

An Interview With Dr. Otto E. Guttentag

## Table of Contents

Introduction	
Transcript	1 - 51
Footnotes	52
Index	53 - 57

Dr. Otto E. Guttentag

Dr. Otto E. Guttentag was born in the year 1900 in Stettin, at that time a part of Germany. He entered the Vereinigte Friedrichs Universitaet Halle and was licensed as a physician in 1923. Two years later he obtained his M.D. degree from this institution. Dr. Guttentag had become interested in homeopathy through his major professor at the University of Halle, and in 1933 he was invited to the United States to become director of the research laboratory of the Homeopathic Foundation of California. Three years later he was appointed to the Chair of Homeopathy at the Medical Center of the University of California in San Francisco. At present Dr. Guttentag is the Samuel Hahnemann Professor of Medical Philosophy at this same institution.

The interviewer was Dr. John Duffy, Professor of the History of Medicine, Tulane University School of Medicine, New Orleans, Louisiana. The interview took place in Dr. Guttentag's office in the Medical Center in San Francisco on July 24, 1968. Dr. Guttentag was exceptionally cooperative, cheerfully answered all questions, and displayed no suspicion of the interviewer's motives. Dr. Guttentag's heavy accent created some difficulty in transcribing the tape and occasionally put him at a loss for words. He went to considerable trouble, however, to smooth the typescript of the interview. While he heavily edited the transcript, the editing was for purpose of clarification rather than to censor or change the text.

Oral history interview, Dr. Otto E. Guttentag, University of California at San Francisco, July 24, 1968. Interviewed by Dr. John Duffy, Tulane University of Louisiana.

Dr. Duffy:

Dr. Guttentag, would you prefer to discuss this book first, or should I start asking you about your personal background? You were discussing, I think, this book by Dr. Linn J. Boyd, A Study of the Simile in Medicine (Philadelphia, 1936). I think you are aware that we would like to put as much as possible on the tape.

Dr. Guttentag:

Yes. Maybe we better start discussing this book first, because if I tell you my story and how I came to America, that will take some time and may not leave enough time for discussing Boyd's book. I consider the book by Boyd to be one of the most important books concerning the history and the concepts of homeopathy. As you will see, it gives the whole historical development of homeopathy from Hippocrates on to 1936. Dr. Boyd, for a long time was professor of medicine and pharmacology at New York Medical College. Then due to his modern scientific--I don't like the word, but I don't have at the moment any better expression for it--orientation--I think he had differences with the American Institute of Homeopathy and resigned from the Institute, an event which I consider to be very unfortunate. Dr. Thomas H. McGavack, his student, followed him in resigning, I think.

D.- Was he one of the pure homeopaths?

D.- If you mean by pure homeopath, people who do nothing but homeopathy, I would say no. He was a graduate of the University of Michigan, and if I am not very much mistaken, as it happened here in San Francisco, with the University of California and the Hahnemann College of the Pacific, in the course of the re-organization of American medical schools, the University of Michigan swallowed the homeopathic college there. But there was a stipulation that somebody would have to write on the subject matter of homeopathy in relation to this merger. The man who fulfilled this promise to the regents of the University of Michigan was Dr. Boyd.

D.- You say that he is alive?

G.- Yes. I had a correspondence with him the last time just a year or so ago. He was very sick--he was involved in a railroad accident, but he is still alive, and I can give you his exact address.

D.- Would you mind reading that into the tape, and then we will have it?

G.- Linn J. Boyd, M. D., 611 Palmer Road, Yonkers, New York, 10701.

D.- I appreciate that. We spent some time--I guess about a morning--with Dr. James Stephenson in New York, but I don't recall Dr. Boyd's name coming up at any time. I do think he would be worth investigating, and I certainly will make a note of this. But let me start by asking you to tell me something about your general training and your background, with some indication of how you happened to become a homeopath rather than

a more orthodox practitioner.

C.- Yes. As you probably noticed from my accent, I am not a native Californian. I originally had my whole medical training, as it was, in Germany, and was a member of the Department of Internal Medicine with Professor Franz Volhard, who at the beginning of this century was one of the leading figures in academic medicine in Europe, particularly in the field of nephrology--as Thomas Addis was here in the United States. I, myself, come from a long family of physicians, and always said that I was interested in making sick people healthy, and curing sick people. When I was assistant to Professor Volhard at the University of Halle A.S., two things happened. One was that the outstanding German surgeon August Bier<sup>1</sup>, of whom maybe you have heard, wrote his paper--"What Should be our Attitude Toward Homeopathy?"<sup>1</sup> The other was that we had a patient at Volhard's department who suffered from Graves' disease. And at that time nothing was known about Plummer's or Neisser's treatment of Graves' disease with small doses of iodine, and so Volhard recommended surgery to her. But this patient said; "no". As happens in, and is the advantage of, small university towns, two months or maybe three months later we met this lady on the street. She had gained quite some weight and felt very well. Learning that she had gone to a homeopath, I told my chief: "Listen, as I told you, I have studied medicine in order to make sick people healthy. There is Bier's article-- and the experience with that lady--I would like to learn some-

thing more about homeopathy. I don't care what they (i.e., medical people in general) say about it." Volhard answered: "All right, if you want to use your vacation to study homeopathy so that it doesn't cost me anything, in other words that I don't have to pay someone to take your place, you can do that." So I went to the homeopathic hospital in Stuttgart, the only hospital of its kind, and spent my vacation there. I was very much impressed by the orientation of the physicians working there--not, perhaps, ~~such~~ <sup>so</sup> much in relation to the actual treatment, but in relation to their basic attitude. They emphasized looking at the whole patient and took very much into account what we call the constitutional make-up of a person. And they did this (and do this) in a medically very intriguing way. They use the actuality of a total drug picture as the standard of reference for the indication of a drug. As you know, homeopaths differentiate a belladonna person from an iodine person and a nux vomica person.

D.- Do you mind if I ask you something? What was the approximate date of this?

G.- That must have been 1927 or something like that, anyhow between 1925 and 1929.

When I came back and told Volhard my impressions, he was generous enough to let me spend half a year to go to that hospital in Stuttgart to learn more about homeopathy. When I came back we made arrangements with an old experienced homeopath in town, Dr. J. Schier. In the meantime Volhard had moved to Frankfort and had taken me with him, so this happened in Frank-

fort, but it doesn't make any difference. Anyhow, we invited this old homeopath M.D., Dr. Schier, to come to my ward in the University Hospital, and I think we already did double-blind studies already then. I would present the patients to Dr. Schier, and he would say: "Let's treat this patient homeopathically--or that patient homeopathically," and then after a week he came back, and he would not know whether the patient had actually been treated homeopathically or not, and then made the judgment. "Yes, he has improved, or he has not improved," and I would agree or not agree with his judgment on the efficacy of homeopathic treatment in a given patient. This happened in 1933. Now I have to say something else, too. At that hospital in Stuttgart I met besides the chief, Dr. Alfons Stiegele, two other people to whom I owe much. One was Dr. Fritz Donner, the chief resident at the hospital; the second one was Dr. Karl Koetschau who came from the University of <sup>JENA</sup> . Koetschau, the oldest of us, had already written or was writing at that time, some good papers on homeopathic problems which you will find mentioned in Boyd's book. He was invited to visit the New York Homeopathic Medical College in which Boyd taught and Hahnemann Medical College in Philadelphia. He went over and when he came back, he said: "Well, you know in American they have all the money (this was at the time of inflation in Germany, etc.,) and I think we should go to America and do our studies there." I told him: "Well, you know I am sitting very well with Volhard. I don't have to worry about anything," and so I said no. Then came the Nazi



rise to power. Koetschau, a man of absolute integrity, became a Nazi, because he said: "They will initiate a new era in medicine--they are not restricted by any medical dogma, but "You", pointing to me, "with your Jewish background (which I have) will have no future at all. You had better go, and as a matter of fact, I, Koetschau, have written to the people that I am sure you are available now. And if they ask you now to come--then you go." So in the summer of 1933--I have forgotten exactly when, I think it was August--I got an invitation from the Homeopathic Foundation of California to come to this country to become director of their research laboratory. On the advice of Koetschau and due to the development of the political situation in Germany, I accepted the invitation. This is how I came to California and was originally only a member of the Homeopathic Foundation of California. Now then, due to the merger of the Hahnemann College of the Pacific with the University of California, similar to that one which I mentioned in relation to Boyd, there were at the University of California Medical Center in San Francisco two part-time chairs of homeopathy. But they did not work out very well for a number of reasons. Learning of my academic background, etc., the dean of the University of California School of Medicine here in San Francisco, Dr. Langley Porter, asked me if I would accept the chair at the Medical Center if it became a full-time position. I said: "Yes." A new contract was made between the Hahnemann Medical College of the Pacific and the University of California that the two part-time chairs would be

changed into a full-time chair of homeopathy. This is how I became holder of the chair of homeopathy at the University of California in San Francisco.

D.- The approximate date would be...

G.- '36. I think the negotiations started immediately, but until the new contract was drawn up--that happened in 1936.

D.- Were you in private practice, or...

G.- No, I was not in private practice. I was paid by the Homeopathic Foundation of California. Now in this chair I was originally, I think, assistant professor of homeopathy. In the course of time I became associate professor of homeopathy. Then the old dean<sup>n</sup> of the medical school, Dr. Langley Porter, died, and things, what shall I say, became more dogmatic, in that nobody in the medical school, and particularly among the clinicians, but me, knew anything positive about homeopathy. Thus I was somewhat stymied in my further developments. I was, and still am, in the department of medicine, but due to rotating internships and rotating of residents, I was unable to establish what I had begun in Germany, a re-testing, or, you might say, re-delineating of the range of homeopathic therapy. I went around and said: "Well, let me get all the patients where you do not succeed any more--then I can try to find out what I can accomplish with them." But the moment I had interested some intern or resident in the program, due to this rotating internship they left. After awhile I got tired of this, because no true clinical evaluation could ensue. So I decided to go into the more theoretical aspects of the homeo-

pathic approach. In trying to explain to the people here what homeopathy is all about, I finally became interested in the theoretical premises of medicine in general and started to publish in this field. In the meantime, Dr. John G. deC. M. Saunders had become our Dean or Chancellor, and he told me: "Well, we had better change your title. With the present one you will never get any farther whatever you do." So my title was changed to Samuel Hahnemann Associate Professor of Medicine. But then the professors of medicine, with all due respect to their brilliancy and depths in their special fields, said, "With all the things that you do, we still cannot promote you to full professor." And then Dr. Saunders said: "Well, we have to change your title again, and make you Samuel Hahnemann Professor of Medical Philosophy." Negotiations with the Hahnemann College of the Pacific--that is still legally evidenced to a new and, I think, very constructive contract and since neither the philosophers, at home and abroad, nor anyone else had any objections, I got the title and still have it.

D.- What was the date?

G.- That was very late. That was in the 60's. '63, or something like that.

D.- Maybe I am wrong, but your appointment originally in 1936 must have been one of the last appointments to a chair of homeopathy.

G.- Yes.

D.- Now may I ask, that as the holder of this particular chair, what type of teaching do you engage in?

G.- I originally taught what I call, general and special homeopathy. In the course of time and for the reasons outlined previously, I concentrated more and more on the theoretical premises of homeopathy and medicine in general. The title of my main course now: The Medical Attitude; an outline of the philosophical foundations of clinical medicine, cognitive and ethical problems. All of the courses are elective. In other words, these are basic orientations of the axioms of medicine in which I am mentioning homeopathy in its conceptual contact. I do not know if you know my paper in the Bulletin of the History of Medicine, 1940,<sup>2</sup> there I make the point of the cyclic appearance and disappearance of homeopathy in the course of the history of medicine. I do not teach any special homeopathy at the present time. For many years, I have emphasized that the old, (i.e., experienced,) physicians should by all means (and I just wrote this to Dr. Wyrth Post Baker, the present president of the American Institute of Homeopathy, not very long time ago), make careful case reports so that other people can learn from their reports. I emphasized this obligation in the very first paper. After I came to this country, I wrote: "Tasks and Problems of Homeopathy."<sup>3</sup>

D.- Now, in your courses, obviously you do bring in the homeopathic concepts, but the courses themselves deal, in a sense, with the theory of medicine in general.

G.- Yes, and the cyclic absence of homeopathy in medicine is a part of it.

D.- Yes. Now do you deal with medical ethics in your courses?

- C.- Yes, in a special course. I offer several courses. It is true, of course, if anyone asks me about specific homeopathic problems, I will discuss these with students. Also, there are students who have been treated by homeopathic physicians, and want to know more about homeopathy, and I discuss with them their specific problems. One of the strongest adherents of homeopathic treatment in the Bay area is Dr. Henry Von Witzleben in Palo Alto. He was Director of Research at the Veterans Administration facility there and his physician is Dr. Roger A. Schmidt, whom I mentioned to you, one of the leading homeopaths in town. Dr. von Witzleben feels very strongly it has been of unique benefit to him in various ailments. I think his expression of faith is important because Dr. von Witzleben is a man trained in critical evaluation of treatment, a psychiatrist, to be sure.
- D.- Let me ask a question--in a way, it is almost a loaded question-- I get the feeling that your advancement and acceptance is almost related to the fact that you shifted your emphasis from homeopathy to a medical philosophy in general. In other words, you became more acceptable to the faculty in medicine, and to other departments.
- G.- Yes. This is a very good question. Let me put it this way. I always have been accepted as a person and in my early years due to my training, I was running the renal clinic here. I was always accepted. I think the rejection was in part due-- unconscious of course--to a narrow dogmatism in medicine. Let me give you one example. I always make the point that a

true physician doesn't care where his therapeutic armamentarium comes from as long as it is successful. If I for instance, and I have this experience right now, in addition to previous times, would mention to the students or to the house staff some therapy unknown to them, their first question would not be, "How reliable has this treatment been proven in the past?" Their question most frequently is: "What is the rationality behind your treatment?" If I then tell them we know very little about it, or we don't know anything about it, they immediately would, let us say, sneer a little bit, because they feel so strongly that medicine is basically already "a rational science" in the sense that it is mechanically understood. They will reject any kind of treatment which is basically empirical. You might say my "rejection," as you expressed it, rests on this fact, that I consider the house staff attitude mentioned before, as "unclinical." If you have the orientation that you must know the rationality behind any kind of treatment then you are a clinical physiologist. But if you are a physician rational, i.e., mechanical understanding is or are the raisins in the cake. Effective treatment is what counts, understanding it is of secondary importance. I do not know if I express myself clearly, but it was, you see on this basis that I was "rejected". I had extreme difficulty explaining my approach. For this reason I felt that in order to advance my point of view I had to go more into the theoretical.

D.- It is interesting that in the mid-19th century we had a similar situation in which the difference between the allopaths

and the homeopaths was that the homeopaths operated on what was presumably an irrational basis, whereas the allopaths were in the identical position of defending a procedure which was to a large extent empirical.

G.- Yes. And there was something else very interesting. You remember Shryock spoke in The Development of Modern Medicine, (New York, 1947), of the rejection of homeopathy in the early part of the 19th century in French medicine. I checked on that, and somewhere I must have some correspondence with Shryock on this matter. I wrote to Dr. Shryock that when the studies were made in the Paris hospitals, the testing of homeopathy was not done strictly according to the homeopathic concepts and I claimed that they were rejected on insufficient grounds. And this is to me, to my way of thinking, the Alpha and Omega of special homeopathy today, to collect careful homeopathic case histories. Nobody doubts today, I think, the presence of the homeopathic phenomenon, or the simile generalization or whatever you want to call the assertion under study, but what we do not know is its range. Think, for instance, of the patient with Graves' disease I mentioned above. Now we know a treatment by Plummer introduced in this country and by E. Neisser in Europe with the small dosages of iodine. It is very well known that large dosages of iodine aggravate Graves' disease. In the beginning of the century homeopathic physicians were put into prison because they treated Graves' disease with small dosages of iodine. As you know, I wrote a paper, "Trends Towards Homeopathy", in 1940, and I didn't write anything significant in this field ever since. Then in 1965 I got the in-

invitation to write, for the Journal of Clinical Pharmacology and Therapeutics, an editorial on homeopathy in the light of modern pharmacology. I went back to the editor and said I would be glad to write this article, but "Tell me, how come? For 25 years I haven't written on this subject, and no significant paper has appeared for the last 25 years. Why have you suddenly become interested in homeopathy?" He answered: "To tell you the truth, I do not know. The subject matter came up in our editorial board and so we said, 'Well, this is a good idea and you are the man, and so on, etc.'". So from the historical point of view, you might say that the board did not realize what a tremendous change of attitude this is. Twenty-five years ago when I sent my article to the Bulletin, Dr. Sigerist wasn't there when the paper arrived. The associate editor knew that homeopathy was a "hot potato," so he answered: "You will have to wait until Dr. Sigerist's return". Then it was accepted, you know.

D.- It could be that it is a recognition that the homeopaths anticipated immunology, and I suppose the concept of trace chemistry to some degree might be implicit in the homeopathic doctrine, and maybe there is a changing attitude. I wonder if at this point I might ask you--I know this is a difficult question to answer--would you express your concept of precisely how homeopathy differs from ordinary medicine? I know this is a difficult thing to do, but each man does have various insights and if you could summarize briefly...



G.- Let me see if this is your question. I would say that homeopathy--I even coined a definition of homeopathy which was accepted by the American Institute decades ago--is a branch of medicine. I mean it is not sectarian any more (I can give you papers on that, too). It deals with what in modern terms is called the phenomenon of the inverse or paradoxical reaction of drugs, or to drugs. As I have always pointed out, Hahnemann had great respect for Jenner's smallpox vaccination. In pharmacology we have the same type of reaction. It has been quite unknown until recently, and this type of reaction has been unknown, I think, because until very recently pharmacology was physiological pharmacology--dealing, in other words, with healthy animal reactions. It was in the term of the German homeopath, A. Stiegele<sup>4</sup>--microtoxicology, in the sense that you gave drugs to healthy animals and studied what happened. Now the fact that if an animal is sick and has a symptom which a drug produces in the healthy animal, and the same drug when given under these circumstances produces an inverse reaction, such observations could only be made after we were able to make animals sick similar to human sickness, and developed "pathologic pharmacology". From this point of view I would say the whole interest and research concerning homeopathy will become great because now pharmacology, pathological pharmacology, experiences this inverse reaction of drugs, or in homeopathic terms: the simile phenomenon. Did I express myself?

D.- Yes. Now in terms of homeopathic practice. I would assume that you look upon homeopathy as a branch of internal medicine pri-

marily--and as a supplement. You would accept it as a part of medicine. I think this seems to be the attitude of the better trained men I have had contact with. And in this sense you would feel that some of the philosophic concepts, or the rationale of homeopathy, is actually coming into its own. I was interested when you talked of the problem of clinical testing. This was one of the points that worried me in reading about homeopathy. There never has been, it seems to me, an adequate clinical testing of homeopathic practice.

g.- I entirely agree with you. And I would say the fact that I ~~entirely agree with you probably~~ entirely agree with you probably sets me a little bit apart from the great number of homeopathic clinicians. I know, I would think, enough homeopathic clinicians--for instance, the above-mentioned Dr. Donner<sup>5</sup> in Germany--that I feel there can be no doubt for any reasonable man, that in individual patients homeopathy has proven its value,--but in relation to any generalizations I think we know hardly anything. You might speculate, and say that in the realm of the autonomic nervous system the probability is very great, and you can point that very often small dosages have opposite effects to large ones in that area. The inverse reaction of drugs due to the small dosage of a drug can be observed, of course, in the healthy organism, but as I said before, clinical homeopaths do not make enough effort to describe their clinical successes in most critical terms. Homeopathy, and in a sense this is my fear, will be re-born, if I should use that phrase, by non-homeopathic

physicians who, becoming aware of the inverse reaction of drugs, will study clinical homeopathy and tell the homeopathic physicians, if they are still surviving: "You did not capitalize on the talents which we have given to you," if I may use biblical terms.

D.- Yes. One of the things which worried me, particularly when I first started talking with some of the older homeopaths--and I think you are aware--that there are two categories of individuals who tend to get into homeopathy. There are those who are born into it, or who through a family physician, or through family contacts, become good practicing homeopathic physicians, and who are good, solid, empirical men. Then there is another type which you represent--more philosophically-minded individuals who are attracted to it because of the philosophical implications. But in talking with some of them, and before I realized this distinction, I became aware that these men tended to justify their practice primarily on their own cases, or on specific cases. I am not denying the validity of these cases, but unfortunately one can hardly generalize on the basis of personal experience.

G.- Absolutely right. Absolutely. There is an interesting phenomenon--let's see if we can put this into words. If you make a study of whether or not the sons of homeopathic physicians who became physicians remained in homeopathy, you will see that most did not. Offhand the two people you are going to see in southern California--the young Smith and the young Neiswander<sup>6</sup>--are the only sons of homeopathic physicians I know right now

who stuck to homeopathy. The other ones forgot about it. Unfortunately, they seem to be ashamed of their fathers.

D.- Yes. What you are saying, then, is that those who are attracted to homeopathy philosophically are more likely to pass the ideas on to their children. Whereas, the others are more subject to outside pressures.

G.- Yes, yes. I see and make exactly the same objections that you have raised--that you cannot justify the practice of homeopathy on the basis of individual patients unless you do it with great care and caution.

D.--I think you have almost answered this question, but one of the things we have asked all of our interviewees is: "What do you feel are the prospects for homeopathy either as a separate entity or as a medical theory?"

G.- I am very much interested in this problem in order to find a successor to my chair, you know. And at the present time I see no other prospect than that we set up research fellowships in the Departments of Pharmacology, particularly in clinical pharmacology, and study intensively the phenomenon of inverse reaction of drugs. And we better hurry, you see, so that the knowledge of experienced homeopaths is utilized, as we did it forty years or more ago in Frankfort: if the experienced homeopathic physicians are all dead, then the study will be much more complicated. From this point of view, Medicare might be a blessing in disguise or even a straight blessing due to the fact that the government now makes very strict demands on the effect of therapy, etc. Clinical medi-

cine may be forced to do therapeutic studies very carefully and extensively. This is where the future fate of homeopathy as homeopathy lies. Furthermore, due to the outside pressure, e.g., the president's heart, cancer and stroke programs, etc., academic medicine fortunately will be forced to look around, as good medicine from my point of view always does, and say: "Look, where do I find good therapy? I don't care where it comes from." It will become in the good sense of the term "empirical medicine" again, supplementing the rational attitude of explaining.

- D.- It is rather ironic, that medicine, which has made so many of its major advances empirically, should have rejected a theory outright merely because it was a theory.
- G.- Exactly. There is a very interesting paper by Virchow in which he delineates that if therapy wants to become a science it must stand on its own feet, and it must start with observations on the sick, and not bring concepts from physiology, or from the outside into its fold. Medicine is not an applied science, if I may use the term. Medicine, particularly therapeutics, stands on its own feet, should stand on its own feet unless it wants to give up its identity. This is what so called "rational" medicine forgets.
- D.- It is broken off into science.
- G.- Exactly. Exactly.
- D.- One of the points that I have been impressed with in talking to practicing homeopathic physicians is that they do put a tremendous emphasis upon the patient. It is interesting that the French Clinical School, which presumably was considered

observational, failed to take advantage of it. But I think-- and I wonder if you would agree with me--that the French Clinical School which tended towards therapeutic nihilism considered the only aspect of homeopathy of any value was the fact that it drastically reduced drug administration.

C.- Yes. Well, I have forgotten now the name of the man which I mentioned in relation to Shryock's book...

D.- In fact, the French Clinical School did not actually test homeopathy from a clinical standpoint...

G.- Yes, absolutely. I think they thought they did. Oh, this reminds me, I will give you quotations from French clinicians where you would see that they were much impressed by the homeopathic concept. Anyhow, they tried homeopathic treatment and felt it didn't work, but the homeopaths felt that they did not find the simile. I must add here, though it is sad to say, that homeopathic physicians often deceive themselves in saying that if a given homeopathic treatment does not work the physician in question has not found the simile. It is exceedingly difficult to judge now whether the homeopathic physicians or the non-homeopathic physicians are right concerning the evaluation of the French studies; but anyhow, as I remember, I felt when checking on Shryock's statement that the homeopathic physicians have a point in what happened in these tests in Paris. I didn't look into this for quite a number of years, so I don't know if I would still hold this position which I held at that time.

- D.- I notice that the average homeopath today is beyond 60. That is a safe assumption?
- G.- Yes.
- D.- They are, in a sense, almost a dying breed, as practicing homeopaths. I was surprised to find that there are over 100 of them still in Pennsylvania, and quite a few in some of the other states. So that there probably are enough to do some clinical testing such as you suggested, but I gather you feel they...
- G.- Completely off the record, I wouldn't be surprised if when they are asked to be put to the test they would dodge away.
- D.- In listening to you I get the impression that it may well be that you feel the medical profession rejected the clinical evidence of the homeopaths, but that through the auxiliary sciences, through physiology, molecular biology, and pharmacology, and these other areas that they may eventually arrive at the homeopathic concept.
- G.- Through pharmacology, yes. Not through molecular biology. I might say here something in relation to Stephenson's work. I have great respect for Jim Stephenson from many points of view. However, he stresses that the root problem of homeopathy it seems to me, is the question of high potencies, and the relation of high potencies to succussion. I consider this very interesting but completely irrelevant to homeopathy. I had put a graduate student in pharmacy on interpreting the findings of R. E. Smith and Garth W. Boericke on high potencies and succussion. You may be familiar with their articles? Our student

and the faculty members whom he contacted feel that the findings could be explained much more simply on accepted grounds than on the far-fetched explanation which Smith and Boericke gave. I asked Stephenson to publish this reinterpretation, but he never did. That is one thing; the other is that to make the high potency problem the essence of homeopathy is erroneous, because as the term homeopathy expresses, homeopathy means that like is cured by like. The dosage question is completely secondary. I always have felt, empiricist that I am, that if any high potency man can show me in a reliable way that his high potencies work, I will, of course, accept these findings. The claims are so far out of the range of explanation today that I would say the probability of self-deceit is very high. Actually the acme of clinical testing of homeopathy lies with the high potency people. Let me add that Koetschau, the man I mentioned, made very interesting studies in the twenties in the high potency area. He took a methylene blue solution, and diluted it with the same pipette several times, and with a different pipette each of these times. You would see that--and I demonstrated that to the students--in 6X, when you used a new pipette each time the solution was completely clean, but if you used the same pipette the solution was still blue, so that no one knows to what extent a 6X really is a 6X or not. But I do not know of any other critical papers. All the papers of Boyd, etc.,--I put myself way out now--all the papers by Walbum in Denmark and so forth have not stood up under critical testing by other people. It is very sad, but you must accept general



standards, and cannot make special rules for homeopaths.

D.- Yes. I would assume that you feel the same way about the validity of succussion?

G.- Yes. I remember very well that our Dean of the School of Pharmacy told me many years ago that he was very much impressed at that time by the carefulness of the homeopathic triturations and he felt that from this point of view homeopathic triturations would be much more reliable in producing precise dilutions than the usual procedure. I have read Dr. Koffler-Wannamaker's<sup>7</sup> papers in the Institute Journal, and I did not feel that they are convincing to an open-minded but critical person. This brings up a question of statistics. You have in statistics two possibilities of arrangement: first what I call the two set arrangement--here you have one test set, and one control set. In homeopathy you need mostly the second type of arrangement: the one set arrangement in which you test the same set of organism before and after treatment. You need this arrangement in homeopathy because of the problem of individuality. The one set arrangement means that you may need a very long period before you apply an agent, and be able to judge if the agent influences the course of the present disorder. In the two set arrangement you do not need time for a pre-treatment period.

End of Tape I - Side 1

- D.- We have been discussing the general theory and philosophy of homeopathy. I wonder if you could give me some generalization about homeopathy in Europe and in America? Homeopathy flourished in American, I think, far more than in Europe, especially in the late 19th century.
- C.- Yes. Historically the point is that in Europe homeopathy was always a postgraduate study. In other words all the homeopaths in Europe went to regular medical schools and became homeopaths after they were M.D.'s. In this country due to the whole sectarian development--you had regular schools, homeopathic schools, and osteopathic schools. Then you are familiar with the Flexner Report and this initiated the disappearance of the homeopathic schools. The two last schools that required a course in homeopathy in my time were the New York Medical College, and Hahnemann Medical College in Philadelphia; but now they have given up instruction in homeopathy completely. I feel that from the conceptual point of view it is very sad that neither the college in New York nor the college in Philadelphia have capitalized on their homeopathic heritage. Now Philadelphia's situation might be a little bit different from the one in New York, for in Philadelphia the department of clinical pharmacology studies the reaction of drugs on sick animals. As a matter of fact the Philadelphia college has held a symposium on Animal and Clinical Pharmacological Techniques in Drug Evaluation, and has published the proceedings--editors J. H. Nodine and P. Siegler--which is outstanding. And it could be that they will recognize homeopathy

in modern terms. But I still think for some reason or another they are afraid of the term homeopathic and homeopathy, because unfortunately as the German homeopathic physician H. Wapler said: "Our literature is our greatest enemy." I can understand that people who are seriously interested in the area of homeopathy and for some reason or another do not have the freedom of independence, or the arrogance--I don't know what it is--to say: "I prefer not to join these homeopaths because then we have to acknowledge certain things which are absolutely absurd." And I agree that some homeopathic assertions are absolutely impossible. I can understand that institutions might well say: "Well, we have to protect ourselves, you know--we will do things our own way, and give credit where credit is due, but we don't want anything to do with what you might call organized homeopathy." It could be that something of that kind is the attitude at Hahnemann College in Philadelphia. Because as I said before, what they do in the field of clinical pharmacology is closely related to homeopathy. The New York Medical College, as far as I know, doesn't do anything in the field except for J. Wilder and his Law of Initial Value. But Wilder is not a full-time man. I don't want to brag, but we here are the only institution that does not deny its homeopathic heritage in name and action. I refer, of course, to the Samuel Hahnemann chair of medical philosophy.

D.- I think there is no question that a certain stigma has been attached to homeopathy.

G.- Now concerning Europe, I think you will get very conflicting views. What I am going to say now--I will leave it up to

lished in the immediate future. I have reports concerning testing homeopathy in Germany during the Hitler regime made by people of absolute integrity, which are disastrous. I have other reports showing that the flourishing of homeopathy after the war in Germany was due to the over-supply of physicians. Think of the influx of physicians fleeing from Eastern Germany, Russian occupied Zone, and the part of Germany that became Polish. Therefore, in order to make a living it gave a certain prestige of speciality in saying that one was a homeopath. Now the situation in Germany, despite what you hear by travelers, and so forth, is as bad as here. Look at the figures of homeopathic physicians above and below 45 years. The only country where homeopathy still flourishes at the present time is in Latin American, as far as I know, and I would guess there it has something to do with the under-supply of physicians. I have the greatest respect for what is happening in India. The Indians have the truly medical orientation. We have to use medicines wherever we find them. There are various sects in India, various kinds of medicine, you know. I understand they have in Delhi a hospital equipped with the most modern kind of equipment, with the most highly sophisticated types of investigators, and every man is entitled to treat his patient the way he sees fit--regardless of sect, regardless of who he is, etc. These investigators then test to what extent the applied treatment works. In other words, this is something which I very much would like to see in this country and would be very proud of, because this, to me, is true medicine. I have forgotten

the specific quotation, but it means, try everything and keep the best, and this is what they do in India. I am very impressed with what I hear about it.

D.- Do you feel that because they are in a transitional stage in which they are selecting and integrating both the West and their own culture that they are more likely to be...

G.- Open-minded, yes.

D.- When you left Germany, would you say that there were more or less homeopaths relatively in Germany than in the U. S.? Or was it about the same?

G.- This is very hard to answer. I would guess in the twenties there were probably more homeopathic physicians here, but you see I left Germany at the time when due to this paper by Bier-- who was a very outstanding figure in Germany at that time, like Harvey Cushing here--and due to the general trend in medicine physicians became open-minded. They would not say: "Yes, this is the answer," but they would say: "Well, we are willing to try." As I said, my chief gave me a free hand.

D.- Would you say this was typical of the German medical schools at that time?

G.- Typical would be saying too much. But...yes, I would even say it would be unusual, but it was not unheard of. In other words, people could say, "If Volhard does it, all right, maybe." And it is too bad that the man who was the head of the Department of Medicine in Jena, where Koetschau... Let me say something off the record, I am very grateful to Koetschau as you can imagine, and I was very glad when I was with the

American army in Germany as a medical officer, and later when I was called back to Germany on German request for the rehabilitation of German medical schools--I was very glad that I was able--to get Koetschau out from a camp, where as a Nazi he was held, and vouch for his integrity, etc. However, I will have to say that Koetschau in his medical thinking then went way, way out on a limb, although his early papers and all of his early work was first-class. I don't think I could medically back him up in certain things which he did later. But I say this because we talk about medical thinking--from the personal point of view Koetschau is an incorruptable man of absolute integrity.

D.- I was interested in the way you were making the point that he was a man of integrity, and he became a Nazi.

G.- Well, I will tell you this...

D.- When you say he is a good man medically, I am assuming he is a man who is relatively objective with a scientific approach.

G.- Yes. Originally. And then he...But I am delighted to talk with you about the Nazis. I always said that it was a blessing--paradoxical as that may sound--if you were Jewish or Jewish-related when the Nazis came into power, because it made you sensitive in the very beginning to the evil aspects of Nazism; whereas, if you were not, you easily overlooked them due to the horrible conditions in Germany then. Now for instance, contrary to what many people say that all the experiments in the Nazi concentration camps were scientifically of no value, I will show you references in American literature where Nazi ex-

periments are quoted. In other words, some of the Nazi experiments were of scientific value, but the scientific experiments were horrible, not from the scientific point of view, but because if you are faithful to our Greco-Judeo-Christian culture in a sense that all men are created equal in the sight of God--the whole problem of human dignity--you cannot do certain things, even if they are scientifically valid. Now I can tell you something else concerning how so many people fell for the Nazis, and this is very interesting in relation to clergy. As a young man I felt always very cocky about celibacy, and things like that. I am not a Roman Catholic. When the Nazis came to power I noticed, or I learned for the first time, the great value of celibacy. If you are only responsible for yourself, you have much more courage to stand up and speak up, than if you have to take care of your family. Let me give you this one example. Your son plays football, and a Nazi member comes up to you and says: "Now listen, you know football is not a game without physical danger. Your son might be seriously hurt, you know. Somebody might tackle him and put his elbow against his eye or something like that. Now let me tell you if you join the Party there are some of our members on his football team who will protect him and nothing is going to happen to him if you join the Party. We will take care that he never will be hurt in the actions of a football game. But if you do not join the Party, I cannot tell you what is going to happen to your boy, you know how tough the game is." You can easily see how difficult it is for parents not to join.

- D.- Family obligations...
- G.- Exactly. And from this point of view a tremendous number of people gave in, and as I say we are all heels occasionally, and are ashamed of actions which we are occasionally taking for ulterior motives, noble as they may be. So from this point of view, many people joined the Nazi party out of not having the strength, but...
- D.- Of course, I think that illustrates one great principle--that people really do not sacrifice great principles--they compromise them away.
- G.- Exactly. I tip my hat to everybody who stands up. But many people who talk big, I do not know how readily they will falter...
- D.- And you feel that Koetschau was in a sense compromising...
- G.- No, Koetschau was deeply convinced of the positive aspects of Nazism in the sense of supplying work for the unemployed--you know this was in the time of inflation in Germany, etc.,--and of its openness for empirical versus mechanistic deterministic medicine, e.g., persistent folklore medicine. But, as we frequently do, you know, we close our ears when we hear--and this is what I mean when I said that Jews and people who were related to Jews were unable to close their ears--what we don't want to hear, because we feel we can't change it or are not really interested in changing it. Koetschau's integrity, you might say, showed in this way, that he never betrayed his friendship with me, never. He was not what you would say blind in this. But, he never ceased to visit me and advise me when all this was going on with America. As he said in the



very beginning, "I am going to be a Nazi, you know, because this, to me, is the most important thing which happened in my life."

D.- This is a little inconsistent, isn't it, to...

C.- Yes, yes, yes. Well, but how should I put it? Well, Koetschau was never anti-Semitic, I know this from other sources, too. He would say: "Well, all evil that I hear is irrelevant in relation to what is good." When it was too late, he realized his error, and as a matter of fact, he had great difficulties within the Nazi party later.

D.- Well, you have been very kind--more kind to the Nazis than obviously the Nazis were, which I think indicates a measure of your own objectivity. I wonder if we can move now to...

G.- Let me tell you though, that I would shoot Hitler any time I see him. If I may just say one more thing. I always tell my students, see the movie "Don Juarez," which was a movie some years ago. Maximilian, the Emperor of Mexico, was a very good emperor in Mexico. But Don Juarez said: "Mexico to the Mexicans," so he shot him, and after he shot him--and this was to me so impressive--he went to the little chapel where the coffin of Maximilian was, and said: "Maximilian, please forgive me. I know you were the best Emperor Mexico ever had, but you were an Austrian, and not a Mexican, and I had to be loyal to my God--'Mexico to the Mexicans'--and therefore I had to shoot you. But forgive me. I have no personal hate." From this point of view, I would say I have to be loyal to my God, and I think that Nazism is absolutely absurd, beastly, horrible, inexcusable, or

whatever negative term you may choose.

D.- Not that I loved Caesar less, but...

C.- Exactly.

D.- I think we will leave that. Now there is no doubt that, as you indicated, in the 20th century homeopathy fell into disrepute in scientific circles, and this was intensified by the Flexner report. What do you feel about the Layman's League in connection with homeopathy? I have had some very long talks with Kay Vargo<sup>8</sup>, a very enthusiastic disciple, and I talked to Mr. Arthur Green.<sup>9</sup>

G.- Originally I felt, no, absolutely negative, and I never had anything to do with Laymen's Leagues, and I will not talk before a layman's league. I have only talked to the California Homeopathic Women or organizations like that about historical topics. My only yielding now to the value of Laymen's Leagues is in relation to the point which you made before, namely, I think it would be a shame if the clinical significance of homeopathy would be rediscovered by non-homeopaths. And I view the Layman's League now as a means to keep homeopathic clinicians going. You might say, there comes my inconsistency in the sense that I would say: "I don't want to be seen in layman's leagues," but right now where there exists the possibility that the homeopathic physicians will die out before they have been fully utilized, I would yield a little bit, and say: "Well, I think it will be so much more difficult to delineate the range of homeopathy without the help of an experienced homeopathic physician; therefore, if one could utilize the layman's

league for that purpose, then, yes, these leagues are of value.

D.- In talking with people like Mrs. Vargo I get the impression, and I think this may be one reason you rejected her, that it becomes almost a religion on its own.

G.- Absolutely right.

D.- And this raises an interesting point that in attracting the layman--and they are successful, I think, to some degree--presumably they can encourage the practice of homeopathy, but at the same time it may have an adverse reaction on scientific homeopathy.

G.- Yes. Now the attraction of the layman is a very interesting phenomenon; namely, that what patients miss today in physicians is, as we all know, the personal attention. And this personal attention, due to the problem of individuality and to finding the similar, is exceedingly well developed in homeopathy. Taking the history of the patient, you know, is everything. So the patient feels completely taken care of as an individual. If you see today the orientation even to computerized history-taking, you know, with questionnaires, etc., you can easily understand how people love homeopathic physicians with all the individual care that they give. Let me add, because this has something to do with the personal care of homeopathic physicians, that I am at the present time very much interested in this problem of history-taking. Medicine finds itself in a very unique situation. The patient and the physician--the object and subject of medical care--are on exactly the same level of being, both are human beings. In maintenance

engineering, here is a maintenance engineer, and down there is a machine; we know everything about machines. If I do not know about a particular machine, somebody else does. In veterinary medicine, the animal is still not on the same level as the veterinarian; if the treatment is too expensive you kill the animal. In theology, here is man, and there is God above him. But in medicine we do not know more about our patient than we know about ourselves. We are exactly, as I say, on the same level of being. And as I tell the students, taking care of a patient is like asking an eight year old boy to repair a watch. And if we are a board member, like asking a 14-year old boy to repair a watch. What we do not know is so much more than what we know. Looking upon man as a machine--the heart is a pump, the kidney as a filter--is of course very good as a second stage of physician-patient relationship. But to a physician physics and chemistry are not "Basic sciences." It is something like this--and here I follow V. von Gebattel's structuring of patient-physician relationship. In medicine a fellow human being comes and asks your help, somebody about whom you do not know more than you know about yourself. This is stage one. Then comes stage two, and you say: "Please let me look upon you as a machine." "If I look upon you as a machine, your heart as a pump, your kidney as a filter, your stomach as a boiling kettle, this helps me to comprehend many aspects of you exceedingly well because machines are man-made and I can comprehend them completely." Then comes stage three where I say: "Well now therefore I recommend this treatment, but since

you are a human being **like** myself with ultimate dignity, if you say 'No', I shall **not** touch you." I tell the students if a Jehovah's Witness rejects a blood transfusion, you have to respect the fact that he does not want to have a blood transfusion--this is his life--he feels he may commit a big sin. With children you might, if you want to, force it through the court--you know, that is like should children be baptized or not--and then I say you can only hope and pray that the judge is not a Jehovah's Witness, because if the judge is a Jehovah's Witness you are lost.

So from this point of view, you see, the taking of histories by questionnaires and using all the other impersonal methods of examination is, of course, completely different from the homeopathic approach, because the homeopathic physician, in order to find the simile, must find the most individual aspect of each patient. This alone is a very helpful therapeutic technique. You feel you are being taken care of. From this point of view, and because of their experience, I think that much would be lost if we would lose homeopathic physicians. From my observations I have gained the impression that homeopathic physicians sometimes prescribe much more on the basis of their personal experience in relation to drugs than to the repertory. Therefore, it is so exceedingly difficult to learn special homeopathy from books, because if I repertorise a case, as the term goes, I come out with this drug, and another comes out with another drug, and you can argue to doom's day who is right on the basis of books, and then they will say: "Well, he was

right who found the successful remedy." Well, this is obviously wrong reasoning. You might say that he found the right remedy, correct, but you cannot say on the basis of the book study it was the right remedy. That was either completely incidental, or what is much more probable, the successful physician was the more experienced, giving more weight to certain aspects of the patient than is apparent from the repertory.

D.- This has been and is still one of the problems with homeopathy, precisely because it does individualize. It doesn't lend itself to generalization. Since man instinctively wants to simplify and generalize, he rejects it. This has been my impression talking to some of the older practicing physicians like Dr. Sutherland and Dr. Weaver.<sup>10</sup> These were men that you feel did have a genuine interest in their patients.

G.- Excuse me. Under the successful clinicians I think one might perhaps differentiate--it just comes to me this very moment--two types of homeopathic physicians: those who were and those who were not accepted by the non-homeopathic physicians. I do not know Sutherland personally. I know of him, of course, and I do not know Weaver very well, but did you ever hear of Junkerman<sup>11</sup> in Columbus, Ohio?

D.- No.

G.- He is like Dr. Ward who was here: very well respected in the non-homeopathic community. And although he differed in his practice and he did not join the regular County Medical Society, he was accepted. I do not know if Weaver and Sutherland, etc., belonged to this group.

D.- Both of these men belonged to the state society...

G.- Oh, to the non-homeopathic--Oh yes, very good.

D.- To the state medical society, and they are both on the licensing board as a matter of fact. Primarily because the Eastern states require a homeopath on the licensing boards. The point is these men do have good relationships and hospital and other appointments.

G.- Very good. I see--very good. Excuse me. I misunderstood you.

D.- The thing about homeopathy is that it does have appeal as far as the layman is concerned. It is also true, of course, that orthodox medicine itself professes to deal with the whole patient. This is the Hippocratic concept.

G.- Yes. In academic medicine this comes out in commencement exercise addresses, but if you go on the wards: "Nice to see you"-- "Glad to be of help to you"--usually that's it. And then comes the tremendous number of tests, you know. We have here, our surgeon, Dr. J. E. Dunphy. He is a most unusual man from this point of view. He has bi-weekly conferences with the janitor--the person who sweeps the floor in the patient's room--the vocational nurses, the registered nurses, the interns, the residents, the chief resident, and he discusses the patient's problems. And it turns out that the patient confesses most to the janitor, and asks the janitor, "Tell me, what kind of operation is this? You have seen this operation. The doctor tells me it is nothing at all," etc. Often it turns out that the patient has much closer contact with the lower echelon than with the surgeon who comes in and says, merely: "I have to change

your dressings," or whatever it is. And so I am afraid to say that this emphasis upon dealing with the whole patient is-- unless there is a man like Dunphy around--is very often just lip-service. I tell you, let's have luncheon together, and I hope we find the right people so that we can have a lively discussion of this. Because there are some other people who feel very strongly perhaps more than I do about this obligation. We have here now a new division of Ambulatory and Community medicine where the personal orientation is stressed, where the doctors again make housecalls with the students, etc., but this division is brand new, one year old, and not an independent department. I think the development of medicine will lie in this particular field, where the personal aspects will be more stressed again. But here you have this tremendous fight on one side, the molecular geneticists, and on the other side, the "personalists". Where does this fight manifest itself? In space requirement and F.T.E's (Full Time Equivalent Appropriation for position of a faculty member). Each group wants more of both. It all depends on your chancellor, or whoever is the highest executive officer, which way he leans. If you want to collect Nobel prizes, you go with the molecular people, and if you are interested in people and in general humanistic aspects of medicine you go with the other group. It is hard to decide--both are necessary. No doubt of it.

D.- As a historian, I am well aware that there is a tendency to pay more lip-service to the study of humanities and philosophy in medical schools than there is to actually doing something.



G.- Thank you very much. Is it not true that in this country there is not a single medical school which has required courses in the history of medicine? In Poland--I do not know about the other countries behind the iron curtain, but I know in Poland because of a meeting there, courses in the history of medicine are required. May I ask--I would not ask...

D.- we do not have a required course at Tulane.

G.- Is it not true, too, that the American College of Obstetrics has its annual meeting in New Orleans? May it not happen then that the man who gives one of the addresses calls you, as they tell me here it happens, and says: "You know I have to give an address--tell me who did the first forceps, or who...?" Then suddenly medical history is all right.

D.- Even then they are more concerned with chronology than with who was the first one to do it. I think there is a major pre-occupation with it, which they need to forget...

One other point I would like to ask you. I think I know the answer already. How do you feel about lay practitioners?

Dr. Green, I mean Mr. Green, is a...

G.- Terrible.

D.- Yes, I was sure that you would feel this way. This is one of the problems I think with the Layman's League is that there tends to be...

G.- Now...all right. I will, in a sense, soften the touch with kindness. The other day a very decent, or whatever you like to call him, old homeopathic pharmacist from Los Angeles came to me. He had some difficulty with our State Department of Public Health concerning some drug labeling, etc., and he said:

"Well, you know frequently people come and want drugs previously prescribed by their physicians, and I know that they are good, etc., and with 6X nothing can happen." I said: "I have no objection and find the attitude of your health officials narrow."

D.- Well, after all, throughout history domestic medicine has always been a major source. Do-it-yourself drugs are common in medicine. In fact, they have been more common in medicine really, than in other areas.

G.- Yes, yes.

D.- Well, there is little question that the homeopaths have put the emphasis on medicine as an art rather than as a science. I would agree with you that one of the problems with modern medicine is that there is too much emphasis on science, and of course there are two factors here. I think historically the bacteriological revolution in the late 19th and early 20th century shifted the emphasis from the patient to the science, to the pathogenic entity, and I suppose the increase in specialization has been the other factor. It is gradually pushing the general practitioner into the background.

G.- From this point of view, again Virchow's stand is very impressive. I do not know how far Ackerknecht's book on Virchow goes into that, but Rather does. I showed you Rather's book on Virchow, didn't I? You probably know it.<sup>12</sup>

D.- Yes. But this, of course, is one of the problems, that as medicine has become more specialized and more scientific, it has become based on impersonals. This is one reason why homeo-

pathy has survived.

G.- Impersonals, yes. That is very true. You know, I call the last period in medicine the second iatrochemical period, and I think where medicine becomes aware again of its personal obligation, it absorbs homeopathy. Then it becomes more open-minded and sees the significance of the homeopathic personalistic approach. Homeopathy really can flourish only when medicine is personalistically oriented. Now where medicine becomes aware of this need, homeopathy, what shall I say, melts into it.

D.- The question is whether homeopathy--assuming that some of its principles do succeed--will succeed as homeopathy...

G.- Exactly. You are absolutely right again. In a sense, I use this as an example. The X-ray Department was previously called the X-ray Department. Now it is called Department of Radiology because there is x-ray, there are the isotopes, and what-have-you. So the department loses, so to say, its identity as x-ray department due to this merging.

D.- I know something of your background--but for the record-- You were, I believe, a member of the International Hahnemannian Association?

G.- No, never. Very consciously not. I am a member of the American Institute of Homeopathy. Due to the fact that I was called here by the Homeopathic Foundation of California, I felt under no circumstances could I in any way dissociate myself from homeopathy, although I had possibilities to go into medicine, and do other things. I rejected, in general, any

kind of administrative position, because I felt this I should not do. I was asked to become a member of the Pharmacopoeia Committee, and I said: "Yes, I know something about it." I am at the present time somewhat unhappy that I am the president of the California State Homeopathic Society, because due to my status and my attitude, etc., the state government, the F.D.A., etc., have asked me several times about my opinion in matters of homeopathy. I told the nominating committee of the California State Homeopathic Society: "You know if I am sitting here on my chair, people listen to me, the moment I become president of the California State Homeopathic Society the official agencies will not ask me any more. Please replace me." "This is not disloyalty, but I would lose my position as moderator." The committee shook its head, and since I am an old man now, I said: "All right, I don't want to make an issue out of this." This is my orientation concerning organized homeopathy.

- D.- Well, the International Hahnemannian Association represented, or at least I had the impression it represented, the intellectuals within homeopathy.
- G.- Well, let me tell you at the time when I came, the scientists whom I know were in the Institute; Boyd, McGavack, were not in the International Hahnemannian Association. That was the high potency group. It was also, that is true, the only single drug group--you know Hahnemann's emphasis on this point. From my point of view, the American Institute of Homeopathy has sold its soul for economical reasons when it sanctioned

polypharmacy. I think it is absolutely horrible and the Institute will regret its action, because now the government can say: "Well, here you do not practice what your preach." I understand the economical difficulties of the homeopathic pharmaceutical houses. There would be a great problem. Nevertheless, another solution for these difficulties had to be found.

D.- Let me ask you, I know that the International Hahnemannian Association were the purists, I think, high potency. Are you saying the American Institute accepted polypharmacy?

G.- Yes. I have forgotten now when this happened.

D.- In '59 or '60.

G.- I have to show you this resolution that they should, here, here--it is horrible--in 1948. You want to read this? You may have it.

D.- Yes. I think we have a copy. I have run into this. Mr. Kaufman and I both went into Dr. Spalding's report.<sup>13</sup> I am very sorry that I didn't get an opportunity to interview Dr. Spalding. He is one of those we had on our list before we discovered we were a little too late.

G.- Excuse me. I don't know if it means anything, but I would be delighted to write a report to extend your funds, because I think that this is very significant from the historical point of view. It is marvelous.

D.- I am not sure just what will eventually come from this. Our immediate aim, of course, is to supply material for Mr. Kaufman's dissertation. But I am sure that this material which

we are gathering will be a basic source, and I think there is a need to make an intensive study from the philosophical standpoint of the concepts of homeopathy, and of course, its diversity. One of the problems of homeopathy is that for some one to become a homeopath he has to be a fairly strong individual in this society.

G.- Yes.

D.- And of course if he is this type of individual, then he is not likely to conform to any particular doctrine or dogma himself. It is precisely this individual characteristic that has been a curse of homeopathy, I suspect.

G.- Yes. But from this point of view I think historians are in such a fortunate position, you know what I mean, because in, what shall I say,...they can sit back?

D.- We try to be objective, or at least we make an effort to be, which, I suppose, is all that one can do. How do you feel about the American Foundation of Homeopathy? Do you feel it is doing useful work? Good work?

G.- I know too little about it. I kept out of all organizational things, more or less. I am afraid, as has happened again and again in the past, when the money is given--you know there are sometimes very wealthy people who give money to homeopathy--it all will go down the drain for absolutely ridiculous purposes. The organization of the Institute is very nice and good and fine, but this will not put homeopathy on its feet, from my point of view. I will say two things: one could establish lectureships, annual lectureships, such as the lecture-

ships any great university has; second, research grants in the clinical field and in clinical pharmacology. Now you see, this of course has become an important problem with my chair. This was originally a completely endowed chair. Then due to the depression the money dwindled and the chair is endowed only to a minor degree.

D.- One of the problems with any organization is that institutions and organizations have a viability of their own, having little to do with...

G.- Right. The San Francisco County Homeopathic Medical Society, how many members? I give you a guess. I think six. The California State Homeopathic Medical Society, I don't think there would be twenty physicians coming to the annual meeting. But they go as the California Homeopathic Medical Society to the government and other agencies without those agencies knowing how few people are involved. Charlie Boericke, you know the Boericke's are an old homeopathic family, Charlie Boericke died a short time ago. His father was an outstanding homeopathic physician at the turn of the century. His brother was Garth Boericke, professor at Hahnemann College in Philadelphia, he, himself, was a physician in Berkeley. He said for years, down to earth as he was: "Stop these annual meetings of the California State Homeopathic Association." I, myself, go there only every third year or something like that. I went back to the Institute meetings the last time, I think, ten years ago, because I'm a full-time man, and not as wealthy as a practicing physician. It costs a tremendous amount of money for, scien-

tifically speaking, nothing. I will show you my recommendation, for instance, about reorganizing homeopathic societies and meetings. But then, I have made the experience that hitting my head against the wall changes with age. After 40, the wall gets harder and harder, and my head gets softer and softer. So I gave it up.

D.- My point was that any foundation such as the American Institute tends to be thinking in terms of maintaining...

G.- Exactly, exactly. And now this new thing with ~~Ne~~iswander.

I think this is absolutely absurd. They claim that they will make a recognized specialty, but they never will be able to do this. And they drain, from my personal point of view, the last blood out of the Institute. You did not go to the Institute meeting?

D.- No. I had planned on going to Washington, but they shifted it to Miami...

G.- Just let's see just how many people under 60 were there.

D.- Of course this is one of the problems.

Let's see, there was a question I was going to ask you, and it was one that came up while we were discussing practice. To what extent do you feel that a good practicing homeopathic physician does resort to psychiatry, or to dealing with psychosomatic medicine. To what extent does he actually practice psychiatric treatment?

G.- I do not know. In other words, what you mean is to what extent is the success of his treatment based not on his homeopathy but on his psychosomatic orientation. I do not know.



- D.- In talking with some of them--I can't recall precisely which ones--there were several times they mentioned cases in which the homeopathic physician discovered an underlying emotional cause, and I was rather interested in this, that this seems a recurring theme in my discussions.
- C.- No, excuse me, I thought you meant to what extent is the whole claim of homeopathy really...
- D.- No. I was thinking in terms of actual practice, in terms of...

End of Tape I - Side 2

G.- And then I went with Volhard to Frankfort, and in the meantime I went to the Department of Biochemistry in Berlin and Pharmacology in Freiburg, and then the Nazis came, and then I came here, and then I was here all the time. I hold no other degrees. I spent one sabbatical leave at Johns Hopkins. And since the problem of constitutional medicine, individuality plays so much a role in homeopathy. I became very much interested in Sheldon's somato-typing, and I learned the method from C. W. Dupertius at Western Reserve. He is an expert in the field. I then organized the Obesity Clinic in order to see if one could differentiate different types of obesity. I had one sabbatical leave--I spoke about it--at Hopkins, and the next one, 1958-59, I spent in Germany, in Munich in the Department of the History of Medicine with W. Leibbrand, and in the Department of Physical Anthropology with K. Saller. He was by training an anatomist, interested in constitutional medicine. He was an anti-Nazi, and immediately lost his job when the Nazis came into power and retired to the Black Forest where he could practice medicine. There he became via his interest in constitutional medicine also interested in homeopathy and became a practicing homeopathic physician. Since he is a physical anthropologist, I spent part of my sabbatical leave in order to learn the various methods of physical anthropology, and their value for constitutional medicine. That is practically all I can tell about.

D.- When we talk about anthropology, it reminds me that some of the best work on the American Indians was done by the early

physical anthropologists, who were all M.D.'s. Men like Hyrdlicka and others who did so much of it. American anthropology today is more cultural anthropology and relatively few...

C.- Absolutely. All the great men are in England. Oh, there is one man here now, Capt. A. B. Behnke, a Navy man, who developed the specific gravity method in order to find out about if man is more fat or more muscle, and created the concept of lean body mass. He has been chief of the radiation laboratory here at Hunters Point and we got together and published a paper on anthropological measurement on different constitutional types. The army is interested in various constitutional types--the quartermaster corps--how many uniforms should the army have of this size, and that size, and so on. I think that is...

D.- Covered very well. Well, there is one question I have and again, we are sort of wandering around a bit, if you don't mind. How do you feel about osteopaths coming into the American Foundation of Homeopathy? I gather...

C.- Yes. In a sense I have no feeling, personally, or shall I say conceptually. The feeling that I have is that it is done to bolster the organization--in other words, it is done for ulterior motives.

D.- To bolster the organization rather than the...

C.- Exactly. I would feel about osteopaths as, in a sense I felt about homeopathy, that if they have proper training, I think the osteopaths can now become full-fledged members. And the Osteopathic School of Medicine in Los Angeles, which little by little becomes part of the University of California in Irvine,

now is a regular medical school which probably gives elective courses in osteopathy. As time goes on the same thing will happen with homeopathy, namely, that some specific techniques which the osteopaths have and which may be valuable will be taken over as a part of physical rehabilitation or physical therapy or something like that.

- D.- Yes. I think that is true. Osteopathy has been absorbed, or it has gradually moved over. I suppose in the same sense, homeopathy is really following the same course. I would assume you would take a very dim view of people like the chiropractors and others.
- G.- Yes. From the conceptual point of view I think of all the theoretical, sectarian orientations expressed by healers today, the homeopath is the only one who had really two legs to stand on. And I think it should not be forgotten that Hahnemann was an M.D. And all these other people, you know who came from...
- D.- Well, I had some questions I was going to ask you about the merger between the International Homeopathic Association and the American Institute but I gather you are not...really interested...
- G.- I am absolutely disinterested.
- D.- This problem would not really be of any concern to you. Now would you know or have much information on the role of the homeopath in connection with the A.M.A.'s political activity?
- C.- I would feel again that for ulterior motives the homeopaths offer themselves, saying, "Well, we can help you, and you can help us, etc." But I feel that all this is in order to perpet-

uate themselves rather than for the real advance of the homeopathic concept. It is the same thing as I tell the people here. "You always question somebody else--you never question yourself." You know, to me, this is the first question. You are born again every day, and say, "What did I do wrong yesterday, and let me improve on this," or something like that. We are all so self-righteous. I profoundly believe that pride is the worst of all sins.

D.- Well, I suppose that one of the things that stops a man from really adhering rigidly to a dogma is a sense of humor, and apparently you have too much of that to make everybody happy. I think you have been very kind and given a great deal of your time and certainly expressed yourself on a great many topics, which is what we wanted. Are there any other comments which you might like to make for the record, or do you think you have covered everything?

G.- As I say, I would like to show you for historical reasons--through some books or papers--how non-homeopathic physicians felt about homeopathy in the past. For instance, Behring, the man who introduced anti-diphtheria toxin, etc., said there is no better name for our principle than homeopath. If these people would only be a little bit more rational. We should call ourselves homeopaths.

D.- Very interesting.

I should have opened this discussion by pointing out that this is the second tape of an interview with Dr. Otto Guttentag, Professor Emeritus of the University of California Medical Center,

San Francisco, California. The date is July 24, 1968, and this is J. Duffy conducting the interview. I think we have gotten that on record.

G.- Thank you very much.

End of Tape 2

## Footnotes

1. August Bier, Surgical Department, University of Berlin, "Wie sollen wir uns zu der Homeopathie Stellen?" Muench Med. Wichschft., LXXII, pt. 1, pp. 713-17, 773-76.
2. "Trends towards Homeopathy," Bulletin of the History of Medicine, VIII (1940), 1172-93.
3. The Laboratory of the Homeopathic Foundation of California, II (1934), 7-10.
4. A. Stiegele, Stuttgart M.D., spoke on homeopathy at meeting of German Society for Internal Medicine, 1937.
5. F. Donner, M.D., Chairman, Homeopathic Department, Virchow Hospital, Berlin, 1936.
6. Dr. G. Kent Smith of Glendale, California, and Dr. Allan Neiswander of Alhambra, California.
7. Dr. Anna Koffler-Wannamaker, professor at Ohio Northern University, researching on the effects of succussion.
8. Mrs. Kay Vargo, Secretary, American Foundation for Homeopathy, Washington, D.C.
9. Arthur B. Green, editor, The Layman Speaks, a "lay prescriber" of homeopathy, Needham, Massachusetts.
10. Dr. Allan Sutherland, Brattleboro, Vermont, editor of the Homeopathic Recorder and the Journal of the American Institute of Homeopathy.  
Dr. William A. Weaver, Bala-Cynwyd, Pa.
11. Dr. Edgar B. Junkerman, Columbus, Ohio.
12. Dr. Erwin H. Ackerknecht and Dr. Leland J. Rather.
13. Dr. Ray Spalding, Dedham, Mass., deceased.

## INDEX

- Ackerknecht, Erwin H., 39
- Addis, Thomas, 3
- American College of Obstetrics, 38
- American Foundation for Homoeopathy,  
43, 48
- American Institute of Homeopathy  
1, 40-42, 45
- American Medical Association, 49
- Anti-Semitism, 30
- Baker, Dr. Wyrth Post, 9
- Behnke, Capt. A. R., 48
- Behring, Otto von, 50
- Berlin, 47
- Bier, Dr. August, 3, 26
- Black Forest, 47
- Boericke, Charles, 44
- Boericke, Garth W., 20-21
- Boyd, Dr. Linn J., 1-2, 5-6, 21, 41
- Bulletin of the History of Medicine,  
9, 13
- California State Department of Public  
Health, 38
- California State Homeopathic Medical  
Society, 41, 44
- Cushing, Harvey, 26
- Delhi, India, 25
- Donner, Dr. Fritz, 5, 14



Dunphy, Dr. J. E., 36-37

Dupertius, C. W., 47

England, 48

Flexner Report, 23, 31

Frankfort, 47

Freiburg, 47

French Clinical School, 18, 19

Germany, 25, 26, 27, 29, 47

Graves' disease, 3, 10

Green, Mr. Arthur B., 31, 38

Hahnemann College of the Pacific,  
2, 6, 8

Hahnemann Medical College, Philadelphia,  
5, 23-24, 44

Hahnemann, Samuel C., 14, 41, 49

Hitler, Adolph, 30

Homeopathic Foundation of  
California, 6, 7, 40

India, 25, 26

International Hahnemannian Association,  
40-42

International Homeopathic Foundation,  
49

Jehovah's Witness, 34

Jews, 29

Johns Hopkins University, 47

Journal of Clinical Pharmacology and  
Therapeutics, 13

Journal of the American Institute for  
Homeopathy, 22

Junkerman, Dr. Edgar B., 35

Koetschau, Dr. Karl, 5-6, 21, 26-27,  
29-30

Koffler-Wannamaker, Dr. Anna, 22

Laymen's Leagues, 31, 38

Leibbrand, W., 47

Maximilian, 30

McGavack, Dr. Thomas H., 1, 41

Munich, 47

Nazi, 27-30, 47

Neisser, E., 3, 12

Neiswander, Dr. Allen C., 16, 45

New York Homeopathic Medical College, 5

New York Medical College, 23-24

Nodine, J. H., 23

Obesity Clinic, 47

Osteopathic School of Medicine in  
Los Angeles, 48

Pharmacopoeia Comm., 41

Poland, 38

Porter, Dr. Langley, 6, 7

Rather, Leland J., 39

Saller, K., 47

San Francisco County Homeopathic Medical  
Society, 44

Saunders, Dr. John G. de C. M., 8

Schier, Dr., 4, 5

Schmidt, Dr. Roger A., 10

Shryock, Richard H., 12, 19

Siegler, P., 23

Sigerist, Henry E., 13

Smith, Dr. A. Dwight, 16

Smith, Dr. R. E., 20-21

Spalding, Dr. Ray, 42

Stephenson, Dr. James, 20-21

Stiegele, Dr. Alfons, 5, 14

Sutherland, Dr. Allan, 35

Tulane University, 38

University of California, 2, 6

University of California in Irvine, 48

University of California School of  
Medicine in San Francisco, 6, 7

University of Halle, A.S., 3

University of Michigan, 2

Vargo, Mrs. Kay, 31-32

Volhard, Professor Franz, 3-5, 26, 47

Von Gebattel, U., 33

Wapler, H., 24

Ward, Dr., 35

Weaver, Jr., Dr. William A., 35

Western Reserve University, 47

Wilder, J., 24

Witzleben, Dr. Henry Von, 10