

SIX

Homoeopathy in England in the Nineteenth Century

In 1826 a young English physician, Frederick Harvey Foster Quin, visited Leipzig. He had been travelling for some time on the Continent for the sake of his health and his journey to Leipzig was prompted by an interest in homoeopathy that had been planted in his mind by a fellow physician, Dr Neckar.

Quin seems to have been very well connected; in fact he was probably the illegitimate son of the Duchess of Devonshire, whose patronage he enjoyed until her death. This theory is supported by the fact that her maiden name was Harvey and her first husband was called Frederick Foster. Presumably as a result of the Duchess's influence Quin was appointed as personal physician to Napoleon during his exile on St Helena, but his patient died before he could take up his duties.

By 1826 Hahnemann was living at Köthen. It seems that Quin visited him there, but it was mainly the example of the Leipzig homoeopaths that impressed him. By now largely though not wholly converted to the new system he went to practise it in Paris. He spoke French fluently and had long been an enthusiastic Francophile. In 1832 he returned to London a completely dedicated homoeopath.

Quin was soon very very successful in London, in spite of the hostility of the Royal College of Physicians, a number of whose members blackballed him for membership of the Athenaeum in 1832. Thanks to his aristocratic connections, however, homoeopathy prospered, and indeed it was

owing to Quin that the new system first attracted royal patronage. The Prince and Princess of Wales were among those who visited him on his deathbed.

In 1844 Quin founded the British Homoeopathic Society and in 1850 a homoeopathic hospital was opened in Golden Square, Soho. This was the forerunner of the present hospital in Great Ormond Street, which was bought by subscriptions from wealthy patrons. Lord Grosvenor, later Lord Ebury, became the first chairman of the hospital board. A bazaar was held for the hospital in 1857 at the Riding School of the Cavalry Barracks in Hyde Park; the items donated for sale included a contribution from Sir Edward Landseer.

In 1854 London was struck by an outbreak of cholera. This gave homoeopaths a chance to show what they could do. Among the patients admitted to the orthodox hospitals the death rate was 52 per cent, while at the homoeopathic hospital, where 61 patients were treated, only 10 died (16 per cent) – and of these, one died at the door of the hospital as he was being taken from the cab and another was treated only after he had been given up by an orthodox physician. The Board of Health and the Medical Council omitted the figures for the homoeopathic hospital in the Blue Book published in 1855 to report on the outbreak, but Lord Grosvenor raised the matter in the House of Lords and a report including the homoeopathic results was subsequently published.

The hospital was supposed to be purely homoeopathic, and at a meeting in 1870, with Quin in the chair, it was decreed that medicines other than those listed in the homoeopathic pharmacopoeias were not to be kept, and even the prescribing of undiluted tinctures of homoeopathic medicines was strongly discouraged.

THE CHARACTER OF NINETEENTH-CENTURY BRITISH HOMOEOPATHY

What may be called the English school of homoeopathy in the nineteenth century produced two writers of outstand-

ing importance, Robert Dudgeon and Richard Hughes.

Dudgeon was an early recruit to the homoeopathic banner raised by Quin. A German scholar, he translated nearly all Hahnemann's writings on homoeopathy into English and also kept closely in touch with what German authors of the day were writing on the subject. Thanks to him we have a good insight into homoeopathy in the immediate post-Hahnemannian era. Though a convinced homoeopath himself, Dudgeon was not afraid to voice his own opinion or to criticize the Master where he felt it to be appropriate. He had a pleasantly ironic sense of humour and, all in all, is one of the most stimulating of the early homoeopathic writers.

Important though Dudgeon's contribution is, however, it was his friend and colleague Richard Hughes whose personality stamped itself most emphatically on British homoeopathy at this period. Although he was at one time on the staff of the London Homoeopathic Hospital, Hughes spent most of his medical career in practice in Brighton. He organized the five-yearly International Homoeopathic Congresses and he edited the *Annals* of the British Homoeopathic Society. His most important and influential role, however, was as a teacher and writer. He was appointed Lecturer in Materia Medica by the British Homoeopathic Society and his lectures were published and used as the basis for instruction of doctors up to his death in 1902. His views on homoeopathy were endorsed by Dudgeon and others as an authentic up-to-date interpretation of homoeopathy.

HUGHESIAN HOMOEOPATHY

Richard Hughes became the Grand Old Man of British homoeopathy in the nineteenth century (though he was only 62 when he died). It is therefore legitimate to speak of Hughesian homoeopathy, though it must be understood that this was in fact the orthodox British homoeopathy of the day.

The essential characteristic of Hughesian homoeopathy

was that it was situated at the 'scientific' end of the homoeopathic spectrum. That is, it was essentially pragmatic and anti-mystical. On the theoretical level Hughes, Dudgeon, and other leading British homoeopaths of the day rejected Hahnemann's concept of the vital force, his theorizing about how homoeopathic medicines worked, and the psora theory. They were also unhappy about potency.

In practice, they were prepared to concede that some high dilutions – at least up to the 30th centesimal – did seem to work, but they recognized the difficulty of explaining this in the light of contemporary knowledge of physics and chemistry. The vast majority of British homoeopathic prescribing at this time was based on the use of very low (material) dilutions – 6c and below. As for the claims of Jenichen, Hering, and others to be able to produce ultra-high potencies by various non-Hahnemannian techniques, Hughes and Dudgeon treated these with gentle derision.

As a homoeopath Hughes naturally placed the similia principle at the centre of the stage but his attitude to it was relaxed and non-dogmatic. It was, he said, not a law of nature as Hahnemann claimed but simply a rule of thumb – a kind of skeleton key to try in the therapeutic lock. It often gave the right answer, but not invariably, nor was it the only key worth trying.

Hughes believed, moreover, that if you are serious about the similia idea you must take pathology into account. It was all very well for Hahnemann to say that nothing could be known about the mechanism of disease; in his day that might have been true, but times had changed and quite a lot was now known about pathology and the new knowledge needed to be incorporated into homoeopathy. Hughes believed that medicines should be chosen not just on the subjective symptoms they produced but on the basis of their known pathological effects in human beings and even in animals. For example, if your patient is suffering from an ulcer you should choose a medicine known to produce ulcers, and so on. This insistence on the role of pathology in

prescribing was to cause later generations of homoeopaths to adopt a superior attitude to Hughes and to label him pejoratively as a mere 'pathological prescriber'.

Important though all these ideas were for British homoeopathy, however, what really distinguished Hughes was his critical and scholarly attitude. Most homoeopaths of the day outside Britain, especially in America, based themselves on Hahnemann's later work almost exclusively – that is, on the ideas in the fifth edition of *The Organon* and in *The Chronic Diseases*. Hughes, however, looked at Hahnemann's writings as a whole. He carefully charted the way in which the Master's thought had evolved over the years and was not afraid to say in what ways he thought it had changed for the worse. He pointed out, for example, that Hahnemann's laying down the rule that the 30th potency must be used for all purposes had fossilized homoeopathy most undesirably. He also showed that the so-called provings of *The Chronic Diseases* could not possibly have been carried out in the same way as those of the *Materia Medica Pura* and so could not be relied on as accurate descriptions of the effects of the new medicines. Such views, of course, were nothing less than *lèse-majesté* in the view of the large number of homoeopaths for whom Hahnemann's words were law.

Hughes's contribution to homoeopathy was not confined to critical discussion of Hahnemann's writings. His most important undertaking was undoubtedly his attempt to revise and purify the homoeopathic materia medica, which resulted in his rather ponderously titled *Cyclopaedia of Drug Pathogenesis*.

Hughes had earlier collaborated with the American T. F. Allen in the production of that editor's *Encyclopaedia*, but later he came to feel that Allen had been too uncritical and had included much that would have been better omitted. The problem with the materia medica, as Hughes saw it, was that it had moved a long way away from the original idea of basing everything on provings or reports of poisoning. Many of the symptoms recorded in homoeopathic

textbooks were 'clinical', without any basis in provings and many were the result of uncritical copying by one author from another. Hughes's aim was to sift all this material and publish only what he thought was reliably established.

This was a truly monumental undertaking. The four volumes of the *Cyclopaedia* took seven years to prepare (1884–91). It was a joint enterprise, in which the British Homoeopathic Society collaborated with the American Institute of Homoeopathy; nevertheless the impetus behind it came from Hughes and he carried out most of the work. His intention was to include all the reliable information available in his day apart from that in Hahnemann's writings. This involved a vast amount of translating, sifting, and editing.

A number of rules were adopted to eliminate untrustworthy reports. No purely 'clinical' symptoms were included, of course, and neither were symptoms obtained with high dilutions (above 6c) unless confirmed by provings of more material doses. A very important feature was that all the provings were given in narrative form so that they could be read consecutively.

The *Cyclopaedia* was a unique attempt to present a truly critical collection of the materia medica and demanded a high degree of dedication from its readers. Even though the symptoms were presented in narrative form rather than as lists, they were so compressed that they were hard to take in. Hughes was evidently sensitive on this score, for he wrote: 'It seems to be the impression of some that our *Cyclopaedia* is a mere luxury of pathogenesis, quite beyond the requirements of the student and the practitioner, and only really valuable to the teacher or writer on the subject.' It was, however, the student who was supposed to use the *Cyclopaedia*. Thanks to it the subject 'will be found full of life and meaning; and materia medica, hitherto the dullest and most hopeless, will become the most interesting of studies.'

Hughes's contemporaries shared his enthusiasm. At his death an obituarist in the American *Hahnemannian Monthly* described the *Cyclopaedia* as 'a work without parallel in all

medical literature' (which was undoubtedly true) and went on to say that 'It is a work – we had almost said *the* work – from which the future materia medica authority will compile all that is best and most reliable in his new textbook; and it requires no prophetic vision to foretell that its pages will be even more frequently explored at the end of the twentieth century than at its beginning.'

No prophecy could have been farther from the mark. Within a few years of Hughes's death his *Cyclopaedia*, together with the rest of his work, had been forgotten almost as if it had never been, and later generations of homoeopaths were to drink from a very different source.

To some extent this surprising turn of events can be explained as a natural reaction by British homoeopaths against the ideas of a man whose influence had been paramount for so many years. Hughes was in many ways open-minded and undogmatic, but it was no doubt inevitable that his teaching would eventually harden into a kind of orthodoxy. Paradoxically, however, it was Hughes's very absence of dogmatism that made him seem to some later homoeopaths a traitor to the cause, for this trait led him to minimize the differences that separated homoeopathy from orthodox medicine.

It took considerable courage for a doctor to declare himself a homoeopath in the late nineteenth century; nevertheless Hughes seems to have felt no reciprocal hostility for his orthodox colleagues and indeed, in his last published work, *The Principles and Practice of Homoeopathy*, he made a remarkable plea for reconciliation. He was well aware, he wrote, of the many shortcomings of homoeopathy and of the 'fancies and follies' that had become incorporated into it. What was needed, he said, was for orthodox doctors to bring their resources of time, expertise, and intellect to bear on homoeopathy and help to put it on a sound scientific footing.

Hughes himself had no doubt about where such a change of heart would lead.

Dunham's tolerance was admirable but its effects were the reverse of what he intended. The argument, which had hitherto smouldered underground, now burst out in the open and became much fiercer. Sporadic attempts were made to establish a set of articles to which all would-be homoeopaths must subscribe but this was not accepted. The Institute grew rapidly in numbers but the new members lacked the proselytizing fervour of the old guard, whom they looked on as obscurantist old German fuddies. The purists, for their part, regarded the new recruits as upstarts who were ignorant of materia medica, did not know how to individualize their cases, had never read *The Organon*, and did not even believe in the law of similars. Low-potency and high-potency journals appeared to cater for the two camps. Rival homoeopathic societies and even rival homoeopathic hospitals appeared, and the public naturally found the situation puzzling and unsatisfactory.

The low-potency group, which had always greatly outnumbered its rivals, drew gradually closer and closer to orthodoxy. Eventually the distinction between homoeopathy and allopathy became so slight that there seemed no point in perpetuating it, and the vast majority of American homoeopaths quietly switched their allegiance. By 1918 the number of homoeopathic colleges had declined to seven, and before long these too disappeared. The Homoeopathic Medical College of Philadelphia stopped teaching homoeopathy in the 1930s, by which time homoeopathy had ceased to be a live issue in American medical politics; it was, in fact, as good as extinct.

What I have just presented is an outline of what might be called the 'political' rise, decline and fall of homoeopathy in America. The story has, however, another dimension, which is of the greatest importance for the subsequent development of homoeopathy down to the present day. In America homoeopathy became fused with Swedenborgianism to give a hybrid growth that differs in a number of

important ways from Hahnemannian homoeopathy but is today widely taken to be the original doctrine. This hybridization is of the greatest significance, yet most people who have written about homoeopathy have either ignored it or have played it down. I shall therefore fill in some of the gaps, but before doing so I need to digress a little to give an outline of Swedenborgianism, since this is likely to be unfamiliar to most readers.

SWEDENBORGIANISM AND HOMOEOPATHY

Emanuel Swedenborg (1688–1772) is a most extraordinary figure. A scientist, engineer, statesman, and philosopher, who achieved great distinction in his own country, Sweden, and renown abroad, he showed remarkable wisdom in the practical management both of his own affairs and of his country. And yet, from middle age onwards, he had what he believed were continual contacts with the spirit world, for the most part not in trance but in full consciousness. From these experiences he was able to construct a complete cosmography of the spirit world and its relation to our own. Nor was this all, for in 1743, in Amsterdam, he had a profound religious experience that became the starting point for a thorough re-evaluation of the whole of religion and eventually led him to undertake a detailed allegorical interpretation of much of the Old Testament.

In 1724, when he was 36, Swedenborg became an assessor for the Board of Mines. The work took him all over Sweden and led him to make numerous important scientific studies of mineralogy and other matters. He showed remarkable technological ability but this was complemented by a wide philosophical outlook. In 1736 he obtained leave of absence to go abroad; he went to Paris to study anatomy, not intending to become a doctor but hoping to gain insight into the relation between mind and body. This experience proved a decisive turning-point in his life and resulted in the publication of his profound and far-reaching book, misleadingly entitled *The Economy of the Animal Kingdom*,

Do our brethren know what would be the result of such generous policy? *We should at once cease to exist as a separate body.* (My italics.) Our name would remain only as a technical term to designate our doctrine; while 'homoeopathic' journals, societies, hospitals, dispensaries, pharmacopoeias, directories, *under such title*, would lose their raison d'être and cease to be. The rivalry between 'homoeopathic' and 'allopathic' practitioners would no longer embitter doctors and perplex patients.

I suspect that it was this wish to unite homoeopathy with orthodoxy, rather than his more technical views about the right way to choose medicines, that was the real reason for the virtual suppression of Hughes's ideas by later homoeopaths. If Hughes had succeeded in effecting a reconciliation between homoeopathy and orthodoxy it is likely that – as Hughes himself recognized – the result would have been the disappearance of homoeopathy as a separate form of medicine; this did in fact happen later in the USA.

Hughesian homoeopathy exhibits both the strength and the weakness of the scientific approach. To a modern doctor Hughes's writings and those of his friend Dudgeon are among the most accessible of homoeopathic texts. Although the medical ideas with which these authors worked are long out of date, their pragmatic and critical attitude makes them surprisingly modern and readable even today. Nevertheless after Hughes's death British homoeopathy moved decisively towards the metaphysical pole and Hughes himself received the contemptuous Hahnemannian label of 'half-homoeopath'. In subsequent chapters I shall look at the reasons for these developments.