

COMPROMISE, NOT CONFLICT

THE INTRODUCTION OF HOMOEOPATHY INTO THE NETHERLANDS IN THE NINETEENTH CENTURY*

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Recent studies and older publications on the early vicissitudes of homoeopathy point to distinctive national and regional patterns.¹ Many European countries, including the Netherlands, and the United States had their first experience with homoeopathy in the 1820s or 1830s. But the way in which this new therapeutic system was introduced varied, and its subsequent popularity differed more widely. The United States is unanimously considered to be homoeopathy's main conquest, at least until the end of the nineteenth century, though other countries — for example England, France and Italy — also had their converts.

It was otherwise in the Netherlands. Here homoeopathy attracted few converts, and Dutch homoeopaths only got themselves organized nationally in

* With thanks to Hilary Marland for her comments.

¹ Recent monographs are only available for England, the United States, and Italy. On England: Phillip A. Nicholls, *Homoeopathy and the Medical Profession* (London/New York/Sydney, 1988); on the United States: Harris L. Coulter, *Divided Legacy. The Conflict between Homoeopathy and the American Medical Association*, second edition (Richmond, California, 1982); Martin Kaufman, *Homeopathy in America. The Rise and Fall of a Medical Heresy* (Baltimore/London, 1971); William G. Rothstein, *American Physicians in the Nineteenth Century. From Sects to Science* (Baltimore/London, 1972); on Italy: Alberto Lodispoto, *Storia della Omeopatia in Italia. Storia antica di una terapia moderna* (Rome, 1987). More recently a number of brochures and articles have been published with results of French, German, and Dutch research, including some interesting comparisons of the German and the French reception of homoeopathy. On France: Olivier Faure, *Le débat autour de l'homéopathie en France 1830-1870. Evidences et arrière-plans* (Lyon, 1990); Lucile Lasveaux, *Traitements homéopathiques du choléra dans la France du XIXe siècle* (Lyon, 1988); on France and Germany: Olivier Faure ed., *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800-1940)* (Lyon, 1992); on the Netherlands: Marijke Gijswijt-Hofstra, "Homeopathie in de negentiende eeuw: het Nederlandse debat," in *Grenzen van genezing. Gezondheid, ziekte en genezen in Nederland, zestiende tot begin twintigste eeuw*, ed. Willem de Blécourt, Willem Frijhoff and Marijke Gijswijt-Hofstra, (Hilversum, 1993), pp. 274-310. See also Olivier Faure, "Pour une histoire comparée de l'homéopathie," *Homéopathie Française* 78/2, 1990, pp. 49-51.

the 1880s, at a time when homoeopathy's popularity in other countries was dropping. But even then homoeopathy's share of the Dutch 'medical market' remained modest. The main question I want to raise is: why did homoeopathy not meet with a warmer welcome in the Netherlands?

This question has so far not been posed, let alone answered. The history of homoeopathy in the Netherlands is still virtually undisclosed,² a fact which precludes a systematic comparative analysis of the introduction and reception of homoeopathy between the Netherlands and other countries. Although much research, both in the Netherlands and elsewhere, remains to be done, I will not refrain from offering some tentative answers and suggesting some lines which an explanation of homoeopathy's varying popularity might follow.

The source material used here consists mainly of pamphlets, books and other publications on homoeopathy, most written by doctors of medicine for their colleagues or for the general public. This type of source material has an obvious bias. It provides more information on doctors than patients, and more on university educated physicians than other healers, 'regular' or 'irregular'. However, the information it offers is of strategic importance. To a large extent the introduction of homoeopathy depended on the cooperation and zeal of physicians. The reconstruction of the debate between converts and critics of homoeopathy shows which arguments were used, how tolerant or intolerant the two parties were towards each other, the barriers homoeopathic practitioners saw themselves confronted with, and the strategies they chose. The source material also contains some valuable clues on the responses of patients to homoeopathy. One of these clues will be followed up in future research, which will focus on the Dutch clientele of the homoeopathic practitioner Clemens von Bönninghausen of Münster.

The first phase of the Dutch debate on homoeopathy 1827-1836

By the 1820s a few medical practitioners could be pinpointed in areas of the Netherlands bordering on Germany who used homoeopathic therapy. The first two Dutch publications date from 1827, one a translation of Hahnemann's *Organon*³, the other a discussion of homoeopathy's merits and shortcomings authored by a young doctor of medicine at Leiden, the future professor G.C.B.

² H.E.M. de Lange is preparing a doctoral thesis on the history of homoeopathy in the Netherlands, but his findings are not yet available.

³ Samuel Hahnemann, *Organon der heilkunst* (Amsterdam, 1827).

Suringar (1802-1874).⁴ (Judging by Suringar's career and those of other homoeopathic practitioners a critical interest in homoeopathy formed no barrier to promotion.) The Dutch translation of *Organon* and Suringar's comments were published some thirty years after Samuel Hahnemann (1755-1843) of Saxony had first formulated the basic principle of his new therapy, the *similia similibus curentur*: likes treated by likes: patients could be cured by drugs that would produce the symptoms of the disease in a healthy person. In 1807 Hahnemann labelled his therapy homoeopathy, and shortly after, in 1810, the first edition of *Organon*, his standard work on homoeopathy, was published.⁵

Suringar's discussion of homoeopathy concluded that only homoeopathic diet and highly diluted medicines were to be considered beneficial — all too often medical practitioners prescribed too many medicines when the healing power of nature would be of greater advantage to the patient. For the time being, homoeopathy's only representative in the Netherlands was the sober-minded young Suringar of Leiden. Unlike several other countries, the Netherlands had no active, influential and charismatic medical practitioner like Quin in England and Belgium, or Des Guidi in France who saw to the introduction and promotion of Hahnemann's therapy, and who mobilized upper-class support for homoeopathy.

In 1831 another translation of Hahnemann's work, his brochure on the best treatment of Asiatic cholera, was published.⁶ A second critical, though not strongly so, discussion on homoeopathy by an anonymous author in The Hague appeared in 1833.⁷ In the same year the *Hollandsche Maatschappij der Wetenschappen* (the Dutch Society of Sciences) held an essay competition on the subject of homoeopathy. The contribution of S.P. Scheltema (1801-1873), an Arnhem doctor, was declared winner in 1835, but was never published. Striving for impartiality, calling for the tolerance of his colleagues, and weighing the pros and cons of homoeopathy carefully, Scheltema acknowledged that homoeopathy had its merits, but, at the same time, advised against the rejection of the older therapies in favour of Hahnemann's therapy.

The first Dutch convert to homoeopathy who made a more determined effort to convince his colleagues and the general public of the correctness and whole-

⁴ G.C.B. Suringar, *Bijdrage tot de kennis en de beoordeling van het homöopathische leerstelsel van Samuel Hahnemann* (Delft, 1827).

⁵ Samuel Hahnemann, *Organon der rationellen Heilkunde nach homöopathische Gesetze* (Dresden, 1810). The later editions, published after 1819, were called *Organon der Heilkunst*. The third edition, from 1824, was translated into Dutch in 1827.

⁶ Samuel Hahnemann, *Zekerste geneeswijze en uitroeiing der Asiatische cholera* (Amsterdam, 1831).

⁷ Anon., *De homoeopathie, of Dr. Samuel Hahnemann's geneeswijze* (Dordrecht, 1833).

someness of Hahnemann's principles was J.F.P. Schönfeld (1792-1861), a doctor of medicine who practised at Winschoten in the province of Groningen, in the north-east of the Netherlands. In 1834 he translated Hahnemann's *Geist der Homöopathischen Heil-Lehre*⁸, a year later an eulogy on homoeopathy by Caspari.⁹ In 1836 he and S.A. Bleekrode (1814-1862), a young doctor of medicine who had defended his doctoral thesis on homoeopathy at the University of Groningen, began to compile a series of essays on homoeopathy,¹⁰ which ended abruptly after the publication of the first number, possibly due to Bleekrode's move to another region. In the meantime Schönfeld's pleas for homoeopathy were noted. Three of his Groningen colleagues promptly published their objections to homoeopathy in general and Schönfeld's conversion in particular.¹¹ One of them even equated homoeopathy with quackery. Perhaps because of these attacks or because of a general lack of response, Schönfeld did not continue to publish on homoeopathy and restricted himself after 1836 to putting Hahnemann's ideas into practice. Until a second series of publications appeared in the 1850s, no further pamphlets or books on homoeopathy were published in the Netherlands.

The first phase of the Dutch debate on homoeopathy produced six translations of German homoeopathic publications, one translation of a German criticism of homoeopathy, and eight original Dutch titles, three more or less neutral though pointing to some positive aspects of the system, while three others were negative. Only two, by Schönfeld and by Bleekrode and Schönfeld, were outrightly positive. These pamphlets and books were published before the conquest of scientific medicine, at a time when Dutch doctors of medicine were more inclined to eclecticism and a practical orientation than the influences of romanticism and natural philosophy. They were no more prepared to give homoeopathy a warm welcome than they had been when Mesmer's and Puységur's animal magnetism had been introduced a decade previously.

The only two Dutch homoeopathic authors of this period had been educated at the University of Groningen, where research had been undertaken on animal

⁸ Samuel Hahnemann, *Geest der homöopathische genees-leer* (Winschoten, 1834).

⁹ C. Caspari, *De waarheid en voortreffelijkheid der homöopathische genees-leer* (Winschoten, 1835).

¹⁰ S. Bleekrode and J.F.P. Schönfeld, *Bijdragen tot de homoeopathie*, 1e stuk (Groningen, 1836).

¹¹ A. Smith, *Bedenkingen tegen de homöopathie, beneevens eene beknopte schets dier leer* (Winschoten, 1834); B. Eekma, *De rationeel-empirische geneeswijze in de geneeskunst verdedigd tegen Dr. J.F.P. Schönfeld en De geest der homöopathische geneesleer van Dr. S. Hahnemann, getoetst naar rede en ervaring* (Groningen, 1836); and Friedrich Alexander Simon, *De geest der homoeopathie. Een woord van waarschuwing aan ieder, die op gezondheid en leven prijs stelt*; translation by J. Bosman Tresling (Groningen, 1836).

magnetism since 1813 and where vitalist ideas were viewed with favour by at least some of the medical staff. How exactly Schönfeld, Bleekrode and their colleagues came into contact with homoeopathy is as yet unknown. Apart from the publications of Hahnemann and other homoeopathic literature, personal contacts between German homoeopaths and Dutch practitioners may well have been instrumental in initially promoting homoeopathy. Once converted to homoeopathy, it was left to the individual practitioner to further explore the possibilities of this therapy and perhaps correspond with the master himself. Amongst Hahnemann's correspondence is a letter from Schönfeld, dated 27 September 1832, in which he asks for Hahnemann's advice.¹² Schönfeld begins his letter by explaining that he had become convinced of the validity of Hahnemann's theory after reading his books. Unfortunately, he claimed, none of his colleagues shared his conviction and he could not therefore turn to them for advice.

Schönfeld and Bleekrode seem to have been the only homoeopathic physicians in the Netherlands up until the mid-1850s, when several German homoeopathic practitioners were invited to come and practise in Utrecht and Rotterdam. The number of converts to homoeopathy among other categories of qualified practitioners and amongst unqualified, irregular healers, some of whom are known to have advertised themselves as homoeopaths, remains to be investigated.

The lack of enthusiasm for homoeopathy on the part of Dutch medical practitioners begs explanation. The following interpretation can be offered. The medical act of 1818 formed no barrier to the introduction of homoeopathy: qualified practitioners were free to choose the therapy they deemed best, and to make and sell their own medicines. However, the intellectual climate at the universities was less favourable to homoeopathy, and practitioners had to rely on their own initiatives if they wanted to find out about the new therapy, or to get in touch with German colleagues, which was not unusual at the time. Schönfeld did not develop into an inspiring leader and failed to convert substantial numbers of colleagues. The impact of the presumed surplus of qualified practitioners from the 1830s onwards could have been twofold. It may have deterred practitioners from striking out along new paths, thereby risking their colleagues' scorn. Alternatively, it could have provided a stimulus to do just that, especially if they anticipated a demand for homoeopathic treatment.

This is exactly where research is most needed. Too little is known about patients' familiarity with and their demand for homoeopathy. The publications of

¹² Homöopathie-Archiv, A 367, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. This archive does not contain letters of other Dutch doctors of medicine who published on homoeopathy at the time.

the period offer little information on this, only giving some general indications of the demand for homoeopathic treatment. According to the anonymous author based in The Hague it was not the uneducated who usually felt attracted by the miraculous and the new, but the 'cultured' (*'beschaafden'*), who took an interest in homoeopathy. Another, extremely negative anonymous author believed that homoeopathy's following consisted of the 'overcivilized, spoilt and effeminate class'.¹³ One of Schönfeld's opponents, Eekma, noted that homoeopathy had for some time been the talk of the town, and that one quack after another was being sent for from Germany.

From such remarks it can be speculated that, as in other countries, homoeopathy's early support in the Netherlands was concentrated amongst the upper classes. However, this support is likely to have been much less than elsewhere, if not in relative numbers then in weight. While royal or aristocratic circles figured prominently among homoeopathy's clientele in Germany, Italy, England, France, Belgium and Russia, this was not the case in the Netherlands. Here, homoeopathy lacked the backing of a leading doctor and the example of upper-class support. Only from the 1850s onwards, did some members of the aristocracy become intent on promoting homoeopathy. As for the Dutch royal family, only King William III is known to have taken on a homoeopathic personal physician, a Professor Everhard.¹⁴ At this stage a tentative conclusion may be offered that, during the 1820s and 1830s, the demand for homoeopathic treatment was relatively modest, and that practitioners could hardly have been expected to switch to homoeopathy for economic motives.

The second phase: homoeopathy for and by lay people in the 1850s and early 1860s

In other countries homoeopathy gained further ground as its supporters organized themselves. Homoeopathic societies were set up in Germany, France, the United States and England in the 1830s and 1840s. The Netherlands lagged behind. The publication of pamphlets and books on homoeopathy came to a standstill for almost twenty years. Only in the 1850s was the silence broken, and then it was mostly homoeopaths, laymen included, who let their voices be heard. The centre of homoeopathy had moved from Groningen to Rotterdam. A Society of Champions of Homoeopathy (*Vereeniging van Voorstanders der Homoeopathie*) was founded in this busy industrial harbour town in the mid-

¹³ Anon., *Anti-homoeopathisch nieskruid bevattende: twee Aschdagpredikatiën van het gezond verstand en homoeopathisch allerlei* (Amsterdam, 1835).

¹⁴ See H. Merckens, *Hahnemann en de homoeopathie* (The Hague, 1887), p. 34.

1850s.¹⁵ The Society exerted itself for the homoeopathic cause by attracting three homoeopathic practitioners to Rotterdam — two Germans in 1857 and a Dutch doctor in 1859 — and by establishing dispensaries where the poor could receive free homoeopathic treatment. There were also active homoeopaths in Utrecht, witnessed by their opposition to the new bills on the practice of medicine and the preparation of medicines in the early 1860s. Additionally, in 1856 the German homoeopathic practitioner C.G. Kallenbach had set up in practice in Utrecht at the urging of 'many highly placed'.¹⁶

Dutch support for homoeopathy had evidently started to grow. However, it is still unclear when, where, in which circles, to what extent and why this happened. There are indications that the early 1850s formed a turning point. An anonymous pamphlet, published in 1857 in Utrecht, tells us that in the previous decade homoeopathy had become more popular in the Netherlands, and now enjoyed the 'liveliest interest' in most provinces.¹⁷ The Society of Champions of Homoeopathy of Rotterdam on the other hand gave a less rosy picture, reporting that homoeopathy was still little practised.¹⁸ Other pamphlets and books of the period are of no help to us in this respect. Of more use are the patient's journals of Hahnemann's favourite disciple Clemens von Bönninghausen (1785-1864), who had been raised in the Netherlands, and who practised at Münster near the eastern border. These journals reveal a remarkable increase in patients from Rotterdam and to a lesser extent from other Dutch towns from 1851 onwards. Prior to this there had been a steady trickle of patients from the Netherlands, at most five a year. Their numbers rose to over twenty in 1851, more than thirty in 1852, to almost eighty in 1853, then dropped back to under thirty in 1854, rose again to forty in 1855, after which a definite fall set in, with seventeen patients in 1856, eight in 1857, and thereafter until Von Bönninghausen's death no more than six patients a year visited Münster from the Netherlands.¹⁹

¹⁵ See on German homoeopathic patient's societies: Eberhard Wolff, "Le rôle du mouvement des non-médecins dans le développement de l'homéopathie en Allemagne," in *Praticiens, patients et militants*, ed. Faure (n. 1), pp. 197-230.

¹⁶ *De homoeopathie in de Nederlanden, en de nieuwe wetontwerpen, regelende de uitoefening der geneeskunst en der arseneibereidkunst* (Utrecht, 1857).

¹⁷ See note 16.

¹⁸ Vereeniging van Voorstanders der Homoeopathie, *De homoeopathische geneeskunst. Populaire schets voor het niet geneeskundig publiek* (Rotterdam, 1858).

¹⁹ See the *Krankenjournalen* von Clemens von Bönninghausen, P1 - P116 (1835-1864), Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. I intend to publish an article on Von Bönninghausen's Dutch patients. See also: Friedrich Kottwitz, *Bönninghausens Leben. Hahnemanns Lieblingsschüler* (Berg am Starnberger See, 1985).

The rise in the number of Von Bönninghausen's patients from the Netherlands may well be connected with an increase in the German population in Rotterdam as well as his growing fame. Von Bönninghausen's Rotterdam clientele included a number of Germans involved in shipping and craftsmen, and they may have spread word of him and homoeopathy amongst their Dutch colleagues, some of whom also became his patients. From 1851 onwards Von Bönninghausen seems also to have practised occasionally in the Netherlands. For this a dispensation was required, which some of his Rotterdam patients tried to obtain through an appeal to the King in 1854. It is not clear whether or not they were successful. The fall off in the number of Von Bönninghausen's Rotterdam patients around 1857 resulted directly from the competition of two German homoeopathic practitioners, A.J. Gruber (1820-1896) and F.W.O. Kallenbach (1829-1917), the son of the Utrecht homoeopathic practitioner, who established themselves in Rotterdam in the same year. These Berlin doctors of medicine became licensed to practise in the Netherlands after they had taken a second medical degree at the University of Utrecht, in 1858 and 1857 respectively. In 1859 they were joined by the Dutch homoeopath and doctor of medicine S.J. van Roijen (1828-1909), who, however, was to give up his Rotterdam practice and move to Groningen just two years later because of a lack of patients in Rotterdam. On arriving in Rotterdam Van Roijen had published a pamphlet in which he explained to his non-homoeopathic colleagues why he had become a homoeopath.²⁰ In 1859 he and his German colleagues had also begun to publish a series on homoeopathy intended for both laymen and practitioners.²¹ In their foreword they exhorted every adherent to homoeopathy to report on the history of his or her conversion to homoeopathy, and this call proved successful, though the series did not survive Van Roijen's departure from Rotterdam, coming to an end in 1861.

All in all during this period some six original Dutch pamphlets and books were published by homoeopaths, most of them intended for a lay audience. As before, the homoeopathic truth was praised as being grounded in common sense and nature. Around this time a new genre also made its entrance, namely the 'homoeopathic family doctor', which contained advice on self-diagnosis and to a certain extent self-healing. In 1853 a Dutch translation of Von Bönninghausen's *Homöopathische Hausarzt* was published, while an original 'homoeopathic family

²⁰ S.J. van Roijen, *Waarom ben ik homoiopaath geworden* (Rotterdam, 1858).

²¹ A.J. Gruber, F.W.O. Kallenbach and S.J. van Roijen, *De homoiopathische geneeswijze. Mededeelingen tot verspreiding van de kennis dezer methode* (Rotterdam, 1859-1861).

doctor' by Van Roijen appeared in 1861.²² Pleas for a free distribution of homoeopathic medicines by homoeopathic practitioners were, however, in vain, for the Medical Act of 1865 would prevent them by law from doing so.

Compared to the first period of publicity, the second period was relatively quiet, at least on the part of homoeopathy's opponents. Only one extremely negative pamphlet was published by an opponent of homoeopathy, where homoeopathy was denounced as a sect and its followers as charlatans.²³ Surprisingly, Van Roijen's rejection of orthodox medicine in favour of homoeopathy does not appear to have raised protests. On the contrary, there was less interest on the part of allopathic practitioners than before. Homoeopathy was no longer new, competition from homoeopaths was still negligible, and scientific medicine was winning ground. In 1849 Dutch practitioners had organized themselves in the Dutch Society for the Advancement of Medicine (*Nederlandsche Maatschappij ter bevordering der Geneeskunst*), since 1857 with their own journal, which kept silent on the subject of homoeopathy until the 1880s. The members saw to it that their professional interests were safeguarded by the Medical Act, which, following many years of discussion, was finally enacted in 1865.

In some ways, the 1850s and early 1860s marked an increase in support for homoeopathy. The demand for homoeopathic treatment was growing, the Champions of Homoeopathy had organized themselves in Rotterdam, and homoeopathic self-medication was stimulated by the genre of the 'homoeopathic family doctor'. The German connection was still prominent and vital. Von Bönninghausen developed into the leading inspiration behind Dutch homoeopathy, and other German homoeopathic practitioners were invited to establish themselves, a process which involved taking a Dutch medical degree.

On the other hand, there was clearly a shortage of Dutch homoeopathic practitioners. Van Roijen may well have been the only one. A physicist by origin, he was converted to homoeopathy in 1855 when his dangerously ill brother was cured by a German homoeopathic practitioner. Van Roijen then took his medical degree at Leiden University, thereafter studying homoeopathy at Leipzig. This was to become the standard route to homoeopathic practice. First one took a medical degree at a Dutch university,²⁴ followed by homoeopathic training in Leipzig or Prague, or, from the 1870s onwards, in Budapest with

²² S.J. van Roijen, *Handboek voor den beschaafden stand en voor gezagvoerders van schepen tot behandeling der meest voorkomende ziekten volgens de homoeopathische geneeswijze* (Rotterdam, 1861).

²³ D. Soeterik, *Iets over de homoöpathie en hare uitoefenaren, voor niet geneeskundigen* (Dordrecht, 1858).

²⁴ Before the Medical Act of 1865 the doctorate of medicine, thereafter the general practitioner (arts) examination.

Professor Theodor von Bakody (1825-1911), the son of the founder of homoeopathy in Hungary, Joseph von Bakody (1795-1845).²⁵ There was no chair of homoeopathy at a Dutch university — nor would there be one until the early 1960s — and the first Dutch homoeopathic hospital was only opened in 1914. While homoeopathic training could not be had in the Netherlands, and scientific medicine was winning ground within the universities, medical students could hardly be expected to make great efforts to become homoeopathic practitioners and implicitly medical outsiders.

The third phase: the breakthrough of homoeopathy in the 1880s and 1890s

After 1861 homoeopathy was little publicized aside from through the production of a few more homoeopathic family doctors in translation. The debate on homoeopathy was reopened in 1880 by a critic, the physician G.J. Teljer (1798-1880), shortly before his death.²⁶ No homoeopath took the trouble to refute his criticism. In 1885 a twin attack on homoeopathy was launched by the professor of pathology at Utrecht, C.A. Pekelharing (1848-1922), and the Monthly Journal of the Anti-Quackery Society, a society founded in 1880, its journal in 1881.²⁷ Both criticized homoeopathy, although neither of them went so far as denouncing it as quackery.²⁸ The Monthly Journal of the Anti-Quackery Society labelled homoeopathy a grave scientific error. Pekelharing shared this conclusion and also offered an explanation for homoeopathy's support amongst laymen. This attraction was, he believed, due to the way in which homoeopathic practitioners initiated their patients in homoeopathic therapy, which gave them the role of assistant and built up their confidence. The reason behind the lack of support for homoeopathy amongst experts should, according to Pekelharing, be sought in the faulty principles of homoeopathy and its worthlessness as a therapy.

Pekelharing and the Monthly Journal of the Anti-Quackery Society were countered by the schoolteacher and advocate of homoeopathy H. Merckens and the doctor of medicine and homoeopathic practitioner N.A.J. Voorhoeve (1855-1922) of The Hague, chairman of the Society for the Advancement of Homoeo-

²⁵ See Melitta Schmideberg, *Geschichte der homöopathischen Bewegung in Ungarn* (Leipzig, 1929).

²⁶ G.J. Teljer, *Experientia docet of ondervinding is de beste leermeesteres* (Utrecht, 1880).

²⁷ See Gerrit van Vegchel, *Medici contra kwakzalvers. De strijd tegen niet-orthodoxe geneeswijzen in Nederland in de 19e en 20e eeuw* (Amsterdam, 1991).

²⁸ C.A. Pekelharing, "Homoeopathie," *Vragen des Tijds* 1, 1885, pp. 145-178; "Homoeopathie," *Maandblad tegen de Kwakzalverij* 5/2, 1885, [pp. 1-2].

pathy in the Netherlands (*Vereeniging tot Bevordering van de Homoeopathie in Nederland*), founded in 1886. Merckens reported that homoeopathy's support in the Netherlands now consisted of thousands of people from all social classes, but that there were still many barriers to homoeopathic practice.²⁹ Voorhoeve emphasized homoeopathy's scientific basis, and pleaded for its recognition.³⁰

These defences of homoeopathy elicited a very negative reaction from H.H. Prins Wielandt (1841-1898), a medical practitioner also based in The Hague. Homoeopathy, he claimed, was a gross scientific error and form of quackery.³¹ The Amsterdam professor of medicine B.J. Stokvis (1834-1902) was more moderate in his criticism, although he too rejected homoeopathy as a scientific error.³² Indeed, he wrote, the homoeopaths of our time have also seen the light of scientific medicine, and they only separate themselves from their 'allopathic' colleagues at the moment when they prescribe medicines at the sickbed. The *similia* principle was, however, untrustworthy and proof of the effectiveness of the endlessly diluted medicines still had to be provided. In fact, Stokvis claimed, the homoeopath adopted a passive attitude, except in his prescription of a diet, and his inspiration of the patient with confidence and belief in his recovery.

Three homoeopathic practitioners, F.W.O. Kallenbach, S.J. van Roijen and, three years later, D.K. Munting (1862-1932) of Amsterdam, felt compelled to react.³³ Kallenbach went so far as to claim that homoeopathy was part of general medicine, and that the new generation of medical practitioners should be acquainted with all forms of therapy. He even admitted that scientific proof of the truth of the *similia* principle was still lacking. Both Van Roijen and Munting were less inclined to such conciliatory gestures. After 1888 the opponents of homoeopathy were silent for some time, while the homoeopaths went on publishing steadily. In 1890 the Society for the Advancement of Homoeopathy launched its monthly journal, the *Homoeopathisch Maandblad*. One year later the editors could state with satisfaction that many people had taken out a subscription to the *Maandblad*, and that public opinion was changing in favour

²⁹ H. Merckens, *Hahnemann en de homoeopathie* (The Hague, 1887).

³⁰ N.A.J. Voorhoeve, *Is de homoeopathie kwakzalverij?* (The Hague, 1887).

³¹ H.H. Prins Wielandt, *De homoeopathie is wetenschappelijke dwaling en kwakzalverij* (The Hague, 1888).

³² B.J. Stokvis, *Voordrachten over homoeopathie*, gehouden aan de Amsterdamsche universiteit (Haarlem, 1888).

³³ F.W.O. Kallenbach, *De aanval afgeslagen. Antwoord op de door H.H. Prins Wielandt en Dr. B.J. Stokvis tegen de homoeopathie gerichte brochures* (The Hague, 1888); [S.J. van Roijen], *Prof. B.J. Stokvis' voordrachten over homoeopathie beoordeeld* (The Hague, 1888); D.K. Munting Jr., *De vertegenwoordiging der homoeopathie in de Medische Faculteit te Budapest, en de "Voordrachten Homoeopathie" van Professor Stokvis* (Zwolle, 1891).

of homoeopathy.

The number of homoeopathic practitioners was now rising. There were four in 1887, one year after the founding of the Society for the Advancement of Homoeopathy. In 1890 there were five, in 1898 ten and in 1900 fourteen. In 1898 this group founded the Society of Homoeopathic Practitioners in the Netherlands (*Vereeniging van Homoeopathische Geneesheeren in Nederland*), and in 1900 started to publish their proceedings (*Handelingen*). Since the Dutch universities did not offer a homoeopathic training — the society had in the meantime started to finance homoeopathic training abroad for young Dutch practitioners, some seven in 1896 — it was thought imperative that a homoeopathic chair be instituted. Both the society and members of parliament campaigned for this in the 1890s, but even the anti-revolutionary member of parliament and founder of the Calvinist Free University, Abraham Kuyper, saw his proposal for a homoeopathic chair rejected in 1896. This was much to the satisfaction of the editors of the Dutch Journal of Medicine (*Nederlandsch Tijdschrift voor Geneeskunde*), the mouthpiece of the Dutch Society for the Advancement of Medicine, who described homoeopathy as dogmatic and unscientific, which solicited letters of protest from both Van Roijen and Kallenbach.³⁴

In late 1896 a fierce conflict broke out between opponents and advocates of homoeopathy. This was centred in Rotterdam, where J.I.A.B. van Roijen (1870-1925), son of S.J. van Roijen, had just established himself as a homoeopathic practitioner with financial help from the recently founded Rotterdam branch of the Society for the Advancement of Homoeopathy. Young Van Roijen's membership of the Dutch Society for the Advancement of Medicine led the Rotterdam branch to propose a motion in which homoeopathy was condemned as an irrational therapy. The motion was accepted by a large majority. Beforehand Van Roijen's expulsion had been discussed, but this proposal had been rejected. Van Roijen hereupon resigned with an open letter.³⁵ The Rotterdam branch was not satisfied, for in 1897 it pressed the general meeting of the Dutch Society for the Advancement of Medicine to refuse membership to homoeopaths. The general meeting, however, opposed such an exclusion. The editors of the *Homoeopathisch Maandblad* were satisfied with this decision. As they wrote, Dutch physicians could hardly have provided a stronger proof of their intolerance had they accepted the Rotterdam proposal.³⁶

In 1899 another, this time mildly critical pamphlet on homoeopathy, was

³⁴ *Nederlandsch Tijdschrift voor Geneeskunde* 32/II, 1896, pp. 949-950; 33/I, 1897, pp. 191-193 and 512-519.

³⁵ J.I.A.B. van Roijen, *Waarom ik bedankt heb voor het Lidmaatschap van de Nederlandsche Maatschappij tot Bevordering der Geneeskunst* (Rotterdam, 1897).

³⁶ "Een verblijdende beslissing," *Homoeopathisch Maandblad* 8, 1897, pp. 153-154.

published, authored by P.H. van Eden (1862-1933), a Leeuwarden practitioner.³⁷ Van Eden reported that homoeopathy and allopathy had undergone changes since the times of Hahnemann and that they now had many points in common. He added that the public made liberal use of homoeopathic therapy, and that there were many laymen with a homoeopathic 'family doctor' and medicine chest, especially among the religiously orthodox. In his reaction Kallenbach wrote that he was pleased with Van Eden's mild tone, but that Van Eden underestimated the opposition which homoeopathy still had to endure.³⁸ After 1900 the flow of homoeopathic publications by no means dried up. Many of them were published by La Rivière and Voorhoeve at Zwolle, since 1890 the homoeopathic publishing house. Only in 1906 did critical books and pamphlets make an appearance, after which homoeopathy's critics again kept silent.

Although the demand for homoeopathic treatment had increased further during the 1880s and 1890s, relatively few practitioners had been converted to homoeopathy. The modest increase in the number of homoeopathic practitioners was partly self-generated — for example by the Van Roijens and the Voorhoeves — and was financially supported by the Society for the Advancement of Homoeopathy. As support for homoeopathy grew and the homoeopaths became organized and let their voices be heard, and, above all, to request scientific and legal recognition, criticism from the 'allopaths' became in turn more severe. A balanced judgment of the arguments of the opposition was seldom to be found on either side. The homoeopathic practitioners believed that they had a monopoly of the truth, and said so frequently. This caused irritation on the part of their non-homoeopathic colleagues, who were often no less convinced of their rightness, supported by scientific truth. Common sense and experience — and for the homoeopaths also the term nature — had become obsolete for both parties as legitimating terms, while the term scientific came to reign supreme. Some attempts were made at conciliation by both groups, but more often homoeopathic practitioners were treated as outsiders, the Rotterdam affair providing the most extreme example of intolerance.

The fact that there were still few homoeopathic practitioners by the 1880s and 1890s could no longer have been influenced by fierce competition. On the contrary, by this time the supply of qualified practitioners had dropped substantially compared to the size of the population,³⁹ while, according to the *Homoeo-*

³⁷ P.H. van Eden, *Homoeopathie en praktijk* (Groningen, 1899).

³⁸ F.W.O. Kallenbach, *De brochure van P.H. van Eden "homoeopathie en praktijk" besproken* (Zwolle, 1899).

³⁹ In 1849 the number of inhabitants per qualified practitioner was 1256, in 1892 this number had risen to 2429. See: J.K. van der Korst, *Om lijf en leven. Gezondheidszorg en geneeskunst in Nederland circa 1200-1960* (Utrecht, 1988), p. 281.

pathisch Maandblad, the demand for homoeopathic practitioners was growing. An explanation should rather be sought in the predominantly scientific orientation of the Dutch medical faculties and the absence of homoeopathic training in the Netherlands. The Medical Act of 1865 became another barrier, not so much to becoming a homoeopathic practitioner but to practising as one, since medicines could no longer be freely distributed. A way out of this problem was to interest pharmacists in selling homoeopathic medicines which had been purchased in Germany. By 1890 this had been organized in a few Dutch cities, the medicines being provided by the Leipzig pharmacist Wilmar Schwabe.

The reasons for homoeopathy's growth in lay support during the last decades of the nineteenth century remain uncertain. There are indications that this support was mainly centred in 'cultured', if not higher circles. Van Eden also pointed to the interest in homoeopathy on the part of religiously orthodox circles. Abraham Kuiper is one example of this. Like Hahnemann he was opposed to vaccination — or rather in Kuiper's case compulsory vaccination — although their arguments were very different. Probably both homoeopathic therapy and the way homoeopathic practitioners dealt with their patients influenced those attracted to homoeopathy. Even if the *similia* principle and the rest of Hahnemann's system was not always fully understood, homoeopathy still must have been viewed as a welcome alternative to orthodox medicine, not least because of its limited use of medicines. Homoeopathy by this time was not unique in this — naturopathy, for example, also gained ground during this period. The question of what made homoeopathy attractive to its supporters could therefore be extended to pose the question as to what 'alternative' movements had in common and why they became popular at this time. For some, like the religiously orthodox, this popularity might well have been connected with their aversion to 'intellectualism' and their idea of a God-given and as such respected nature. More generally the popularity of these 'alternative' movements may be interpreted in terms of resistance towards the authority of orthodox medicine, of a romantic counter-movement.

What also made homoeopathy attractive to many patients was the homoeopathic practitioner's manner: he treated his patients as responsible people and encouraged them to practise self-medication. And many supporters of homoeopathy showed initiative, founding the local homoeopathic society in Rotterdam in the 1850s, and some thirty years later the Society for the Advancement of Homoeopathy, this involving close cooperation with leading homoeopathic practitioners, N.A.J. Voorhoeve, S.J. van Roijen and F.W.O. Kallenbach, the fathers of Dutch homoeopathy. It was largely thanks to the efforts of laymen that these societies could function and that homoeopathy could gain further ground.

Towards an explanation of homoeopathy's varying popularity

The early popularity of homoeopathy has been ascribed to the poor state of orthodox medicine and dislike of 'heroic therapy' (bloodletting, purging, and strong doses of medicine) on the part of upper- and middle-class patients.⁴⁰ Especially if royalty were attracted to it, homoeopathy could become respectable and fashionable. It has also been suggested that a tradition of self-help could result in a warm welcome for homoeopathy.⁴¹ To the list of requirements, we could add the need for active, influential and charismatic homoeopathic practitioners, indispensable for the successful introduction and promotion of Hahnemann's therapy. Additionally, during the early 1830s Hahnemann's therapy for cholera — a dilution of camphor — might well have been instrumental in building up support. After its first introduction, homoeopathy's fate to a large extent depended on local, regional and national institutionalization: the establishment of homoeopathic societies with medical and/or lay members, journals and other publications, publishers, training opportunities, pharmacies and hospitals.

However, homoeopathy's early popularity cannot be explained purely in terms of what influenced its followers and how they responded. Circumstances for homoeopathy's reception varied from country to country and over time. Legislation defined the margins of homoeopathic practice, the distribution of homoeopathic medicines and homoeopathic training, while the homoeopaths also had to reckon with differing degrees of opposition on the part of orthodox practitioners. The saturation of the medical market with medical services could form another barrier to homoeopathy's acceptance.

Various explanations for homoeopathy's falling popularity — in Germany after 1850, in England and France after 1870, and in the United States towards the end of the nineteenth century — have been offered. They are based mainly on two elements. Firstly the internal homoeopathic conflicts between 'pure' and more liberal homoeopaths, and secondly developments which moved orthodox medicine away from 'heroic' medicine, thus lessening the differences between orthodox and homoeopathic therapies. The combination of these elements, it has

⁴⁰ See for example: Coulter (n. 1), *Divided Legacy*, p. 101; Faure (n.1), *Le débat autour de l'homéopathie en France*, pp. 23-26; Nicholls (n. 1), *Homoeopathy and the Medical Profession*, pp. 80-99; Rothstein (n. 1), *American Physicians*, pp. 158-159; Renate Wittern, "Le développement de l'homéopathie en Allemagne au XIXe siècle," in *Praticiens, patients et militants de l'homéopathie*, Faure ed. (n. 1), pp. 33-58, esp. p. 38.

⁴¹ For example Schmideberg (n. 25), *Geschichte der homöopathischen Bewegung in Ungarn*, p. X; see also: Ursula Miley and John V. Pickstone, "Medical Botany Around 1850: American Medicine in Industrial Britain," in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (Houndmills/London, 1988), pp. 139-154, esp. p. 148.

been argued, worked against homoeopathy.⁴²

From a comparative point of view, the Netherlands presents an interesting, and, to a certain degree, atypical case. Although 'heroic' medicine might be considered as a constant at the time of the introduction of homoeopathy in various countries, few Dutch patients and practitioners came to support Hahnemann's therapy. There is no evidence that the Dutch aversion towards 'heroic' medicine was significantly smaller than elsewhere — although this should be further investigated — which indicates that discontent with 'heroic' medicine did not automatically lead to a warm reception for homoeopathy. Given this discontent and thus a potential reservoir of clients, the introduction homoeopathy, it could be argued, stood or fell with the presence or absence of a Quin or a Des Guidi. Schönberg failed to become such an outstanding figure in the Netherlands. If this had been otherwise, and Schönfeld had been able to convert colleagues and to recruit a high-status clientele, then the course of homoeopathy in the Netherlands could have been different. We are not well enough informed about traditions of self-medication to assess whether they in any way paved the way for homoeopathy. Only from the 1850s onwards are there indications that homoeopathy's acceptance may have been connected with habits of self-medication, for example, amongst those working in shipping and members of orthodox religious circles. The relations between patients and practitioners need further investigation, especially the manner in which both homoeopathic and allopathic practitioners dealt with their patients. Was there as much difference between the homoeopathic and the non-homoeopathic way as has been suggested? And were homoeopathic medicines cheaper, and how important was this to middle-class patients?

Despite variations in the imposition of medical legislation in most countries, the Netherlands included, qualified practitioners were free to choose the therapy they thought most appropriate. Homoeopathic practice, as all medical practice, was only prohibited to unqualified healers. The United States was by far the most liberal nation with respect to control, which partly explains the large number and variety of homoeopathic practitioners established there, at least in some states. Legislation could also effect the production and distribution of medicines, and medical training, though what this meant for homoeopathy in different countries remains to be analyzed. The Dutch situation was at first not unfavourable to homoeopathy, but in 1865 the Medical Act prohibited the free distribution of medicines. Later Parliament rejected the proposal for the institution of a homoeopathic chair; nor would other forms of homoeopathic

⁴² See for example: Nicholls (n. 1), *Homoeopathy and the Medical Profession*, pp. 165-192; Maurice Garden, "L'histoire de l'homéopathie en France - 1830-1940," in *Praticiens, patients et militants de l'homéopathie*, ed. Faure (n. 1), pp. 59-82, esp. pp. 74-77.

training become available. While early medical opposition was mild, this stepped up in the 1880s and 1890s at a time when Dutch homoeopaths organized themselves at last at a national level. Homoeopathy's lack of support in the Netherlands before 1865 could then hardly have been due to legal barriers or to fierce medical opposition. It may rather have been the other way round: because homoeopathy never acquired a distinct character, it failed to become popular.

The 1850s brought a rise in homoeopathy's popularity, but only among patients who consulted German homoeopathic practitioners, even inviting them to establish themselves in the Netherlands. The German homoeopathic patient's societies may well have inspired the Rotterdam Champions to follow their example.⁴³ However, it was only in 1886 that a national homoeopathic society was founded and that the number of homoeopathic practitioners started growing, albeit slowly. The Society for the Advancement of Homoeopathy in the Netherlands was active on many fronts, raising funds for homoeopathic training abroad, for a homoeopathic hospital, and, at a local level, for a homoeopathic practitioner's salary, persuading pharmacists to sell homoeopathic medicines, and publicizing homoeopathy. They failed, however, to have a homoeopathic chair instituted, something opposed by both parliament and the medical faculties.

In the end, the weakness of Dutch homoeopathy might well have been that it never stood apart as a clear alternative. It was permeated by a spirit of compromise, of fitting in, rather than conflict with orthodox medicine. This might help explain the weak response both on the part of those who practised it, and those it sought to reach as patients. It never became completely distinct from orthodox medicine — and even sought inroads into the universities and therapies of the 'allopaths'. Dutch homoeopathy was neither 'radical', a real alternative, which incorporated self-help and a spirit of opposition to the old order of medicine; nor did it ever become fashionable and thus appeal to the wealthy. There were no uniting conflicts, no banner to stand behind. Dutch homoeopathy was weakly opposed and weakly supported.

⁴³ See Wolff (n. 15), "Le rôle du mouvement des non-médecins".

Summary

The history of the introduction of homoeopathy into the Netherlands in the nineteenth century is still virtually undisclosed. Homoeopathy's popularity remained relatively modest in this country. The reconstruction of the debate between converts and critics of homoeopathy partly shows why this was the case. Some lines are suggested which an explanation of homoeopathy's varying popularity might follow.

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