

## Medical Pluralism: what we can learn from history\*

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Medical pluralism as we know it today did not yet exist before the end of the nineteenth century. As yet there was no such thing as “mainstream” medicine or – as we read in the German Social Security Code today (Section 2 paragraph 1) – a “generally acknowledged state of medical knowledge”. On the contrary: the academic physicians were hopelessly divided. Up until 1850, for instance, nosological considerations largely followed the doctrine of the four body humours that had prevailed since antiquity. Phenomena observed in healthy or sick subjects were shoehorned into various systems that popped up like fashions and vanished again. The range of therapies on offer from academic physicians was correspondingly diverse.

As early as the first half of the nineteenth century a process started in the industrializing nations that medical historians refer to as ‘professionalization’.<sup>1</sup> An essential characteristic of this process is the monopolization of the medical market, made possible by the large-scale and effective representation of professional interests through the physicians’ association and other medical organizations. It was not only after 1850, with the breakthrough of scientific medicine, that the university-trained physicians claimed a monopoly or, in other words, the “medical power of interpretation”.<sup>2</sup> They insisted that they alone were able to understand illness and initiate successful therapies. Often, though, this was no more than a claim. Right up into the twentieth century, the majority of the population thought differently. Patients were not as impressed with the academic titles of their chosen healers as with their practical experience.<sup>3</sup> In 1931, the German association for people’s health and freedom of medicine (*Zentralverband für Volksgesundheit und Freiheit des Heilwesens*) addressed an open letter to all members of the *Reichstag*, demanding among other things that “the entire medical system [be] freed from the existing obstacles and monopolies.” In particular, they asked for “complete parity of the two prevailing medical orientations [mainstream and ‘independent’ medicine’ R. J.]<sup>4</sup>” The 1939 Non-Medical Practitioner Act [*Heilpraktikergesetz*] needs to be seen in this light. Critics – not all of them physicians – declared again recently that this Act was a separate and erroneous step in German healthcare.<sup>5</sup>

Let’s return to the nineteenth century. While the academically trained physicians had long aspired to a monopolization of the medical market, their endeavours were not crowned by lasting success up until the second half of the nineteenth century.<sup>6</sup> The British Medical Act of 1858, for instance, which demanded the establishment of a Medical Register and has therefore

often been seen as a milestone in the history of medical professionalization in Great Britain, did by no means achieve the desired monopoly in therapies. On the contrary. A movement emerged in Britain which secured the support of diverse groups and opposed any kind of monopolization in healthcare. This liberal attitude is still noticeable today in the British National Health System, even though homeopathy is now indeed struggling to hold on to its established status there.<sup>7</sup>

US physicians never achieved even such modest government support in their struggle for monopoly. In the 1830s and 1840s they even lost the privileges that had previously been granted to them in some states. The American Medical Association, founded in 1847 in response to the liberalization and the pressure from competitors in the health market, received no support whatsoever from the State for its aspirations to license physicians. In the second half of the nineteenth century an increasing number of US states left the medical licensing to often mixed bodies, with the result that homeopaths and “eclectics” were also able to acquire official licences.<sup>8</sup> This only changed with the publication of the Flexner Report in 1910. However, this report was aimed at the medical schools rather than the medical provision in the American health market, as is apparent from the successful development of chiropractic and osteopathy as well as from the fact that homeopathic practices continued to exist.<sup>9</sup>

We also observe the opposite of monopolization in the German Reich in the last third of the nineteenth century. There, the physicians felt so superior to other healers that they initially agreed to the full liberalization of the medical market as part of the Trade Regulation Acts [*Gewerbeordnungen*] of 1869 or 1871. But it was not long before they complained that the existence of competition did not seem to act in their favour.<sup>10</sup> More and more physicians in Germany became annoyed with the flourishing market in arcane remedies so that, from the 1880s onwards, the German Medical Association demanded a ban on any kind of quackery. Their complaint remained unheeded by the lawmakers, however.<sup>11</sup> The Non-Medical Practitioners’ Act, passed by the Nazis in 1939, continues to be valid to this day with only slight amendments, a fact that is a thorn in the flesh of many a representative of the medical brotherhood.

Only in the very sparsely populated Scandinavian countries did the physicians manage to steadily expand their share of nineteenth century healthcare provision and protect themselves against the unwelcome competition from other healers. There, the medical organizations succeeded, without much commotion or conflict, in transforming the professional privileges into a well-functioning form of state-supported professional control. Representatives of

complementary medicine struggle to survive in those countries to this day.<sup>12</sup> But even there, the first signs of a budding medical pluralism are emerging.

We can therefore say that there is not only a clear delimitation between professional and other healers in almost all countries today, but the observation of this demarcation is also strictly monitored by the legislators - “in the interest of the patient.” Nonetheless: this does not seem to stop patients from seeking help in the niches of the unregulated health market.

The professionalization mentioned earlier has further effects on the healthcare provision available. This brings us to another important observation. With the exception of the nursing and care duties, the lay system is no longer permitted to provide any kind of medical services. As early as the end of the eighteenth century, the health information sources admonished the subjects not to undertake any steps in case of illness without consulting a licensed healer (best, of course, a physician).<sup>13</sup> Many people conformed to this advice and consulted medical experts when they were ill, albeit not necessarily trained physicians but often semi-professional healers. The reasons for their behaviour are obvious: they were socially and spatially close to this group of healers and shared cultural commonalities with them. The degree of medicalization or, to be more precise, the density of physicians, also played an important part<sup>14</sup>, a circumstance we still observe today in some countries, not only in Africa but also in India.

How is the situation today with regard to pluralism in official healthcare?<sup>15</sup> India has had medical pluralism for many decades and this is also reflected in its official healthcare structures.<sup>16</sup> In Germany the “Dialog Forum for Pluralism in Medicine”, co-founded by the former president of the German Medical Association, has made every effort in the last fifteen years to contribute to a constructive discourse between the representatives of mainstream and complementary medicine, through an open dialogue among physicians, in order to achieve the best possible patient care.<sup>17</sup> But not much has changed so far. Hardly a month goes by without individual CAM therapies, homeopathy in particular, being ostracised or frowned upon on the pretext that medicine had to be “evidence-based”. And yet, surveys have revealed that CAM therapies are ever more popular among patients<sup>18</sup>, a fact that explains the vehemence of the attacks – above all on homeopathy. The relationship between “mainstream” medicine and complementary medicine in Germany continues to be informed by mutual distrust and a tendency to demarcation. There is, at present, no sign of any systematic cooperation between biomedicine and any of the other, very diverse, medical systems (TCM, Anthroposophic Medicine, homeopathy) for the benefit of the patient. If anything, we see an “asymmetric

coexistence” with medical schools almost exclusively teaching and applying conventional medicine and complementary medicine being widely used additionally in many areas of out-patient care.

What is urgently needed is internal clarification of the relationship between the diverse medical approaches that respects the model of medical pluralism and uses it as the starting point for a discussion on cooperation and coexistence. For this it is necessary to openly discuss the possibilities and limitations of each medical approach and conception. The potential of these approaches to mutually complement each other also needs to be scrutinized, with a view to promoting, in the interest of best-possible and effective patient care, the further development of a pluralism that at present seems non-transparent, with the aim of attaining a sustainable plurality, where diverse ways of thinking and diverse practical approaches in medicine form a meaningful whole. This will probably need a political impulse, as we can see from the example of India.<sup>19</sup>

An administrative approach tested during World War II in Calcutta and other Bengali places, became something like a model for the entire Dominion of India once India had attained independence. The Homeopathic Enquiry Committee, set up in September 1948 through a resolution passed by the Indian Parliament, was given the task of evaluating the situation and submitting recommendations and proposals for the integration of homeopathy into the national health system. It was not until 1973, however, that the former outsider medicine was officially granted parity with other medical systems. Since then it has had unlimited state support. A system has been implemented in India that one high ranking representative of Indian homeopathy has termed the “cafeteria approach” in healthcare:<sup>20</sup> patients choose the menu that suits them, and all the State does is make sure that the individual meals on offer conform to the usual quality standards and that no health risks are being overlooked.

Europe is still a far cry from this kind of medical pluralism. In Germany only a very few healing approaches have, controversially, been granted the status of “special therapies”, primarily in the context of pharmaceutical legislation.<sup>21</sup> Based on a scientific pluralism in drug therapy that is emphasized again and again by the judiciary, the German Medicinal Products Act explicitly demands that specific aspects of the “special therapies” be taken into consideration. The legislators have set up special commissions for this purpose, which introduce the necessary medical expertise into the work of the responsible authority.

In Switzerland, medical pluralism has arrived by a different route.<sup>22</sup> There, a referendum made sure that alternative medical approaches were included into the list of healthcare

provisions covered by the statutory health insurance. The popular initiative “Yes to Complementary Medicine”, which was founded in 2005, collected close to 139,000 signatures in a very short time. In the same year, health minister Pascal Couchepin had five complementary medical systems struck off the list of treatments included in basic healthcare provision – homeopathy, neural therapy, phytotherapy, TCM and Anthroposophic Medicine – provoking open opposition from alternative therapists practising in Switzerland as well as from patients. In surveys it was ascertained that the majority of the population wanted complementary medicine. The result of the referendum on 17 May 2009 was unambiguous. More than two thirds of the votes (67 per cent) were in favour of the proposal submitted by the popular initiative “Yes to Complementary Medicine”. The new constitutional ruling, which had majority support, states that “Both the State and the Cantons will ensure within the ambit of their responsibilities that complementary medicine is taken into consideration.” Putting this ruling into practice has been difficult so far, because it is not clearly apparent from the amendment achieved through the will of the people that certain methods of complementary medicine have to be included in the statutory health insurance. It is nevertheless a fact that Switzerland is so far the only country in Europe where pluralism in medicine is required by the constitution.

But what Medical Pluralism are we talking about? Are there new forms of Medical Pluralism now, “Integrative Medicine” for instance?<sup>23</sup> The “resurfacing” and increasing legitimization of CAM that we have seen in the United States and Western Europe since the 1980s<sup>24</sup> has inspired two British researchers, Sarah Cant and Ursula Sharma, to pronounce a “new medical pluralism”. The two scientists claim that various factors, including health-economic considerations, have induced governments to take a more positive view of Alternative Medicine. At the same time, they say, there has been a “refiguring of expertise”, because the modern state depended on the expert knowledge of the various professions. The users of alternative therapies had benefited above all from shifts in the social relations between biomedicine, government and consumers.<sup>25</sup> Since this form of pluralism, which emerged in the late twentieth century, allegedly differs considerably from that of “premodern” times, Cant and Sharma have termed it a “new” medical pluralism.<sup>26</sup> Proponents of this concept<sup>27</sup> have pointed out that in this kind of pluralism biomedicine continues to occupy a dominant position and to assign to the various therapies differing degrees of legitimacy and prestige by demanding evidence based on natural-scientific premises. It is also true that the alternative medical systems often compete or fight with each other for their place in a health market that is increasingly determined by consumers rather than patients in the original sense of the word.

But even if this form of medical pluralism was entirely new – a claim that historians are entirely justified in questioning – there is one constant shared by the new and the old medical pluralism, and that is homeopathy.

As a history spanning more than two hundred years illustrates, homeopathy constitutes, as no other CAM approach, the Litmus test for medical pluralism. The attacks on non-established medical systems are almost always directed at homeopathy, even though other methods of complementary medicine provide similar targets for critics.<sup>28</sup> A survey conducted in 2006 among German physicians of various disciplines, asking about their view of CAM therapies, has revealed that only a third of them consider Anthropological Medicine to be scientifically founded, while more than fifty per cent think the same of homeopathy.<sup>29</sup> Nevertheless, the criticism of the “sceptics” who denounce what they see as paramedicine is primarily directed at homeopathy. According to one critic homeopathy is so unscientific that it should be prevented from conducting research!

Many homeopaths therefore hope that Integrative Medicine – which was, by the way, promoted in Germany under a different name as early as the 1920s and 1930s<sup>30</sup> – will help them find access to the medical establishment. While they are not the only ones, they are the ones that will be longest kept out of this “club”, as is apparent in Germany from the difficulties experienced by CAM associations seeking admission to the German Association of Scientific Medical Societies (AWMF).<sup>31</sup>

But before the hopes for the longed-for recognition rise too high, may the historian be permitted to point out that full integration, as past experience shows, will lead to a standstill. This happens whenever the philosophy behind the alternative therapies subsumed under this generic name loses importance and only their specific applications (drugs, potentization, needles in acupuncture, or particular techniques in manual medicine) are used, mostly because they can provide the evidence prescribed by biomedicine. One example from history is that of “Eclectic Medicine” which was in vogue in the United States in the late nineteenth century but later disappeared from the medical market without a trace.<sup>32</sup>

Should a new medical pluralism indeed become the model of the future, the decision will lie with the lawmakers who, in turn, will be guided by the will of the voters. The view the state takes when it comes to traditional medical therapies will depend more than ever on questions of economy because society is ageing and chronic disease on the rise. This could indeed be a chance for homeopathy, but only if public interest is directed away from the question of evidence to the kind of efficacy shown in outcome studies. This, in turn, needs more research

– but not basic research, because basic research can hardly hope for funding from the pharmaceutical industry. The success story of the *National Center for Complementary and Integrative Health* (NCCIH) in the United States proves that such research is possible when the state provides sufficient funds to test the effectiveness of medical systems in healthcare provision – without prejudice and independently of industrial interests. In 2015, the NCCIH had a research budget of 124.1 million US Dollars.<sup>33</sup> It needs to be mentioned, however, that the research projects that have so far benefited from this funding were not related to homeopathy in particular. Other therapies with similarly long-standing traditions, such as osteopathy, have been at the centre of the NCCIH’s interest.<sup>34</sup>

My initial question has not been answered yet: what can history teach us about medical pluralism? The history of medicine can illustrate how the present healthcare system has evolved and that it can change in principle. Knowledge of premodern phenomena can confirm, or put into perspective, what seems modern to us. Especially when it comes to homeopathy as the litmus test for medical pluralism, the following verdict of a history teacher applies, “Wherever historical arguments, myths, semi-conscious and uninformed memories and memory fragments are still consulted in order to justify and legitimize existing conditions [...] the rational and critical study of history is indispensable.”<sup>35</sup> The professional historiography of homeopathy is equally indispensable, as is apparent from its uncovering of the historical myths used as arguments in health politics. It also includes a factual, methodical and accurate investigation of the role homeopathy played in Germany during the Third Reich.<sup>36</sup> And it unfortunately also includes the clarification required again and again, that the originator of homeopathy, Samuel Hahnemann, for whom a memorial was soon erected in Leipzig, was neither a Jew nor a Muslim, but a baptized protestant and freethinker. Speaking of memorials: when the statue of Hahnemann was unveiled in Leipzig in 1851, one speaker reminded his listeners that there was something more important than devoting a memorial to the founder of homeopathy – however much Hahnemann deserved this – and that was to think of the future. The means he listed for achieving this goal were “Writings, the proving of drugs, hospitals, university chairs, pharmacies, associations for the promotion of homeopathy, travel etc.”<sup>37</sup> A list worth remembering.

\*English translation of the inaugural lecture at the Homeopathic World Congress, Leipzig,  
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## References

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- <sup>1</sup> Robert Jütte: Professionalisierung der Ärzteschaft. In: Katharina Gräfin von Schlieffen (Hrsg.), *Professionalisierung und Mediation*. Munich 2010, pp. 27-34; Robert Jütte: The Paradox of Professionalization: homeopathy and hydropathy as unorthodoxy in Germany in the 19th and 20th century. In: *Culture, Knowledge, and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America*, ed. by Robert Jütte, Günter B. Risse, John Woodward. Sheffield 1998, pp. 65-88.
- <sup>2</sup> Alfons Labisch, Reinhard Spree (eds.): *Medizinische Deutungsmacht im sozialen Wandel des 19. und frühen 20. Jahrhunderts*. Bonn 1989.
- <sup>3</sup> See, for instance, Michael Stolberg: *Heilkunde zwischen Staat und Bevölkerung: Angebot u. Annahme medizinischer Versorgung in Oberfranken im frühen 19. Jahrhundert*. Munich 1986.
- <sup>4</sup> *Der Gesundheitslehrer* 35, Ausgabe A, 1932, p. 36.
- <sup>5</sup> „Heilpraktiker schwer unter Beschuss“. In: FAZ vom 26.8.2016.  
(<http://www.faz.net/aktuell/wirtschaft/wirtschaftspolitik/f-a-z-exklusiv-heilpraktiker-schwer-unter-beschuss-14406931.html>)
- <sup>6</sup> See, for example, Matthew Ramsey: *The Politics of Professional Monopoly in Nineteenth-Century Medicine: The French Model and its Rivals*. In: Gerald Geison (ed.): *Professions and the French State 1700-1900*. Philadelphia 1984, pp. 225-305.
- <sup>7</sup> Martin Dinges: The next decade for homoeopathy: Any lessons from the last decades? In: Ch. Nayak (Hg.): *Proceedings, Liga Medicorum homoeopatica internationalis, 66. LMHI Congress 2011. Homoeopathy for Public Health, New Delhi 2013*, pp. 235-244.
- <sup>8</sup> John S. Haller: *Medical protestants: the eclecticists in American medicine 1825-1939*. Carbondale, IL 1994. See also Martin Dinges: *The role of medical societies in the professionalisation of homeopathic physicians in Germany and the USA*. In: Günter B. Risse, Robert Jütte, John Woodward (eds.), *Culture, Knowledge and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America*. Sheffield 1998, pp. 173-198.
- <sup>9</sup> For Germany and the American origins see Florian Mildenerger: *Verschobene Wirbel – verschwommene Traditionen. Chiropraktik, Chirotherapie und Manuelle Medizin in Deutschland*. Stuttgart 2015.
- <sup>10</sup> Robert Jütte: *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute*. Munich 1996.
- <sup>11</sup> Florian Mildenerger: *Medikale Subkulturen in der Bundesrepublik Deutschland und ihre Gegner (1950–1990). Die Zentrale zur Bekämpfung der Unlauterkeit im Heilgewerbe*. Stuttgart 2011.
- <sup>12</sup> Robert Jütte: *The Hidden Roots: A History of Homeopathy in Northern, Central and Eastern Europe*. Stuttgart 2006, pp. 29f.
- <sup>13</sup> See, for instance, Bettina Wahrig und Werner Sohn (eds.): *Zwischen Aufklärung, Policey und Verwaltung: zur Genese des Medizinalwesens 1750 – 1850*. Wiesbaden 2003.
- <sup>14</sup> Francisca Loetz: ‚Medikalisierung‘ in Frankreich, Großbritannien und Deutschland, 1750-1850: Ansätze, Ergebnisse und Perspektiven der Forschung. In: Wolfgang U. Eckart, Robert Jütte (eds.): *Das europäische Gesundheitssystem. Gemeinsamkeiten und Unterschiede in historischer Perspektive*. Stuttgart 1994, pp. 123-161.
- <sup>15</sup> Robert Jütte (ed.): *Medical Pluralism. Past – Present – Future*. Stuttgart 2013.

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<sup>16</sup> Martin Dinges: Introduction. Pluralism(s) of Medical Systems, in: Martin Dinges (ed.): *Medical Pluralism and Homeopathy in India and Germany (1810-2010). A Comparison of Practices*, Stuttgart 2014, pp. 7-29.

<sup>17</sup> Robert Jütte: Der lange Weg zum Pluralismus in der Medizin. In: Peter F. Matthiessen (ed.), *Patientenorientierung und Professionalität. Festschrift*. Bad Homburg 2010, pp. 48-59.

<sup>18</sup> Christina Sartori, Nicole Osterkamp, Cordula Uebing, Klaus Linde: Homöopathie in der gesetzlichen Krankenversicherung: Modelle, Erfahrungen und Bewertungen. In: *Bertelsmann Gesundheitsmonitor* 2014. Gütersloh 2014, pp. 191-209.

<sup>19</sup> See Robert Jütte: Eine späte homöopathische Großmacht: Indien. In: Martin Dinges (ed.): *Weltgeschichte der Homöopathie: Länder, Schulen, Heilkundige*. Munich 1996, pp. 355-381; Samuel Vijaya Bhaskar Poldas: *Geschichte der Homöopathie in Indien: von ihrer Einführung bis zur ersten offiziellen Anerkennung 1937*. Stuttgart 2010. For current developments, see Martin Dinges: Der Versorgungsbeitrag der Homöopathie in Indien (Erster Teil). In: *Zeitschrift für Klassische Homöopathie* 55 (2011), pp. 4-18; Martin Dinges: Patientenpräferenzen und die öffentliche Gesundheitsversorgung in Indien. Der Versorgungsbeitrag der Homöopathie (Zweiter Teil): In: *Zeitschrift für Klassische Homöopathie* 55 (2011), pp. 122-133.

<sup>20</sup> Raj K. Manchanda, Mukul Kulhashreshtha: Cost effectiveness and efficacy of homeopathy in primary health care units of the Government of Delhi – a study. In: *AHZ* 250 (2005), pp. S28-S29.

<sup>21</sup> See Nicholas Eschenbruch: Experteneinfluss und Patientenprotest: Arzneimittelregulierung als Herausforderung für die alternativen Heilweisen, 1965-1976. In: *MedGG* 26 (2008), pp. 53-74.

<sup>22</sup> Robert Jütte: Alter und neuer Pluralismus in der Medizin. In: *Schweizerische Zeitschrift für Ganzheitsmedizin* 24 (2012), pp. 169-175.

<sup>23</sup> Lesley Rees, Andrew Weil: Integrated medicine: imbues orthodox medicine with the values of complementary medicine. In: *British Medical Journal* 322 (2001), pp. 119-120. From a critical perspective, see Harald Walach: *Complementary? Alternative? Integrative?* In: *Forschende Komplementärmedizin* 17 (2010), pp. 215-216.

<sup>24</sup> See Robert Jütte: *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute*, Munich 1996; Roberta E. Bivins: *Alternative medicine?: a history*. Oxford 2007.

<sup>25</sup> Sarah Cant, Ursula Sharma: *A new medical pluralism? Alternative medicine, doctors, patients and the state*. London 1999, S. 189.

<sup>26</sup> Cant/Sharma (see note 25), pp. 194f.

<sup>27</sup> Huei-chu Cheng: *Medizinischer Pluralismus und Professionalisierung – Entwicklung der Chinesischen Medizin in Taiwan*. Sozialwiss. Diss. Bielefeld 2003, pp. 28f. (<http://deposit.ddb.de/cgi-bin/dokserv?idn=966622065>).

<sup>28</sup> See, for example, Harald Walach: Die Zukunft der Homöopathie. In: *Forschende Komplementärmedizin* 23 (2016), pp. 212-214.

<sup>29</sup> Rainer Stange, Robert Amhof, Susanne Moebus: *Naturheilverfahren, Komplementär- und Alternativmedizin im Bewusstsein und Handeln von niedergelassenen Ärzten*. In: Jan Böcken, Bernard Braun, Robert Amhof, Melanie Schnee (eds.): *Gesundheitsmonitor 2006. Gesundheitsversorgung und Gestaltungsoptionen aus der Perspektive von Bevölkerung und Ärzten*. Gütersloh 2006, pp. 208-232, bes. S. 217.

<sup>30</sup> Detlef Bothe: *Neue deutsche Heilkunde 1933-1945: dargestellt anhand der Zeitschrift "Hippokrates" und der Entwicklung der volksheilkundlichen*. Husum 1991.

<sup>31</sup> See Robert Jütte (together with Claudia Witt et al.): Using the framework of corporate culture in „mergers“ to support the development of a cultural basis for integrative medicine –

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guidance for building an integrative medicine department or service. In: Patient Preference and Adherence 8 (2015), pp. 1-8.

<sup>32</sup> John S.Haller: Medical protestants: the eclectics in American medicine 1825-1939.

Carbondale, Il 1994; derselbe: A profile in alternative medicine: the Eclectic Medical College of Cincinnati, 1845 - 1942 Kent, Ohio 1999.

<sup>33</sup> <https://nccih.nih.gov/about/budget/appropriations.htm> (last access 14.9.2016).

<sup>34</sup> <https://nccih.nih.gov/health/pain/spinemanipulation.htm> (last access 20.6.2017).

<sup>35</sup> Karl Jeismann et al.: Funktion und Didaktik der Geschichte. In: Joachim Rohlfes, Karl Ernst Jeismann (Hg.): Geschichtsunterricht. Inhalte und Ziele. Stuttgart 1974, pp. 106-193, quotation p. 119.

<sup>36</sup> Mildenberger, Florian: Der Deutsche Zentralverein homöopathischer Ärzte im Nationalsozialismus. Bestandsaufnahme, Kritik, Interpretation. Göttingen 2016.

<sup>37</sup> Bernhard Hirschel: Die Homöopathie und ihre Bekenner. Dessau 1851, p. 5.