since 1975, see: reference 2: Nicholls: 278–87; Gevitz N, ed. *Other healers—unorthodox medicine in America*. Baltimore: Johns Hopkins University Press, 1990: 115–17.  
 138 See reference 2: Nicholls: 181–2, 215; Morrell P. *A brief history of British lay homeopathy*. *The Homeopath* 1995;59:471–5; see reference 2: Winston: 211–64 about “the decline”; see reference 24: Coulter, vol 3: 391; see reference 124: Kaufman: 156–74; see reference 137: Gevitz: 122 — “dismal period”.  
 139 See reference 2: Nicholls: 215–40.  
 140 Warner JH. Medical sectarianism, therapeutic conflict and the shaping of orthodox professional identity in antebellum American medicine. In: Bynum WF, Porter R, eds. *Medical fringe and medical orthodoxy, 1750–1850*. London and Sydney: Croom Helm, 1987: 234–60; Warner JH. Orthodoxy & otherness—homeopathy and regular medicine in nineteenth century America. In: Juette R, Risse G, Woodward J, eds. *Culture, knowledge and healing: historical perspectives on homeopathy in Europe and North America*. Sheffield: Sheffield University Press, 1998: 5–29.  
 141 Forbes J. *Homeopathy, allopathy & young physic*. New York: William Radde, 1846: 17; quoted in reference 2: Nicholls: 121.  
 142 See reference 24: Coulter, vol 2: 547.  
 143 Guttentag OE. Trends towards homeopathy. *Bull Hist Med* 1940;8:1172–93 at 1177.  
 144 Handley R. *In search of the late Hahnemann*. Beaconsfield: Beaconsfield Publishing Co: 15.  
 145 This theme is explored in: Morrell P. The character of Hahnemann and the nature of homeopathy. *The Homeopath* 1997;67:803–10, and also in Morrell P. Hahnemann as scientist. *The Homeopath* 1995;57:380–3.  
 146 See reference 41: 62.  
 147 See reference 144: 70.  
 148 Kuhn T. *The structure of scientific revolutions*. Chicago: University of Chicago Press, 1968.  
 149 Popper K. *Conjectures & refutations*. London: Routledge, 1963.  
 150 Keele KD. The Sydenham-Boyle theory of morbidic particles. *Medical History* 1974;18:240–8, at 247.  
 151 See reference 2: Winston: 43, 94.  
 152 See reference 2: Hobhouse: 137–8; see reference 37: 502–3, 670; see reference 2: Haehl, vol 1: 2, and vol 2: 10–11.  
 153 See reference 2: Haehl, vol 1: 23.  
 154 See reference 2: Haehl, vol 1: 119, 253.  
 155 Hahnemann S. *On the value of the speculative systems of medicine*. First published in *Allgemeine Anzeiger*, a journal, in 1808, then in *Brit Hom Jnl* and several times since; see reference 37: 490.  
 156 Clarke JH. *Hahnemann and Paracelsus*. London: Homeopathic Publishing Co, 1923; Whitaker LE. An appreciation of Dr Clarke. *Homeopathic World* 1932;66:6–11; Whitney J. On Paracelsus, Swedenborg and fractals. *Student Homeopath* 1994;22:22–23; about Blake: Burford G. Masters of homeopathy: the persistence of their work through time II—The Dr Clarke memorial meeting. *Brit Homeo Jnl* 1932;21:116–43; about Blake’s links to Freemasonry, see Ackroyd P. *Blake*. London: Sinclair Stevenson, 1995: 45–6, about Swedenborg: 101–10, and Paracelsus: 147–9.  
 157 See reference 24: Coulter, vol 3: 467–8.  
 158 See reference 26: Morrell; see reference 2: Winston: 410–11; Morrell P. Thomas Lackenby Maughan. *The Homeopath* 1996;60:511–18; Ludwinski K. *Thomas Maughan, his life and teachings* [unpublished thesis]. London: London College of Classical Homeopathy, 1993.  
 159 Whitney J. Recorded conversations with P Morrell, 18 June 1990, Dulwich, London; Morrell P. Notes taken in a telephone conversation with R W Withers, August 1991, Brighton; Morrell P. Notes made during telephone conversation with R W Withers, August 1992, Brighton. Both conversations about the Thomas Maughan south London study groups of the 1970s.  
 160 Miles M. *Homeopathy and human evolution*. London: Winter Press, 1992 2–4.  
 161 See reference 17: Kent: 641–3.  
 162 Treuherz F. Heclae larva or the influence of Swedenborg on homeopathy. *The Homeopath* 1983;4:35–53.  
 163 Watson I. Robert Thomas Cooper. *The Homeopath* 1989;8:141–7; Clarke JH. *The life of Robert Thomas Cooper*. London: Homeopathic Publishing Co, 1906; Bonnard J. Robert Thomas Cooper and arborivital medicine. *Student Homeopath* 1994;21:22–4.  
 164 Katz R, Kaminski P. Flower essences and homeopathy. *The Homeopath* 1987;6:130–41.  
 165 Steiner R. *Nature spirits, selected lectures*. New York: Anthroposophic Press, 1989.  
 166 See reference 44: Rothstein: 30–2.  
 167 See reference 14: 256.  
 168 See reference 14: 305.  
 169 Blake JB. The inoculation controversy in Boston, 1721–22. *New England Quarterly* 1952;25:489–506, reprinted in: Leavitt JW, Numbers RL, eds. *Sickness and health in America*. Madison WI: Wisconsin University Press, 1978: 231–39; also Ackerknecht EH. Anti-contagionism 1821–1867. *Bull Hist Med* 1948;22:562–93.  
 170 See reference 137: Gevitz: 1.  
 171 See reference 17: Kent: 679.  
 172 King LS. Medical theory & practice at the beginning of the eighteenth century. *Bull Hist Med* 1972;46:1–15, 6–8.