

ORIGINAL PAPER

Why to use homeopathy in the nineteenth century? Early patients of homeopathy in private and institutional context

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Medicine underwent a major crisis in the 18th century and several approaches, including homeopathy, were formulated to fill the void left by the fall of traditional Galenic medicine. While most of the literature deals with the reasons doctors had to shift to homeopathy, the patients' views became the focus of increasing scholarly attention along the past 20 years. In this article I present and discuss the current knowledge about the socio-demographic characteristics and medical complaints of patients who sought homeopathic care in the early 19th century in both private and institutional settings. The results show that not only patients from the higher and more educated classes sought homeopathic care, but a considerable number of individuals from the middle and lower strata did so too, even though they also had access to conventional hospitals. As to the clinical complaints, the reasons to seek homeopathic care were the typical ones for any general practice or hospital in the period considered. *Homeopathy* (2017) ■, 1–10.

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Introduction

As is known, medical practice underwent a major crisis in the 18th century and several approaches, including homeopathy, were formulated to fill the void left by the fall of traditional Galenic medicine.¹ Most homeopathic practitioners are acquainted with Samuel Hahnemann's (1755–1843) perception of the state of medicine at the turn of the 19th century, while the picture traditionally painted by historians of medicine is slightly broader, as they mostly have resource to published works by doctors. Obviously, this type of source cannot tell us much, if anything, about the possible reasons for patients to seek homeopathic care at the time when homeopathy was first formulated.

Within that context, it is worth to pay attention to M. Dinges' call to write a “*new history of homeopathy*”, i.e., one that gives equal weight to the patients' perceptions and lay and professional healers and institutions.² That

call led to a considerable number of primary source-based studies on Hahnemann's practice, to wit, grounded on his full collection of casebooks from 1801 to 1842, several of which were subjected to careful scholarly analysis. Indeed, 54 out of 55 Hahnemann's casebooks (*Krankenjournalen*) are deposited at Hahnemann-Archiv, Institute for History of Medicine, Robert Bosch Foundation, Stuttgart, Germany (IGM). IGM-sponsored edition of these manuscripts began in the 1960s,³ and up to the present time 12 casebooks were edited, some of them with accompanying studies (*Kommentarbände*), to wit, D2 (1801–12), D3 (1802), D4 (1802–03), D5 (1803–06), D6 (1806–07), D16 (1817–18), D19 (1819–20), D22 (1821), D34 (1830), D38 (1833–35), DF2 (1837–42) and DF5 (1837–42). D corresponds to Hahnemann's practice in Germany and DF to the Parisian period. The latter were written in French by Melanie Hahnemann, to a total of 17; all of them correspond to the full Parisian period, because each patient was attributed a new blank page, with eventual continuations in the same or other casebooks. In the first part of this article I briefly summarise the results of these studies and added the data corresponding to Hahnemann's Parisian period (1836–1842) to give a more complete picture.

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Initially I had intended to survey the patients' motives to seek homeopathic care in letters written to Hahnemann deposited at IGM. However, that collection is too large (about 5500 letters) and the corresponding catalogue does not indicate the reasons for consultation. Thus being, I chose to analyse, instead, the records of activities at the homeopathic hospital and outpatient clinic in Leipzig for the period 1833–39, which present detailed socio-demographic information on patients, together with a description of their complaints, homeopathic treatment and outcomes.^{4,5} To relate the resulting information to the contemporary context of hospital-based care, I compared those data to the ones corresponding to a conventional hospital in Würzburg, Bavaria, about 300-km away from Leipzig, and also to the London Homoeopathic Hospital, founded in 1849.

Hahnemann's patients

In regard to Hahnemann's clientele, the extant literature practically converges on one and the same picture that clearly points to a pattern of gentrification in both the short and long run.^{6–9} For instance, in his analysis of Hahnemann's earliest homeopathic practice in the small town of Eilenburg, from 1801 to 1803, M. Vogl showed that upon his arrival to town, most of the patients belonged to the lower classes (household servants, farmers and the military) to immediately shift to the socioeconomically more favoured groups (tradesmen/craftspeople/urban services, learned professions, high-level civil servants and nobles).⁹ This pattern repeats when the longer period of Hahnemann's clinical activity in Germany is considered at length, as I discuss below. To facilitate comparison with the literature, I used the class characterisation suggested by Vogl⁹: low (no income source, rural workers, military), middle (merchants, craftsmen, school teachers, urban service sector) and high (learned professions, higher government officials, aristocracy).

In Eilenburg, Hahnemann cared patients from all age ranges (children: 23%; ≥ 40 : 31.4%); the youngest was a 10-week-old baby and the oldest was 77 years old.^{10–12} Such distribution fits the profile of a family doctor, which can be considered a characteristic of Hahnemann's practice in smaller towns. This is clearly illustrated by the Köthen patients' profile (1821–1835) especially when compared to the one of the Leipzig clientele (1812–1821), namely, the single large German city where Hahnemann set a practice.^{13–15}

The available data allow inferring that in Leipzig, Hahnemann's clientele was mainly composed of male adults of economically active age (children: 13.7%; ≥ 40 : 21.8%), mostly belonging to the middle and higher classes (78.5%).^{13–14} However, the Köthen profile is again the one of a family doctor (children 22.7%; ≥ 45 years old: 27.8%) with slight predominance of females (52%), and almost exclusively from the middle and higher classes (95.0%), being that a considerable number were previous patients from Leipzig.^{14–15} The largest individual groups

were: urban merchants, crafts, service sector (33.88%), learned professions (20.66%) and aristocracy (11.57%). While previous studies show that Hahnemann saw patients from the higher classes significantly more often than all others,¹⁶ some case studies describe the long and careful attention he particularly paid to depressed or bored aristocrats.^{17,18}

In agreement with the profile described up to this point, data from other sources indicate that a certain level of education was necessary to be treated by Hahnemann. Patients had to be *a priori* persuaded of the effectiveness of homeopathy, perform daily records of their complaints in personal diaries and bring them to consultations under threat of interruption of treatment. Sometimes they were also requested to read some of Hahnemann's books, *Organon of Medicine* at least.^{6–8}

The threat to dismiss patients who did not comply with the abovementioned requirements is not a matter of speculation, but was explicitly stated by Hahnemann: “*I will not have as patient anyone who does not keenly engage in the practice of observing all the changes in himself, recording them carefully and sending [the records to me]... I already have more than enough work.*”⁸

A possible explanation for this situation perhaps is that the early patients of homeopathy were not accustomed to provide as many details of their state of health as requested by Hahnemann, who for that reason recommended them to read the *Organon*.⁶ This hypothesis, however, is not supported by extant records of 18th-century medical practice, like the medical correspondence of the famous Leiden professor, Hermann Boerhaave (1638–1738),¹⁹ who was considered to be “*communis Europae [...] praeceptor*” by none other than Albrecht von Haller (1708–1777), ‘The Great’.²⁰ Such documents show that the descriptions of diseases could be as rich in details as the homeopathic ones.²¹ According to M. Stolberg,^{7,8} since the main reason for patients to seek Hahnemann's care was the fruitlessness of conventional treatments, the very ‘alternativeness’ of homeopathy might have represented a powerful source of hope. Within that context, the main problem with which Hahnemann had to deal was to keep that hope alive, and consequently might have done everything he could to convince patients that homeopathy was the one true and efficient medicine. Therefore, in addition to the required readings, he reminded his patients once and again of the evil consequences of conventional medicine in his letters to them.^{22,23}

Yet, the authoritarianism imposed by Hahnemann on the doctor–patient relationship has been repeatedly emphasised in the literature starting as early as 1886 and concerning also Hahnemann's pre-homeopathic period. For instance, in a letter written to a patient, he demanded “*Abandon yourself to God and to me alone, and I will abandon myself to the understanding and exemplary obedience you have shown up to this point. This is the best [thing] to do.*”²⁴

Incidentally, the aforementioned collection of patients' letters shows beyond doubt that Hahnemann continued to practice conventional medicine until 1805 at least.

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