

**THE EMPORIA STATE**



**RESEARCH**



**STUDIES**



THE GRADUATE PUBLICATION OF THE EMPORIA STATE UNIVERSITY

**Medicine in Kansas,  
1850-1900**

by

**Larry Jochims**

# *The Emporia State Research Studies*

EMPORIA STATE UNIVERSITY  
EMPORIA, KANSAS

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*V. J.*

**Larry Jochims**

Vol. XXVIII

Fall, 1979

Number 2

THE EMPORIA STATE RESEARCH STUDIES is published quarterly by The School of Graduate and Professional Studies of the Emporia State University, 1200 Commercial St., Emporia, Kansas, 66801. Entered as second-class matter September 16, 1952, at the post office at Emporia, Kansas, under the act of August 24, 1912. Postage paid at Emporia, Kansas.

"Statement required by the Act of October, 1962; Section 4369, Title 39, United States Code, showing Ownership, Management and Circulation." **The Emporia State Research Studies** is published quarterly. Editorial Office and Publication Office at 1200 Commercial Street, Emporia, Kansas. (66801). **The Research Studies** is edited and published by the Emporia State University, Emporia, Kansas.

A complete list of all publications of the *The Emporia State Research Studies* is published in the fourth number of each volume.

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409691

DATA PROCESSING

APR 28 '90

SEP 17 1992

# Medicine in Kansas, 1850-1900

by

Larry Jochims\*

## Introduction

Many problems and sufferings of Kansas pioneers were directly related to conditions of physical health. Physicians were up against many diseases about which they still had little real information. Scientific medicine was in its infancy. Ignorance of the populace about rudimentary theories of hygiene and reluctance to believe in such things as "Germs" often hindered the physicians' treatment.

Generally, little progress occurred until the nineteenth century when examples of advances included the invention of the stethoscope by Laennec in 1819; the isolation of quinine from cinchona by French chemists in 1822; the flowering of bacteriology and antiseptics by Louis Pasteur and Sir Joseph Lister; the discovery of the tubercle bacillus by Koch, and the clinical thermometer. Interestingly, the growth of this scientific revolution also caused problems for the nineteenth-century physician.

The age-old teachings of Galen were the most widely believed. His humoral theory postulated that sickness was the result of an imbalance of the four basic humors and that the aim of medical treatment was the restoration of proper balance. With the turn of the nineteenth century, another Greek concept was revived, namely that illness was primarily a general state of the nervous and vascular systems (solidism), and that therapy should be devoted to either quieting tensions in these parts or to stimulating them when they exhibited lack of tone. Benjamin Rush, in particular, carried this theory to extremes. As Richard Shryock states in his *Medicine in America*, "Rush's popularity as a writer and teacher spread the blight of heroic practice across the United States for half a century."

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\*This study originated as a Master of Arts thesis in history at Emporia State University under the direction of the editor. The author is Research Historian, Kansas State Historical Society, Topeka. The author wishes to especially acknowledge with appreciation the assistance of the Kansas State Historical Society Library and Manuscripts Departments; the William Allen White Library, Emporia State University; Dr. Charles Hopper and the Flint Hills Medical Association for their work in locating and making available the records of the Lyon County Medical Society; the Newman Memorial Hospital Medical Records Department, Emporia, Kansas.

Whichever philosophy you adopted, the cures were the same, namely the multi-pronged attack of emetics, cathartics, blood-letting, blistering, and laudable pus. Certainly the cure often did kill.

The scientific revolution raised serious doubts about the use of the mercurials and tartar emetic. Research continued to the extent that it became an end in itself. Medicine seemed to spend its time on identification of diseases rather than their cures. The old medicine was destroyed, but nothing seemed ready to replace it. A spirit of medical nihilism prevailed in many medical centers. People did not want speculative theories, they wanted results.

Medical practice in Kansas offered results. Scientific medicine, old therapeutics, and new therapeutics were combined. The doctors of the Lyon County Medical Association admitted in a discussion on June 3, 1890, that there were no new medicines and that the old ones still had value. At the same time they were adopting antiseptic technology and discussing its many forms. A synthesis was in process. Medical therapeutics to them was not a question of nihilism. The frontier experience would not allow it.

The great profusion of medical sects occurred from 1850 to 1890, such as those practicing regular therapeutics (called allopaths by their critics), eclectics, homoeopaths,\*\* and botanico-medicals. Their growth was largely the result of the revulsion on the part of many physicians toward the use of heroic therapeutics by the aforementioned "regular physicians." Homoeopathy was founded in 1790 by Dr. C.S.F. Hahnemann. It was based on the theory that certain diseases could be cured by giving small doses of drugs which in a healthy person and in very large doses would produce symptoms similar to those of the disease. The eclectic school of medicine was founded in the 1820's by Dr. Wooster Beach. Also critical of the prevalent heroic therapy, Beach turned his attention to Thomsonians, Indian doctors, herb doctors, and others for ideas in medical practice. Because of this acceptance of ideas from all these sources, his practice was called eclectic. Many of the sectarians had medical degrees from regular medical schools in the early years. As the sects grew, so did their own medical colleges. Most practitioners were not quacks, but simply physicians following a different set of therapeutics. In an age when little of medicine was "scientific," they often experienced better results than the regular school. This study will look at the differing philosophies, the growth of the sects, and

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\*\*This spelling, the usual one in the nineteenth century, is used in the text of this essay.

their relationships with fellow practitioners.

### I. REGULAR THERAPEUTICS

Medicine on the Kansas frontier of 1850 was a continuation of the standard therapeutics of the early nineteenth century. Physicians continued to cling to the belief that the best therapy produced the most rapid and drastic symptomatic changes in the patient. It was no wonder that when a pioneer became sick he treated himself until he got scared enough to call a doctor.

Medical theorists had developed disease classifications called nosologies. These diseases were categorized into families. Each family had symptomatic similarity. The reasoning at that time was that the same therapeutic agents would be useful for every disease in that family. The pathological state of the organism was determined symptomologically. The symptoms became the disease. By treating them, one cured the patient. Anything that affected or produced major changes in the patient's symptoms was considered to be acting on the disease and was useful therapy. Short-run symptomatic changes were considered more important than long-run effects. Medical doses were strong, but that is what many of the patients wanted. They wanted something they could feel and experience. Everyone knew that a medicine to be good, had to taste bad. To be sure, the physicians gave them what they wanted.<sup>1</sup>

One such treatment bringing major changes in any pathological state was blood-letting. Fever was one of the most readily observable symptoms, and whenever it rose, the physician tried to lower it. In the later years of the century, aconite, veratrum viride, quinine, antipyrine, or antifebrin might be used as fever-reducing chemicals. In 1850, however, the favorite technique was venesection or bleeding. In order to accomplish the feat, one need only a sharp instrument, a bowl, and a needy subject. Many devices were developed to inflict the necessary wound, but the majority of Kansas physicians used the simple lancet or scarificator, which was in reality a many-bladed lancet. Some physicians were partial to the technique of cupping, whereby many perforations were made in the skin and a heated bleeding cup applied to cover them. As the cup cooled, a vacuum was formed and the blood extracted. Leeches could also

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<sup>1</sup>William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: The John Hopkins University Press, 1972), pp. 42-44. (It is the author's opinion that this is the best reference on nineteenth-century American physicians.)

be applied directly to the skin to remove the necessary blood.

The amount of blood removed depended on the school of thought adhered to by the physician. By far the dominant philosophy was that of bleeding to syncope or unconsciousness, in order to achieve the necessary effect on the heart. Other physicians knowing that this was often a very depleting action, and that many patients would faint at the sight of a lancet, favored the removal of small measured doses of blood. Whatever the amount removed, blood-letting became a panacea for all ills. One simply took it for granted that when the physician came in, the blood would come out. Although the massive amounts of blood removed in some cases undoubtedly caused deaths, the main drawback to the practice was the shock that it caused to an already weakened life force.

Many authors have claimed that blood-letting was a vestigial practice by the 1870's, but one finds Kansas medical journals reporting results of the technique to a much later date. Dr. H. O. Hanawalt was treating a woman in childbirth who became "plethoric." He determined to let blood and after two or three trials succeeded in getting six to eight ounces. Six days later, she died of what was diagnosed as hemiplegia. Not even blisters, potassium bromide, belladonna or cannabis indica were able to save her.<sup>2</sup> The *Kansas and Missouri Valley Medical Index* was able to report, on a more positive note, that venesection had brought a woman out of a coma during menstruation.<sup>3</sup> In 1896, the Lyon County Medical Society in discussing the problems attendant with the treatment of pneumonia declared it the disease that proved the value of bleeding. A self-limiting disease, there was little that could be done. Pneumonia would remain high on the list of bleedable diseases till well into the twentieth century.<sup>4</sup>

In a further effort to "shake" the system, physicians adopted the use of emetics and cathartics. The emetic would induce violent and immediate vomiting. The cathartic, by far the most important of the two, was an equally violent laxative. Calomel, favorite cathartic of physicians, was actually a chloride of mercury and therapeutically useless. In the intestines it breaks down into various poisonous constituents and causes violent purging. Continued use of

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<sup>2</sup>H. O. Hanawalt, "A Case of Frequent Abortions, and Finally Fatal Hemiplegia," *Kansas Medical Index* 1 (January 1880): 3-4.

<sup>3</sup>"Coma During Menstruation Relieved by Venesection," *Kansas and Missouri Valley Medical Index* 4 (January 1883): 31-32.

<sup>4</sup>Lyon County Medical Society Papers, "Record Book," Vol. 3, p. 98, Newman Memorial Hospital Medical Library, Emporia Kansas.



large doses induces salivation. Indeed, many prescriptions read, "dose until salivation." If used beyond this point, and it often was, the gums, tongue, and salivary glands became extremely sore. The disease could progress to the point that a patient would lose teeth, cheeks, bones and his life.

An eclectic physician remembered his observation of a calomel-cured patient. He noted the sponginess and inflammation of the gums, their recession, and destruction of the alveolar process, especially of the lower incisors. The patient's "teeth were loose and rattled like dice in a box."<sup>5</sup> A "druggist from Independence recalled a boy who had lost the flesh of both cheeks and a lady who had lost the greater part of both lips."<sup>6</sup>

The effect of the drug was also cumulative, which meant that even a small dose given over an extended period of time could have damaging effects. Eight grains was considered a conservative dose, physicians frequently prescribing much larger amounts, especially in severe cases when they did not know what else to do. *Gunn's Domestic Medicine*, a popular home remedy book, advised that the maximum dose for an adult was sixty grains and a child under one, five grains.<sup>7</sup> Even this was exceeded by some physicians. One in particular claimed to have prescribed enough calomel to load a steamboat and let enough blood to float one. For him, twenty to one hundred grain doses were normal. One of his patients received a pound a day.<sup>8</sup> It is surprising to note that even though physicians were cognizant of the medicine's reaction, they continued to use it in large doses.

As late as 1890, the Lyon County Medical Society considered calomel one of the "valuable old remedies," and lamented its decline as an active medical agent. Dr. G. A. Biddle did not feel equipped for business without it in his pocket case and used it more or less every day. Dr. Longenecker saved a woman in puerperal convulsions with a dose of one teaspoon calomel and one teaspoon castor oil. Dr. Page admitted that in starting his practice he had an undue fear of calomel. He changed his mind when it cured his severe case of malaria after quinine and antipyriodics had failed. Now he never gave a dose that he regretted. Even Dr. Foncannon advised a

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<sup>5</sup>Charles Williamson, "The Days of Danger," *Topeka Daily Commonwealth*, February 9, 1884, p.4.

<sup>6</sup>Thomas N. Bonner, *The Kansas Doctor: A Century of Pioneering* (Lawrence: University Press of Kansas, 1959), p. 21.

<sup>7</sup>John C. Gunn, *Gunn's Domestic Medicine or Poor Man's Friend*, 14th ed. (Louisville: Pool and Wilson, 1840), p. 765.

<sup>8</sup>"Frontier Medicine," *MD Medical News Magazine* 3 (January 1959): 91.

twenty-grain dose in cases of delirium tremens. For most it was considered a specific in typhoid fever and given "pretty freely."<sup>9</sup>

There was dissension in the ranks of nineteenth-century regulars as to the advocacy of prescribing calomel. As early as 1868, Dr. Burge proposed a resolution to the Atchison County Medical Association, "That any disease which can be cured by mercurials, can be cured by other and safer remedies." Action was postponed on the proposal, and we find no information as to its final outcome.<sup>10</sup> Again in 1872, Dr. Burge, in a report of the committee on mercurial preparations, restated his 1868 position, and advised that although at one time blood-letting and purging were the best available treatments, it was now a time past. No matter what disease was being treated, he found more patients recovering who had not been bled or dosed with mercurials than those who had.<sup>11</sup> The *Kansas Medical Catalogue*, discussing the rise and fall of calomel in 1890, still found it the best germicide available. In cases such as tuberculosis, even if it were caused by a "bacilla," hope rested in local treatment, especially calomel by insufflation.<sup>12</sup> The frequent use of cathartics would continue well into the twentieth century. The only difference was the substitution of castor oil for calomel.

The other field of attack was the use of an emetic, the most popular being tartar emetic. Tartar emetic, actually tartarate of antimony, produced vomiting when used in small doses. In large doses it was an antiphlogistic by lowering the frequency of the heart-beat. Also popular were saltpeter (nitre), jalap, and ipecachuana. The danger with jalap is indicated by the prevailing practice of mixing it with calomel to make it more palatable. *Gunn's Domestic Medicine* advised a forty grain dose was the maximum for an adult, while five grains sufficed for a child under the age of one.<sup>13</sup> An emetic had the advantage of making the patient so sick that he forgot his original ills. Dr. Goodell prescribed it in cases of hysteria in women, along with pressure in the neighborhood of both ovaries and a lump of ice "down the nape of the neck." Goodell found "that a woman well under the influence of an emetic has not the opportunity to do anything else than to be thoroughly nauseated." It certainly did

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<sup>9</sup>Lyon County Medical Society Papers, Volume 2, pp. 9-15, 87.

<sup>10</sup>William J. Burge, "Proceedings of the Atchison County Medical Association," *Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences* 1 (January 1868): 349.

<sup>11</sup>William J. Burge, "Report of the Committee on Mercurial Preparations," *Leavenworth Medical Herald and Journal of Pharmacy* 5 (May 1872): 555-59.

<sup>12</sup>"Mercury," *Kansas Medical Catalogue* 1 (September 1890): 195-96.

<sup>13</sup>Gunn, *Gunn's Domestic Medicine*, p. 765.

make a powerful impression upon the whole nervous system.<sup>14</sup>

If any of these managed to fail, the patient was always subject to a dose of dovers powder. The flavoring ingredients varied from licorice to camphor, but the main constituents were opium, ipecac, and saltpeter. It was often given in doses as large as seventy grains. The best that could be said of the concoction, which profoundly affected the body, was that the ipecac brought up the opium.<sup>15</sup>

The theory of counter irritation was widely accepted during the nineteenth century. Although physicians did not understand the many processes comprising the various diseases, of one thing they could be sure: namely, that if a wound was inflicted on the skin, either by cautery or chemical means, the destroyed skin would separate from the living and a healing process would ensue. Even though a reparative process failed in the first disease, it would not in the second, and it would continue till both conditions were cured. A better term than counter irritation might be diversion. The former condition or disease was diverted to the reparative process of the second. This was substituting a disease that could be cured for one which could not.<sup>16</sup>

This counter irritation usually took the form of a blister. Various chemicals and mechanical means were employed in order to raise the necessary blister. Most of the chemical preparations consisted of either croton oil, a powerful purgative and skin irritant, or cantharides, powdered bodies of a beetle known as Spanish fly and a powerful skin irritant. Either could be directly applied to the skin till the desired result was achieved, or a re-usable blistering plaster could be manufactured out of a piece of paper. One could also apply heat directly to a portion of skin with a "smoothing iron" to raise a blister, or insert a thread under the skin which would irritate and fester to produce the desired suppuration.<sup>17</sup> Blistering, in becoming a panacea, was used to treat such diverse problems as sprained ankles,<sup>18</sup> dysentery,<sup>19</sup> and ozeona.<sup>20</sup> Some patients were blistered

<sup>14</sup>Woman's Kansas Day Club, "Pioneer Medicine in Kansas," n.p., 1956, (Typewritten) located at Kansas State Historical Society.

<sup>15</sup>James J. Purcell, "Medical Formulas," Howard M. Sale Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

<sup>16</sup>J. G. French, "On the Philosophy of Counter Irritation as Applied in Practice," *Leavenworth Medical Herald* 3 (August 1869): 126.

<sup>17</sup>John C. Gunn, *Gunn's New Domestic Physician or Home Book of Health* (Cincinnati: Moore Wiltstach, Keys and Company, 1862), pp. 369-70.

<sup>18</sup>William R. Fisher, "A Sprained Ankle Treated by Manipulations, With Comments," *Leavenworth Medical Herald* 7 (February 1874): 99.

<sup>19</sup>"Proceedings of the Leavenworth Medical-Chirurgical Society," *Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences* 1 (August 1867): 109.

<sup>20</sup>J. B. Britton, "A Case of Ozeona of Long Standing-Destruction of the Tissue-Desposition of Larvae or Ova of the Screw Worm-300 Discharged from the Nasal and Buccal Cavaties-Death," *Kansas and Missouri Valley Medical Index* 4 (March 1883): 74.

over thirty times and one can but imagine the resulting pain, along with the attendant possibilities for further infection.

The most frequently used drugs during the period were the various antipyretics. Among the first developed were aconite and veratrum viride. Both were vegetable compounds which reduced fevers by affecting heart action and were extremely powerful poisons. So popular was veratrum viride for its antipyretic qualities that it became known as the "vegetable lancet." Dr. Wright of the Lyon County Medical Society liked the procedure of blood-letting in puerperal peritonitis, but once found it to cause a case of phlebitis. His new procedure, in place of blood-letting, was the use of Norwood's Veratrum Viride. Many physicians readily agreed. In the 1880's research into coal tar derivatives led to the development of various synthetic antipyretics, the first of which was antipyrine. It rapidly became one of the most popular because it also contained analgesic properties. Just as rapidly, it was found to have negative side effects such as profuse perspiration, nausea, and irregular heart action, even after average doses.<sup>21</sup> Wise physicians, such as Emporia's Longenecker, abandoned its use altogether.<sup>22</sup> Antipyrine's successor, acetanilid is most commonly seen as antifebrin in period prescription books. Seemingly an excellent preparation it too had serious cardiac and toxic effects when used to excess. If one were to choose the most popular nineteenth-century antipyretic, quinine would have to be the choice.

Quinine was isolated from cinchona in 1820, and rapidly became one of the most widely prescribed drugs in the nineteenth century. Because its action reduced fevers by depressing heart action, it was considered a specific in all fevers. Its tonic action caused it to become a panacea for all other ills. By 1888, the United States was using forty percent of the world's total consumption. Quinine in moderate doses weakens the heart and pulse while causing gastrointestinal problems, nervousness and giddiness. Pushed to its extreme, it produces ringing in the ears, deafness, and possible blindness. These symptoms were even given their own name, cinchonism. Many prescriptions included directions to "give till cinchonism." It seemed to be as good a stopping point as fainting was included in blood-letting.<sup>23</sup> Patients accepted it as a fact of life.

Quinine had become so important that many diseases were

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<sup>21</sup>Rothstein, *American Physicians*, pp. 187-90.

<sup>22</sup>Lyon County Medical Society Papers, Volume 2, p. 12.

<sup>23</sup>Rothstein, *American Physicians*, p. 188.

classed as malarial simply because the drug seemed to cure them. It was in a tonic tooth powder in 1871,<sup>24</sup> as a specific for hay fever,<sup>25</sup> as an oxytocin during labor, and to interrupt the paroxysms and reduce the fever of erysipelas.<sup>26</sup>

Quinine had other negative aspects. It was expensive and not always readily available. Substitutes were constantly sought, although most were of little efficacy. Hypo sulphite and sulphite of soda were suggested as substitutes although neither caught on. Dr. William Turner used them in Leavenworth with success, and had seen them used in approximately 150 cases of remittents and intermittents in Illinois with a higher cure rate than quinine. The sulphites, it was claimed, were slower acting, but once relief was obtained, there was less recurrence. They at least had the quality of being much less expensive than quinine.<sup>27</sup>

Pain relief, always one of the physician's major concerns, increased in importance in an age when often little could be done to reach the source of the particular disease. In the latter half of the nineteenth century, the major analgesic or pain reducing drugs were opium and its alkaloid morphine. In 1888, Virgil Eaton surveyed over 10,000 prescriptions from numerous pharmacies. He found that fourteen percent contained some type of opium preparation. So successful a pain reliever, a new disease was developed for it to cure, namely neuralgia. Neuralgia came to mean a pain with no known origin.<sup>28</sup>

Opiates became the most addicting drugs then known to medical science. The drug problem was not totally due to misuse by physicians. This was an age of little or no regulation of the use of narcotic drugs. *Gunn's Domestic Medicine* advised its lay readers that the maximum dose of opium should be considered three grains and a laudanum twenty drops.<sup>29</sup> Patients were even able to purchase their own hypodermic syringes for self-dosing. Adolf Lange, a pharmacist in Leavenworth, compiled a scrapbook of the notes and letters he received during his years in business. In it we can read of numerous customers requesting opiates. Some were quite short such as, "Sir: Give bearer 50¢ worth Morphine Hypo-Sulphate plain

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<sup>24</sup> "Gleanings." *Kansas Medical Journal and Journal of Pharmacy* 5 (December 1871): 325.

<sup>25</sup> Woman's Kansas Day Club, "Pioneer Medicine."

<sup>26</sup> Lyon County Medical Society Papers, Volume 2, pp. 21, 41.

<sup>27</sup> Will E. Turner, "Hypo-Sulphite and Sulphite of Soda in Malarial Fevers," *Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences* 1 (November 1867): 244.

<sup>28</sup> Rothstein, *American Physicians*, p. 191.

<sup>29</sup> Gunn, *Gunn's Domestic Medicine*, p. 765.

tablets."<sup>30</sup> Others displayed a more thorough knowledge of the drug culture, such as the following from a resident of the soldiers home:

Soldiers Home            Oct. 9th 1894

Mr. Lange Sir

Please send me this 4 ounces bottle of the Medsone and thare will be 40 cents Left. Plea's sent me Morpheane for the 40 cents.

I have al a wase got 1 o the [ounce] bottle fore 40 cents. I don't want to Jueyoudown But i hav all redy got arite smart of Medsone and hant hardly began yet. Doe the best you can for me.

Yours truly

J. A. Oliver

Co. A Ward 4th<sup>31</sup>

One is left to speculate on Mr. Oliver's need for the drug. Morphine addiction became such a problem in the army during and after the Civil War, that it became known as the "soldiers disease."

Various other analgesics were developed during the period. Experimentation with cocaine was so great that some authors have attributed the rapid advancement of the nose and throat specialty to it. With the introduction of chloral hydrate and sulphonal, physicians felt secure in the fact that they could ease most of the pain they would confront.<sup>32</sup>

The third major category of late nineteenth-century drugs was the whole area of tonics. The job of a tonic was to increase the strength of the heart and respiration as well as improve digestion, appetite, and even skin color. Arsenic, popular during the pre-Civil War period, was replaced by quinine and strychnine. For the ordinary citizen, and for many physicians, the most readily available and controversial tonic was alcohol. Alcohol, considered a local stimulant to the mucous membranes of the stomach, aided in the digestion of food and hence sustained and strengthened the vital energies. Considered a direct stimulant to the heart, Dr. F. F. Dickman reported that it also prevented waste "by directly checking tissue metamorphosis or by supplying the element carbon necessary to sustain the increased combustion and the high range of animal heat present in the body in the stage of fever."<sup>33</sup> Alcohol was con-

<sup>30</sup>Mrs. J. B. Wade to Adolf Lange, August 4, 1906, Adolf Lange Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

<sup>31</sup>J. A. Oliver to Adolph Lange, October 9, 1894, Adolph Lange Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

<sup>32</sup>Rothstein, *American Physicians*, p. 194.

<sup>33</sup>F. F. Dickman, "Alcohol as a Medicine." *Kansas Medical Index* 1 (March 1880): 78-79.

sidered a major part of the therapeutics in a wide variety of diseases and problems. Typhoid fever, pneumonia, and snake bites were at the top of the list. Even with the advent of bacteriological studies, alcohol's popularity declined little. It was found to act as a general germicide when placed in contact with bacteria. From this it was reasoned that it would also kill bacteria if administered internally. Many patients found the internal application one of the "best medicines" that they had ever taken.

As with the action of narcotic drugs, the problem of alcoholism and the physician's role in it became a controversial issue. In Kansas, where the prohibition movement had strong support, the use of alcohol for whatever purpose was subject to extreme scrutiny. In an 1893 meeting of the Lyon County Medical Society, members were divided into two debating teams with the topic being "Inebriety is a Disease and Not a Vice." Judges decided the question in the negative.<sup>34</sup>

Medical knowledge and educational standards of the nineteenth century obviously failed to approach those of the twentieth. The old beliefs and standard remedies accepted as specifics for centuries could not be discarded in the matter of a few years. It is very easy to find fault with nineteenth-century therapeutics and practices, many of which certainly shortened the lives of recipients or literally killed them. It is difficult for a germ and pollution conscious society of today to accept the fact that an earlier conscientious physician would probe the gangrenous wound of one patient and use the same instruments in a fresh wound of another without even washing them. What parent of today would allow a desperately ill child to be blistered and bled into unconsciousness in the name of strengthening the body's vital forces? We must, however, try and understand that the majority of physicians in Kansas were well educated by nineteenth-century standards. They were often the only "educated person for miles, and were called upon to undertake a plethora of public jobs often without remuneration. They were conscientious professionals who would risk, and often lose, their lives in the treatment of their patients. One need only review the cashbooks of one of these physicians to discern that medicine was not a quick way to wealth. When a member of the family was ill, promises of remuneration were sincere. Once health intervened, the promises were quickly forgotten. Many were forced to hold two jobs in order

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<sup>34</sup>Lyon County Medical Society Papers, Volume 3, p. 68.

to survive. Often called only as a last resort, the physician could do little to assuage the onslaught of the disease.

The theories of bacteriology were difficult to comprehend for a person who depended on his natural senses for his livelihood. These germs or bacteria were invisible, and to admit to their presence would be asking the physician to fight something that he could not even see. He had enough trouble fighting things that he could see. As late as 1884, the Lyon County Medical Society was not able to arrange the purchase of a microscope. Emporia's Dr. Wright, in discussing his microscope investigation of a prune, in 1892, stated that he had seen "fat thousand legged bugs retreating from view," and had removed the fruit from his diet. He did not want to "monkey" with these microscopic investigations too much or "life would become a burden."

Many physicians were sensitive men, painfully aware of their inadequacies, and ready to accept any well proven new advancement. The late nineteenth century was a period of rapid advancement in medical science. New theories were coming forward in rapid succession. Many, however, were later found incorrect, leaving those physicians who had adopted them cynical of further advances. A prime example was the discovery of Koch's Lymph as a cure for tuberculosis. Eagerly adopted by much of the profession, it was found later to be quite useless. The fear of being fooled again kept many from adopting the use of diptheria antitoxin after its introduction. We often find that it was the parent of a deathly ill child who forced the hesitant physician to use it.

On the other side of the coin, physicians often found it impossible to educate the public on the most rudimentary theories of hygiene and medical science. Shallow wells were located irrespective of cattle lot run-off or privy vault infiltration. Violent opposition arose to attempts by physicians to vaccinate children against smallpox. Slaughter houses would literally prepare anything, irrespective of the condition of the meat. Once overcoming his own superstitions, the physician found it necessary to attempt to overcome those of his patients.

## II. BOTANNICAL MEDICINE

Humans have treated themselves for centuries with plant medicines. Some type was always available, and probably more importantly it was free.



The Thomsonian movement was the first of the organized botanico-medical groups in the United States to challenge orthodox nineteenth century medical practice. Thomsonianism was the ultimate in democracy as its philosophy taught that there was no need for doctors and that man could treat himself. The movement could well have chosen for its motto the words of its originator, Samuel Thomson, "The study of patients not books, experience not reading." Stemming from the intense individualism and democratic ideals of the early nineteenth century, it rapidly gained adherents. Thomson was distinctly an American phenomenon. One which its founder found much too democratic to control.<sup>1</sup>

Early nineteenth century medical practice was anything but good. It was the age of a general lack of formal medical education, often as short as thirteen weeks, and the high water mark for the depleting system of heroic therapeutics. A short poem, a favorite of Samuel Thomson, put it in part this way:

Recipe to Cure a Crazy Man

Soon as the man is growing mad  
Send for a doctor, and have him bled;  
Take from his arm two quarts at least,  
Nearly as much as kills a beast.  
.....  
Next comes, as it is said,  
The blistered skin takes from his head;  
The laud'num gives to ease his pain,  
Till he can visit him again.  
.....  
The bowels now have silent grown,  
The Choledocus lost its tone;  
He then, bad humours to expel,  
The jalap gives with Calomel.  
.....  
The man begins to pant for breath,  
The doctor says he's struck with death;  
All healing medicine is denied,  
I fear the man is mortified.  
.....  
What sickness, sorrow, pain and wo,  
The human race do undergo,  
By learned quacks who sickness make,  
I fear, for filthy lucre's sake.<sup>2</sup>

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<sup>1</sup>John Sundwall, "Man and Microbes," *Kansas Academy of Science Transactions* 28 (1916-1917): 77-104.

<sup>2</sup>Alex Berman, "The Thomsonian Movement and its Relation to American Pharmacy and Medicine," *Bulletin of the History of Medicine* 25 (September-October, 1951): 411.

Samuel Thomson died in 1843, and his movement, already wracked with dissension, soon followed. A short study of his system is necessary in order to understand Thomsonian influence on late nineteenth-century medical legislation, the mental attitude of the general populace towards the various sects, and Neo-Thomsonianism.

Samuel Thomson spent his early years as a farmer. After successfully treating his neighbors with his herbal mixtures, however, he convinced himself that he had a special gift for medicine. As he was not really any good at farming anyway, he abandoned it, and started formulating his new theory of disease.

Samuel Thomson came up with a modified version of Galen's humoral pathology. All bodies are formed of the four elements: earth, air, fire, and water. Earth and water are solids. Air and fire (heat) are the cause of life and motion. Cold, or the lessening of heat, is the cause of all disease, hence a balanced temperature of the four elements will result in perfect health. All the practitioner must do is remove the obstruction brought on by cold to restore the equal distribution of the heat and recover the derangement of the vital organs.<sup>3</sup>

In order to remove this obstruction, increase internal heat, restore digestive powers and produce a natural perspiration, Thomson adopted the plant lobelia as a universal. Lobelia, a strong natural emetic, became a hallmark of the system. In a few years, he supplemented this universal with capsicum, bay berry and about sixty-five more. Through the use of this course of drugs, steambaths, medicated enemas and emetics, the Thomsonians became known as, "Steam or Puke Doctors."<sup>4</sup>

The Thomsonians, as well as their Neo-Thomsonian successors, rejected vegetable as well as mineral poisons. Prescriptions were designated by a number: lobelia inflata was number one, capsicum was number two, and so on. All the prescriber had to do was to tell his subject to "take number one followed by three and four." If that did not work, a five or six might be added.<sup>5</sup>

Thomson had his system patented in 1813, and sold the patent rights to anyone who wished to have the knowledge. By 1839, he claimed to have sold 100,000 such rights. Agents traveled the coun-

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<sup>3</sup>T. Hersey, "Lecture: On the Thomsonian System of Medical Practice," *The Thomsonian Recorder* 3 (November 1834): 39.

<sup>4</sup>Berman, "Thomsonian Movement," p. 413.

<sup>5</sup>Wilson G. Smillie, "An Early Prepaying Plan for Medical Care," *Journal of the History of Medicine* 6 (Spring 1951): 255.

try selling the rights, bulk medicines, literature, and setting up infirmaries. If either the agents or the individual used his new knowledge in an unauthorized manner, the privileges could be revoked. Thomson frequently had to enter into such litigation, but because of the lucrative nature of the market and large number of unauthorized dealers and practitioners, it became futile.<sup>6</sup>

It was Thomson's belief that the only knowledge worth having was useful knowledge. General knowledge of a few things was useful because it enlarged human thought and divested man of false confidence. Beyond that, the really useful knowledge was within reach of all common minds. For this reason, Thomson distrusted innovations and educated people. He would have nothing to do with proposals to set up Thomsonian schools. His goal of botanic societies across the country, with friends treating friends, precluded giving his full sanction for Thomsonian infirmaries. This anti-intellectual and democratic philosophy adapted well to the Kansas frontier. Each man had the right to control his own destiny and that included his right to choose his own doctor.<sup>7</sup>

Thomsonianism by 1840, beginning as a social-medical movement, had been transformed into a botanic cult striving for survival in scientific respectability. They never succeeded in becoming much more than pseudo-scientific. The crusading zeal from the earlier years was gone, as was the main base from which Thomson had gained most of his strength, namely the ordinary "rights" holder.<sup>8</sup>

Horton Howard defected from Thomson in 1832, and set up his dissident "Improved Botanics." With Howard's death in 1833, the threat had been removed, only to be revived again six years later by Alva Curtis when he formed the Improved Thomsonian Society. In 1852, at Baltimore, a national convention organized the Reformed Medical Association of the United States and put forth the major philosophy of the new practice.

The three following resolutions passed at that meeting summarize the fundamental principles of the new organization:

Resolved, that the fundamental principles of true medical science are not pathological but physiological.

Resolved, that disease is not vital action deranged, or obstructed, increased or diminished, but any condition of the organ in which they are

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<sup>6</sup>Berman, "Thomsonian Movement," pp. 416-17.

<sup>7</sup>Hersey, "Lecture," p. 35.

<sup>8</sup>Alex Berman, "Neo-Thomsonianism in the United States," *Journal of the History of Medicine* 11 (April 1956): 1333.

unable to perform their natural functions: a condition of that permanently deranges, obstructs or diminished vital action, and in this sense is a unit.

Resolved, that irritation, fever, inflammation-terms used to signify increased, deranged, obstructed or accumulated vital action in the nervous or vascular systems, are not disease, but physiological symptoms of disease; and are not to be directly subdued, but always to be aided in their ultimate design and intention in removing obstructions and restoring the nervous and circulatory equilibrium.

The Association ceased to exist after 1852, until it was revived again in 1883 as the American Association of Physio-Medical Physicians and Surgeons.<sup>9</sup>

Curtis had adopted the name of "Independent Thomsonians" for the group in 1838. As the society grew, "Botanico-Medical" seemed to be the most widely used title. By 1851, however, Curtis was advocating the use of "Physio-Medical" in preference to "Eclectic, Botanic, Thomsonian, or Physio-Pathic." The Baltimore convention voted to adopt the title "Medical Reform." As the years passed, Physio-Medical became almost universal.<sup>10</sup>

Neo-Thomsonian pharmacy, in later years, was more or less an appendage of the eclectic pharmacy. The physio-medicalists adopted most of their concentrated eclectic remedies, although the quality was sometimes questioned. Many medicines were also adopted that their forefathers felt to be harmful. Not always happy about the situation, physio-medicalists accepted the necessity of using it to stay in business in a highly competitive age. Thomsonian therapeutics had always preached general remedies, or remedies suited to cure any symptom or disease, while the eclectic medicines were "specific" remedies, or a specific medicine for a specific disease. It took physio-medicalists until 1869 to fully accept quinine, a remedy that no self-respecting nineteenth century practitioner would be without.<sup>11</sup>

There was some outright fraternization with eclectics, both favoring the use of botanics, but for the most part, both sides were wary. The physio-medicals saw the eclectic as unpredictable, as well he might, for the eclectic organizations eventually absorbed many of the Neo-Thomsonian societies. The reason lay not in any underhanded maneuvering on behalf of the eclectics, but in the fact that they had gained the lead in the striving for scientific respec-

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<sup>9</sup>*Ibid.*, pp. 134-5; 152.

<sup>10</sup>*Ibid.*, p. 138.

<sup>11</sup>*Ibid.*, pp. 147-9.

tability. With their inability to grasp the implications of bacteriology and immunology, etc., and the lack of a decent education, Neo-Thomsonianism was doomed. One need not read all the works by botanics during the growth years to discover that their grand objective of investigating curative and indigenous plants was impossible without any scientific training in that area. Physio-medicalists, botanics, physio-pathics, and to a large extent eclectics, were not botanists, but simply herb doctors.<sup>12</sup>

Characterized as the "greatest quack that America ever produced," Thomson was largely responsible for the early legislation requiring practitioners to possess a state license, acquired after passing certain examinations for competence.<sup>13</sup> When this legislation, against the sect, failed in its attempt to quash the movement, it was generally repealed. The American people slowly internalized the social movement, with its individualistic and democratic philosophy towards medicine. It would be a long time before anyone could tell the American public who and who not to seek out for cure.

In determining the number of botanic and physio-medical practitioners in Kansas, one encounters the lack of any good systematic registration of physicians. With the passage of legislation setting up the State Board of Health, in 1885, the registration duties were given to that organization. The problem was that the Board of Health had no real power to enforce the legislation and therefore a complete registration was impossible. With the information at hand, however, we can determine that physio-medical, physio-pathic, botanic and herbalist practitioners were operating in Kansas.

The 1893 registration listed twelve physio-medicalists, one physio-pathic, one botanic and one herbalist practicing in Kansas out of a total registration of 2,060. The average number of years in practice for each was 22.2 with one practicing as long as fifty-two years. There were two husband-and-wife teams in practice, one located at Hiawatha and the other at Fawn. The registration shows no specific geographic distribution, although only one was found in the western half of the state. The choice of medical college was Physio-Medical Institute of Cincinnati (4); PhysioMedical College of Cincinnati (2); Curtis Institute of Marion, Indiana (1); Physio-Medical College of Marion, Indiana (2); Physio-Medical College of

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<sup>12</sup>Alex Berman, "A Striving for Scientific Respectability: Some American Botanics and the Nineteenth Century Plant *Materia Medica*," *Bulletin of the History of Medicine* 30 (1956): 19.

<sup>13</sup>Smillie, "Early Prepayment Plan," p. 257.

Chicago (1); Thomsonian Medical School (1); Curtis Medical College of Cincinnati (1). No college was listed for the remaining three.<sup>14</sup>

Physio-medical colleges were not very numerous in the United States, as only eight were chartered prior to 1861. The few chartered in the post-Civil War period never graduated many students. The Physio-Medical College of Ohio at Cincinnati was originally the Literary and Botanico-Medical Institute of Ohio. Chartered in 1839, and located at Columbus, the college moved to Cincinnati in 1841. After various name changes, the Physio-Medical College closed in 1880. Another Cincinnati college was the Physio-Medical Institute. Established in 1859 as a rival to the above-mentioned college, it closed its doors in 1885. The college of Medicine and Surgery was organized in 1885 as the Chicago Physio-Medical Institute. This Chicago Institute was one of the three colleges to last into the twentieth century. Three of the Kansas physio-medicalists listed Marion, Indiana colleges, although there was a Physio-Medical College of Indiana located at Independence. The Kansans may possibly have graduated from this college, or the Marion school may have been extremely small and may have thus received little recognition.<sup>15</sup>

The 1900 registration of physicians lists eleven physio-medicalists still in practice in Kansas.<sup>16</sup> Evidence seems to support contention that there were many more botanic practitioners than that number in the state. Only the practitioners with college diplomas often bothered to register their names with the State Board of Health. Many of the old botanic practitioners had little or no formal education and were wary of government registration of their names for any reason. References continue to surface concerning botanics whose names fail to appear on the registration lists. One such example is William J. McMillan, whom the Board of Health characterized as "a professional woods colt a come-by-chance doctor who without alma mater, practices in violation of the laws of the state." McMillan explains his practice this way:

Suppose that every man of genius required a diploma before he would be permitted to confer a benefit on society. Nature has a college of her own.

<sup>14</sup>Kansas State Board of Health, "Registration of Physicians," *Ninth Annual Report of the State Board of Health, of the State of Kansas From January 1, 1893, to December 31, 1893* (Topeka: Hamilton Printing Company, 1894), pp. 341-93.

<sup>15</sup>Berman, "Neo-Thomsonianism," pp. 140-42.

<sup>16</sup>Kansas State Board of Health, "Registration of Physicians in Kansas," *Sixteenth Annual Report of the State Board of Health of the State of Kansas From January 1, to December 31, 1900* (Topeka: State Printer, 1901), p. 121.

In it we have seen little; we have sought the woods, the fields and forests, and from them we have gathered healing herbs, which, if used, will aid nature, and will help to cure disease, which deadly mineral poisons never will.

William J. McMillan would have done Samuel Thomson proud.<sup>17</sup>

### III. ECLECTICISM IN KANSAS

Eclecticism was the only remnant of the botanical movement to become a major force in medical practice in the post-Civil War period. It grew from the fragmentation and factionalism of the dying Thomsonian movement. Alva Curtis had managed to develop a reasonably stable physio-medical system, but was never able to make it a driving force in medicine.

Wooster Beach is hailed as the founder of Eclecticism. Beach labeled himself an eclectic as he drew his system from many sources, although the foundation was borrowed from Samuel Thomson. After trying, unsuccessfully, to obtain a charter from New York state for his Reformed Medical Academy in 1828, he moved to Worthington, Ohio, and set up an academy there, using an old charter from a defunct school. In 1839, Beach was forced to leave town. In his new search for a home for eclecticism, he found Cincinnati, and it proved to be the perfect site. In 1845, the Eclectic Medical Institute was granted a charter by the state of Ohio. Cincinnati, the fountainhead of the movement, was the home of the Institute till its closing in 1939.<sup>1</sup>

Eclectic medicine prior to 1850 was actually heroic botanical therapeutics, and differed little in actual practice from allopathy. Nevertheless, the search continued to find something unique that could be added to eclecticism that would distinguish it from the many other medical sects that proliferated in the nineteenth century. The search was successful in the discovery of Podophyllin. Podophyllin, labeled as a "palatable cathartic," was admitted to the U. S. Pharmacopoeia in 1860 as "Resina Podophylli." Eclectics now had a chemical to rival calomel, the cathartic of the regular school. They also had started a fad for the use of resinoids and alkaloids of botanics which lasted through the 1860's. By the late 1850's, the

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<sup>17</sup>W. L. Schenck, "Smallpox and its Prophylaxis," *First Annual Report of the State Board of Health of the State of Kansas From its Organization April 10, 1885, and Ending December 31, 1885* (Topeka: Kansas Publishing House, 1886): p. 137.

<sup>1</sup>William C. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: John Hopkins University Press, 1972), pp. 217-218.

eclectic movement had lost its momentum and many practitioners were abandoning it in favor of allopathy or homoeopathy. Even the National Eclectic Medical Association, founded in 1848 as a response to the American Medical Association, was suspending operations in 1856.

It was John M. Scudder who came to the rescue in the nick of time. Scudder gave eclecticism new life with a new system of therapeutics which he called "Specific Medication." In some ways it paralleled homoeopathy, with its small doses and a specific remedy for a specific symptom, but also added were rest, cleanliness, and kindness. The quality of medicine was more important to an eclectic than its quantity. It was not until the 1870's, however, that the heroics were fully dropped in favor of the Scudder system.<sup>2</sup>

Specific medication required specific diagnosis. Each disease was to have a particular symptom. The diagnostician was to discover this particular symptom and prescribe its particular remedy.<sup>3</sup> With a thorough knowledge of a drug's action, it could be prescribed with certainty as to its results.<sup>4</sup> The physician did not cure, however, as this was left to nature. The physician only aids the process by supplying something needed.<sup>5</sup> In 1883, the *Kansas Medical Journal* printed the following seven fundamental doctrines of the eclectic sect:

1. To maintain the utmost freedom of thought and investigation, in opposition to the restrictive system now in vogue.
2. To aid and encourage the cultivation of medical science in a liberal and benevolent spirit, especially in the full development of the resources of the vegetable material medica, and of the safest, speediest and most efficient methods of treating diseases.
3. To adopt as far as possible, in their investigation of disease and remedies, the Baconian or inductive philosophy, instead of the synthetic method of reasoning.
4. That a departure from the healthy condition of the tissues and organs interrupts the functions of the animal economy; and that the recuperative powers of nature only can effect a restoration. Accordingly, that the object of all medication should be, not to do the work of nature, but to afford her the means of doing her own work more advantageously, and under circumstances in which she would otherwise fail.

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<sup>2</sup>*Ibid.*, pp. 221-25.

<sup>3</sup>W. H. Willhoit, "Specific Diagnosis," *Transactions of the Fifteenth Annual Meeting of the Kansas Eclectic Medical Association Held at Topeka, Kansas. February 6 and 7, 1883* (Topeka: Daily Capital Publishing Company, 1883), p. 61.

<sup>4</sup>T. H. Phillips, "Specific Medication," *Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14, and 15, 1882, at Topeka, Kansas* (Topeka: Daily Capital Publishing Company, 1882), p. 25.

<sup>5</sup>"Nature's Therapeutics," *Kansas Medical Journal* 1 (October 1883): 186.



5. To receive and teach ECLECTICISM—not as an indiscriminate selection of means supposed to remedial, but a selection based upon the recognized nature of the disease to be treated and the character of the agent or agents employed to remove that disease; thus presupposing a knowledge on the part of the physician, at once, of the pathology of the disease and the adaptedness of the remedy, and to encourage and urge the highest professional attainments.

6. To avoid all permanently depressing and disorganizing treatment, especially that of general depletion by the lancet, and to reject positively all medication which experience has shown to be of a dangerous tendency. We believe that the medicines furnished by the vegetable kingdom are, as a general rule, preferable to those of a mineral origin. But, as this rule is subject to many exceptions, we adopt no exclusive system of herbalism. Nor do we reject any mineral agent, unless from the conviction that it produces injurious effects, and that we possess other agents of superior value for the removal of disease.

7. To dismiss from the catalogue of remedial agents all those which, under the ordinary circumstances of their administration, are liable to deteriorate the stamina of the human constitution—more particularly the mineral poisons, such as mercury, arsenic and antimony, and all of their various preparations, and to substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but far more safe and salutary in their immediate and ultimate effects upon the human system.<sup>6</sup>

One other theory of the discovery of the eclectic philosophy has been advanced. This theory is associated with C. S. Rafinesque, a naturalist, who published his *Medical Flora* in 1828. Rafinesque was an intensely individualistic and unconventional human being, but his work was widely used by botanics and was adopted by the eclectics. Wooster Beach used Rafinesque's plates of plant illustrations to illustrate later editions of his *American Practice of Medicine*. Rafinesque was coldly received by regulars because of his reputation of unreliability, eccentricity, and unorthodox views. It was probably because of the attacks against him by regulars, and the popularity of his books with botanics, that he was adopted as one of the founders of the botanic movement. The eclectics especially tied themselves to Rafinesque and considered his book the first scientific work that complemented their profession. The bubble burst in 1898, when H. T. Webster, a prominent western eclectic, published an editorial in the *California Medical Journal*. In the editorial, he declared that Rafinesque never claimed to be an eclectic. Webster believed that Rafinesque had only defined the term eclectic, when in the introduction to his *Medical Flora* he wrote that eclectics were

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<sup>6</sup>Medicus, "Ecclecticism," *The Kansas Medical Journal* 1 (September 1883): 107-8.

those "who select and adopt in practice, whatever is found most beneficial, and who change their prescriptions according to emergencies, circumstances and acquired knowledge." Webster further accused Scudder of borrowing the majority of his remedies from Rafinesque. Eclectics published rebuttals, but Webster effectively destroyed the attempt to portray Rafinesque as the champion of early eclecticism and gave ammunition to the enemies who had always maintained that the eclectic slogan of "using that which is best from all schools," was only an excuse to plagiarize others.<sup>7</sup>

In spite of this controversy, and many others, the eclectic sect maintained a strong hold on Midwestern villages and small towns. Often eclectics were the only physicians available in such communities and they developed substantial influence. Eclectics generally served the poorly educated families and those with little money. In so doing, they filled a vacuum that had existed in rural practice. It made little difference to the patient, for what was valid in medicine was shared by all sects.<sup>8</sup>

Scant information exists on the early history of eclecticism in Kansas. No accurate reports of the Kansas Eclectic Medical Society records were published prior to 1882, due to incompetency of the secretaries. One secretary in particular, A. M. Eidson, was singled out as the worst offender. Eidson failed to record or report initiation fees collected or dues received before 1880. From 1880 to 1882, the reporting was inaccurate. More significant is the fact that it can not be ascertained what sum of money was due from the Eclectic Medical Examining Board, information crucial to the determination of the actual number of eclectics practicing in the state. Unofficial records show that many more certificates were issued than were reported or accounted for by the secretary. The secretary was also the officer who handled all the money in these transactions. Eidson, on November 22, 1881, reported the number of certificates granted at 515. In the Transactions of 1880, he reported them at "About six hundred"; later in the same volume, "Over six hundred"; and on page 94 of the same volume, at "More than 750."<sup>9</sup> N. Simmons, writing for the society in 1882, could not straighten out the often

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<sup>7</sup>Alex Berman, "A Striving for Scientific Respectability: Some American Botanics and the Nineteenth Century Plant Materia Medica," *Bulletin of the History of Medicine* 30 (1956): 23-26.

<sup>8</sup>Rothstein, *American Physicians*, pp. 228-29.

<sup>9</sup>Kansas Eclectic Medical Association, "Minutes of the Kansas Eclectic Medical Association," *Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14, and 15, 1882, at Topeka, Kansas* (Topeka: Capital Publishing Company, 1882), p. 60.

contradictory reports and minutes of the meetings. Any present-day attempt to do so would also be futile.<sup>10</sup>

The first annual meeting of the Kansas Eclectic Medical Association was held at Lawrence on June 1, 1869, where S. E. Martin was elected president and a committee set up to draft a constitution and code of ethics.<sup>11</sup> Thereafter, annual meetings were held in various cities in the state. The meetings differed little from any other medical association, and usually included a business meeting and presentation of papers. The topics of papers varied, but were little different from what one might find at any nineteenth-century medical convention. Visitors to the 1884 convention heard over thirty papers read to them, including: Use of Antiseptics in Medicine; Vaginitis; After Impressions from Amputations; Care of Remitting Fevers; How to Remove Corns; Diabetes; Sanitation Among the Mennonites; Mind vs. Disease; Pulmonary Calculi; Ancient & Modern Eclecticism; Pathology of Puerperal Fever; and over nineteen more.<sup>12</sup>

The National Eclectic Medical Association chose Topeka as the site for its convention on June 21, 1883. Advance announcements acclaimed that Topeka had more eclectic physicians than there were in all of New England or the other Atlantic states. Kansas was reportedly a center of eclecticism.<sup>13</sup> Governor Glick addressed the opening session of the convention, promising perfect health and freedom from disease for those attending. Glick commended the eclectics on their nonprejudicial attitudes towards the allopath, homoeopath, and hydropath, and their freedom to use the best without reference to the sources. President Howe responded, predicting a bright future for eclecticism as the advancing new sciences would prove their system the correct one. Howe reminded the convention that eclectics were not against medical legislation as long as that legislation was liberal enough to allow for competition. It was competition in medicine that favored advancement.<sup>14</sup>

After the speech-making was over, the convention settled down to work. It was at this meeting the C. A. Flippen, of Hillsboro, Kan-

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<sup>10</sup>N. Simmons, "A Concise History of the Kansas Eclectic Medical Society," *Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14, and 15, 1882, at Topeka, Kansas* (Topeka: Daily Capital Publishing Company, 1882), p. 60.

<sup>11</sup>*Ibid.*, p. 56.

<sup>12</sup>"Eclectic Medical Association," *Topeka Daily Capital*, February 5, 1881, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, pp. 26-27, located at Kansas State Historical Society.

<sup>13</sup>"National Eclectic Medical Association," *Topeka Daily Capital*, June 6, 1883, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, p. 43, located at Kansas State Historical Society.

<sup>14</sup>NEMA, "The First Day's Proceedings of the National Convention," *Topeka Daily Capital*, June 21, 1883, pp. 4-5.

sas, was admitted into membership. Flippen was the first black physician ever admitted to the National Eclectic Medical Association.<sup>15</sup> The issue of the proposed eclectic college was discussed, as were the various papers.<sup>16</sup> An Eclectic Mutual Benefit Insurance Company was organized, and new national officers were elected.<sup>17</sup>

The convention was not all work and no play. Dr. and Mrs. Martin Dennis entertained the delegates on the twenty-first at their residence in Topeka. Songs were sung and ice cream and cake were served beneath lighted Chinese lanterns.<sup>18</sup> An excursion was arranged in the Indian Territory, where delegates were allowed to bathe at the "springs," see an Indian war dance, and attend an evening reception. If the delegate still happened to have a few free moments, Eli Lilly & Company had set up a display, reportedly the most complete ever exhibited in the West, of pyramids of syrups, elixirs, wines, fluid extracts, gelatine, sugar coated pills and granules. A good time was had by all.<sup>19</sup>

Membership in the state organization was not overly difficult to acquire in the early years. The original constitution and by-laws stated,

Any physician in good standing, who is a graduate of some regularly organized medical college, and holding a legitimate diploma, or who has been engaged in reputable practice for five years, may, upon the recommendation of one or more members of the association, and with the endorsement of the Board of Censors, become a member of this association.<sup>20</sup>

In 1887, the five-year clause was removed, and hereafter, those not graduates of medicine could only become Associate Members after taking an examination by the five-member Board of Examiners. These Associate Members had all the rights of other members of the association except the right to hold office, to be members of the examining board or to be elected a delegate to the National Eclectic Medical Association.<sup>21</sup> In 1896, the by-laws were further amended

<sup>15</sup>"Pills and Powders," *Topeka Daily Commonwealth*, June 21, 1883, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, p. 69, located in Kansas State Historical Society.

<sup>16</sup>"Pills and Powders," *Topeka Daily Commonwealth*, June 22, 1883, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, p. 90, located at Kansas Historical Society.

<sup>17</sup>"Pills and Powders," *Topeka Daily Commonwealth*, June 23, 1883, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, pp. 97-98, located at Kansas State Historical Society.

<sup>18</sup>"Social," *Topeka Daily Capital*, June 22, 1883, in *Kansas Medical Societies Clippings Part 2*, Vol. 1, p. 71, located at Kansas State Historical Society.

<sup>19</sup>"Pills and Powders," *Topeka Daily Commonwealth*, June 22, 1883, pp. 84-90.

<sup>20</sup>Kansas Eclectic Medical Association, "Constitution and By-Laws," *Transactions of the Meeting of the Kansas Eclectic Medical Association, Held On February 14, and 15, 1882, at Topeka*. Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 62.

<sup>21</sup>Kansas Eclectic Medical Association, "Minutes of the Topeka Meeting," *Transactions of the Eighteenth and Nineteenth Annual Meetings of the Kansas State Eclectic Medical Association, Held at Wichita, May 11, and 12, 1886, and at Topeka, February 1 and 2, 1887* (Topeka: Hoadley and Hackman, 1887), p. 17.

to require a certificate of qualification from the State Board of Health or the State Board of Examiners for membership.<sup>22</sup> Even with the progressive decline in the number of eclectic practitioners, the Kansas association continued to strengthen its membership requirements. Article seven of the constitution read:

The members of this association shall show each other, all other physicians and all mankind, that courtesy and just dealing to which everyone in his legitimate sphere is entitled, and any departure from such a course shall be deemed unprofessional, undignified, and unworthy the practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or advertising which shall tend to lower the physicians in the esteem of the community, or reflect discredit upon his professional associates.<sup>23</sup>

It was exercised quite often. L. C. and J. M. Hole of Salem, Ohio, were removed from the national association in 1883 for unprofessional advertising. At that same meeting the firm of Mulvane, Munk and Mulvane was charged with unprofessional advertising regarding their Topeka Medical and Surgical Institute. Charges were dismissed, however, after Munk explained that he "didn't promise to cure every disease but to treat disease successfully."<sup>24</sup>

Advertising was grounds for removal from all medical societies in the latter half of the nineteenth century, and physicians learned to be especially careful. The other major cause for removal was affiliating oneself with a "diploma mill." A physician might have his name appear on a faculty list of just such a college for the advertising benefits and the nominal stipend the college usually paid. In so doing, the college obtained a measure of respectability and the physician got his name in print on the college diplomas and annual announcements. Teaching duties in such colleges were usually very light, with many of the faculty members never going to the college.

One eclectic in particular, T. T. Davis, had his name appear on the faculty list of the Independent Medical College of Chicago. When charges were preferred against him by T. D. Long, Davis admitted that he had not investigated the institution. He explained that the college required him to send one article a month to them on the topic of bacteriology. Rather than submit to removal from the

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<sup>22</sup>Kansas Eclectic Medical Association, "Proceedings," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5, and 6, 1896*, Reprinted from *The Annual of Eclectic Medicine and Surgery for 1896* (Topeka: n.p., 1896), p. 73.

<sup>23</sup>Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 3, 4, and 5, 1899* (Topeka: Mail Printing House, 1899), p. 65.

<sup>24</sup>"Pills and Powders," *Topeka Daily Commonwealth*, June 22, 1883, pp. 82-83.

medical association, he willingly dropped his affiliation with that college.<sup>25</sup>

No evidence can be found against the Emporia Medical and Surgical Institute and Eye and Ear Infirmary, although their advertising promised speedy cures of all diseases. The Institute's corporate charter, filed September 23, 1889, listed as the purpose of the corporation, "to better facilitate the speedy and easy cure of all chronic and surgical diseases, deformities etc. as well as to do a general practice of medicine."<sup>26</sup> The question of unprofessional advertising revolves around the problem of whether an advertisement promises to cure or suggests that diseases can be successfully treated. The latter is permitted; the former is not. The proprietors of the Emporia Institute, M. L. Doom and A. M. Eidson, published the following in the *Emporia City Directory* of 1890, and the reader can determine whether charges should have been brought against the organization:

Drs. Doom and Eidson are in charge of the Emporia Medical and Surgical Institute and Eye and Ear Infirmary, for the cure of chronic and surgical diseases, which is a state chartered institution, permanently located at Emporia, Kansas. They are most successful Eclectic Physicians, having had years of experience in their specialties. All who are acquainted with this advanced system want no other; therefore don't forget where you can find them when you need their skillful assistance, wishing a cure for some destructive malady that the general practitioner fails to cure with his old theories, strong poisonous agents, and nauseous dosing. . . .

They have latest improved eclectic, medicated and vapor baths, so wonderful in the cure of Rheumatism, Neuralgia, Scrofula, and diseases of the Blood, Kidneys, Skin and Liver. Then as an assistant in the cure of diseases of the Brain, Spine, and Nervous System, they have all the curative forms of Medicinal Electricity; including the Static Bath, and by the assistance of the Oxygen and Compressed Air Nebulizer the Oriental Oxygen Bath, etc., they do positively cure Catarrh and Consumption which all know to be incurable by the old theories and practice. Their large microscope enables them to correctly diagnose obscure conditions. . . . Those difficult Uterine Diseases are CURED, without resorting to the old methods of cauterization etc., but by a treatment any lady can use at home, GUARANTEEING CURES. . . .<sup>27</sup>

Eclectic physicians, because of the wide variety of systems available to them, often operated as independents. They would be

<sup>25</sup>Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898* (Topeka: Mail Printing House, 1898), p. 81-87.

<sup>26</sup>Kansas Secretary of State, *Corporation Records*, Vol. 38, p. 162, Archives, Kansas State Historical Society.

<sup>27</sup>Robert S. Denham, comp., *The Emporia City Directory 1890-91* (Emporia: n. p., 1890), p. 6.

just as willing to treat some one with regular or homoeopathic remedies as with eclectic ones. J. A. Read, Tecumseh, started his education with a preceptor in the allopathic school. In order to broaden his education, he also studied homoeopathic medicine. With his tour of duty in the army, he practiced allopathy. After quitting the service, he worked thirteen years to get his eclectic diploma from Bennett Medical College of Chicago. Read felt at home practicing any form of medicine the patient might request, although he favored eclecticism.<sup>28</sup>

The exact number of eclectic practitioners in Kansas is difficult to determine. As stated earlier, some of Eidson's reports show a number as high as 750 by the year 1880.<sup>29</sup> The 1879 Kansas law regulating medicine required that all physicians practicing in Kansas obtain a certificate from their particular sect's Medical Examining Board and register their names with the county clerk in the county in which they resided. This law was declared unconstitutional in 1881, however, and is of little value. Dr. Munk, of Topeka, writing in 1883, explained that the tide of westward immigration had swelled the ranks of Kansas eclectics to the point that Kansas employed more than there were in all of New England and the other Atlantic states. Munk reported that the Eclectic Examining Board had granted 515 certificates in the two-year period after the passage of the law.<sup>30</sup> In 1884, Arthur Wright, in an address to the National Eclectic Medical Association in Cincinnati, stated that there were 600 practitioners in Kansas and "Room for more."<sup>31</sup> Dr. Charles Williamson noted 650 eclectics in 1884, 250 of which were working members of the state association.<sup>32</sup> By 1891, registration of physicians with the Kansas State Board of Health had reached a high point for eclectics at 461, but it was noted that many physicians had refused or failed to register and many removals had not been reported.<sup>33</sup> In 1893, adjustments had evidently been made, as the grand aggregate number of physicians had dropped from 3,022 to 2,060, and the total for eclectics had dropped to 296.<sup>34</sup> This number

<sup>28</sup>J. A. Read, "Why I am Eclectic," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5, and 6, 1896*. Reprinted from *The Annual of Eclectic Medicine and Surgery for 1896* (Topeka: n.p., 1896), pp. 9-13.

<sup>29</sup>Kansas Eclectic Medical Association, *Transactions of 1882*, p. 9.

<sup>30</sup>J. A. Munk, "Eclecticism in Kansas," *The Kansas Medical Journal* 1 (October 1883): 153.

<sup>31</sup>Arthur T. Wright, "Status of Eclecticism in Kansas," *The Kansas Medical Journal* 2 (July 1882): 290.

<sup>32</sup>Charles Williamson, "The Days of Danger," *Topeka Daily Commonwealth*, February 9, 1884, p. 4.

<sup>33</sup>Kansas State Board of Health, "Registration of Physicians and Accouchers," *Seventh Annual Report of the State Board of Health of the State of Kansas From January 1, 1891, to December 31, 1891* (Topeka: Hamilton Printing Company, 1892), pp. 8-48.

<sup>34</sup>Kansas State Board of Health, "Registration of Physicians," *Ninth Annual Report of the State Board of Health of the State of Kansas From January 1, 1893, to December 31, 1893* (Topeka: Hamilton Printing Company, 1894), pp. 341-94.

of 296 showed a gradual decline, and in 1900, the Board's report showed 228 eclecticists practicing in Kansas.<sup>35</sup> Various other reports as to the numbers of eclecticists could be mentioned. J. N. Page, speaking for the eclecticists, reported 500 in the state in 1897.<sup>36</sup> By 1900, John Wright, president of the Kansas association, was informed by the secretary that there were 400 eclecticists in Kansas.<sup>37</sup> In 1903, E. B. Packer sadly reported that there were no more eclecticists in the state than in 1902 and that growth was offset by deaths and removals. As far as Dr. Packer could determine, there were 350 eclecticists left in Kansas.<sup>38</sup>

Although the largest actual number of eclecticists in practice in Kansas is impossible to determine, the 515 reported from the Board of Examiners seems to be quite close. This number was probably maintained throughout the 1880's and early 1890's. Thereafter, evidence points to a gradual decline after 1895.

This decline in the ranks caused various problems for Kansas eclecticists, especially an indifference or carelessness to support the state association. The 1898 convention had to postpone its morning session on May fourth because of lack of a quorum.<sup>39</sup> Various other meetings were poorly attended and the secretary found it increasingly difficult to obtain information from members. In order to find out how many members there were in 1901, the secretary sent out cards asking the information, and even including a two-cent stamp to ensure a reply. Of 394 sent out, twenty-seven remained unclaimed at the post office and only 201 returned, "more or less filled out."<sup>40</sup> By 1903, Packer reported that about five per cent of the members would answer any communication sent to them.<sup>41</sup>

President Averill, of Barclay, summed up the frustration of the association at lack of enthusiasm and attendance at meetings, saying,

They do not attend, or, if they come, it is only for pastimes, others are

<sup>35</sup>Kansas State Board of Health, "Registration of Physicians in Kansas," *Sixteenth Annual Report of the State Board of Health of the State of Kansas From January 1. to December 31, 1900* (Topeka: State Printer, 1901), pp. 121-73.

<sup>36</sup>J. N. Page, "President's Address," *Proceedings and Papers of the Kansas Eclectic Medical Association Held at Topeka, Kansas, May 11, and 12, 1897*, reprinted from *The Annual of Eclectic Medicine and Surgery for 1897* (Lawrence: Hoadley and Hackman, 1897), p. 4.

<sup>37</sup>John W. Wright, "President's Address," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 9 and 10, 1900* (Topeka: A. D. Bauer Printing Company, 1900), p. 5.

<sup>38</sup>E. B. Packer, "Eclecticism in Kansas," *Proceedings and Papers of the Thirty-third Annual Session of the Kansas Eclectic Medical Association, Topeka, Kansas, May 21 and 22, 1903* (Topeka: A. D. Bauer Printing Company, 1903), p. 58.

<sup>39</sup>Kansas Eclectic Medical Association, *Proceedings of May 4, 5, and 6, 1898*, p. 77.

<sup>40</sup>Kansas Eclectic Medical Association, "Proceedings," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 1, and 2, 1901* (Topeka: A. D. Bauer Printing Company, 1901), p. 7.

<sup>41</sup>E. B. Packer, "Eclecticism in Kansas," p. 58.



content to stay home and read copies of the *Proceedings and Papers*, and hope by this parasitic means to keep abreast of the times at the expense of those who labor to make the association helpful. . . .

He also offered a short poem in his address of 1903:

For the day will soon be over  
When the digging will be done  
With no gems to gather  
So let us then press on.

Don't wait till the iron is hot  
But make it hot by muscle  
Don't wait for what your brother has got  
Take off your coat and hustle.<sup>42</sup>

In determining the relationship of eclecticism to the other two major medical sects in Kansas, it is valuable to look at the registration of physicians reported by the Board of Health for 1893. Regular physicians numbering 1,323 recorded their names with the board, as did 296 eclectics and 198 homoeopaths. Of a total of 1,817 practitioners from these three schools, seventy-three percent were regular, sixteen percent eclectic, and eleven percent were homoeopathic.<sup>43</sup>

Eclectics usually practiced in smaller towns or villages and catered to lower socio-economic levels of society. A study of the number of physicians registered in 1893 and their school of practice shows that in twenty of the largest towns in Kansas, seventy-four percent of the practitioners were regulars, fifteen percent were homoeopathic and only eleven percent were eclectic. A similar study of twenty of the smaller towns and villages shows an increase for the eclectic to thirty-six percent of the practitioners with fifty-five percent regular and nine percent homoeopathic. In Kansas, as well as in many other states where eclectics practiced, a higher percentage of eclectics practiced in rural rather than urban areas.<sup>44</sup>

Causes of the decline of the eclectic sect in the latter years of the nineteenth century are numerous. Many liberal allopaths joined in the 1880's not really understanding the fundamentals of the new faith and who were easily drawn away with the advances of scientific medicine.<sup>45</sup> With the decline and fall of heroic therapeutics, one of eclecticisms biggest drawing cards was gone. The most significant cause, however, was that eclectics always tried to adopt

<sup>42</sup>M. Averill, "Presidential Address," *Proceedings and Papers of the Thirty-third Annual Session of the Kansas Eclectic Medical Association, Topeka, Kansas, May 21, and 22, 1903* (Topeka: A. D. Bauer Printing Company, 1903), p. 18.

<sup>43</sup>Kansas State Board of Health, *Ninth Annual Report*, pp. 341-94

<sup>44</sup>*Ibid.*

<sup>45</sup>Eclectic, "The Curse of Modern Eclecticisim," *The Kansas Medical Journal* 2 (January 1884): 1-2.

into their practice all that was best in the other schools. As rapid advances were made in scientific medicine in the late nineteenth century, they were adopted by the eclectics. We have read earlier the statement that what was valid in medicine was accepted by all major sects. As more of medical science became valid, the differences between the sects disintegrated. Eclectics true to their philosophy of choosing the best eventually opted for regular medicine.

#### IV. HOMOEOPATHY

Homoeopathy was discovered by a German physician, Samuel Christian Friedrich Hahnemann. Although he had a formal education, he spent his time traveling through Europe trying various endeavors. Early in his career, Hahnemann attacked the prevalent therapeutics of the age, such as the bloodletting, blistering, cathartics, and emetics. To increase his understanding of drugs and their actions, he began his own experiments in 1790. In his first experiment, he took four drachms of cinchona bark twice a day for several days. He developed all of the ordinary symptoms of intermittent fever. Upon ceasing to take any medicine, he quickly became well. In using the widely accepted view that the "totality of the symptoms constitutes the disease," Hahnemann reasoned that because the cinchona had given him all of the symptoms of intermittent fever, it had given him the disease. With his acceptance of another widely held theory, that all the physician had to do to cure a disease was to remove the totality of the symptoms, he logically reached a conclusion that "what causes an illness in a healthy person will cure the same illness in a sick person." He called this "*similia similibus curantur*," or like is cured by like, and the system based on that law, homoeopathy. Regular physicians were to be called allopaths, as their system of "*Contraria Contrariis*" consisted of remedies whose action was opposite to the symptoms caused by the illness.<sup>1</sup>

Physicians administered a large number of different drugs to healthy people and had them record their symptoms, which were then compiled into books called "provings." Homoeopathic physicians consulted the books in prescribing remedies. Drug could be

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<sup>1</sup>William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: John Hopkins University Press, 1972), pp. 152-54; also see the basic study: Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore, John Hopkins University Press, 1971).

proven in three basic ways, accidental poisonings, healthy people taking drugs and recording symptoms, and verification of provings at bedside. The second method was much preferred. Provings in the early years were done by Hahnemann and his friends, who became known as the "Provers Union." As the years passed, many provers entered the field, with often conflicting results. Literally everything that happened to a person after taking a drug was thought to be due to the action of the drug alone. The effects of a single dose of a drug was expected to last from ten to 100 days. In recording all of the minute symptoms one felt or observed in so long a period of time, the imagination could easily run wild.<sup>2</sup>

In prescribing for patients, physicians also were cautioned to deal directly with perceived phenomena rather than with mental abstractions. The usual clinical concepts of disease syndromes were useful only for the purpose of theoretical classification. Symptoms were all important, "Since the totality of the symptom is the outwardly reflected picture of the internal essence of the disease, it must be the principal or sole means whereby disease can make known what remedy it requires." A very lengthy case history was taken for each patient and the job of prescribing for a disease was not an easy one for a homoeopathic physician.<sup>3</sup>

Hahnemann believed that all drugs were poisons if taken to excess. This theory of the "dual action of drugs" led to his acceptance of very low dosages of medicine, often known as infinitesimals. Small doses produced less aggravation than the large doses, and the divisions and dilutions made it easier for the absorption process. As it was thought that all the operations of nature were carried on by microscopic and infinitesimal movements, the more microscopic the remedy, the better attuned it was to nature.<sup>4</sup>

Hahnemann sensed that there was some strong inherited disease force in the majority of humans, which first made them susceptible to acute disease, and, secondly, was the cause of all chronic disease. This disease force was the psora or itch. According to Hahnemann, it had controlled and modified diseases for many centuries. Seven-eighths of all chronic maladies resulted from the suppression of the psora, which acted as a substitute for the internal disease. The re-

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<sup>2</sup>Henry W. Roby, *The Treatment of Disease from the Homoeopathic Standpoint* (Topeka: Capital City Printing Company, 1886), p. 19.

<sup>3</sup>Edward Whitmont, "Calcarea and Magnesia: A Comparison," *Journal of the American Institute of Homoeopathy* 48 (June 1955): 170.

<sup>4</sup>Roby, *Treatment of Disease*, pp. 24-28.

maintaining one-eighth of chronic maladies were due to sycosis and syphilis or complications of both. It had taken different forms throughout history. The first form of psora was leprosy, but by the middle ages, it had evolved into malignant erysipelas, commonly known as St. Anthony's Fire. Its third form, at the end of the fifteenth century, was an ordinary eruption of the itch. This psora was the direct result of original sin, and the physical manifestation of a spiritual hurt. The psoric principle marked man's general adaptation to evil. With a corresponding purification of man's spiritual nature, this "psoric miasm" could be removed. All of these chronic diseases could be cured in one or two years, provided that they had not been previously mismanaged by allopathic treatment to the extent of having become incurable.<sup>5</sup>

Acute diseases were considered violent and sudden invasions of the organism by the forces of evil. These invasions could never take place without man having first admitted the psoric principles entry. Disease itself was believed to be spiritual, hence it required a spiritual remedy. It was strongly believed that a spiritual disease could produce material changes in the body. Without help, the vital powers of the body were helpless. Homoeopathic medicines contained the spiritual element that could come to the aid of the vital powers. This spiritual element could only be set free by a process of trituration and succussion. In trituration, one would add two drops of a drug to ninety-eight drops of alcohol, or other medium such as milk sugar. One then succussed, or struck the vial containing the mixture against a leather pad a number of times. This was the first development of power. Two drops of this mixture were then added to ninety-eight more drops of alcohol and succussed to obtain the second development, and so on.

Hahnemann seemed to favor the thirtieth development of power, or, as he called it, "The potentized decillionth dilution." The milk sugar or alcohol acted only as a temporary home for the spiritual element, which had no real affinity towards them and from which it would willingly leave as soon as it was placed in an environment homogeneous with its own nature. Trituration and succussion are necessary to set this dynamic agent free and the "rapidity of action" and "expansiveness" will increase proportionately to the extent the two are carried on. A cure is not effected by the medical substance, but by the spiritual agent which is contained in the

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<sup>5</sup>"Hahnemann on Chronic Disease," *New York Journal of Medicine* 6 (January 1846): 101-5.

medicinal substance. The disease leaves due to the irresistible attractive power of the medicinal substance and restoration of the vital powers. It leaves of its own accord because the human organism is not its natural order of existence, the medicinal substance is. The disease is not destroyed, but developed to its ultimate type.<sup>6</sup>

A firmly established fact to nineteenth-century homoeopaths was that individuals inherited qualities of bodily structures and functions from their forebears. The qualities could also be acquired from judicious or injudicious living. In many cases, these qualities, or constitutions, were the breeding grounds of acute disease. Different diseases grew upon different constitutions. Observation taught homoeopaths that a certain class of people suffer from a certain kind of disease under the influence of a certain kind of weather, while another class remained quite well. Dr. F. Klemp, in his investigations, discovered some of the polarizations of the human system, and offered them as an explanation for the weather's impact on the human system. Klemp found that blood and muscles in quiet condition were electro negative, while all surfaces in contact with air were electro positive. All areas of the nervous system, as well as bones and feet were electro-positive. In its normal state, the air was found to be electro positive and the earth electro negative. In every human body, according to the theory, there is a longitudinal "electric axis" from head to feet. Vitality of the body could be increased by a moderate state of positive electricity in the air or a high or normal state of magnetism of the earth. It was beneficial to have a mild state of evaporation present, moderately cold temperatures, mild atmospheric pressure, winds from the east, northeast, or north, and sunshine. On the other hand, vitality could also be decreased by an electro negative condition of the air, a low state of magnetism of the earth, condition of diminished evaporation, increasing heat or cold of low degrees, very high or low air pressure, winds from the south, west or southwest, and lack of sunshine. Cited among many examples of weather's importance in disease was malignant catarrh. This very serious form of catarrh was brought on when negative electricity predominated and positive electricity of high tension suddenly fell or when both positive and negative electricity in high tension suddenly made changes. It was also felt that the process was aided by "feeble oscillations of the magnetism of the earth," when

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<sup>6</sup>*Ibid.*, pp. 105-6.

evaporation was retarded and the air was full of fog, and when winds were changeable from south to west to north and east.<sup>7</sup>

Age also played a role in predisposition to certain diseases. Conditions that may have caused a sore throat in youth might cause bowel afflictions, liver problems, spleen or kidney damage, etc., in old age. Patients could be treated and cured, but they were only safe until the next appearance of the external influences. It stood to reason, then, that the homoeopaths should turn their efforts towards the reconstruction or repair of an ill-ordered constitution, as it was the real seat of the disease. Long-term, required treatment was to be carried on while the person was apparently healthy. Dr. Klemp felt that the best treatment for all acute disease was, "nothing more than the repair of an additional impaired condition of the system and the treatment given while the individual is usually esteemed well, as the principal treatment because it frees him from the predisposition to sickness."<sup>8</sup>

The reproductive organs were felt to be the seats of hereditary diseases. Because these organs received material from the blood for reproduction and for nutriment, it became evident to homoeopaths that the makeup and quality of this blood warranted investigation. Accepting the theory that like causes produce like effects, it was thought that like food with like juices and glandular secretions combined making like blood cells. All individuals eating the same food can only have different blood when their gastric juices and glandular secretions differ. In order to purify this blood, it became necessary to purify the secretions by supplying the glands with good food and material for reconstruction. As previously noted, this process could take upwards of two years, and even then there was no absolute guarantee of cure if the disease had been mismanaged by allopathic treatment prior to homoeopathic treatment. The charge was often made that homoeopaths were simply allowing nature to cure.<sup>9</sup>

The major controversy existing within the homoeopathic sect throughout its life was the high vs. low dosage battle. As early as 1840, the *Homeopathic Examiner* carried an article which stated that infinitesimals were overused by homoeopaths.<sup>10</sup> Many

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<sup>7</sup>Homoeopathic Medical Society, *Condensed History of the Homoeopathic Medical Society and Proceedings of the Fifteenth Annual Meeting in Emporia, May 2-3, 1883* (Topeka: Kansas Publishing House, 1884), pp. 38-40.

<sup>8</sup>"The Medical Men," *Topeka Daily Commonwealth*, May 8, 1884, in *Homeopathic Medical Society Clippings*, pp. 54-55, located at Kansas State Historical Society.

<sup>9</sup>*Ibid.*, p. 55.

<sup>10</sup>John F. Gray, "Duty of Physicians of Either School to Study Both Systems," *Homeopathic Examiner* 1 (1840): 39.

homoeopaths chafed under the ribbing of allopaths, that their small doses were useless in the cure of disease. Dr. W. L. Schenck of Topeka, an allopath, felt that if homoeopathic doses were valuable, "we must get enough medicine in foods we eat, air we breathe and water we drink, to prevent any disease or cure any."<sup>11</sup> High dilutionists, on the other hand, found a friend in the advancing science of microscopy and bacteriology. The myriad of discoveries made possible by the microscope proved to the homoeopaths that many things can exist and have a significant influence on the body and still not be seen by the naked eye.<sup>12</sup> There were homoeopaths, however, who felt that drugs should be given in larger doses, just as long as they caused no harm to the body. These low-dilutionist factions were villified as detractors from Hahnemann and labeled enemies of pure homoeopathy. Allopathy even questioned the morality of low dilutionists calling themselves homoeopathic, if they did not believe in everything Hahnemann taught. W. L. Schenck, in questioning the honesty of homoeopaths, wrote, "There may be honest homoeopaths, but it would seem that the mind that can believe the vagaries of Hahnemann is fit for an insane asylum. The man who practices or pretends to practice them without believing. . . is guilty of the grossest form of quackery."<sup>13</sup>

On the national level, the debate over dosage caused a separation of the high dilutionists from the main body of homoeopaths. In 1880, a number of high dilutionists formed the International Hahnemannian Association to revive interests in the old teachings. These high dilutionists even exceeded Hahnemann's extreme teachings and used as small as one-millionth dilution. The low dilutionists on the other hand not only used low dilutions but also often used non-homoeopathic drugs. As the controversy continued, some of the low dilutionists even attacked Hahnemann himself. The high dilutionists were not large in number, and one of the presidents of the International Hahnemannian Association stated in 1896, that there weren't more than 300 true Hahnemannians in the world. By the end of the nineteenth century, practically all homoeopaths were using regular as well as homoeopathic drugs.<sup>14</sup>

Many homoeopaths tried to mediate in the dispute without much luck. Dr. J. J. Eidic, of Leavenworth, warned the Kansas

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<sup>11</sup>W. L. Schenck, "Quacks and Quackery," *Kansas Medical Journal* 4 (October 1892): 738.

<sup>12</sup>"The Homoeopathic Banquet," *Topeka Daily Commonwealth*, May 6, 1881, in *Homeopathic Medical Society Clippings*, p. 27, located at Kansas State Historical Society.

<sup>13</sup>Schenck, "Quacks and Quackery," p. 738.

<sup>14</sup>Rothstein, *American Physicians*, pp. 239-45.

Homoeopathic Medical Society at its 1881 meeting, to avoid bringing up the question as it would mar the harmony of the meeting. Although he noted that the society had been remarkably free from the national schism, he admitted that the potential for division was strong.<sup>15</sup>

Kansas homoeopaths evidently paid little heed to Eidic's warning, for on May 7, 1885, the *Topeka Daily Capital* carried an article announcing the opening of the seventeenth annual meeting and stating, "Topeka homeopaths are divided into two factions and will agree on nothing." Two places had been advertised as the sites for meetings, the Press Club rooms and the Y.M.C.A. hall. One faction (it is not reported which one) gave in to the Y.M.C.A. site.<sup>16</sup> Little other information exists as to the extent of the dosage controversy in Kansas, but as annual meetings were held as late as 1912, it does not seem to have totally disrupted the society.

Educational requirements for homoeopaths were as rigid as those for allopathic physicians. Although there were bogus homoeopathic colleges and diploma mills, as with all major medical sects, twenty good homoeopathic colleges existed by 1898. Of the four largest medical libraries in the United States, three were located in homoeopathic medical schools. Of the five medical schools with the largest assessed value of buildings and grounds, two were homoeopathic. Homoeopathic colleges were among the first to adopt a three-year graded course after the Civil War, and the Boston University School of Medicine, a homoeopathic college, was the first to offer a four-year graded course.<sup>17</sup>

Homoeopaths were forced into building their own colleges by the regular sect. Homoeopaths were not allowed to graduate from a regular school even if they could fulfill the degree requirements. They were also systematically barred from public hospitals, medical societies, institutions, and blacklisted from consultations. Apprentices of homoeopaths even found it impossible to obtain recognition of their certification of preceptorship at regular medical colleges.<sup>18</sup>

Homoeopathy continued to obtain recruits from physicians who formerly practiced allopathy. A prime example in Kansas was Dr. Richard Huson of Lawrence. At the age of twenty, he commenc-

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<sup>15</sup>"The Homoeopaths in Session," *Topeka Daily Capital*, May 5, 1881, in *Homeopathic Medical Society Clippings*, pp. 12-13, located at Kansas State Historical Society.

<sup>16</sup>"The Homoeopaths," *Topeka Daily Capital*, May 7, 1885 in *Homeopathic Medical Society Clippings*, p. 57, located at Kansas State Historical Society.

<sup>17</sup>Rothstein, *American Physicians*, pp. 236-38.

<sup>18</sup>*Ibid.*, pp. 232-34.



ed the study of medicine with Dr. Hosea Palmer, an allopathic physician. Twenty-three years later, he entered Fairfield Medical College in New York, and was granted a diploma by the state medical society of the allopathic school in 1820. For the next twenty-five years he practiced allopathic medicine. In 1845, Huson adopted homoeopathy and continued to practice it until his death in 1881. Huson became the first president of the Homoeopathic Medical Society of the state of Kansas.<sup>19</sup>

Not all practitioners of homoeopathy had a formal medical education. The *Leavenworth Medical Herald* carried an article in 1872, discussing a Lawrence citizen who was employed for five or six months as a bookkeeper for a local homoeopath. At the end of this period, he moved to southern Kansas and developed a flourishing practice of his own as a homoeopathic physician. The *Herald* reported, "recently he was proposed for membership at a meeting of the State Homoeopathic Medical Society. . . .He was recommended by the Board of Censors and admitted after being in practice for some five to six months."<sup>20</sup>

The Kansas Homoeopathic Medical Society held its first meeting on April 14, 1869, in Leavenworth. Dr. Martin Mayer was the first to move, "That in the opinion of this convention the time has come when the cause of homoeopathy demands that we should organize ourselves into a state society, and that we now proceed to form such an association." In spite of the vote of thirteen yes, thirteen no, and one abstention, Drs. Martin Mayer, Lewis Grasmuck, and J. A. Rubicon were appointed to draw up a constitution and by-laws. It was at this first meeting that Richard Huson was elected president, J. A. Rubicon of Atchison, vice-president, and Martin Mayer of Leavenworth, secretary-treasurer. The charter was presented at the second annual meeting in Lawrence in 1870, and at that time the association claimed thirteen members.<sup>21</sup>

The third annual meeting, held at Topeka in 1871, is significant because of the controversy it engendered. Both the president and vice-president were missing from the meeting, as was Secretary Mayer. Mayer had moved to Colorado, taking the books of records of previous meetings and treasurer's reports with him. Mayer also had the only copy of the constitution and by-laws of the society.

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<sup>19</sup>Homoeopathic Medical Society, "Condensed History," pp. 22-23.

<sup>20</sup>A. M. Wilder, "Medical Reform and the Suppression of Quackery," *Leavenworth Medical Herald and Journal of Pharmacy* 5 (May 1872): 576.

<sup>21</sup>Homoeopathic Medical Society, "Condensed History," pp. 3-4.

During the course of the meeting, the question came up as to the admittance of a non-graduate, Dr. A. S. Sorb, into membership. Evidence seems to suggest that this was the former Lawrence book-keeper mentioned in the *Leavenworth Medical Herald* article. Sorb's candidacy was supported by two members and opposed by two members in the Board of Censors. Without the constitution and by-laws to consult, Sorb was admitted to membership by a majority of one. A clause was inserted in the constitution, however, to prevent such a matter from occurring again, and henceforth allowing only graduates to membership. Another meeting was held February 13, 1872, at Lawrence, in an attempt to get the constitution and by-laws back again and a committee was set up to look further into the matter. If this committee failed in acquiring the originals, a new set was to be drawn up. At the annual meeting at Lawrence in May of 1872, we find that a new constitution had been drafted.<sup>22</sup>

The name of the Kansas Homoeopathic Medical Society varied during its early history. At the February 13, 1872, meeting at Leavenworth, a resolution was adopted which required a committee to refund twenty dollars which they had used to engrave on certificates and a seal, the name Medico-Chirurgical Society of the State of Kansas.

At the sixth annual meeting at Atchison in 1874, the secretary changed the name to Kansas and Missouri Valley Homoeopathic Medical Society. Missouri physicians were attending the meetings and the change was made to accommodate them. The change only lasted for two years and there is no indication as to why the Missouri physicians stopped attending. Possibly they had formed their own society by 1876, as we find a notation referring to the tenth annual meeting, held in May of 1878, which states that it "Was for the most part a joint meeting with the Missouri Institute of Homoeopathy."<sup>23</sup>

The reasons for the appeal of homoeopathy are not hard to isolate. Even if one admits that the cure of acute disease was beyond the reach of homoeopaths, chronic diseases were not and were more numerous. The majority of chronic diseases were incurable in the nineteenth century and allopathic physicians would agree that the patient was often harmed by attempts at treatment, although life itself was rarely threatened by the disease itself. Homoeopathy offered a safe treatment. It offered the patients care and the medicines that they wanted. With their emphasis on chronic, constitutional

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<sup>22</sup>*Ibid.*, pp. 5-6.

<sup>23</sup>*Ibid.*, pp. 8-12.

and preventive diseases and medicine, homoeopaths could treat the healthy as well as the sick. Regular physicians usually had to wait until old age to develop a lucrative practice. Because of less competition, homoeopathic physicians could develop a large practice much earlier than their allopathic brethren. Many allopaths shifted their practice to homoeopathy after seeing the popularity of the system. When the situation arose requiring the use of allopathy, they could easily say they were independents and knowledgeable of both systems, thus allowing the practice of whatever sect of medicine the patient might desire. More significant, however, was the support homoeopathy garnered from the wealthier classes. Homoeopathy was the only major non-“regular” medical sect to obtain this urban middle and upper class support. It could do this for two reasons. First, homoeopathy was very popular among European nobility and upper classes, and European tastes were often copied by affluent Americans. Second, homoeopaths generally were better educated than the various other medical sects. The *Boston Medical and Surgical Journal*, in an anonymous article, put it this way,

It is a ‘fact’ that many of the learned, accomplished, and, what is more to the purpose, the wealthy, have an unconquerable aversion to taking nauseous and bitter medicines, such as the ‘regular physicians’ employ in their pills, powders and potions, while such are very willing to place upon the tongue a pellet of sugar of milk every day, or smell a phial occasionally, containing these precious treasures. Hence a homoeopathist is preferred by such, and by this craft has great gains.<sup>24</sup>

Homoeopaths were quick to refute charges of patronizing by “shoddy people with means,” who had a “lack of proper education and breeding,” and “supported by those whose mental deficiency is compensated for by the possession of wealth.” Allopaths were charged as providing the most fertile ground of quackery and empiricism. It was hard to imagine, charged the homoeopaths, that allopaths condemn the homoeopathic law of cure while great masses of allopaths were governed by no law of cure whatever. To show the depravity of allopaths, all one had to do was look at their code of ethics condemning patenting or use of patent nostrums and then note, “Scarcely a patent or quack nostrum exists which cannot number its regular professional endorsers by the legion.” As to the charge that homoeopathic schools were bad, homoeopaths retorted that regular schools were worse.<sup>25</sup>

<sup>24</sup>R., “Apology for Becoming a Homoeopathic Doctor,” *Boston Medical and Surgical Journal* 30 (1844): 216-18.

<sup>25</sup>Homoeopathic Medical Society, “Condensed History,” pp. 29-32.

Homoeopaths could marshal an impressive array of statistics, if necessary, to support their law of cure. A critical English allopath by the name of Routh, in an attempt to crush homoeopathy, came up with some rather surprising statistics. Deaths from inflammation stood at twenty-three percent for allopaths, but only five percent for homoeopaths. Deaths from dysentery, pleurisy, and inflammation of the bowels were three percent of all cases treated by homoeopaths, but twenty-two, thirteen and thirteen percent respectively for allopaths. In the Michigan State Prison Study, 1857-62, allopaths had an average of nine percent death rate compared with four percent for homoeopathic treatment. More important was a decrease in the cost of hospital stores under homoeopathic treatment of \$1,178, and 13,000 fewer days of labor lost. A St. Louis study of two hospitals in 1864, found a little over twelve percent mortality in the allopathic one, but only six-tenths of one percent for homoeopathic. One of the New York life insurance companies spent \$350,000 in collecting statistics, after which they began to charge patients of homoeopaths twelve percent cheaper rates than patients of other systems. In one of its reports, the company stated, "In fourteen years experience, out of nearly \$70,000,000 at risk, the homoeopathic losses have been less than half the nonhomoeopathic!"<sup>26</sup>

The lower homoeopathic doses of medicine were much cheaper than the allopathic doses, and did not seem to have the debilitating effects of the rival school's. Nature could easily start its process of repair without having first to overcome the damage done by overdoses of medicine.

In 1886, the Kansas Surgical Hospital Association (Homoeopathic) published a report of the nature and variety of surgical work done during the prior four years. An incomplete listing of over 4,340 cases were reported. Dr. Henry Roby, surgeon and general manager, stated that in the past year he had "treated 455 surgical cases without any fatal results." Certainly, a report any allopathic hospital would envy.<sup>27</sup>

Granting, then, that homoeopathy was popular, how many set up practice in the state? The Homoeopathic Board of Medical Examiners issued 104 certificates under the 1879 law. Eighty-seven percent of that number were reportedly members of the state socie-

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<sup>26</sup>Roby, *Treatment of Disease*, pp. 31-33.

<sup>27</sup>*Ibid.*, p. 39.

ty, which was the highest percentage of all medical sects, such as the Kansas Eclectic Medical Association membership with only forty-eight percent of the total certificates granted, and the regular society boasting only thirty-one percent as members.<sup>28</sup> At the Homoeopathic Medical Society's annual meeting in 1885, it was reported that there were 193 homoeopaths in the state.<sup>29</sup> Various total numbers exist in the reports of the State Board of Health, with the largest number of registered homoeopaths listed at 200 in 1899.<sup>30</sup>

Geographically, homoeopaths in Kansas were relatively limited to the eastern one-half of the state. Only slightly more than twelve percent resided in the western one-half of the state. One can also discern a higher concentration of homoeopaths in the more urban areas. Looking at the twenty largest towns and twenty smaller towns, some interesting statistics appear. Of a total of seventy-seven physicians practicing in small towns, only nine percent were homoeopathic; in the twenty largest towns, with a total of 411 physicians, fifteen percent were homoeopathic.<sup>31</sup>

Homoeopathy, then, was the smallest of the three major nineteenth-century medical sects in Kansas. No report places the actual number of practitioners at any one time above 500. Evidence also seems to support the thesis presented by various national writers that homoeopathy had its largest support in urban areas.

Change was inevitable for homoeopathy. By 1899, the American Institute of Homoeopathy had "redefined a homoeopathic physician 'as one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics.'" Also in 1899, the motto was modified from "*similia similibus curantur*," to "*similia similibus curentur*," which was supposedly the spelling that Hahnemann used. The old translation "like is cured by like" now became "let like be cured by like." No longer a law of nature, homoeopathy was now a method of treating disease.<sup>32</sup>

Various other reasons for the decline of homoeopathy have been advanced. The homoeopathic physicians with good educations were quite willing to accept new advances in medical science. As the

<sup>28</sup>J. A. Munk, "Eclecticism in Kansas," *The Kansas Medical Journal* 1 (October 1883): 153.

<sup>29</sup>"The Homeops," *Topeka Daily Capital*, May 8, 1885, in *Homeopathic Medical Society Clippings*, p. 65, located at Kansas State Historical Society.

<sup>30</sup>Kansas State Board of Health, "Registration of Physicians in Kansas," *Fifteenth Annual Report of the State Board of Health of the State of Kansas from January 1, to December 31, 1899* (Topeka: State Printer, 1900), pp. 121-74.

<sup>31</sup>Kansas State Board of Health, "Registration of Physicians," *Ninth Annual Report of the State Board of Health of the State of Kansas from January 1, to December 31, 1893* (Topeka: Hamilton Printing Company, 1894), pp. 341-93.

<sup>32</sup>Rothstein, *American Physicians*, p. 245.

years went by, more of medicine became scientific and the philosophical differences between the sects started to disintegrate. The desire for respect in scientific circles was quite strong for homoeopaths and it was extremely hard for them to scientifically support or espouse the old doctrine of infinitesimals. Homoeopathy was also difficult to practice and results came much too slowly for many patients. The long patient history that had to be taken and the search through the mass of provings for a cure just became too much work when the regulars could prescribe with much less effort.<sup>33</sup>

As late as 1896, C. F. Menninger could write to fellow homoeopath Edward Bumgardner:

Homoeopathy is making steady progress. The conquest is on. If we will but adhere with all energy and steadfastness to homoeopathy, victory will be ours. . . . Remember that in homoeopathic mode of cure, there is no compromise, homoeopathy is either dead right or dead wrong. It is everything or nothing. . . . Let us stand united for homoeopathy.<sup>34</sup>

By 1916, however, the sad announcement was made at the annual meeting that attendance had dropped forty-two percent in the past fifteen years.<sup>35</sup>

Homoeopathy could look back with pride in its accomplishments. Dr. C. H. D. Johnson, at an annual banquet in 1881, stated what he felt to be the homoeopathic accomplishments and hopes for the future. We might use the following for an epitaph:

It has reduced the mortality fifty percent in the ordinary diseases and seventy-five percent in the more deadly disease, like cholera and yellow fever. It has driven the allopathic school from the wicked shedding of human blood and the more wicked sacrifice [sic] of human life hereby. It has driven them from salivating their patients with massive doses of mercury and has reduced their deadly doses of forty or more grains of mixed drugs, to the fraction of a grain of the single remedy as now prescribed by some of the more advanced men. . . . We are not walking with our faces turned toward the past or worshipping, amid the dust and cobwebs of its centurers at the shrine of fossilism, [sic] but we are keeping step with the grand achievements of the living present. And looking into the years to come we may adopt the motto:

Not in vain the future beckons,  
Forward, forward let us range,  
Let the great world spin forever,  
Dawn the ringing grove of change.<sup>36</sup>

<sup>33</sup>Kaufman, *Homeopathy in America*, p. 14.

<sup>34</sup>C. F. Menninger to Edward Bumgardner, February 21, 1896, Bumgardner Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

<sup>35</sup>"Medical Education in Bad Way-Homeopaths," *Topeka Daily Capital*, in *Homeopathic Medical Society Clippings* p. 80, located at Kansas State Historical Society.

<sup>36</sup>"The Homeopathic Banquet," *Homeopathic Clippings*, p. 28.

## V. PROFESSIONAL RELATIONSHIPS IN SECTARIAN MEDICINE

There were three major sects within nineteenth century medicine, the homoeopathic, the eclectic, and the regular or so-called allopathic. Homoeopathy, the first of the major sects, became the prime target of criticism by regulars. The regular profession reacted so strongly because homoeopathy was the first attack on heroic therapy by physicians rather than by outsiders. Homoeopaths, as previously shown, were just as well-educated and scientific as their allopathic counterparts.

Regular physicians had two alternative responses to this challenge. They could have played down the therapeutic differences between homoeopathy and allopathy by adopting some of the homoeopathic features. Many homoeopaths hoped this would be the route regulars would tread. Regulars, however, opted for the second alternative, which involved an attempt to destroy homoeopathy by ostracism and legal action. This attempt at destruction gives further evidence supporting the sectarian nature of allopathic medicine. Allopaths could have proved the validity of their medical science. Homoeopathy, however, attacked the sectarian therapeutics of regular medicine, much of which had to be taken on faith as there was no way to demonstrate validity.<sup>1</sup>

One of the major reasons for the founding of the American Medical Association, and its later success, was the problem of irregular practitioners. The major vehicle within the AMA for dealing with those irregulars was the code of ethics, established in 1847. This code remained virtually intact until 1904, when the whole association underwent reorganization. The most important section of the code, relevant to this study, referred to consultations among physicians. By keeping irregular practitioners out of these consultations, it was hoped that they would lose public confidence and be deprived of their patients.

The first section of the code's article on the subject of consultations stated emphatically that irregulars were considered unfit for consultation because their "practice is based on an exclusive dogma," thus rejecting "the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."<sup>2</sup> A literal interpretation of these

<sup>1</sup>William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: John Hopkins University Press, 1972), pp. 168-69.

<sup>2</sup>Austin Flint, "Medical Ethics and Etiquette," *New York Medical Journal* 37(1883): 371-72.

criteria would define both eclectics and homoeopaths as regular practitioners. Neither practiced their sect exclusively nor rejected medical science.

When arguments as to the interpretation of the code cropped up in the 1880's, Austin Flint, president of the AMA, attempted an explanation. According to Flint, regular physicians could either originate or adopt an exclusive dogma, no matter how absurd it was and still be immune from professional discipline. The dogma was not the real issue that caused the ostracism, it was the fact that the irregulars branded themselves with an exclusive title, either homoeopathic or eclectic.<sup>3</sup> In actuality, these exclusive titles and organizations were adopted and set up after regulars had denounced the sects for not doing so, and forcing them from the regular medical societies. The AMA was at war, and during war logic and fair play are often avoided. One unfortunate physician happened to marry a homoeopath and was expelled from his county society for "professionally consulting with his wife."<sup>4</sup>

Differences within the regular profession as to the propriety of such a stringent code eventually disrupted many of the state and local medical societies. Probably the most significant conflict occupied the Medical Society of the State of New York, the largest medical society in the nation. The New York society took it upon itself to revise its code of ethics in 1882. As all state and local societies had adopted the AMA code as a model, this revision was seen by the national organization as a major threat. The result was the expulsion of the New York group from the AMA.

Arguments in opposition to the restrictive consultation clause were strong. Ostracism of irregulars was having precisely the opposite effect from that intended. Homoeopaths and eclectics obtained wide public sympathy for their resistance to the monopolists. In the removal from their societies of members using homoeopathic remedies, regulars were proving themselves more sectarian than homoeopaths. No homoeopathic society ostracised any of their members for using regular medicines. Consultations, in spite of the code, were becoming more frequent and were grudgingly accepted by many regular societies. Doctrinal differences between the sects were starting to disappear, and, as the years passed, grounds for ostracism no longer really existed. Homoeopaths were also very in-

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<sup>3</sup>*Ibid.*, pp. 372-73; see Rothstein, *American Physicians*, p. 172.

<sup>4</sup>Rothstein, *American Physicians*, p. 300.



fluent in the urban areas of the country and no effective licensing laws or laws regulating the medical schools could be enacted without their support.<sup>5</sup>

State societies were quick to act when they heard of New York's stand on the code. The Kansas State Medical Society held its sixteenth annual meeting in May, 1882, at Emporia, where Dr. J. Bell offered the following resolution:

Resolved 1st, that the State Medical Society of Kansas deprecates as unwise, and donounces as unbecoming to the profession, the recent action of the New York State Medical Society, believing that such a course is calculated to prostitute the profession throughout the country, and to disgrace scientific medicine, by inducing its followers to affiliate and fellowship with quacks and charlatans of the most pronounced and specious type.

Resolved 2nd, that this association, while denouncing such action, would proclaim that the regular profession of medicine in this State stand unalterably opposed to making such sacrifice under either the influence of gilded inducements or of legislative enactments; and, while they hold themselves ever ready at all times to respond to the calls of suffering humanity, they have no compromise to make in the interest of quackery, whether legalized or not, and do not propose to lower the standard of common honesty in the profession in order to gratify a depraved public sentiment.

Resolved 3rd, that the delegates from this Society to the American Medical Association to meet at St. Paul, Minn., be and hereby are instructed to refuse affiliation with the delegates of the New York State Medical Society until they make such amendments to their state code as will harmonize them with the national code.

A committee, appointed to report on the resolutions, considered them a little too sweeping, but recommended that the delegate to the AMA bring the matter before that body.<sup>6</sup>

The 1882 convention of the AMA was held purposely in St. Paul, Minnesota. Western allopaths were more conservative on ethical questions than their Eastern counterparts, and more concerned about irregulars. There was general agreement that Western irregular medical colleges were distinctly inferior to Eastern ones. Add further that the meeting place meant a greater travel distance for the defenders of New York's stand. The New York State Medical Society was refused a seat at the convention and in effect was expell-

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<sup>5</sup>*Ibid.*, p. 304.

<sup>6</sup>Committee on History, "History of the Kansas Medical Society," *Journal of the Kansas Medical Society* 25 (1925): 263.

ed from the AMA.<sup>7</sup>

The *New York Times*, in favor of the new code, wrote in May 1883, that partisans of the old code were filled "with anguish to see any person die without their assistance," but Homoeopathy was so wicked, no good medical man would interfere to prolong the lives of those who employed it. As the *Times* saw it, the only way to settle the disagreement between the partisans of the two codes was to procure passage of a law:

Making it [a] felony for any person willfully and knowingly to employ a homeopathist. The offenses should be punished, not with immediate death, but with imprisonment in the State prison, together with treatment by "regular" physicians. The moment the guilty person is placed under arrest he will, of course, be forbidden to hold any communication with his homeopathic partner in crime. It will then be quite proper for the court to assign a "regular" physician to take charge of the prisoner, and to experiment upon him with strong medicines until he either recovers or dies. In the latter case nothing more will remain to be done, and in the former case—if such a case ever occurs—the prisoner can be delivered up to the surgeons for vivisection.<sup>8</sup>

Opinion among regulars in Kansas as to the propriety of consulting with irregulars was as diverse as the men who composed the regular medical profession in the state. As early as 1867, the *Leavenworth Medical Herald* advised its readers to refuse to consult with "imposters," as there was "but one science of medicine and there can be but one art based upon it."<sup>9</sup> The Atchison County Medical Society tried a different tack in September of that year when it passed a resolution stating "that no member of the Atchison County Medical Society shall consult with any practitioner of medicine residing in this county, who shall not have been a member of this society before the second Tuesday of September, 1867." Evidently, even regular physicians who had not shown their diplomas to the Board of Censors and obtained a membership certificate, were also to be ostracized.<sup>10</sup>

In 1888, the Wichita Pathological Society was organized with the expressed purpose to "study the advancement of medicine and to enlighten the people of Wichita about quacks and unethical

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<sup>7</sup>Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: Johns Hopkins University Press, 1927), pp. 129-30.

<sup>8</sup>"The Code Quarrel," *New York Times*, May 3, 1883, p. 4.

<sup>9</sup>"Consultation with Irregular Physicians," *Leavenworth Medical Herald* 1(December 1867): 332-33.

<sup>10</sup>W. J. Burge, "Proceedings of the Atchison County Medical Association," *Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences* 1 (August 1867): 111.

doctors." No "off-color doctors" were welcome, nor could they use the few books or the microscope that the group owned.<sup>11</sup>

Dr. R. F. Harris, of Marion, writing for the *Western Medical Journal* in 1897, felt that eclecticism and homoeopathy were "side shows twenty years ago and are still considered so today." Harris argued that there had been progress in medicine, but questioned whether any of it was due to eclectics. He did give homoeopaths the credit for helping to modify doses. Harris felt if eclectics would but silently follow the regulars, they might be able to share in the glory.<sup>12</sup>

The general feeling of those who favored the strong AMA code was that the regular profession was broad enough to contain all those who intelligently and honestly sought to relieve suffering humanity. The code itself became something of a holy law. No one put it better than Topeka physician W. L. Schenck:

If interest or ambition has caused one to sin against light and knowledge, he has violated his conscience and broken a link in the golden chain that binds him to truth and righteousness, and is ready to break the other links at the demand of self interest. . . The physician is ready to break the whole law when he has broken a link by advertising himself as possessing some peculiar, secret or excessive knowledge in any department of his profession. . . Objections to the code, like objections to the Holy Writ, generally arise from ignorance of its contents or restiveness under healthful restraints.<sup>13</sup>

On the other side of this issue, there were proponents of a more relaxed code of ethics on the part of the AMA. Dr. W. D. Bidwell, a regular physician, in reviewing the controversy between the sects, gave Hahnemann the credit for reducing the combination of drugs to one of a single remedy. Bidwell argued that if a physician used small doses because he found them to be more beneficial, and if he used anatomy, physiology, pathology and organic chemistry in diagnosis and treatment, he was a regular and probably wrong in styling himself as a homoeopath. Sound reasoning would eventually convince irregulars that regular medicine covered every "pathy," but that could not be done if irregulars were continuously excluded from relationships with regulars. Bidwell's peace-seeking article gained him the support of the *Kansas Medical Journal*, in which it appeared. The *Journal* in an editorial note following Bidwell's article, declared, "If reasonable men on both sides of the controversy

<sup>11</sup>Howard C. Clark, *History of the Sedgwick County Medical Society* (n.p., 1951), p. 30.

<sup>12</sup>R. F. Harris, "Regular vs. Heterodoxical Doctors," *Western Medical Journal* 9 (May 1897): 94-95.

<sup>13</sup>W. L. Schenck, "The Code of Ethics," *Kansas and Missouri Valley Medical Index* 4 (August 1883): 221-22.

would approach the discussion of the subject in the same spirit that he evinces, medical union would be accomplished."<sup>14</sup>

On February 6, 1894, the Lyon County Medical Society held a debate on the topic: "article IV of the code of ethics of the AMA is not in harmony with the practice of modern medicine and should be expunged from the code." The debate was judged in favor of the affirmative by a panel of six judges on a vote of five to one, with the vanquished serving a banquet at the local Kandy Kitchen.<sup>15</sup>

George Hogeboom wrote in 1894 asking for an amendment to the code of ethics that would allow professional judgement in deciding whether to consult with a homoeopath or eclectic. Hogeboom said the goal of a physician was to cure mankind; therefore, he should be allowed to do it in any necessary way.<sup>16</sup> The code did not change, regardless of how many isolated physicians spoke in favor of doing so, until the AMA was reorganized in 1904.

Irregulars themselves, naturally enough, lobbied in favor of a change in the code. Eventually, however, they resigned themselves to living with it. Irregulars could also get around the code, as Dr. E. E. Swarts, president of the Kansas Eclectic Medical Association, indicated, "The dominant school of medicine stands before us today with a broken back. It is split up in many factions, its power waning, and its body is totally demoralized. A yoke is upon the necks of its votaries which is grievous to be borne. They vote for the old code, but privately they violate and ignore it."<sup>17</sup>

The lack of any effective law regulating the practice of medicine in Kansas caused an event unique in the study of the relationships among nineteenth-century medical sects. This was the joint session of the eclectic, regular, and homoeopathic medical societies in May 1898. It was the brainchild of Dr. H. M. Ochiltree of Haddam. In April 1897 Ochiltree discussed the need for a joint meeting of the sects in a *Kansas Medical Journal* article. In direct defiance of the AMA code, Ochiltree stated, "Educated eclectics and homoeopaths are qualified for practice and consultations. . . . Why not expell allopaths who use infinitesimals or still hold to Lloyd's Specifics." About the only differences he found among schools was in the name.<sup>18</sup>

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<sup>14</sup>W. D. Bidwell, "The Curse of Our Schools," *Kansas Medical Journal* 2 (March 1890): 399-400.

<sup>15</sup>George W. Hogeboom, "President's Address," *Kansas Medical Journal* 9 (May 1894): 257.

<sup>17</sup>E. Swarts, "President's Address," *Transactions of the Eighteenth and Nineteenth Annual Meetings of the Kansas State Eclectic Medical Association, Held at Wichita, May 11, and 12, 1886, and at Topeka, February 1, and 2, 1887* (Lawrence: Hoadley and Hackman, 1887), p. 21.

<sup>18</sup>H. M. Ochiltree, "A Joint Session of the Three Schools," *Kansas Medical Journal* 9 (April 1897): 186.

Accenting his views, Ochiltree proposed a resolution at the 1897 annual meeting of the Kansas Medical Society favoring a joint session "to further the interests of the medical profession of the state of Kansas." A committee of five was to be appointed to confer with committees from the other two schools and arrange the time and program of the future meeting. It was not an easy motion for Ochiltree to make, as he was sure to be censured by many of the more conservative members of the state society. In support of his proposal, he argued that all physicians should live together in peace and harmony and that the things dividing the schools were smaller than they had been in the past. There were also some money-related issues, for if all three societies held their annual meeting on the same day, they could get reduced railroad and hotel rates. Ochiltree hoped that this show of good faith on the part of the state society would draw more country practitioners into membership and make the society much stronger than formerly. Any legislation to regulate the practice of medicine in the state would require a long pull together by all societies. Regulars were forced to meet together with irregulars by law anyway on the State Board of Health, and Ochiltree felt that they "might as well meet together in a social way."<sup>19</sup>

The motion was tabled till the next morning when it was again proposed by Ochiltree. After restating his argument of the day before, Ochiltree tried to make it clear that the session was not to be a meeting for the discussion of papers, but to obtain added power and prestige for the society. It was hoped that a few hours of fraternal exchange would dispel from minds of ordinary citizens the bitter feeling among the schools. Dr. L. A. Buck of Peabody objected to a combined or appointed meeting as such. He would support a Kansas Medical Society committee meeting with committees from the other two sects, and having them set up a common convention date. At the convention, these committees could again meet in a joint session and set some hour when the organizations could get together. Buck's amendment was accepted, and after more discussion, the resolution was passed unanimously.<sup>20</sup>

Feeling ran high in medical circles throughout 1897. Differences among sects seemed to be dissolving. There was even talk of

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<sup>19</sup>Kansas State Medical Society, "Proceedings," *Proceedings of the Kansas Medical Society Thirty-first Annual Meeting, Held at Topeka, Kansas, Wednesday, Thursday, Friday, May 12, 13, and 14, 1897* (Topeka: n.p., 1897), pp. 72-74.

<sup>20</sup>*Ibid.*, pp. 76-78.

dropping the distinctive titles of the past. Dr. H. W. Roby, homoeopath, wrote in a letter of November 28, 1897, "Kansas has been the mother of many reforms in many areas, and in Kansas lies the hope of getting rid of the ostracism of the warring schools. . . . Kansas has taken a step the country should be proud of." He also expressed the hope that the homoeopathic press of the East and West would quit its attack and allow Kansans to continue in peace.<sup>21</sup>

The joint session was held on May 4, 1898, at Representative Hall in Topeka. Dr. E. B. Packer, eclectic, of Osage City, was selected as chairman and A. M. Hutchinson, Homoeopath, of Hutchinson, as secretary. Watson's orchestra played the overture and H. Z. Gill offered a prayer. Governor Leedy was expected to give the address of welcome, but as he was looking after the welfare of the troops H. A. Warner was sent instead. Topeka mayor C. A. Fellow gave a welcome to the group and Watson's orchestra supplied more music. Ochiltree gave a response to the welcome of the mayor and the meeting proceeded to a reading of three papers. Doctor H. W. Roby, homoeopath, of Topeka, chose as his topic, "Hygiene of the Public Schools"; Dr. E. M. Hoover, eclectic, of Halstead, "Relation of Disease to Crime"; and G. W. Hogeboom, regular, of Topeka, "Medical Legislation." Watson's orchestra supplied additional music, and a social thirty minutes of becoming acquainted closed the evening.<sup>22</sup>

A further meeting, held on May 5, at 7:30 P. M., brought the decision to have another joint session in Topeka the following year. The first evening would be devoted to a program, and the second would consist of some type of entertainment.<sup>23</sup>

An attempt was made at the annual meeting of the Kansas Medical Society in 1898 to table the resolution of approval for the second union meeting and for the continuance of the committee. Ochiltree came to the defense of his project, saying that it was unwise to table, if any legislation beneficial to medicine was to be expected in the coming year. The motion to table was lost, but the debate on the original resolution became quite heated. Dr. Lane felt that the sessions were "simply killing time and not advancing the progress of medical science." Dr. Minney countered by pronouncing that the same reasons for holding the 1898 session still existed. Min-

<sup>21</sup>Editorial, "The Union Meetings," *Kansas Medical Journal* 10 (March 1898): 159-60.

<sup>22</sup>Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898* (Topeka: Mail Printing House, 1898), pp. 82-83.

<sup>23</sup>*Ibid.*, p. 88.

ney and Ochiltree prevailed and the resolution carried by a vote of nineteen to ten. There would be a second joint session of the three medical societies.<sup>24</sup>

Approval of the undertaking continued throughout the year, although the majority of praise seemed to come from the pen of Dr. Ochiltree. In a September article in the *Kansas Medical Journal*, he again advocated a change in the AMA code. The new proposal, originally Dr. Emory Lanphear's, asked the AMA to accept graduates of reputable homoeopathic and eclectic schools, if they were willing to be known simply as "physicians," rather than homoeopaths or eclectics. The new code would allow for consultations with those who accepted the proposal. In a grand conclusion, Ochiltree acclaimed the brotherhood of the new age and the joint sessions:

A spectacle never before witnessed in the history of medicine. For the time being at least, the great Chinese wall has been broken down and the three great schools of medical practice stand face to face, hand in hand in the attitude of fraternity. . . . Washington was first in peace and first in war; but Kansas is first in seeking to free the enslaved whether to antiquity, to rum, or to bigotry.<sup>25</sup>

The second annual joint meeting was held on May 3, 1899, in an atmosphere of outward congeniality. Watson's orchestra again opened the session with an overture and the Rev. Dr. Countermine of Topeka offered the prayer. Governor W. E. Stanley welcomed the delegates and expressed his optimism for the future. Gone were the days when everyone practiced medicine, when herb doctors scraped the bark of trees upward for an emetic and downward for a physic, when allopaths criticized homoeopaths and when both attacked eclectics. Dr. Minney, regular, of Topeka, seconded the address in an equally optimistic tone. Minney admitted that a little prejudice still existed, but that fortunately it was quickly passing away. Some diseases could best be treated by "contraries," and some by "similars," for Kansas medicine was progressive. Minney believed that almost any crossroads doctor was prepared to perform operations of the abdominal, thoracic, or pelvic cavities. Only partially in jest, he suggested that possibly the high caliber of the state's

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<sup>24</sup>Kansas State Medical Society, "Proceedings," *Proceedings of the Kansas Medical Society, Thirty-second Annual Meeting, Topeka, Kansas, Thursday and Friday, May 5, and 6, 1898* (Topeka: n.p., 1898), pp. 9-10.

<sup>25</sup>Joint Meeting of the Regular, Homoeopathic and Eclectic Societies at Representative Hall, May 4, 1898," *Kansas Medical Journal* 10 (September 1898): 492-95.

physicians was due to something in the Kansas soil and air.<sup>26</sup>

Notes of Dr. Menninger's response are not available. Several resolutions were sent to the desk after the program, however, condemning his remarks. The resolutions, declared outside the business of the joint session, were referred to the several society meetings on the following day. The secretary of the State Board of Health also had his resolutions referred to the several society meetings. The object of the joint sessions was declared to be the reading of papers and social amusement, not the discussion of papers or resolutions. Leaders of the session were trying their best to make sure that doctrinal arguments did not disrupt the meetings.<sup>27</sup>

After an interlude of music, the session progressed to the reading of papers. Dr. B. J. Alexander, eclectic, of Hiawatha, read one on "Public Sanitation of the Villages and Towns of the Level Plains of Kansas"; Dr. J. W. May, regular, of Kansas City, "Pure Food and Water Supply"; and Dr. W. B. Swan, homoeopath of Topeka, "Public Sanitation." Watson's orchestra in concert ended the meeting.<sup>28</sup>

Homoeopaths and eclectics reported to the Kansas Medical Society that they favored a third meeting, and gave the names of their joint committee members. Homoeopaths had chosen Drs. W. B. Swan of Topeka, F. M. W. Jackson of Emporia, W. E. Buck of Kingman, and two others, to be chosen from the city where the societies would meet, as their delegates. Eclectic delegates would be Drs. E. B. Packer of Osage City, W. C. Hamilton of Topeka, T. N. Watts of Alma, B. J. Alexander of Hiawatha, and W. Y. Vance of Horton. Dr. Ochiltree proposed the resolution that would create a third session, and discussion on the topic began.

All of the suppressed hatred seemed to surface during the discussions. Dr. Bryan felt that those who favored joint meetings, and hence recognition of irregulars, were those who were the "least posted in medicine." He found it extremely hard to keep his seat at the prior evening's joint session when regulars were referred to as allopaths. The term allopath was one given to regulars by homoeopaths and he resented an outside society naming the regular

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<sup>26</sup>Kansas State Medical Society, "Proceedings," *Proceedings of the Kansas Medical Society, Thirty-third Annual Meeting, Topeka, Kansas, Wednesday, Thursday, and Friday, May 3, 4, and 5, 1899* (Topeka: n.p., 1899), pp. 5-9.

<sup>27</sup>Kansas Eclectic Medical Association, "Proceedings of the Kansas Medical Association," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 3, 4, and 5, 1899* (Topeka: Mail Printing House, 1899), p. 52.

<sup>28</sup>*Ibid.*



profession. Bryan doubted that eclectics or homoeopaths had ever given medicine anything new, even what little education they had was due to regular science. In reverting to an old line of attack, he remarked, "There has got to be something in a man's mind before he can get into these irregular schools, that he has got to be willing either to be a scoundrel and practice that which he knows to be false to learn therefrom, or else he is ignorant; and I cannot attribute it to ignorance every time." Ochiltree confessed to being one of the ignorant class, "Not thoroughly posted on the subject of medicine." He eloquently tried to defend his resolution, by claiming that the resolution was not to hold discussions with irregulars or to fraternize with them, but merely a combined meeting to open the annual meetings of the several societies and to show that the old animosities were past. Ochiltree saw homoeopathic schools as equal to regular ones and reasoned that persons could disagree on medical issues, as in religious issues, and still do so in a harmonious manner. If homoeopaths and eclectics could agree to holding the meetings, there being only one dissenting vote in the homoeopathic society, what would the people think of regulars if they refused? Dr. Mitchell questioned whether the meetings did show a decrease in animosity. Dr. Minney explained that persecution had given homoeopathy its strength throughout the years, and that neither homoeopathy nor regular medicine was the same as it was twenty years ago. Dr. Stewart doubted whether homoeopathy was as far advanced as Dr. Minney would like them to believe, and found the only reason there might be to meet jointly was the prospect of obtaining needed medical legislation. Dr. Sullivan believed that the more regulars and irregulars met together the easier it would be for regulars to convince irregulars of the errors of their ways. Dr. Sexton did not like the plan of "marrying a drunkard to reform him." The society president found no real excuse for holding any additional meetings and stated that he would be willing to pay the extra car fare if the meetings were discontinued. He found no way to harmonize the regular school of medicine with any such "fad," and exclaimed further that he "would just as soon fraternize with Lydia E. Pinkham [patent medicine] or any of her kind." When the resolution finally came to a vote, it was defeated.<sup>29</sup>

Unknowingly, homoeopaths and eclectics met in their separate conventions and finalized plans for the third annual joint meeting.

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<sup>29</sup>Kansas State Medical Society, *Proceedings of the Thirty-third Annual Meeting*, pp. 20-27.

Eclectics had chosen two of their members to prepare papers to be read at one of the other societies. One to be read to homoeopaths, and one to the allopaths. The papers were to be upon some topic of common interest and the writer was to be prepared to defend his article. Dr. Alexander was selected to read before the regulars and Dr. Packer before the homoeopaths on condition that each of the other societies prepared a paper to be read before the eclectic society at its next session. As the meeting progressed, it was learned, "from what is considered a reliable authority," that the regulars would not approve another meeting and would not appoint a committee or joint sessions, or further affiliate with the homoeopaths and eclectics. An unknown member quickly proposed the following resolutions:

Whereas, there is no affinity between oil and water, therefore be it Resolved: that the efforts of the Kansas Eclectic Medical Association to affiliate and harmonizingly work with that body of medical men in the regular society who are still working in the old past of calomel, blue pill and blister, be hereby abandoned as a hopeless task. Resolved: that in the future, as in the past, we, as brother eclectics, seek no further alliance with the so-called allopathic school of medicine.

A motion was made that the resolutions be adopted, but after considerable discussion calmer tempers prevailed and the resolutions were laid on the table.<sup>30</sup>

The damage had been done, however, and never again would eclectic, homoeopath, and allopath sit down together at a common convention.

A joint session was scheduled for Topeka on May 9, 1900, but it would be between eclectic and homoeopath, and somewhat of an anti-climax. The committees had failed to complete a program, because certain members had forgotten their duties, assigned the prior year, until it was too late. In order to salvage the occasion, members were invited to the YMCA rooms on May 10, 1900, to listen to an address by Professor Benjamin F. Bailey, on the appropriate topic, "Trends in Medicine." A joint committee meeting, also on the tenth, decided to hold a similar meeting in 1901, and Drs. Roby and Packer were chosen as the committee in charge of selecting a chief orator. The Kansas Dental Association was to be invited to attend, and the expenses of the 1901 joint session were to be equally divided between the eclectics and homoeopaths.<sup>31</sup>

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<sup>30</sup>Kansas Eclectic Medical Association, *Proceedings of May 3, 4, and 5, 1899*, pp. 66-71.

<sup>31</sup>Kansas Eclectic Medical Association, "Proceedings," *Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 9, and 10, 1900* (Topeka: A. D. Bauer Printing Company, 1900): 55-59.

No information is available as to the success or failure of this fourth annual joint session. The attitude of the regular society in its refusal to go along made the whole procedure quite useless. The fact does remain, an attempt was made in Kansas to air the differences among the three schools of medicine. The differences proved too great and scars were imbedded too deeply for a reconciliation.

It remained for the future to bring medical legislation mandating professional standards and producing qualified personnel attuned to ever-improving scientific advancements. Complementary legislation was also required to regulate the rash of proprietary therapeutics—control of “cures” designed for people prescribing their own treatment.<sup>32</sup>

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<sup>32</sup>A future issue of *The Emporia State Research Studies* by Larry Joehims is projected with special consideration of medical legislation and proprietary therapeutics in Kansas during this same time.