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This case study is intended to answer the question why so many homeopaths who generally were more successful monetarily in their practices than their allopathic rivals, chose to 'crossover' into allopathic medicine in the late nineteenth and early twentieth century. The study of the medical community in Rochester, New York, examines the city's directories from 1899 through 1920 to answer that question.

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Homeopathy's 'Crossovers' to Allopathic Medicine: A Case Study, 1899-1920

By

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This case study is intended to answer the question why so many homeopaths who generally were more successful monetarily in their practices than their allopathic rivals, chose to 'crossover' into allopathic medicine in the late nineteenth and early twentieth century. The study of the medical community in Rochester, New York, examines the city's directories from 1899 through 1920 to answer that question.

"Changes in social conditions are always insidious, usually unnoted until long after they are evident, and in time, often seemingly explosive," Charles Phelps, M. D., remarked in his presidential address before members of the New York State Medical Association in 1897. Noting the decline in the income of its member physicians when compared to their homeopathic rivals, he blamed the condition on the unhealthy combination of a physician surplus, homeopathy's reputation for a strong physician/patient relationship, and the AMA's decision to insist that local societies not only purge irregulars from their membership lists but that they enforce the policy regarding consultation, namely, "no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma."¹ Medical orthodoxy's success in enforcing its *Code* was achieved at the expense not only of public opinion which objected to efforts restricting freedom of the marketplace, but it also faced objections from allopathic specialists, especially those in New York and other urban areas, who benefitted

¹ "Code of Medical Ethics," *Journal of the American Medical Association*, 2 (1884), 710.

financially from consultations and referrals and therefore wanted the *Code* replaced by a set of *Principles* which allowed for a more permissive environment.²

Given the success of homeopathy through the first half of the nineteenth century when compared with their allopathic rivals, the question naturally arises over what accounted for those homeopaths who crossed over for the first time, or returned to allopathic medicine in the late nineteenth and early decades of the twentieth century? Some suggest that the crossover resulted from the split between the 'high' and 'low' potency proponents within homeopathy in the 1880's; others point to the AMA's revised *Principles of Medical Ethics* in 1903 which permitted homeopaths and eclectics to join the AMA with the only expectation that they identify themselves as simply M.D.'s and not by their sectarian affiliation. Still, others suggest that the crossover was due to the impact of Abraham Flexner's classic *Medical Education in the United States and Canada* (1910) and the subsequent tightening of licensure laws. Hoping to resolve this question, I examined the Rochester medical community in upper New York followed by a statistical examination of its physician directories starting in 1899 and extending through 1920, thus including the Great War in the list of options under consideration..

Background

With a population of roughly seven hundred, the village of Rochesterville organized in 1817, the same year construction began on the Erie Canal linking New York City to the Great Lakes. The village eventually became the county seat for Monroe County, named after President

² Nathan S. Davis, *The New York State Medical Society and Ethics* (New York, n.d.), 3; Henry G. Piffard, "The Status of the Medical Profession in the State of New York," *New York Medical Journal*, 37 (1883), 400-403; T. W. Dwight, "Concerning Freedom in Consultations," *Medical Record*, 21 (1882), 523-24.

James Monroe. Formed out of parts of Ontario and Genesee counties in western New York, the village boasted a population of 2,500 in 1821, causing its entrepreneurial leaders to drop the “ville” out of the name two years later in anticipation of a larger migration of immigrants to the United States. This action, due largely to the impact of the east-west, cross-state route of the canal on the economy, reflected the importance of the city’s industrial, financial, and cultural growth—all marked by its profitable business connections to Albany and New York City. By 1834, with a population reaching nine thousand, the now re-chartered city of Rochester became known as “The Young Lion of the West,” a symbol of its emerging significance in the state and national economy. A few years later, with its flour mills powered by the robust waterfalls on the Genesee River, the city was renamed the “Flour City” of America. By 1840, the population had climbed to over twenty thousand, ranking it nineteenth among the cities in the nation. Eventually, western expansion into the Great Plains replaced its flour economy with a burgeoning seed industry causing a change once again in its designation to the “Flower City” of America. This change was also reflected in the city’s social and cultural aspirations best depicted in the construction of Athenaeum Hall in 1849 which welcomed such talented orators like Oliver Wendell Holmes and Ralph Waldo Emerson to its dais. The change was also reflected in the eleemosynary actions of spirited citizens who founded and sustained entities like the Rochester Female Charitable Society, the Orphan Asylum, and City Hospital.

From the Civil War to the end of the century, Rochester continued to grow in both size and sophistication, extending its hegemony to include the towns of Brighton, Gates, Greece, and Irondequoit. Its population reached 62,386 in 1870 before expanding exponentially to 162,608 by 1900, and 295,750 by 1920. During this period the city benefited from the presence of companies like Bausch and Lomb, Eastman Kodak, Western Union Telegraph, the Gleason

Works, and R.T. French. Not until World War II did the city begin a slow but steady decline, diminishing to an estimated population of 210,358 in the present day.

Rochester Medical Community

In 1813, a year after the first house was built in what became the village of Rochesterville, the region's earliest known practitioner, Dr. Jonah Brown, opened a medical practice. Other doctors followed causing the Monroe County Medical Society to form in 1821. At this time, the laws in New York and elsewhere extended privileges to county medical societies, not the least of which was to determine who could practice medicine and use the courts to collect fees. To accomplish these objectives, the Monroe County Medical Society created a board of censors who passed on the eligibility of those wishing to practice. Thus, independent of their social purposes, societies played an important professional role for aspiring physicians and a quality control mechanism for the community.

One indication of the city's unprecedented growth was its magnet effect on an estimated 374 medical practitioners who plied their trade in the period up to the Civil War. As noted by Edward Atwater in his study of the city's medical profession from 1811 to 1860, Rochester suffered from an oversupply of physicians, a situation that precipitated a decline in their financial situation and the necessity for many either to leave or seek other means of support besides their practices. All of this played out in statistics showing a high percentage of physicians leaving the city after a few years on account of their inability to make a living. Finally, Atwater noted the precipitous decline in professional training as the composition of the profession expanded to

include Botanics, hydropaths, Thomsonians, and all manner of self-proclaimed healers offering formidable alternatives to allopathic medicine.³

Until 1844, all legally practicing physicians were required to belong to a county medical society. As the image and power of the profession deteriorated with increased competition, medicine became an increasingly marketable commodity with the result that the medical societies no longer served as gatekeepers into the profession. With irregulars making them look elitist and monopolistic, many chose to curtail and even suspend their self-regulatory activities. Those societies that continued to function did so by restricting their activities to those of a social nature. Exemplary of this was the Rochester Medical Society which organized in 1853 and set aside its fiduciary responsibilities to cultivate social fellowship among the city's allopathic practitioners.

As allopathic medicine associated less with dogma and increasingly with reductionist science in the latter decades of the nineteenth century, the state's medical societies adopted more forward-looking objectives. One example of this was the Rochester Pathological Society which organized informally in the 1870s and incorporated in 1889. Another was the Monroe County Medical Society which joined with the Reynolds Library in 1892 to establish a special medical collection within its larger holdings. Over the decades, the collection was augmented with books and periodicals contributed through subscriptions and gifts from patrons and other libraries, including the New York Academy of Medicine. By 1899, interest in creating a strictly scientific library led to the formation of the Rochester Academy of Medicine whose object was to cultivate and advance the science of medicine. Among its accomplishments, the Academy spearheaded the

³ Edward C. Atwater, "The Medical Profession in a New Society, Rochester, New York (1811-60)," *Bulletin of the History of Medicine*, 47 (1973), 221-35.

establishment of a milk commission in 1902 and medical inspection of public schools in 1904. There was also the Hospital Medical Society, formed in 1898 by younger doctors who had served as interns at Rochester City Hospital and St. Mary's Hospital. The society's purpose became both social and professional in its promotion of the medical sciences.

In 1886, the Practitioners' Society formed, composed exclusively of the city's women physicians. When it incorporated in 1892, it organized the Provident Dispensary to provide free medical care for women and children. In 1906, the Society changed its name to the Blackwell Medical Society, so named to celebrate the life of Dr. Elizabeth Blackwell (1821-1910), the first woman to receive the Doctor of Medicine from an allopathic medical school. An 1849 graduate of the medical department at Geneva College (now Hobart and William Smith Colleges) in western New York, Blackwell made an international name for herself and, in 1857, opened the New York Infirmary for Women and Children with her sister, Dr. Emily Blackwell, and Dr. Marie Zakrzewska.⁴

Homeopathy was introduced into Rochester in 1840 with the arrival of Dr. Augustus P. Biegler. He was followed by Drs. John Taylor, Moses M. Mathews, Edwin H. Hurd, George Lewis, Thomas C. Schell, and others, most, if not all of whom were graduates of regular schools before embracing the principles and practices of homeopathy. This was perhaps the earliest application of the rule: "Don't ask, don't tell." In 1866, the city's homeopathic doctors formed the Monroe County Homeopathic Medical Society which, by 1884, boasted thirty-seven members. By 1907, membership had increased to eighty-eight, of whom seventy-four practiced in Rochester.

⁴ The medical department, situated about forty-five miles outside of Rochester, was founded in 1834 and later transferred to Syracuse University in 1872.

In 1887, the Rochester Homeopathic Hospital was incorporated through the driving force of Dr. Charles Sumner. Situated between Union and Alexander Streets on Monroe Avenue on the east side of the city, the three-story hospital opened in 1889 and accommodated forty-seven patient beds. Three years later, it opened a training school for nurses, followed by a free dispensary for the city's poor. As the reputation of homeopathy grew, the hospital relocated on the grounds of the former Freeman Clarke homestead on Alexander Street where its buildings accommodated 149 patients and sixty nurses. In 1926 it was renamed Genesee Hospital. There was also the Highland Park Sanitarium and Maternity Hospital managed by homeopaths which opened in 1900 with a capacity of thirty-two beds. Within a few short years, it expanded to forty-five patients and a training school for fifteen nurses.⁵

As in other large cities, Rochester's homeopathic community was of two minds. While its low potency group sought accommodation with allopathic medicine, its high potency advocates insisted on remaining true to the principles of its founder. In 1886, the high potency homeopaths organized the Hahnemann Society whose purpose was to follow the strict principles of Hahnemannian therapeutics. Having rejected the more accommodating members of the homeopathic medical community who had moved toward allopathic medicine due in large measure to the widespread acceptance of germ theory, the high potency homeopaths opened a separate thirteen-bed Hahnemann Homeopathic Hospital and training school for nurses on Oakland Street in 1891. By 1907, the hospital's capacity had increased to eighty patients and

⁵ <https://www.rochesterregional.org/about/history/rochester-medical-museum-and-archives/digital-exhibits/history-of-rochester-area-hospitals/rochesters-homeopathic-hospitals> (accessed May 13, 2019)

thirty-five nurses. The Hahnemannians also operated the private seven-bed Lee Hospital which opened in 1898 and eventually accommodated fifty-one beds and a training-school for nurses.⁶

By the turn of the century, numerous medical societies operated in the region: The Medical Society of the State of New York, incorporated in 1806; the Monroe County Society, founded in 1821; The Homeopathic Medical Society of the State of New York, established in 1862; the Eclectic Medical Society of the State of New York, authorized by the Legislature in 1865; the Monroe County Homeopathic Medical Society, organized in 1866; the New York State Medical Association, organized in 1884; the Blackwell Medical Society of Rochester organized in 1887; the Practitioners' Society of Rochester, incorporated in 1892; the Blackwell Medical Society of Rochester, organized in 1887 and incorporated in 1893; and the Rochester Academy of Medicine which received its preliminary charter from the Regents of the University of the State of New York in 1900.

Transitioning

Beginning in the last third of the century and augmented by the growing informal connections between allopathic doctors and low potency homeopaths, notable fissures opened between homeopathy's stalwarts regarding their strict adherence to Hahnemann's overarching laws of similars, single dosages, infinitesimal medicines, and chronic miasmas, and those who were persuaded that more liberal interpretations of these principles were necessitated by changes in the healing art. The growing disparity between these two groups within homeopathy caused the latter to be characterized as "mixers" and led to a schism within the American Institute of

⁶ <https://www.rochesterregional.org/about/history/rochester-medical-museum-and-archives/digital-exhibits/history-of-rochester-area-hospitals/rochesters-homeopathic-hospitals> (accessed May 13, 2019)

Homeopathy (AIH) in 1880, with purists leaving to establish a rival organization known as the International Hahnemannian Association (IHA).

Exemplary of this division within homeopathy was the mellowed tone taken by John C. Peters of New York, a leading homeopath and editor of the *North American Journal of Homeopathy*. For Peters, the differences that divided homeopathy from allopathic medicine were no longer as extreme as once perceived. He hoped for a “fair compromise” between the two schools, believing that there were sufficient reasons for both to benefit from the biomedical sciences. After coming under attack from the conservative wing of Hahnemannians who insisted on the universal truths of the system and condemned all non-homeopathic remedies, Peters renounced homeopathy, including its theory of *similia similibus curantur* and the efficacy of infinitesimal dosages, urging his former colleagues to reject the “narrow and contracted theories” of sectarianism and merge with allopathic medicine.⁷

In 1882, the AIH voted not to restrict their members’ practices to acting only on the law of similars. The decision was one of many actions that further antagonized relations between the low and high dilutionists and justified for many the creation of the IHA dedicated to retaining homeopathy in its original form. For those stalwarts who insisted on pure Hahnemannianism, there seemed no point in perpetuating the continued existence of the remaining homeopathic medical colleges since none of them appeared to be giving anything more than lip service to Hahnemann’s principles. Those classical Hahnemannians who stood by their founder’s original principles did so largely due to the influence of James Tyler Kent who transformed homeopathy into something of a cult that was both religious and metaphysical. For this latter group,

⁷ John C. Peters, “Our Journal,” *North American Journal of Homeopathy*, 6 (1858), 418-20; John C. Peters, *On Sects in Medicine* (New York: J. R. McDivitt, 1874), 1-2.

homeopathy's remaining medical schools had changed for the worse; they became a badge of dishonor for having transformed its educational system into carbon copies of regular colleges.

By the last decade of the century, a state of unrest prevailed within homeopathy's medical colleges. One of the early signs of this uneasiness came in 1893 when the dean of the Homeopathic College at the University of Michigan called for a union with the university's allopathic medical school.⁸ A similar unease occurred in 1898 when the Inter-Collegiate Committee of the AIH refused to recognize the homeopathic medical department at the State University of Iowa for failing to teach pure homeopathy.⁹ Apparent to many high potency homeopaths was the news that non-homeopathic teaching had entered the curriculum of its colleges thereby endangering its future as a distinct medical system. For these alarmists, the only thing distinguishing homeopathic from allopathic schools was the word "homeopathy" on their letterhead.¹⁰

The Code

While homeopathy faced an internecine battle of wills between its liberal and conservative factions, regular medicine moved forward with phenomenal success from the impact of the laboratory sciences, Pasteur's and Koch's bacteriology, microscopical pathology, serum therapies, and antitoxins—all marked by the growth of the medical specialties and collaboration between specialists and more affluent doctors. This, in turn, caused its own set of dynamics, namely, pressure from specialists to liberalize the restrictive consultation clause in the

⁸ "Miscellany," *The Medical Advance*, 30 (1893), 26.

⁹ "Editorial," *The Medical Advance*, 35 (1898), 180.

¹⁰ William L. Morgan, "How to Train a Physician to Practice Homeopathy," *Homeopathic Recorder*, 18 (1903), 433-36.

AMA's *Code of Ethics*. Unlike the conservative stance of the AMA when it came to retaining the boundaries between regulars and sectarians, specialists wanted the right to consult with any licensed practitioner, including irregulars. This position was most strident within New York's liberal medical community where the opportunities for consultation abounded and pitted Henry I. Bowditch, who urged state societies to open their practices to such interchange, against the AMA's more conservative leadership (i.e., Austin Flint and Alfred Stillé) who insisted on maintaining the harsher restrictions of the old *Code*.¹¹

In the early 1880s, the New York State Medical Society became a battleground over whether the AMA's *Code of Ethics* should be replaced by a set of *Principles*. Those who supported the *Code*'s restrictive language insisted that consultation with physicians other than those belonging to allopathic medicine was a violation of their profession. Following a spirited debate, the state society voted to substitute a briefer code that omitted as immaterial those portions of the national code concerning the duties of physicians to patients, obligations of patients to physicians, duties for the support of professional character, and obligations of the public to physicians. Concerning the issue of consultation, the society's revised code read: "Members of the Medical Society of the State of New York, and the medical societies in affiliation therewith, may be in consultation legally qualified practitioners of medicine." In effect, since the words "legally qualified practitioners" covered all who received a license from a

¹¹ See John H. Warner, "Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America," in Robert Jütte, Guenter B. Risse, and John Woodward (eds.), *Culture, Knowledge, and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield: European Association for the History of Medicine and Health Publications, 1998), 17; John H. Warner, "The 1880s Rebellion Against the AMA Code of Ethics," in Robert B. Baker, Arthur L. Caplan, Linda L. Emanuel, and Stephen R. Latham (eds.), *The American Medical Ethics Revolution* (Baltimore: Johns Hopkins University Press, 1999), 52-69.

state board, it became a springboard for referrals from eclectics, homeopaths, and other licensed healers.¹²

Most members of the Monroe County Medical Society accepted the decision of the New York State Medical Society; however, the minority who disapproved of the decision withdrew to join the newly formed New York State Medical Association. Nevertheless, the decision by the Monroe County Medical Society made it possible for both homeopathic and eclectic doctors to share patients with allopaths and join integrated boards of medical examiners, a sign of a shared desire to raise the standards of medical education by relying on science rather than dogma. The decision represented clear evidence that the liberal wings of homeopathy and allopathic medicine were seeking accommodation, perhaps even allowing homeopaths to be recognized as a specialty under the umbrella of scientific medicine.

Regulars and homeopaths found it difficult to define themselves in the context of their historical past. Both found that advances in the medical sciences were challenging their sense of professional identity. In responding to the changing face of medicine, the AMA revised its constitution to make membership in state and county societies the basis for affiliation. George H. Simmons, the editor of the *Journal of the American Medical Association* and a former homeopath, urged a revision of the Association's *Code of Ethics*, giving members greater freedom in matters of consultation. Exactly how the two sides would respond remained to be seen. The truth was that both homeopaths and allopathic doctors were now very different from their forbearers, and the sensitivities that once motivated their mutual hostility had mellowed over the decades, particularly since so many of homeopathy's more affluent doctors had been

¹² Quoted in Nathan S. Davis, *The New York State Medical Society and Ethics* (New York: n.d.), 3. See also Henry G. Piffard, "The Status of the Medical Profession in the State of New York," *New York Medical Journal*, 37 (1883), 400-403; T.W. Dwight, "Concerning Freedom in Consultations," *Medical Record*, 21 (1882), 523-24; Martin Burke, "A Reply to 'Concerning Freedom in Consultations,'" *Medical Record*, 21 (1882), 585-86.

educated at allopathic medical schools and had garnered generous support from some of society's most influential individuals. For both allopaths and homeopaths, professional identity had become tied to science, not to older beliefs and practices. Only the purists in both camps remained hardened in their opposition.¹³

The replacement of the AMA's *Code of Medical Ethics* with an advisory set of *Principles* became operational in 1903. Specifically, there were three noticeable modifications which are worth noting since they left allopathic doctors and their societies with conflicted feelings. The first was a revision to the *Code's* so-called consultation clause (Section 2, Article 1, of Chapter II) which permitted its members freedom to consult with alternative doctors "who, by their labors, have contributed to [medicine's] advancement." The second modification (Section 3, Article 1 of Chapter II) urged all physicians, including those with differing views on the science of medicine, to join allopathic medical societies. Finally, there was the passage (Section 1, Article 1 Chapter II) which threw the proverbial monkey-wrench into the relationship. The language stated: "It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession, for physicians to designate their practice as based upon an exclusive dogma or a sectarian system of medicine." Given the conflicting wordage used in Section 2 which respected differing points of view on "the science of medicine" and Section 1 which defined as incompatible any practice based on a "sectarian system of medicine," there continued to be a standoff between the two groups of physicians with suspicions and hard feelings competing with more general live-and-let-live accommodations.¹⁴

¹³ William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972), 236-37; Julian Winston, *The Faces of Homeopathy* (Tawa, New Zealand: Great Auk Publishing, 1999), 215-16.

¹⁴ American Medical Association, *Principles of Medical Ethics* (Chicago: AMA, 1910).

In reflecting on the above passages in the revised *Principles*, it is important to note that by recognizing referrals from unconventional doctors to allopathic medicine's emerging medical specialties, it could be argued that the AMA had buried the proverbial hatchet. Many irregulars, however, thought differently of the modifications, feeling caught in what seemed like contradictory principles. Although freed from the harsh literalism of the original *Code*, they questioned how the revised *Principles* would or could be applied. If the action taken by the AMA was for the "earnest purpose of rebuking bigotry and prejudice [and] beginning a movement for the understanding and agreement of the schools," wrote the editor of the *North American Journal of Homeopathy*, the *Principles* "may be cordially welcomed." On the other hand, the differences in tone evident in the three sections seemed "discordant" if not "seriously defective."¹⁵

Since the AMA intended for its *Principles* to be advisory in nature, leaving to state and county medical societies the freedom to interpret them as their judgment or prejudices dictated, the "welcome" toward sectarian medicine varied from one medical society to another. While there was a willingness among some allopathic societies to open their members' practices to consultations with homeopathic doctors, and even admit them as members to their societies, provided they identified themselves simply with the designation of "M.D.," the opposite applied to other state and county societies. Not surprisingly, many homeopaths who chose to accept the offer, eventually "mainstreamed" into allopathic medicine as a way of securing their professional future at a time when allopathic medicine had attached itself to the sciences.

¹⁵ "The New Principles of the Old School," *The North American Journal of Homeopathy*, XVIII (1903), 778-81.

Flexner's Visits

In 1900, American homeopaths were operating twenty-two medical colleges. Between then and Flexner's 1908-09 visits all 155 medical schools in the United States and Canada as part of his commitment to evaluate medical education for the Carnegie Foundation, five had closed, leaving only fifteen homeopathic schools remaining. Of those, none of the fifteen required more than a high school education for entrance and only five of them required even that. In laboratory science, only Boston University School of Medicine showed evidence of "progressive scientific work." In the homeopathic medical departments at Iowa and Michigan, where students received much of their science instruction from nonhomeopathic teachers, most were ill-prepared because of admission standards lower than other university students. In this regard, the universities had inadvertently created a double standard within the student body that affected the program's reputation and its long-term integrity.¹⁶ Flexner's assessment of homeopathic medical education, however, when deeper.

- Only the medical departments of the state universities of Iowa and Michigan and the New York Homeopathic Medical College and Flower Hospital had adequate funding. The rest were "hopelessly poor."
- Only Boston University School of Medicine, the New York Homeopathic Medical College and Flower Hospital, and Hahnemann Medical College of Philadelphia possessed sufficient equipment to teach the sciences. The others

¹⁶ Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation on the Advancement of Teaching* (New York: The Carnegie Foundation, 1910), 159-61.

were handicapped by space limitations, part-time clinical teachers; amphitheater teaching; and insufficient equipment.

- Of the fifteen schools, six were judged “utterly hopeless.”¹⁷

Flexner’s overall diagnosis of American medical education was unusually harsh but not unexpected. With criticism that targeted allopathic and sectarian schools alike, he announced that scientific medicine had rendered Old School medicine obsolete. “Prior to the placing of medicine on a scientific basis,” he observed, “sectarianism was, of course inevitable. Every one started with some sort of preconceived notion; and from a logical point of view, one preconception is as good as another. Allopathy was just as sectarian as homeopathy. Indeed, homeopathy was the inevitable retort to allopathy.” However, a new generation of educators, many of whom were educated abroad, particularly in Germany, had shown an appreciation for the importance of laboratories and clinics as well as modern medical schools and teaching hospitals. Medicine demanded trained observation, high standards of evidence, a spirit of scientific inquiry, a firm understanding of the natural sciences, and the rejection of historical dogma, no matter who or what the source. With new curriculum—pathology, bacteriology, pharmacology, and clinical microscopy—based on the scientific method, all theory had to stand or fall on the evidence. Where theory was once the defining element, the laboratory became the new symbol of professional identity. Flexner’s approach was devastatingly clear and to the point. “One may begin with science and work through the entire medical curriculum consistently, exposing everything to the same sort of test; or one may begin with a dogmatic assertion and resolutely refuse to entertain anything at variance with it,” he wrote. But one could not assert both. Modern

¹⁷ Abraham Flexner, *Medical Education in the United States and Canada* 159-61.

medical education had no option but to choose the world of scientific medicine which meant that dogma in any form was obsolete. Both allopaths and homeopaths had discarded their respective historic dogmas, preconceived notions, and *a priori* explanations, replacing them with scientific medicine which Flexner explained was "a discipline, in which the effort is made to use knowledge procured in various ways to effect certain practical ends."¹⁸

Following the impact of Flexner's book and the subsequent assessments of schools by the Association of American Medical Colleges and the AMA's Council on Medical Education, the numbers of students attending homeopathic schools declined precipitously from 1,909 students and 420 graduates in 1900, to 794 students and 154 graduates in 1914, representing a 63.3 percent decline in the annual number of graduates. By 1912, only ten of the fifteen homeopathic schools which existed at the time of Flexner's visit were still operating and, by 1920, the number had diminished to five. By 1923, only two remained: New York Homeopathic Medical College and Flower Hospital and Hahnemann Medical College of Philadelphia.¹⁹

For die-hard homeopaths, those newly minted physicians who had been calling themselves homeopaths had entered practice without receiving authentic training in homeopathic doctrine, methods, or materia medica. Hahnemann's *Organon of Medicine* and *Chronic Diseases*, along with other basic textbooks on homeopathic theory and practice were no longer being used in courses and many of its texts had gone out of print. By 1870, the AIH, which had become increasingly accommodating to the transformations taking place in allopathic medicine, declared that pathological indications were more important than individualizing symptoms in the

¹⁸ Flexner, *Medical Education in the United States and Canada*, 156, 161.

¹⁹ "Medical Education in the United States," *JAMA*, 64 (1915), 687.

selection of the proper remedy. All of this fed into a hope by many American homeopaths that homeopathy would be best served if it became a specialty within regular medicine.

As academic homeopathy collapsed with the closing of its schools, it became all too evident that state and county medical societies faced similar extinction, a factor that bode poorly for the designation of “homeopathist” or “homeopathic physician” behind their names rather than the more generic “doctor,” “physician,” or “MD.” In light of this emerging reality, increasing numbers of homeopaths found the AMA’s invitation to relinquish their distinctive titles compatible with their continued survival. While hardly evident in the immediate years following the AMA’s revision of its *Code*, this became a regular phenomenon following the Flexner Report, and more so following World War I.

The eclectic schools faced a similar decline. Of the eight eclectic schools of medicine which were located in Kansas City, St. Louis, Lincoln, Cincinnati, New York City, Atlanta, and Los Angeles, none were deemed salvageable. While the New York City school required a four-year high school education for admission, the Eclectic Medical College in Cincinnati, revered as the “Mecca” of eclectic philosophy, required only primary education to meet standards in Ohio. As for the others, the criteria were far less clear. Many who lacked critical courses were admitted with the expectation that they would complete the required coursework *after* admission. School records, however, showed little evidence of this being done. Added to the drama, none had sufficient equipment, books, or clinical opportunities for their students. Furthermore, Flexner criticized them for boasting equipment and scientific instrumentation that wasn’t on the inventory. “They talk of laboratories, not because they appreciate their place or significance,” he wrote, “but because it pays them to defer thus far to the spirit of the times.” Consequently,

enrollment dropped from 1,014 students and 221 graduates in 1901, to 270 students and 70 graduates in 1914, a decline of 68.3 percent.²⁰

As for the physio-medicals, only the College of Medicine and Surgery, Physio-Medical of Chicago existed at the time of Flexner's visits. Although he found the published entrance requirements satisfied the interpretation of the law, a search of office records failed to produce any credentials for the students enrolled. Flexner considered the equipment "very meager" and the clinical facilities equally so. Only 167 patients had registered in its hospital during an entire year and only 250 outpatients had used its dispensary. For its total educational program, the school relied on fees that Flexner estimated at \$2,935.²¹ Even worse, of the school's fourteen graduates in 1911, only four passed the state boards. In 1911, the school was absorbed by the Chicago College of Medicine and Surgery (eclectic) and then purchased by the Loyola University School of Medicine in 1917.

The Great War

At the outbreak of the Great War, few graduates of homeopathic colleges were members of the Medical Corps of the Army and Navy and the U. S. Public Health Service; nor was there any thought given to their inclusion in such entitles. Nevertheless, at the regular meeting of the AIH held in Rochester in 1917, its Board of Trustees directed the president to form a committee to seek recognition from Surgeon General William C. Gorgas in Washington to accept into service homeopathic hospital units and officially recognize individual homeopathic physicians. Although Colonel Robert E. Noble, the Personnel Officer acting on applications for positions

²⁰ Flexner, *Medical Education in the United States and Canada*, 163.

²¹ Flexner, *Medical Education in the United States and Canada*, 213, 216-20.

into the Medical Reserve Corps withdrew all restrictions placed on homeopathic physicians, unabated opposition continued within the Corps to his affirmative action. Eventually, however, approximately three hundred homeopathic physicians were accepted and three units of physicians and nurses were put in place and supported by the Massachusetts Homeopathic Hospital (U.S. Army Base Hospital No. 44), the New York Homeopathic Medical College and Flower Hospital (U.S. General Hospital No. 5), and Metropolitan Hospital (U.S. Army Base Hospital No. 48), and the Rochester General Hospital which contributed to various units a large number of nurses trained in homeopathy.²²

Medical Metrics

To understand what changes occurred in homeopathic identity, five directories were examined: 1899, 1904, 1910, 1913, and 1920. The first directory of 1899 listed only regular physicians who practiced in the city and therefore was of only limited value. Similarly, both the 1899 and 1904 directories failed to identify physicians who were members of the AMA. Nevertheless, the patterns that developed beginning with the 1904 and subsequent directories were revealing.

In tracking the number of regulars practicing in Rochester, the statistics are impressive, with 235 identified in the *Medical Directory of New York, New Jersey and Connecticut* for 1904, 270 in 1910, 296 in 1913, and 359 by 1920. By comparison, homeopaths demonstrated a far smaller growth pattern, showing 60 in 1904; 75 in 1910; 79 in 1913; and 88 in 1920. Even smaller were the eclecticists with only 5 practicing in the city in 1904; 7 in 1910; 7 again in 1913; and only 4 in 1920.

²² Read Frederick M. Dearborn (ed.), *American Homeopathy in the World War* (Chicago, IL: American Institute of Homeopathy).

Other statistics are revealing as well. The first which identified membership in the AMA indicated that, while increasing overall between 1910 and 1920, membership in the national association was less important to practitioners than membership in their state societies to which virtually all regulars belonged. The other revealing statistic involved, for lack of a better term, the number of “crossovers,” i.e., those homeopaths and eclectics who became members of the AMA and its local medical societies. The term also applies to allopaths whose practices included being attached to a homeopathic hospital, dispensary or another facility. Significant in this is the relative jump that occurred from 1913, which identified only 7 crossovers, to 57 by 1920, a sign that the consultation clause was working as intended.

What the data suggests is that Flexner’s Report and the Great War, rather than the change in the *Code of Ethics*, were the real catalysts for homeopaths seeking membership in allopathic state and county medical societies. Having seen the “writing on the wall” with respect to their continued insistence on Hahnemann’s principles, and having already witnessed a large-scale erosion of these principles in the last remaining homeopathic medical schools whose faculty had been influenced by German scientific medicine, their appreciation of the laboratory had already witnessed the discrediting of many of homeopathy’s abstract principles and propositions. Despite initial reactions to Flexner’s Report and any number of resolutions from alternative medical societies and schools challenging his evaluations, there was a gradual realization that what Flexner had concluded carried implications for their collective futures.

Reassessment

To answer the question whether the crossover of homeopaths to regular medicine came as a result of the *Code's* revised *Principles*, or from some other catalyst, it is important to take note that of the many issues that affected homeopathy's relationship with conventional medicine, several stood out above all others. The *first* concerned the day-to-day interaction between allopathic and homeopathic doctors. For too long, deference was given to the official version handed out by the AMA which led the public to believe that its members treated homeopaths with utter contempt. This ignored the fact that medical specialists welcomed referrals from homeopaths, and almost every regular medical school had enrolled students whose intent, expressed or otherwise, was to practice homeopathy after graduation. There were even instances of members of both schools practicing under the same shingle, suggesting that patient choice had less to do with their conflicting theories or conventional medicine's discriminatory legislation than with access, reputation, the quality of the physician/patient relationship, class, and families desirous of avoiding harsh and harmful drugs.²³ This suggests that the AMA made more of their differences than either their members or the public at large. While state licensing boards, the AMA, and other allopathic medical organizations insisted on more uniform standards in medical education, patients tended to choose their physician on more personal grounds. Instead of counting battles won or lost in the halls of justice, at medical colleges, or licensing boards, the public chose physicians based on word-of-mouth, reputation, location, and availability.

Second, was the fact that most homeopathic physicians, particularly those influenced by the impact of German laboratory medicine, tended to practice the art and science of their

²³ See John S. Haller, Jr., *A Profile in Alternative Medicine: The Eclectic Medical College of Cincinnati, 1845-1942* (Kent, Ohio: Kent State University Press, 1999), 162-64; John S. Haller, Jr., *Kindly Medicine: Physio-Medicalism in America, 1836-1911* (Kent, Ohio: Kent State University Press, 1997).

medicine using a "low-to-middle" range of potencies. Thus, while their medicines contained fewer amounts of the drug than prescribed by allopaths, patients still obtained effective quantities of medicine based on the combined principles of *vis medicatrix naturae* and *similia similibus curenture*. One could argue that homeopaths were successful healers because their drug provings, however rationalized, were less apt to harm patients.