

## SEVEN

# Homoeopathy in America

The story of the rise, decline and fall of homoeopathy in America is a fascinating subject in its own right, but it has a significance that is of more than purely American or historical importance, for it exemplifies both the strengths and the weaknesses of homoeopathy as a medical doctrine. Moreover the story is very important for the subsequent development of homoeopathy, for its sojourn in America changed it profoundly in several ways and these changes were later exported to other countries, notably Great Britain.

The first homoeopathic doctor in America was Hans Gram, an American of Danish extraction who settled in New York in about 1825 and converted a number of other doctors to the new system. Much the most important homoeopath of the period, however, was Constantine Hering, whose labours established homoeopathy as an important feature in the American medical scene.

Hering was a German, born in 1800, who as a medical student was entrusted by his tutor with the task of writing an attack on homoeopathy. His researches, however, led to his conversion. Soon after qualifying in 1826 he joined an expedition to South America, where he practised homoeopathy and conducted provings, including some interesting ones on snake venom. In 1833 he returned briefly to Germany, but on his way back to South America he called at Philadelphia, where he was persuaded to stay. He remained in the USA, except for one year in 1845, for the rest of his life, and became the Grand Old Man of American

homoeopathy, practising the discipline, conducting provings on himself and others, writing, and organizing. He was elected first president of the American Institute of Homoeopathy when it was founded in 1844.

Throughout the nineteenth century homoeopathy prospered exceedingly in its new home. Homoeopathic colleges sprang up all over the country, and many thousands of practitioners graduated through them. The most famous of these colleges was the Homoeopathic Medical College of Philadelphia, but there were many others; in 1900 there were 22 colleges, and before the First World War there were 56 purely homoeopathic general hospitals – some of which had up to 1400 beds—13 mental asylums with up to 2000 beds each, 9 children's hospitals, and 21 sanatoriums. This degree of public acceptance of homoeopathy could be matched nowhere else in the world.

The reasons for the early success of homoeopathy in the USA are not difficult to understand in the context of the state of orthodox medicine at the time. American orthodox medicine in the first half of the nineteenth century was comparable with European medicine but was if anything more dangerous. Bleeding was of course a sovereign remedy and was taken to even greater lengths than were fashionable in Europe. A prominent physician of the time, a Dr Rush, wrote that blood should if necessary be let until four-fifths of the blood in the body had been removed. Whereas the English physician Sydenham recommended that a mere 40 ounces of blood be removed in the treatment of pleurisy, the redoubtable Rush held that, for the more virulent form of pleurisy encountered in the USA, at least double that amount must be withdrawn.

Bloodletting was the correct treatment for almost any disease but especially for fever. A textbook of 1836 devoted 33 pages to various techniques of phlebotomy, and another, published in 1847, had no less than 87 pages on this all-important subject. Children were supposed to stand in special need of this form of treatment, and here once again the egregious Dr Rush expressed his opinion forcibly.

In answer to the charge that bloodletting was killing many children, Rush replied that he could mention 'many more instances in which bloodletting has snatched from the grave children under three or four months (*sic*) old by being used from three to five times in the ordinary course of their acute diseases.' A professor at the College of Physicians and Surgeons in New York, writing in 1840, upheld the importance of bleeding the very youngest children and indeed the newborn, though he did remark regretfully that 'the young subject does not bear the loss of considerable quantities so well as the adult' and that there was an increased tendency for convulsions to occur.

Another form of treatment that almost rivalled bloodletting in popularity was dosing with calomel (mercurous chloride). As might be expected, this was firmly advocated by Rush in almost every disease. Calomel had been used for many years but mainly in the treatment of chronic diseases, including syphilis. At the end of the eighteenth century, however, Rush introduced it to treat an epidemic of yellow fever in Philadelphia. The rationale for its use was chiefly that it acted as a purgative and so would rid the body of the toxic substances causing the disease. Naturally Rush advocated enormous doses. Equally naturally the patients suffered serious, sometimes fatal, mercury poisoning. One sixteen-year-old boy, for example, died ten weeks after being treated with calomel for typhoid fever.

In a few weeks purple spots made their appearance on each side of his face, followed by mortification and sloughing of the parts . . . For several weeks the poor sufferer lay thus, the poison gradually augmenting its awful work, until the whole jaw, with the exception of a small portion of the chin, was exposed to view from loss of surrounding flesh. The upper and lower lips were entirely gone, and the appearance was presented of a skull covered with flesh, excepting the teeth and jaws – a most pitiable sight. On the right side of the face the mortification extended to the eye, scalp, and ear, and had the youthful sufferer lived but a few days longer, he would have lost his right eye, ear and all the flesh on the side of the face and head. But fortunately for himself and friends, death kindly

came to his aid and relieved him of his misery. It is impossible for words to convey an impression of the loathesome, sickening, spectacle presented above. (Coulter, Vol 3, 67)

Other patients, slightly more fortunate, survived, but often at the cost of most of their teeth and part of their jaws, for they frequently suffered contractures of the jaws that necessitated extensive surgery to allow them to eat.

Not surprisingly, large numbers of patients in the early years of the nineteenth century were turning away from orthodox medicine to various forms of folk medicine, especially indigenous herbalism. The unorthodox systems, however, were the province of unqualified practitioners, many of whom were barely literate. Homoeopathy, the new arrival from Europe, had the advantage of being practised by qualified doctors who were in many cases better educated than their orthodox rivals, for at this time the homoeopathic literature was almost all in German or Latin and so could only be read by men with a mastery of those tongues. The presence of a large number of German immigrants in the USA at this time also helped in the spread of the new system.

The homoeopaths' success, of course, excited the hostility of the orthodox physicians and numerous criticisms of homoeopathic theory and practice appeared. The foundation of the American Medical Association was at least in part a reaction to the success of homoeopathy. On at least one occasion homoeopathic and orthodox physicians attempted to settle their differences by resorting to fist-cuffs. But homoeopathy continued to prosper, reaching its peak of success after the Civil War, in the decades 1865–85. Gradually orthodox hostility lessened; by the mid-1880s homoeopathy had largely ceased to be on the defensive and its future seemed to be assured. In reality, however, it was about to go into decline.

#### DECLINE AND FALL

There were two main reasons for the decline of homoeopathy in America after about 1885. One of these

was, paradoxically, the very success of the new system. Orthodox physicians were coming to realize the dangers of existing methods of treatment and were beginning partly to abandon the use of large doses of drugs and of bleeding. The example of homoeopathy undoubtedly played a part in prompting this trend; nor was it only in the matter of dosage that orthodox medicine borrowed from homoeopathy. Some of the homoeopaths' drugs began to find their way into the orthodox pharmacopoeia while others had always been common to both schools, and this tended to blur the distinction between them still further.

The second reason for the decline of homoeopathy was the old problem of dissent within the ranks of the faithful. As the hostility of the orthodox school decreased a large number of homoeopaths made various compromises with orthodoxy, using conventional drugs at times, giving material doses, taking account of pathology, and ignoring the doctrines of psora and vitalism. Against these 'half-homoeopaths' a small but resolute body of purists held out for the extreme position adopted by Hahnemann in his later years. As nearly always happens within a heretical sect, the virulence with which the two factions attacked each other far exceeded their hostility towards their orthodox opponents.

The banners under which the factions assembled were, respectively, those of high and low potency prescribing, but the grounds for disagreement between them were much wider than this and extended to almost every aspect of homoeopathy. Matters came to a head in 1870 at a meeting of the Institute, at which Carroll Dunham, the president, made an important speech. To be a homoeopath, he said, required adherence to a fundamental therapeutic law, but there could be disagreement about its detailed interpretation. He himself was a purist, a rigid Hahnemannian; nevertheless he had to acknowledge the existence of self-styled homoeopaths who thought otherwise, and the right way to deal with the problem, he believed, was not to proscribe them but to encourage free and open discussion.

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 fuddy-duddies. 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*,

which is really a synthesis of scientific and mystical views of man and the world.

After completing his anatomical studies Swedenborg returned to his duties at the Board of Mines in Stockholm for a time, but in 1743 he was abroad again in Holland and England. From 1745 onwards his conversations with spirits began in earnest, and he came to believe that he had received a divine commission to reinterpret the Bible. Henceforth he led a double life: outwardly he continued to be the practical man of affairs, while inwardly he went on exploring the spirit world. He was able to give concrete evidence of the reality of these experiences: on one occasion he apparently had clairvoyant knowledge of a fire in Stockholm when he was 300 miles away in Gothenburg. This so impressed the philosopher Kant that he took pains to investigate the authenticity of the story, and was wholly convinced by the result of his researches. Other well-authenticated instances of Swedenborg's paranormal abilities concern a secret known only to the Queen of Sweden, which was revealed to Swedenborg by a spirit, and telepathic awareness of the death of Czar Peter III in prison.

In 1747 Swedenborg finally resigned from the Board of Mines to devote himself entirely to his major work on the Bible. This was published, anonymously at first, in London in eight large volumes from 1749 to 1756, under the title *Arcana Coelestia* (*Heavenly Secrets*), and was almost entirely ignored. In 1751 Swedenborg was back in Sweden, indulging in his long-standing passion for gardening. He also wrote practical and very sensible memoranda on economic problems such as inflation for the Swedish Diet, of which he was a member. He also continued to travel and to write on religious and mystical matters. He died peacefully in London at the age of 84; an appropriate resting place, for England was always his favourite country.

This is no place to attempt an assessment of a man of such richness and complexity of character as Swedenborg. It is, however, worth remarking on the charm, intelligence, and lack of fanaticism that come through from his life and



writings and on the eminent good sense that he showed in practical matters of every kind. If his mystical ideas were delusions they were at least grafted on a mind that in every other respect was remarkably sane.

During his lifetime Swedenborg came increasingly under attack from orthodox churchmen – by no means a trivial matter at that time, when to be tried for heresy was still a real danger – but he successfully withstood these threats. Although he believed that he had been the vehicle for a new religious revelation, Swedenborg did not found an organization to carry on his teachings. After his death, however, a New Church dedicated to the preaching of his ideas was founded in England, where Swedenborg's views had an influence on Blake and Coleridge. The New Church quickly fragmented into at least three groups, and this tendency to schism continued to characterize it when it crossed the Atlantic to America, which it quickly did. Nevertheless it was successful in the USA, and soon after its introduction in 1784 it had established itself in a number of American cities.

The appeal of Swedenborgianism is not hard to understand. By the beginning of the nineteenth century the rapid advance of science was coming to be seen as a threat to established religion. Darwinism, it is true, still lay in the future, but the intellectual climate that was to provide the background for the fateful clash between science and religion already existed. People were asking questions and were increasingly unwilling to be told that the answer lay in faith.

Swedenborg, too, rejected faith, at least in the ordinary sense of the word. He claimed that his teachings were based on direct revelation but he by no means despised reason. He was a perhaps unique combination of mystic and scientist and his ideas were particularly attractive to intellectuals who wished to preserve a religious attitude yet were aware that advances in scientific knowledge were radically altering the way in which people thought about the world.

Swedenborgianism and homoeopathy took to each other

at once. Swedenborgians found in homoeopathy a medical system that perfectly complemented their religious attitude, while homoeopaths found in Swedenborgianism a religious framework into which Hahnemann's ideas could expand freely. Homoeopathy thus quickly became the accepted medical system for Swedenborgians, while most of the leading nineteenth-century homoeopaths, including Hans Gram and Hering, were Swedenborgians. The firm that came to dominate the homoeopathic drug industry after 1870 was that of Boericke and Tafel of Philadelphia, whose owners were Swedenborgians; the same men also became the leading homoeopathic (and Swedenborgian) publishers in America.

The features of homoeopathy that made it so congenial to the Swedenborgians were the very ones that disturbed 'scientific' homoeopaths in England like Dudgeon and Hughes, for it was naturally the ideas of Hahnemann's late, metaphysical phase that appealed most strongly to the Swedenborgians – vitalism, the miasm theory, potentization, and the divine inspiration of the similia principle. All these ideas were adopted by the Swedenborgian homoeopaths and taken to new lengths.

For Swedenborg the idea that there is a mystical correspondence between the spirit world and our own was fundamental. Like many earlier thinkers, including the alchemists, Swedenborg taught that the form and function of man (the microcosm) is modelled on, and reflects, that of heaven (the macrocosm). Whatever happens in the spirit world must have its counterpart here on earth. This idea of correspondence fitted exactly with the similia principle, and of course it was natural for the Swedenborgians to regard this as a divinely ordained law of nature.

Vitalism, likewise, was wholly congenial to the Swedenborgians. Swedenborg held that the essential nature of a man is determined by his 'will' and 'understanding' – that is, by his basic spiritual impulse. This teaching could be directly equated with the Hahnemannian notion that disease is caused by derangement in the vital

force. The Swedenborgian homoeopaths maintained that disease always begins at the inmost, spiritual, level – that of the will and understanding, which build the mind and physical body round them rather as the caddis worm builds its house of stones or bits of wood. Disease is the reflection of a failure on the part of the builder – it results from a disorder of the will or understanding and is therefore a moral as well as a physical problem. It follows that the homoeopath must not treat the patient's body alone but also his mind and inner spiritual essence.

The Swedenborgian homoeopaths gave a definite moral twist to the miasm theory. For Hahnemann the miasms had been acquired 'infections', but for the Swedenborgians they were moral taints passed from generation to generation, and psora in particular took on some of the characteristics of Original Sin. At the same time, however, and somewhat inconsistently, the miasms continued to be regarded as acquired.

In 1865 Hering wrote a very influential article based on the psora doctrine. He claimed that as a disease becomes chronic the symptoms always move in a particular way: from the surface to the interior, from the extremities to the upper part of the body, and from less vital to more vital organs. On the basis of this alleged progression of symptoms he propounded his 'Laws of Cure', which state that cure must take place in the reverse order to the march of the symptoms: that is, from within outwards, from above downwards, from most important to least important organs, and in the reverse order of their appearance. The development of a rash during treatment, for example, is a favourable sign (because 'the psora is coming out'), and the same applies to the reappearance of symptoms from which the patient has not suffered for many years.

Hering's laws were arrived at largely on theoretical, *a priori* grounds, but they were quickly incorporated into homoeopathic doctrine in America and numerous confirmations of them were reported – hardly surprisingly, since Hering had in effect set up a 'heads I win, tails you

lose' method of confirming the theory; any cure that failed to follow the prescribed sequence was automatically discounted as mere palliation while every case that followed the sequence predicted by the theory was quoted as proof of its truth.

Hering also developed the miasm theory in another way, by recognizing the existence of other miasms in addition to syçosis, syphilis, and psora. Almost any disease could be looked on as due to a miasm – that is, as capable of leaving long-lasting taints in people who had once suffered from the disease in question. If a patient said that he 'had never been well since' some disorder Hering might well treat him with an 'isopathic' medicine.

The idea of isopathy is to take a disease product – tuberculous lung, for example, or gonorrhoeal pus – potentize it in the Hahnemannian manner, and use this as a medicine. These potentized disease products are known as 'nosodes'; in some ways they resemble vaccines. Some of Hering's nosodes are still used by modern homoeopaths and new ones have been developed, but many of the older ones have been forgotten, which is hardly surprising in view of the extraordinary claims to which Hering was prompted by his enthusiasm. In 1830, for example, we find him solemnly recommending that farmers eradicate weeds by means of their potentized seeds and that lice be removed by means of a 30th potency of their own relatives. (Dudgeon mischievously suggests that this is to be given to the lice.) And some American homoeopaths went even further: we read of one who suffered an upset stomach after eating a particular pudding one evening and accordingly solemnly potentized the pudding.

#### KENTIAN HOMOEOPATHY

Important though Hering's ideas were for homoeopathy, however, it was another and rather later Swedenborgian who was to become the main influence on homoeopathy both in America and abroad. This was James Tyler Kent (1849–1916).

In the opinion of his pupils and followers, Kent is second in importance only to Hahnemann himself, and perhaps not even second: '[Kent's] intense desire to alleviate suffering, to eradicate disease, led him to concentrate, by the power of his indomitable will, the forces of his vast intellect. He gave himself unstintingly to the arduous task of acquiring that deep knowledge by which he scaled the heights of the Homoeopathic Law of Cure. Here his unclouded vision beheld the genius of Samuel Hahnemann. He grasped the Master's thought, he wielded the healing power, he reached greater (*sic*) heights.'

This somewhat hyperbolic passage is from an obituary published in America in 1917, and its tone of near-adulation is by no means exceptional. Another writer, for example, describes Kent as 'one of the greatest masters in medicine the world has ever known,' while yet another says that 'since Hahnemann only in this one man have been so brilliantly combined the three attributes that enable Homoeopathy to stand so firmly in these times of medical Nihilism.'

Who, then, was this remarkable medical paragon?

Kent qualified as an orthodox physician and initially practised conventional medicine, but his outlook was changed when his wife became ill and begged Kent to place her under the care of a homoeopath. Although he had no faith in this system of medicine he acceded to his wife's request and sent for one Dr Phelan, who effected a dramatic cure. This happy event led to Kent's conversion to homoeopathy. He made rapid progress in his study of the subject and in 1882 was appointed to the Missouri Homoeopathic College as Professor of Surgery; in 1889 he joined the staff of the Philadelphia Postgraduate School of Homoeopathy. After his first wife's death he married a homoeopathic physician, who cooperated with him in the writing of his three major works: the *Lectures on Homoeopathic Philosophy*, the *Lectures on Homoeopathic Materia Medica*, and the *Repertory to the Homoeopathic Materia*

*Medica*, the book on which his reputation principally rests today. So pre-eminent has Kent's *Repertory* become that, although numerous other repertories exist, Kent's is usually referred to simply as '*The Repertory*', as if there were no other.

The only photograph of Kent known to me shows him wearing a disapproving expression and an unkempt moustache. Both these features are probably significant, for an obituary by a Dr Julia Minerva Green remarks on his 'ill-fitting and ill-assorted clothes', and says that he was 'a sensitive, embittered, retiring man in later years as he thought one after another did him wrong.' As Dr Green remarks, this last trait reminds one of Hahnemann, who also suffered from a feeling of persecution in his later years. In 1900 Kent became Dean of Dunham Homoeopathic College in Chicago. In 1908 all the homoeopathic colleges in Chicago were merged into the Hering Homoeopathic Medical College, of which Kent was president until 1911. In that year the Government closed the Hering College, together with many other homoeopathic colleges through the USA, on the grounds that they were not up to medical standard. This was the end of Kent's academic career.

In his published writings Kent made few direct references to Swedenborg but he did freely acknowledge it to his pupils, claiming that the teachings of Swedenborg and of Hahnemann corresponded perfectly. Although this is an overstatement it is certainly true that there is a good deal of common ground between Swedenborg and Hahnemann in his late, metaphysical phase.

The metaphysical bias of Kent's thought can be clearly discerned in his very influential *Lectures on Homoeopathic Philosophy*. These are cast in the form of extended commentaries on the fifth edition of Hahnemann's *The Organon*. (Fortunately for Kent's peace of mind he died before the discovery of the sixth edition, in which Hahnemann contradicts some of the main ideas in the fifth edition.) Kent's method is to take a passage from *The Organon* and dilate

upon it, much in the manner of a preacher making use of a text from Scripture.

Kent is a curious writer. His manner is frequently hectoring and sometimes downright abusive – an unattractive trait, perhaps imitated from Hahnemann. Thus, of the wretched pseudo-homoeopath who stoops so low as merely to remove symptoms instead of eradicating their cause (for example, by giving morphine to a patient with a kidney stone to relieve his pain, instead of keeping him waiting for an hour or two while looking for a suitable homoeopathic remedy) he writes: 'What a simple-minded creature he must be! What a groveller in muck and mire he must be, when he can meditate upon such things, even a moment!' Here speaks the true fanatic.

Kent's own moral standards are made universally applicable and are expressed with his usual pleasing tolerance.

The homoeopathic physician does not allow himself to wink at the notions that are carried out in families, as for example, how to prevent the production of offspring, how to avoid bearing children, how to separate man and wife by teaching them the nasty little methods of avoiding the bringing forth of offspring. *The meddling with these vices and the advocating of them will prevent the father and mother from being cured of their chronic diseases.* (My italics.) Unless people lead an orderly life they will not be cured of their chronic diseases. It is your duty as physicians to inculcate such principles among them that they may lead an orderly life. The physician who does not know what order is ought not to be trusted.

Kent evidently felt strongly on this subject, as is evident from the frequency with which he repeats himself, driving the point home in case we have missed it. The effrontery of the passage is breathtaking, but unfortunately quite typical of the man. Its uncompromising assertiveness is also typical: no evidence is offered for the remarkable pronouncement that chronic disease is incurable in those who practise contraception; we must simply accept it on Kent's authority.

'Authority' is in fact a key word with Kent. Notice the

emphasis on 'order', always beloved of authoritarians. Elsewhere he writes:

It is law that governs the world and not matters of opinion or hypothesis. We must begin by having a respect for law, for we have no starting point unless we base our propositions on law. So long as we recognize men's statements we are in a state of change, for men and hypotheses change. *Let us acknowledge the authority.* (My italics.) (*Lectures on Homoeopathic Philosophy*, p. 19)

But whose authority are we to acknowledge? Presumably Hahnemann's; but surely Hahnemann was a man, and therefore no more exempt from error than other men? Not so, Kent implies, for Hahnemann had discovered a divinely ordained law. Homoeopathy is an inspired science, which is the only true kind of science; all the rest is mere human opinion. It is therefore not merely foolish but actually impious to question Hahnemann. By implication it is also impious to question Kent.

This invincible belief in his own rightness pervades everything Kent wrote. All his statements are made *ex cathedra*; nowhere does he express the faintest doubt about anything, nowhere does he offer any evidence in support of what he says; everything has to be taken on trust. It is, as he accurately remarks, a matter of acknowledging the authority.

Now, whatever one's personal assessment of Kent's status as an 'authority', there is no denying that his procedure is the very reverse of scientific. For the scientific method consists essentially in a willingness to question authority and not take things for granted. The development of science in Europe in the seventeenth century depended largely on the fact that people were beginning to reject the authority of Aristotle, whose writings had been regarded as the ultimate court of appeal for a thousand years. Reverence for authority is incompatible with science. Kent is therefore deeply anti-scientific, and his version of homoeopathy is metaphysical, even 'religious'.

He himself is quite frank about this. 'In all your experi-



ence, even if you live to be very old,' he writes, 'you will find a very poor lot of homoeopaths among those who do not recognize Divine Order. You will find among them false science and experimentation, but never any government of principle, no thought of purpose, order, or use.'

Kent's belief that homoeopathy is founded on divine order and that disease results from transgression of this order pervades his writings but nowhere does it emerge more clearly than in his discussion of psora, which he regards as a moral as well as a physical contagion affecting all mankind. 'The human race walking the face of the earth is little better than a moral leper. Such is the state of the human mind at the present day. To put it another way, everyone is psoric . . . A new contagion comes with every child.'

Psora is the root of all evil and the other chronic miasms, psoriasis and syphilis, are secondary to it.

The human race becomes increasingly sensitive generation after generation to this internal state (psora), and this internal state is the underlying cause which predisposes man to syphilis. If he had not psora he could not take syphilis; there would be no ground in his economy upon which it would thrive and develop.

Kent's interpretation of the psora doctrine is uncompromisingly metaphysical. Psora results, he says, from a disorder at the inmost level of thinking, willing, and acting – the three functions of mind in the Swedenborgian scheme. As a consequence, Kent places the main emphasis in medicine selection on the patient's mental symptoms. Hahnemann, it is true, regarded the psychological aspects of disease as very important, but Kent took this trend much further. He devoted nearly one hundred pages of his *Repertory* to Mind, compared with a mere nine in Boenninghausen's. 'Diseases correspond to man's affections, and the diseases that are upon the human race today are but the outward expression of man's interiors . . .' This emphasis on 'interiors', and indeed the whole phraseology that Kent

uses in the passages I have quoted, is wholly derived from Swedenborg.

In view of Kent's deep belief in the metaphysical aspects of Hahnemann's thought it comes as no surprise to find that he is an enthusiastic advocate of ultra-high potencies. He would have no truck with anything lower than a 30th but this was for him merely the beginning of the scale, and his practice soared into the dizzy heights – the 1000th ( $10^{-2000}$ ) (usually written M), the 100,000th (CM) and even the millionth (MM) centesimal dilutions being commonly used by Kentians!

Kent is forced to acknowledge that in this respect he has gone beyond his Master's practice. Hahnemann used and advocated the 30th and occasionally toyed with the 300th, but he went no higher. He also maintained that these high dilutions produced more transient aggravations. Kent, however, claimed that the very highest potencies (CM and MM) were extremely powerful and if given incautiously could produce very serious aggravations or even kill the patient. When in doubt, therefore, the Kentian prescriber should give a 'low or moderately low' potency (30 or 200c).

All this talk of high potencies begs an important practical question, namely, are Kent's high potencies really what they claim to be? Even in Hahnemann's lifetime machines were invented to make potencies, but Hahnemann did not take them very seriously. When the Americans began to think in terms of CM and MM potencies, however, it was obviously impossible for them to make them by hand in the Hahnemannian manner.

A quick calculation will show why. To make a single centesimal dilution by Hahnemann's technique requires, say, 100 millilitres of water and takes three minutes. To make a 30th centesimal dilution therefore requires 3 litres of water, 30 sterile bottles, and takes 1½ hours, which is acceptable. To make a 1000th centesimal (1M) dilution would require 100 litres and 1000 sterile bottles and would take 50 hours' work. A CM dilution would require 10,000 litres of water, 100,000 sterile bottles, and would take over

200 days with relays of pharmacists working round the clock. Clearly we are here in the realms of fantasy.

An edition of Kent's *Lectures on Homoeopathic Philosophy*, published in 1919, contains an advertisement by a firm of manufacturing Homoeopathic Pharmacists, Erhart & Karl of Chicago. This firm claims to have 900 remedies made by hand to the 1000th potency. From this point on, 'Kent potencies' are supplied. These take the hand-made 100th potency as a starting point and allegedly raise it further by mechanical means, on a machine invented by Kent. Even higher potencies are made by another machine invented by Dr H. C. Allen. This begins where the Kent machine leaves off, using the Kentian CM potency as a starting point.

It is important to be clear about what is being claimed here: namely, that the effects of hand potentization can be imitated by machines of various kinds that work on a quite different principle. Potentization is allegedly achieved by allowing a continuous stream of water to pass through a tube (a circular one in the case of the Allen machine); the swirling motion is supposed to reproduce the effect of Hahnemannian succussion. Now, even if we grant for the sake of argument that Hahnemann's dynamization is a real phenomenon, what guarantee or even likelihood is there that the Kent and Allen machines lead to the same result?

It is quite characteristic of Kent that he is totally unconcerned with questions such as these – in fact he never even considers them. He takes his stand on a principle and that is enough for him – and, he implies, so it should be for us.

### KENT'S MATERIA MEDICA

Important and influential though Kent's philosophical ideas became for homoeopathy, it was probably his novel approach to the materia medica that did most to attract students to sit at his feet.

The principal difficulty faced by newcomers to homoeopathy was the shapelessness of the material they had to master. Kent's distinctive contribution was to give many of the medicines a personality, as it were – to drama-

tize them. Instead of presenting his students with long lists of unconnected facts he painted word-pictures of the kind of patient who was supposed to need the medicine in question. Thus, for *Aurum* (gold) we are told that the patient is warm and dislikes stuffy atmospheres and above all is depressed to the point of suicide. Another medicine, *Pulsatilla*, is suitable for mild gentle tearful girls and also for patients suffering from insanity and aversion to sexual intercourse. *Sepia* 'is suited to tall slim women with narrow pelvis and lax fibres and muscles; such a woman is not well built as a woman.' (This last remark probably tells us as much about Kent as it does about *Sepia*.) The *Sepia* patient has a yellowish skin, with brown blotches, and she has lost her natural affection for her husband and children.

This method of presenting the medicines was undoubtedly much easier for students to assimilate, and Kent's lectures, if verbose, were certainly much more readable than the standard reference works. However, his approach involved a considerable dilution of the original similia idea.

For one thing, a lot of the material in Kent's descriptions was 'clinical', being derived (presumably) from Kent's own observations in patients. Certainly much of it could not have come from provings; it could hardly be claimed, for example, that *Sulphur* can make someone untidy who is not so already.

For another thing, Kent, like the sorcerer's apprentice, had started a trend he probably did not intend but could not control. Although he advised his students to read the original provings it is difficult to avoid the suspicion that few of them did so; later generations of Kentian homoeopaths, at any rate, came to rely more and more on the writings of Kent himself, and this brought about a new attitude to the materia medica.

Kentian homoeopaths came to speak of many of the medicines almost as if they were personalities in themselves. Thus there were the *Sulphur* patient, the *Silica* patient, the *Pulsatilla* patient, and so on. This was a short-

hand way of indicating the kind of patient for whom a particular medicine is suitable. The Kentian method was thus in effect typological or characterological, and it led later homoeopaths to try to group people into 'constitutions' according to the kind of 'remedy picture' they presented. Oddly enough, Kent himself deplored this development and attacked the idea of basing prescribing on 'constitution' as unhomoeopathic – which it undoubtedly is; yet his own writings could easily be – and were – interpreted as giving countenance to this idea.

### THE SIGNIFICANCE OF KENTIANISM

In Kent's own day his views were approved by only a small minority of American homoeopaths and it may seem surprising that I have given them so much space. In later years, however, they were to become remarkably influential among homoeopaths outside America, as I shall explain in the next chapter.

Kentian homoeopathy represents Hahnemann's metaphysical ideas taken to their logical limit and furnished with a Swedenborgian underpinning. Its principal features could be summarized as follows.

1. Insistence on the theoretical aspects of Hahnemann's thought, especially the miasm doctrine and vitalism.
2. A corresponding rejection of modern scientific and pathological knowledge as a guide to prescribing.
3. Great emphasis on the importance of psychological and 'spiritual' symptoms in prescribing.
4. Insistence on the exclusive use of very high potencies – in theory, at least, very much higher than those used by Hahnemann himself.

All these features naturally widened the gap separating homoeopathy from orthodox medicine. This did not worry Kent or his disciples – indeed they rejoiced in it – but it was to have a profound effect on the character of later homoeopathy.