

Conference Report: “Homeopathy and Hospitals in History”.
F. von Reisz, London

**Conference of the International Network for the History of
 Homeopathy (INHH)
 Stuttgart, 4th to the 6th July 2007**

The *Institut für Geschichte der Medizin* (IGM) of the Robert Bosch Foundation played host to the 7th International Conference of the European Association for the History of Medicine and Health’s International Network for the History of Homeopathy (INHH) from the 4th to the 6th July 2007. The conference’s theme was “Homeopathy and Hospitals in History”, addressing the curious fact that, despite homeopathy and “the clinic” emerging around the same time, the relationship between the two had so far not been seriously examined in any great detail. Proceedings were divided into four sections, “Europe I: North-West”, “Europe II: The Cradle of Homeopathy”, “USA” and “Central and South America”.

In his opening words, **Martin Dinges (Stuttgart, Germany)** reflected on past INHH conferences that took place in such disparate places as San Francisco, Budapest and Montevideo. The history of homeopathy is a flourishing field, a fact to which the attendance of delegates from four continents bore testimony at this conference. The only note of regret was that, since the first conference, the history of homeopathy was still not completely fulfilling its potential as a strong field in its own right, with anthropological approaches to ‘alternative’ medicine still being more widespread.

In her inaugural lecture, “*The last Frontier: Hospitals, Homeopathy and History*”, **Naomi Rogers (New Haven, USA)** talked about the origins of the hospital as an institution and of the importance of the hospital for the flourishing of homeopathic practice, through its role in demonstrating and explaining homeopathy. Through hospitals, homeopaths were not only healing the sick, but doing so publicly. Controversially, Rogers argued that the hospital should not be seen as the pinnacle of medical practice; historians of homeopathy should embrace the hospital as an institution with a contingent role in history. Discussion over the purity of homeopathic hospital practice is futile, as hospitals were “messy” places by necessity. The changes and adaptations that occurred within the hospital should therefore be seen as necessary choices rather than a betrayal of principles.

Following the introductory lecture, the first section on North-West Europe, began from a Dutch perspective, with **Hein De Lange de Klerk’s (Groningen, Netherlands)** paper “*Homeopathic hospitals in the Netherlands*”. Homeopathy only entered a Dutch hospital in 1907 and homeopathic hospitals were constantly dogged by financial worries. Practitioners did work beyond homeopathic institutions: unlike the rigid structure of other countries, homeopathic doctors could be found in allopathic hospitals, treating patients by homeopathic means. Faced with the *ziekenfondsbesluit*’s requirement of insurance through large regional companies, an unwillingness to unite spelt the end for the small homeopathic insurers around 1950. Furthermore, a lack of recognition as a medical specialty meant homeopathy was not covered by the National Health Service, resulting in the end of hospital homeopathy in Utrecht in 1969. The discussion following this paper focused on issues of finance,

the availability of insurance schemes and the presence of professional nurses in these hospitals, most of whom apparently were used to work “for love”, resigned to insufficient remuneration.

Moving west across the English Channel, **Felix S. von Reiswitz (London, United Kingdom)** presented “*A case study of the London Homœopathic Hospital*”. Its founder Dr. Frederick Quin effectively utilized the existing orthodox medical professional structures as a blueprint for a professional homeopathic association, the British Homeopathic Society. This made the society and the hospital unassailable to the orthodox profession, while simultaneously ensuring a standard of training, perceived respectability and legitimacy for the hospital and its practitioners. An analysis of patient numbers and case types for the first decades, using published figures and returns from journals and annual reports, showed that the hospital successfully used the existing “specialist” hospital model, transcending it to become the first genuine homeopathic “general” hospital in Britain.

Discussion centred around the current “black box” status of the hospital, as we do not know what really went on inside the wards beyond few published case studies, although all evidence suggests that they really did use homeopathy to obtain their positive results. Furthermore, it was suggested that the role of managers and administrators in the homeopathic hospital would be an interesting subject for further analysis.

Flying north once more, **Motzi Eklöf (Linköping, Sweden)** presented an intriguing alternative to hospital history from a Swedish perspective, namely the history of “*The Homeopathic Hospital that never was: Attempts in the Swedish Riksdag from 1835 to 1863 to obtain support of government authorities for establishment of a homeopathic hospital, and the issue of theory versus empiricism in medicine*”. Four separate attempts of obtaining government funds for the establishment of a homeopathic hospital were made between 1853 and 1862, yet all failed. Political arguments turned around the issue of demonstrated success abroad on one hand and accusations of unscientific quackery on the other. Eklöf argued that Swedish medicine’s perception of itself as being more theoretical and having “a greater purpose than the treatment of patients” meant foreign examples never carried much weight in any debate. Furthermore, it was mostly agreed that the State had no business in passing a bill that amounted to taking sides in an ongoing scientific dispute. Eklöf also argued that a political undercurrent was present in the opposition to homeopathy, which represented to some a direct threat to the unity and power of the highest social and scientific spheres present in the Riksdag.

In the second European section, **Martin Dinges (Stuttgart, Germany)** presented a lecture on “*Homeopathic hospitals in Germany in the international context*”. This presented the situation of hospitals in Germany, the “cradle of homeopathy”, from the first Leipzig institution and misreported trials in Berlin’s “Charité” to Robert Bosch’s own efforts to secure hospital homeopathy’s future through his Stuttgart institution. While insurance companies became increasingly unwilling to pay for homeopathic treatment once allopathic methods became more time-efficient, an emerging awareness of side-effects of the orthodox pharmacopoeia, as well as of chronic diseases during the 1980’s provided a resurgence of homeopathy. Beyond Germany, Dinges also provided insights into the situation in France, where the fortunes of homeopathy were always closely linked with each hospital’s chief medical officer’s

personal preferences and fluctuated accordingly. Dinges also pointed out the great importance of the availability of outpatient treatment as part of the services offered by the hospitals. Finally, an example of the modern economic argument for homeopathy was given with Cuba, where research is very active and even the emergency clinic at the capital's airport is led by a homeopath.

During the discussion, the question of eugenics was raised in conjunction with German homeopathy. Dinges argued that, while undoubtedly eugenics was popular across Europe, in Germany this mostly affected those working in the psychiatric field. Reflecting attitudes prevalent in the larger medical community, some homeopaths welcomed the National Socialist party's rise to power, whilst others deliberately distanced themselves.

The second day began with **Michael E. Dean's (York, United Kingdom)** lecture on "*Evaluating homeopathy in the hospital: the first 100 years*". This provided an exhaustive review of 19th and 20th century homeopathic clinical trials across the world. The study identified 44 clinical trials, in countries ranging from Russia to the United Kingdom, Germany and the USA, which were examined using the terms of reference of the day, avoiding anachronistic analysis. Tables of mortality were used, mirroring the most important factor to patients at the time: survival, not efficacy. The emerging picture granted a fascinating insight into the skewed perspective presented by orthodox commentators on the results of homeopathic therapy. Possibly due to the fact that homeopaths could often present more positive results than their allopathic colleagues, selective reporting was widespread. Positive results, such as efficacy against cholera, were suppressed, while studies such as that of Andral in 1830's France carried great weight and continue to do so to this day, despite serious flaws and Andral's own lack of skill and knowledge about homeopathic methods, as described by his own assistants. According to Dean, the most important trials were conducted between 1844 and 1886, yet these are seldom remembered by history.

The third section of the conference moved proceedings across the Atlantic to the United States of America. Beginning on the West coast, **Nadav Davidovitch (Beer Sheva, Israel)** presented "The Homeopathic University Hospital – Massachusetts Homeopathic Hospital in Context", an institution portrayed as uniquely forward-facing and situated in a location where homeopaths were exceptionally well integrated in the medical community. With the emergence of germ theory, practitioners at the MHH blazed a trail for vaccination and serum treatment as an integral part of MHH practice at a time when other homeopaths were still debating the issue. Teaching and dissemination of findings were also major parts of the hospital's role and results could be published in journals, both orthodox and homeopathic. Discussion following the paper suggested that the unique ease with which MHH practitioners could publish in orthodox journals was possibly due to their having shared a Harvard education with those in charge of the publications, thus sidestepping any possible opposition by ways of an "old boys network". A further interesting point made was that, unlike most homeopathic hospitals, the MHH retained a lot of patient records, not dissimilar to 'standard' hospital records, providing valuable insights into its workings. Finally, unlike hospitals who struggled to get paying patients, 50% of MHH was allocated to private beds.

Flying east once more, **Melanie J. Grimes (Seattle, USA)** provided an East-coast perspective through her "History of Homeopathy in hospitals in Washington State –

from Gold Rush territory to Grace Hospital”. Besides highlighting the debate between high and low potency advocates and discussions over acute versus constitutional homeopathic treatment, Grimes evocatively argued that the early success of homeopathy in Washington State was helped by the predominance of a “frontier spirit”, which encouraged free thinking and which continues to the present day. In addition, the presence of the charismatic figures of Dr. Charles Bryant and Dr John Bastyr, who could trace their medical lineage back to Hahnemann himself in only four and five steps (respectively), ensured the survival and revival of homeopathy as part of a newly energised naturopathic movement. In the discussion it was suggested that other cultural or political elements might be considered besides the mythical “frontier spirit” that may not have been as dominant or benign as believed. As for patient records, these had been neglected for decades and possibly partly destroyed, but boxes of interesting data still exist and are being examined.

Moving south from Washington State, **Josef M. Schmidt (Munich, Germany)** completed the North-American picture with his “*History of the Homeopathic College and Hahnemann Hospital at San Francisco*”, representing research conducted through the examination of hospital records, directories of medical practitioners, telephone directories and registers. This retraced the emergence of homeopathic hospitals in the American west, from Hiller’s Nevada City Hospital in 1854 to the Hahnemann Hospital of San Francisco and its subsequent merging with the University medical school. Schmidt argued that the American west was not essentially affected by the sectarian problems of eastern centres. Rather than strict adherence to Hahnemannian principles at the expense of medical innovation, extensive scientific research was conducted to prove homeopathy’s claims and attempts were made to integrate it into the standard medical curriculum. These efforts did not, however, save west-coast homeopathy from the decline its east-coast counterpart had experienced and by 1958 the last chair of Homeopathy at the university of California was abolished. The subsequent discussion raised questions as to the influence of German developments over a possible American homeopathic identity at the time, as well as how homeopathy defined itself against “Germanism”, with physicians extracting nuggets of innovation from publications of a country with which they were at war.

The fourth and final session turned to Central and South America, with **Paulo Rosenbaum (Sao Paulo, Brazil)** talking about the “*Brazilian experiences in hospitals from the 19th to the 21st centuries*”. Rosenbaum presented a fascinating account of homeopathy’s progress through Brazil, from its initial period, with Duque Estrada, the first Brazilian medical practitioner to use homeopathy and the foundation of the Homeopathy School of Rio de Janeiro in 1844, through periods of expansion, resistance and rebirth, to the “golden period” of the foundation of the Hahnemannian Hospital of Brazil in 1916, the subsequent decline of homeopathy and its revival from the 1970s. Rosenbaum also summarised recent developments and the current situation of homeopathic institutions in Brazil, where progress is illustrated by the University of Sao Paulo’s receptiveness to the inclusion of homeopathy on the curriculum. He concluded with an optimistic prognostic on Brazilian homeopathy’s future, where, in the mid term at least, integrative medicine and non-exclusive homeopathic Hospitals must be created, to maximise the chance of homeopathy being included on a large scale as part of the national *Sistema Único de Saúde*.

Fernando François Flores (Mexico City, Mexico)'s paper on "*The National Homeopathic Hospital in Mexico City*" concluded the session, providing an insight into Mexican homeopathy. The National Homeopathic Hospital, founded in 1893, is the largest of its kind in Mexico, and remains operational to the present day. Initially located in a disused arsenal, it developed and evolved continually, even throughout the period of the Mexican revolution. By 1900, its significant contribution to the advancement of Mexican homeopathy already numbered around 20,000 consultations, with a total of 400 inpatients. By 1943, the number of beds had risen to 150 and x-ray diagnostics were introduced. State-led attempts of structural alterations and rebuilding of the hospital since the 1970s, partly motivated by a desire to remove homeopathy from within the institution, were successfully averted, not least thanks to a groundswell of popular support displayed through demonstrations on the city's streets. The discussion that followed focused on specific framework conditions for homeopathic hospitals in Mexico.

Robert Jütte (Stuttgart, Germany) concluded the conference proceedings with his closing remarks on the "*Specificities of the homeopathic hospital*". Despite the diversity a few general features can be singled out. The motifs in founding homeopathic hospitals were of four kinds: 1) to gain public recognition by proving the efficacy of the new art of healing; 2) to ensure scientific progress in theory and practice; 3) to provide training for future homeopaths; 4) to offer patients better treatment; 5) to compete with allopaths and to gain prestige in the scientific community, 6) to prove that homeopathy is the cheaper and better treatment. There are also common denominators to be observed as far as the closing down of homeopathic hospitals is concerned: Among the general problems were, for example, the lack of funds, the internal strife, and lack of space. But also the trend of time played a role, e.g. structural changes in the health system or progress in biomedicine. And there were, last but not least, intrinsic problems, e.g. the failure to provide scientific evidence and the lack of research. More research is needed on open questions such as the everyday life in a homeopathic hospital or the specific treatment provided by these institutions.