

An Interview With Mr. Arthur B. Green

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Mr. Arthur B. Green

The interview with Mr. Arthur B. Green, probably the most outstanding layman in the field of homeopathy, took place at his home, 159 Laurel Drive, Needham, Massachusetts, 02192, on June 14, 1968. The interviewers were Dr. John Duffy of Tulane University School of Medicine and his research assistant, Mr. Martin Kaufman.

Mr. Green was born in Washington, D. C. on November 7, 1884. He attended public schools in Washington and then entered Phillips Exeter Academy. From here he moved to Harvard College where he received an A.B. degree in 1907. He was accepted by the Harvard Graduate School of Applied Science and took a B.S. degree in Civil Engineering in 1909, graduating cum laude.

Since that time he has had a long and successful career as an engineer, designer, scientific manager, industrial consultant, inventor, and author of scientific textbooks. His chief avocation, however, has been homeopathy, one to which he was drawn by his family background. His sister was the late Julia Minerva Green, M.D., one of the foremost homeopaths of the 20th century and the mainspirit of the American Foundation for Homeopathy. Mr. Green worked with Dr. Green in the Foundation from its inception

in 1921 and is still a leading member.

Mr. Green, who considers homeopathy to be the engineering extension of medicine, was Lay Editor of the quarterly Homoeopathic Survey, and from 1929 to 1947 was both editor and chief author of the weekly Homoeopathic Bulletin. He also edited the monthly periodical, The Layman Speaks. He is presently Director of the Laymen's Bureau and President of the Board of Trustees. All those connected with homeopathy, physicians and laymen alike, encountered by the two interviewers agreed that Mr. Green was the leading lay exponent of this form of medical practice.

Mr. Green, like many advocates of homeopathy, was a little dubious of our intentions at first, but once assured that we were making an objective study, was quite open and frank. He answered our questions with only an occasional hesitation or qualification. In editing the manuscript his chief aim was clarification rather than censorship.

Interview June 14, 1968 with Mr. Arthur B. Green, Needham, Massachusetts, on the oral history of homoeopathy by the National Library of Medicine.

Mr. Kaufman:

I wonder if you could tell us how you became interested in homoeopathy?

Dr. Duffy:

I think we should explain one of the things that Mr. Kaufman is specifically doing for his dissertation is the study of the relations between the homoeopaths and the regular medical profession. We are interested, of course, in the various divisions within homoeopathy, but we are not too much concerned, say, with the fine points of distinction between the various groups, although we are interested in that to some degree. What we would like to do is to get some general background on homoeopathy. In other words, we would like you to tell us exactly how you got into the field, or what it was that attracted you. A little of your own personal history, if you don't object.

Mr. Green:

Well, my family was ostensibly a homoeopathic family. That is to say, we had a homoeopathic doctor, a doctor who listed himself as a homoeopath, to take care of us. That didn't lead us into homoeopathy to any extent, however, until my sister graduated from

Wellesley, and at that time a female college graduate had about two things that she could do. She could either teach or she could get married. And she didn't want to do either of those...

D.- That was Julia Green.

G.- Yes, Dr. Julia Green, Julia Minerva Green. And so she decided to take up medicine. She took a year to comb the libraries, and interview physicians, to get clear in her mind what was the difference between ordinary medicine and homoeopathy. And she came to the conclusion that homoeopathy was based on principle and ordinary medicine was empirical and based merely on experience. So she decided to study homoeopathy, and went to Boston University Medical School.

D.- This would be about what time?

G.- She graduated there in 1898. She graduated from Wellesley in 1893, and took a year out, and spent another four years at Boston University. So she got her degree in medicine there, and of course on the basis of that, she was able to pass the boards and get her license to practice. But she realized that she hadn't even then gotten very much homoeopathy, so she studied with people she thought had. Among them was Dr. A. Austin of New York. There was a Dr. Frederica E. Gladwin in Philadelphia. She studied with her, and Dr. Gladwin had collaborated with Dr. James Tyler Kent of Chicago, and Dr. Kent's work, which

resulted in Dr. Kent's Materia Medica, and his Repertory.

D.- When you say she studied with her, was it in her office, or sort of a...?

G.- To some extent. She saw cases with her, and then she referred cases for advice, you see. In that way, she got into the philosophy. She was thirteen and a half years older than I and I trained as an engineer, and I was attracted to homoeopathy because it does have laws as engineering has laws, as a basis. I mean, it is logical. It proceeds by logical steps. And so I was oriented for it, or conditioned for it, even as a youngster. Then when the American Foundation for Homoeopathy was organized, I became interested in the public relations end of the work, and was associated with Dr. Benjamin C. Woodbury, who was then here in Boston, in editing a publication called, the Homoeopathic Survey. He was the medical editor, and I was the lay editor.

D.- Well this was--I assume you are retired now, or do you still...?

G.- I should be retired, but there is no rest for the wicked.

D.- I see. You were doing this then--you were carrying on your full-time occupation and doing this as extra curricular activity.

G.- That is right.

D.- Now this would be approximately when?

G.- Oh, from about 1905 on.

D.- I think once we were talking with Mrs. Vargo,¹ who praised your work very highly. How did she express it, Martin?

K.- She said you probably knew more of the history of homoeopathy during the past fifty years than anyone else, including the physicians.

D.- Yes, we are beginning to appreciate listening to you.

G.- The physicians knew more than I did, but they passed on. I don't know whether...

D.- I think she was talking about the living people of this generation.

G.- Yes, well, I am very much interested in the theory, the philosophy, the principles, the laws.

K.- Yes. Well, Mr. Green, excuse me for a second. You said that you were attracted to homoeopathy because you were impressed by the logic and the order. I wonder if you could briefly tell us what these laws are and how they follow?

G.- It is very hard to do that briefly, but there are some points about it that distinguish it very sharply from anything else in the healing field. First of all, of course homoeopathy, the name, comes from the principle of similars. It is Greek. Homoiios, I think it is, meaning similar, and pathos meaning feeling, or suffering. Basically, Hahnemann² didn't

originate the idea, but he did engineer it, and put it into practice. He rather accidentally came across a passage in some translating that he was doing where it pointed out the similarity between the effects of cinchona bark and intermittent fever, which was malaria. And so he experimented on that, using himself as the subject, and in that way got into what they called the Law of Similars. The Law of Similars means that the medicine that will cure is similar, not to the disease, and not primarily to the symptoms, but to the person who is sick. Consequently, what most interests the practicing homoeopath is to learn from the patient those things that are peculiar, characteristic of the patient, and peculiar to him, and homoeopaths have a lingo for that. They say those things which are "strange, rare and peculiar" about the individual. Well, then, you can see that homoeopathy undertakes to treat the individual as an individual, and that means taking in the entire individual, the spirit, the mind, and the body, all in one.

D.- Thinking in terms of the doctrine, similia, similibus, curentur--you are dealing with, say, quinine or the cinchona bark, which has a general effect. The effects of this particular therapeutic are fairly general on any individual--how does the homoeopath in a sense bring this down to where you are dealing with a

specific drug for a specific individual? In other words, you have to operate on the assumption there are certain drugs which will have a general effect upon human beings, and these would obviously form the basis for much of the therapeutics, right? Say, something on the order of quinine. But then you say that the homoeopaths seek the specific drug for the specific individual which is one of the distinctive factors. Now precisely how does one translate this from the general to the specific? The orthodox physician, if he diagnoses your case of malaria, would prescribe quinine, you see, on a general sense.

G.- But the homeopath wouldn't do that.

D.- This is it. This is the point, I would like to know precisely what he would...

G.- He doesn't select quinine for malaria. He selects quinine for a person who is sick, and he may have malaria, and he may not, see? Consequently quinine as a remedy has a wider scope than malaria. And there is no specific for a disease. I say in homoeopathy, I mean in nature, there is no specific for a disease. The specific is for a person.

D.- Then the essential difference is that the homoeopathic physician, let's say, would concentrate then on considering the whole patient. This, you understand, is one of the ideals in the medical profession, in the orthodox medical profession. An ideal that they

frequently stray from and have at times in the past, but this is one of the basic components about homoeopathy--the concentration on the patient rather than the disease. Is that correct?

G.- Yes. That can be illustrated if you would like to have me do it, in just a minute.

D.- Yes, I would.

G.- Suppose you have a hospital ward, and they are all diagnosed the same. You may have twenty beds in the ward, and they are all diagnosed the same. The ordinary way would be to name that disease and to pick a specific for that disease and give it to them all. You may vary the strength of it, the frequency of it, and so on, but fundamentally you give the same thing based on the diagnosis. The homoeopath does not base it on the diagnosis. Suppose these twenty people all show a fever. Let's take a simple example. And we may say that the fever ranges 102 to 104, or something like that. Now here is a fellow in this bed who sweats. The one in the next bed has the same fever but he is dry. That places those two patients in two different groups of remedies. One is chilly, although his temperature is high, and wants to have plenty of bed clothes over him. The next one is hot, and wants to kick the bed clothes off. Now you can go on with that. What I am illustrating is that here you have a fever which is a symptom,

but these other things are modalities. And if you are going to prescribe for the individual person the modalities are more important than the symptoms. Do I make anything clear there?

D.- Yes, I think so. Of course once you consider the emphasis on symptomatology--on the symptoms--I realize I am using that in the general sense--since, as you said, the homoeopathic physician would be concerned with not just the physical symptoms but psychological factors, emotional factors, etc., which would be important.

G.- Absolutely, yes.

D.- I know that there have been divisions within homoeopathy. Do you think, Martin, it would be a good time to ask about the major groups? From what you have seen, Mr. Green, what are the major divisions or groups that have developed within homoeopathy? I am thinking in terms of practicing rather than the fine theological distinctions that occur in almost any doctrine or belief.

G.- Well, broadly speaking, you know that the best tools for practicing homoeopathy are the potentized remedies. That is a subject in itself, potentization. A man may study medicine and may use potentized remedies but use them allopathically.

D.- Yes, I can see that.

G.- And still since he uses the potentized remedies he

calls himself a homoeopath. You have the pharmacist, and he prepares the potencies, and he sells them to the man who misuses them as well as he sells them to the man who uses them correctly. In fact, he has more sales to those who use them badly than he does to those who use them correctly.

D.- Yes, I think that is true.

G.- The main division that has kept homoeopathy in hot water with internal strife, is on that question of potency. The main line of battle has been between what they call the low potency men and the high potency men. As if the high potency men used only high potencies, and the low potency men used only low potencies. They make that broad general distinction. The low potency people call the others purists. And the purists call the other fellows mongrels. And so they insult each other.

D.- Well now, there have been other divisions, have there not, with respect to the degree of conforming, say, to allopathy? Am I right about that, Martin? How would you have phrased that?

K.- I am not sure exactly what you are heading for? But let's go back a little bit. As of 1921, when the American Foundation for Homoeopathy was founded, this would be the pure homoeopath?

G.- Yes, there were twelve physicians involved in that founding, and they were all what would be called, purists, Hahnemannian homoeopaths, that is right.

K.- And opposed to the so-called mongrel-homoeopaths, who could be the members of the American Institute of Homeopathy? Is this right?

G.- Well, they were all members of the Institute. But the Institute tended to be important because there were these divisions within it.

D.- And the divisions were...

G.- The Institute accepted anybody who rated as a homoeopath, and that included those who used the remedies improperly along with those who used them properly.

D.- Well, would you say that it included anyone who considered himself a homoeopath? When you say rated--anyone who considered himself a homoeopath?

G.- At first that was based quite largely on the school that they had graduated from, and if that was called a homoeopathic school...

D.- Then they would be automatically eligible?

G.- Yes.

D.- Or if they had studied under some reputable homoeopath, or worked with them.

G.- Yes, that is right.

K.- What do you think the function of the Foundation has been over the past forty years, forty-five years, as regards to maintaining homoeopathic theory?

G.- The function has been to maintain the so-called strict, or purist homoeopathy. The main basis for founding, or making the Foundation, was to get team-

play between the profession and the laity. These twelve founding doctors foresaw that the future of medicine lies very much with the laity as well as with the profession. And they believed that the principles on which medicine was founded belonged as much to the laymen as to the profession, and that the laymen are perfectly well qualified, even with a modicum of education, to state these principles and to understand them. And they sought to bring together the efforts of the laity with the efforts of the profession based on this understanding of principle.

K.- Yes, and how was this attempted? Through what means?

G.- They set up a board of trustees. Is that what you are getting at?

K.- Well, yes.

G.- They set up a board of trustees, and in the beginning it was weighted in favor of the profession--the laymen were secondary. Because at that time most of the doctors in both schools thought that medicine belongs to the doctors, and the laymen were supposed to sit back and take it from them. The idea of having laymen active in the promotion of medicine and of medical education was frowned on. So the Foundation had to break down--had to start breaking down that division between the two. In the beginning the Foundation was weighted seven to five against the laymen, and now it is equal, six to six.

D.- Well now, when you say the use of laymen, or the role of the laymen, you are referring to the role of laymen in supporting and spreading the ideas of homoeopathy specifically, and not so much in terms of education itself, except in so far as their role in stating the tenets.

G.- Yes, well, in the original by-laws it said in the Statement of Purpose that the Foundation was to establish and maintain centers of education for the laymen as well as for the doctors. And as that has developed, we now have a formal course for laymen. It takes fifteen weeks, that is, it is in fifteen sections. And that course is designed to be given by a layman. And they go through it and have an examination at the end. But the purpose of it is not to make doctors, or even amateur doctors, but to make the layman an intelligent patient, an intelligent interpreter of homoeopathy to his fellow layman, and to give him the means of cooperating with other laymen in doing that.

K.- Is this emphasis upon lay participation due to the fact that traditional medical ethics has frowned upon medical advertising? Is this the reason? In other words, a physician cannot ethically advertise.

G.- That is right. Do you mean does that explain the fact that the profession frowns on laymen? Is that your question?

D.- No, Martin is saying that since under the A.M.A. ethical code a physician cannot recommend his own particular practice, therefore the homoeopath-- particularly if he is acceptable and has an M.D. degree and is a member of the medical profession in good standing--would be forbidden to promote homoeopathy because by so doing he could be, in effect, advertising himself, and therefore the homoeopaths in an effort to promote their beliefs or ideas have called on the laymen. Or let's say laymen have volunteered to do this. You see theoretically an orthodox physician could not advertise that his particular way of medicine is better than homoeopathy, or try to promote it. Whereas, the homoeopath is in the minority position. As a member of the profession, he can scarcely publicize or recommend his own particular method of treatment. This would be one reason, why laymen who are interested in homoeopathy may take over this job. This is what we have in mind. Was this the intent of the Foundation?

G.- It was the intent of the Foundation to make the laymen active and to stimulate interest among laymen so that more laymen would be active.

K.- You also mentioned--oh, go right ahead...

G.- The aim of established medicine, however, has been that they don't advertise individually, but they do advertise in a mass. They very definitely put forward

the idea that everything scientific in medicine comes from the American Medical Association, and that is what it stands for.

D.- Well, this is the advantage, I guess, of being in a majority position where certain assumptions are made and are accepted generally, say, by the public. Of course what you say is true. I started to point out that medicine, too, can claim that it uses laymen even in its educational process, in the sense that a good many of the professors in medical school are not M.D.'s. In other words, they have bio-chemists, statisticians, physiologists, anatomists, who may not be physicians.

G.- Yes.

K.- Mr. Green, you made a distinction between the homoeopathic patient and the allopathic patient in saying that the courses that the Foundation operates for laymen helps make them better homoeopathic patients.

D.- Better patients, is what he said.

K.- Is there a distinction between a homoeopathic patient and an allopathic one?

D.- I don't believe Mr. Green said that. I think he merely said they would become better patients by-- or a more understanding patient--by having some knowledge. I don't think he made that distinction between allopathic and homoeopathic patients. One can only make a difference in the treatment.

G.- Well now if the doctor is going to find out from his examination of the patient those things which are strange, rare, and peculiar about this particular individual--if he is going to find that out--then that requires that the patient should be able to report intelligently. He is a better patient if he knows what to observe and what to report than if he doesn't know that.

D.- And this would be true in...

G.- Now a man comes into the office and says, "I have a headache, and I want it cured." And of course you can always stop a headache with a pain killer, but you can't stop it permanently that way. And that would satisfy the patient, and that is all the patient has to report. But if you are going to find out what is strange, rare, and peculiar about that particular patient you start by saying, "Well, when did this occur, and under what circumstances? When are you worse and when are you better, and under what circumstances? Are you sensitive to drafts? How about eating, does the headache come before eating, or after eating?" See, things like that. "What part of the head--where does it hurt? What kind of a pain is it? Is it a knife-like pain, or is it an ache, or is it a penetrating pain? Does it throb? Is it a steady pain, or does it throb?" Now no matter what the patient's answers may be, you can give him a pain

killer, and he is free from pain as long as the pain killer works. But he isn't cured. So that the homoeopath by answering those questions is finding out what remedy fits that particular fellow who happens to have a pain in the head. Now the fellow as a layman, if he doesn't know this, he just comes in and says, "Doctor, I have a headache and I want it fixed up." That is all, he hasn't observed all these things that the doctor will ask him. If he knows how to observe those things and can walk into the office and give them he is a better patient, and he has a better chance.

D.- This is a question that it might be better to ask a homoeopathic physician, but on the other hand I think you probably know as much as anyone since you have been associated with it so much. I was just curious to know, how much of allopathic medicine, let us say, or orthodox medicine, do the homoeopaths accept? For example, if it were possible to set up a Foundation, and create a homoeopathic medical college, a new one, how much of the orthodox medical courses would be included, or would you accept?

G.- A great bulk of them would be included. Of course first off are the fundamental things that everybody has to know like anatomy, and physiology, and histology and that sort of thing. Then after having taken that, and his M.D., and maybe practice for awhile, then is

the time for him to take up homoeopathy and thus go beyond the ordinary.

K.- It is more of a postgraduate field.

G.- We have come to the conclusion that homoeopathy is essentially a postgraduate thing. You have to wait until you have a little more mature mind than you have as the medical school freshman.

D.- And would you say that for an individual to go into homoeopathy he would be more inclined to have a reflective or philosophic mind rather than empirical viewpoint? Now as I recall it, in the nineteenth century one of the criticisms of the homoeopaths was that the allopaths, they said, tended to be too empirical, without a philosophy, in effect, whereas the homoeopaths sought an integrated system of medicine. Would you agree that this would be one of the distinctions, or--?

G.- Yes, I think that is a very marked distinction.

D.- It is interesting to see the close relationship between some of the early homoeopaths of the nineteenth century, say, and some of the--I am not going to call them mystic--mysticism, and Swedenborgism, and some of these other philosophies. Apparently there does seem to be some connection between this. Would that be true of homoeopaths today, do you think, of the men you know?

G.- That they would be regarded as mystics?

- D.- No, that they, let's say, have a more philosophic turn of mind.
- G.- Oh, definitely, yes.
- D.- I know mysticism has--in this age of empiricism, practical science, and so on--a bad name, but I think it is a properly legitimate term to use when we think in terms of the degree of abstractions. Martin, do you have any specific questions you wanted to ask?
- K.- I think before we get into the specific aspects of homoeopathic history... In an editorial in The Layman Speaks, you said that no physician, or very few physicians, could explain the difference between suppression and cure.
- G.- Right.
- K.- And you got into that a little bit in discussing the homoeopathic patient. I wonder if you could explain the difference between suppression and cure?
- G.- To explain it in general terms is going to be a little bit difficult, but it can be illustrated very nicely. Take a typical case, a typical sequence of events. You have a baby in arms and it has eczema on its face. Well, eczema is a pretty obstinate thing to try to treat. But you can if you are good enough and have enough luck. You can apply medication to the skin, and clear up that eczema and it won't return. Now that would fulfill all of the ordinary

requirements for cure. The baby had the eczema, you put the medication on, and repeated it until finally the eczema cleared up, and you don't have the eczema any more, and it doesn't come back. So what more do you want? Well, the baby grows up and reaches we'll say, the teens, or maybe the twenties, and he may be of an athletic type and he finds himself stiffening up, and he has pains in his joints, and so on, and that develops to be rheumatism. All right, you call the doctor again, and now you have rheumatism, and the doctor has the treatment for rheumatism. But you send that patient to a good homoeopath and in the course of the case-taking he gets the history, and he finds that in baby-hood there was this eczema. Now you see in order for the doctor to get that information he has to go to the mother or the father or the nurse, or somebody else. The baby wouldn't remember it. But he had the eczema. When the medication was put on the surface and the eczema disappeared, all that meant was that the sickness which was expressing itself on the skin could no longer express itself that way. The baby was still sick, and he grew up sick, and he finally blossomed out with rheumatism. If the doctor who sees it as a case of rheumatism knows his homoeopathy and is successful, he gives the individual remedy required by that individual at that time, and as the rheumatism improves,

the eczema returns, and then the eczema finally improves and the patient is cured. The patient was sick all the time. The eczema had been suppressed, not cured. You don't find cases as clear cut as that very often in practice, but it serves to illustrate the point.

D.- See, if we assume that a great many of these skin eruptions are due to a staph infection, or as orthodox medicine would say, that the cause was a staph infection, and give an antibiotic and eliminate it... If we assume hypothetically this is correct, then it would hardly say that this was suppression. The thing I am saying is that if the homoeopaths accept a good part, or a major part, of orthodox medicine, and the concept of bacteriology, then it would seem to me in many of these cases that this is not necessarily a suppression, that this is the actual elimination. In other words, the psoriasis, or eczema may be due to a specific pathogenic organism which orthodox medicine could counteract very effectively. And I think one of the problems as I would see it-- and I am a layman in the history of medicine--but it seems to me that in a human being you have a tremendous number of minor ailments in the course of your lifetime. After all, very few of us escape rashes, etc., of some kind, that there is always this danger of seeing a relationship which may or may not exist. This is what I consider one of the problems.

This is a question that comes to my own mind that the homoeopathic physician may find himself reading into things.

G.- Uh, huh. They are often accused of that.

D.- Yes, and as I say, how does one..?

G.- Well, supposing the eruption is a bacterial infection. Does that mean that everybody exposed to that bacterium gets the eruption?

D.- No.

G.- Then what is the difference between those who do get it and those who don't get it? From the bacteria?

D.- Possibly the degree of immunity, or ability to react to it?

G.- Ability to react to it, yes. If you have a susceptibility the bacterium will have its effect on you. If you don't have the susceptibility, it will not. Isn't that right?

D.- That is simplifying it, but let's say that is essentially true, yes, an over-simplification.

G.- I mean there is a difference between the individuals.

D.- Yes, right.

G.- Now, it is that difference between the individuals that the homoeopath is reaching because he is picking out--he is looking for--the remedy that fits the particular individual at the time.

D.- In other words, you are saying in effect that the homoeopath seeks to stimulate the body's defensive

mechanisms to react.

G.- That would be the phrasing that the bacteriologist would use. You may remember that Rene Dubos of the Rockefeller Institute, who has been a bacteriologist of world renown for many, many years, has come to the conclusion that before an infection will take place something favorable to it has to be in the host--there has to be something favorable to it in the host. I am trying to use his words.

D.- Right. I think orthodox medicine would accept that. At least as far as I know.

G.- Yes, and he said that the future of medicine depends on finding what that "something" is.

D.- Yes, I mean--the concept of immunology--the whole field of stimulating the body's defenses. I would agree, and I think this certainly would be one of the aims of orthodox medicine. And now you are saying in effect that the homoeopath has been able, or is able, to do this to a greater degree than the orthodox physician, or at least seeks to do it.

G.- Now let's carry it one step further. The question in any case of sickness is what it is about the sick person that must be cured. Now if a bacterium comes along and has an effect on an individual, that shows that the individual was susceptible to it. Otherwise, all individuals would be afflicted. Now what is it about the sick person that must be cured? Kent puts it this way: he says that in the individual you have

discernment, you have will, you have logic, you have a sense of right and wrong, and all those things which to a great extent characterize and define the individual.

D.- Right.

G.- In the dead man you may have all of the physiological properties, at least momentarily, all the organs, and everything is there, but this discernment, this understanding, ability to think, ability to will, the ability to feel, are gone. When those are gone, no medicine has any effect.

D.- Right.

G.- Therefore, it is that inward--you can only describe it as an inward energy--you can't see it--they call it the life force, or the vital force--and once the vital force is in disorder in some way that it can't right itself without help, then the patient is sick. And he is sick first, and his susceptibility to bacteria and his symptoms which you can observe are afterward. So you use the signs that you can see and sense as your guide to the disorder that has occurred within, and it is that disorder that you have to reach in order to effect a cure. In other words, the bacteria, your bacteriology, has to do with a consequence of sickness rather than the sickness itself. It isn't the bacteria that originated the sickness.

D.- Orthodox medicine might accuse you of relying too much on symptomatology. You know one of the big problems with medicine, say, in the eighteenth century, was that it was compelled to rely largely on symptomatology, in terms of classifying diseases and in treating them. Today with the developments in physiology and bacteriology and immunology, etc., it is possible to explain the actual workings of many of these processes. And it would seem to me just looking at it, and listening to you, I can't help wondering--if the homoeopath is not guilty of relying to a considerable degree upon symptoms. I know that is a sticky question to ask, but you know these thoughts just occurred to me, and I was just wondering--am I being unjust in saying this?

G.- Of course all through the years homoeopathy has been accused of that. But in the practical working out of the story, the information which homoeopathy tries to elicit in its method of case-taking is prior to the information that you get from the symptoms, from the examinations of the laboratory, and if they fail to get that prior information, they are likely to fail of any permanent cure.

D.- In other words, you are saying that the homoeopath must know the complete case history of the individual to be effective, more than say just the symptoms of the particular ailment at this time.

G.- Yes.

K.- In that case the homoeopath would always oppose mass immunization, fluoridation of water, is that correct?

G.- No, it is not quite correct. It is possible with homoeopathy to mass immunize very successfully. When I was in Erie, Pennsylvania, and a young man--I got very well acquainted with a fine old prescriber out there by the name of Cranch, Edward Cranch. And Pennsylvania was the most strict state in the union about vaccinating children to let them into school. And so Cranch--the children of his patients--when they came along towards school age, would give them a homoeopathic variolinum--that is one of the possibilities, variolinum--internally, in the spring, and then in the fall as school approached, he would send them around to another doctor to be vaccinated according to the law. And after a few years, this doctor came over to see Cranch. He hated to do it because he looked down on him, and he said, "Cranch, I am never going to vaccinate any more of your children", and Cranch said, "Why not?" "Well", he said, "It never takes."

K.- Well, wouldn't this be opposed to the homoeopathic idea in the individual--seeing the patient as an individual?

G.- Yes, you see, it is only a blanket measure, but if

you want specific immunity you can get it, in that way. Specific immunity doesn't count for much in the matter of health. With specific immunity you don't improve the health of the people. The more specific immunity has been used, that is in the orthodox way, the more chronic illness we have had. Not with regard to the particular diseases, but in general. What this specific immunity does--I mean the theory of it, and they sometimes confuse that with homoeopathy--is to set up an artificial disease, which, in turn, bestows a more or less long term immunity. As for instance, if you have smallpox you are not likely to get it again, so they give you an artificial dose of smallpox.

D.- Simulating it, yes.

G.- Simulated, yes. And that is what sets up the immunity.

D.- Yes, but now would you say that in a case of smallpox vaccination that you feel that this may be responsible for some of the chronic illness today? The death-rate from smallpox?

G.- Yes, it is impossible to do that. It is impossible to follow that method without weakening the resistance to disease to outside morbid influences.

D.- Yet this seems to me to be somewhat in the same pathway as homoeopathy. That is it is operating under somewhat the same principle, is it not? The idea of stimulating the body to defend itself, to react?

G.- Well, in that way, it is often confused with homoeopathy.

D.- But you see I can't help feeling that, after all, if one views the life expectancy today, and I think we have to attribute most of this to orthodox medicine--by and large orthodox medicine has been relatively successful in not only eliminating many killer diseases to all intents and purposes, but also in raising longevity, and while there may be a great deal of chronic ailments today, I can't help feeling that most of it is the result of people simply living longer. We have doubled the life expectancy, and that means the problems confronting medicine today, and I use the word in a general sense, is not only to make people live longer but to live healthy longer, to live an active life. And if I were to accept the thesis, for example, that vaccination, etc., has had a weakening and debilitating effect upon the population then it seems to me that the evidence would hardly substantiate this in terms of, say, this generation, which by and large is healthier, and bigger, and stronger. I realize the many factors involved in this--diet, habits of living, etc., which influence that. I know we are--as I say, you are a layman, too--and we should ask these questions, I think, of some of the homoeopathic physicians. We seem to be getting about to the end of that tape, or do we have more time?

K.- We don't have much, maybe one or two more minutes at the most.

D.- Well, any other--we do want to get on some of the specific organization problems, and on some of the relations with the orthodox profession. I think you have some questions that you--about the various groups within homoeopathy, Martin?

K.- Well, yes, but do you think we should wait and let it run out, rather than possibly get in the middle...

D.- No, I think let's just continue on with the discussion.

K.- Let's get back into the history of homoeopathy back to the period from say 1915 to 1920 when the...

(End Tape I - Side 1)

(Begin Tape 2 - Side 1)

D.- I think I had just started to ask you, Mr. Green, the question, can we not attribute a good part of increased longevity to the fact that orthodox medicine has conquered many of the great killer diseases, and people today, I think, obviously are healthier, and happier, bigger, and stronger than their forebears. What do you think about that?

G.- I think the fact is true that people live longer, tend to be bigger and stronger. I think, however, that this taken by itself tends to leave out other factors. I am an engineer. When I was growing up everything was horse-drawn. And you had to mow the grass with a handmower. You had no source of power

except the steam engine. You had no refrigeration. You had either to burn kerosene or burn gas in the evening. You had to burn coal to heat your house. In our house we had a separate stove in each room. Central heating hadn't arrived. We had a stable of horses behind our house and everything on the table had to be covered with domed screens. The water-- this was in Washington, D. C.--there was no filtration. The Potomac River water varied in the amount of mud it carried. And there were many days when you couldn't see the tablecloth through a tumbler of drinking water but we drank it. Because of the lack of electric power there was no labor-saving. The working day was ten hours, not eight, and the working week was six days, not four or five. You couldn't transport food across the country and keep it fresh. You had to depend on your local farmers for the choice you had in the market for food. It was limited to what could be grown in the neighborhood. These advances are all engineering. We had to have a crew come through twice a week to sweep the streets to get the manure off. We had sparrows that lived in the ivy on the houses who fed on the horse manure. We had all that stuff in the air when it got dry and blew up as dust. So that those engineering advances have had an enormous effect on the safety of living.

D.- The whole sanitary movement of the nineteenth century.

G.- We got our milk straight from the farm, and it had

garlic in it in the garlic season. You could taste it. And there was no inspection. So those are engineering advances. So I think the doctors have been claiming a little of the engineering--taking a little of the credit that belongs to engineering.

D.- Well, I would agree with you that a good part of the improvement in the nineteenth century certainly was a result of sanitary engineering. No question about that.

G.- Now when you consider the question that Mr. Kaufman asked awhile ago, what is suppression, you see that a person can live a long time with sickness suppressed, whereas the homoeopath is able to cure it and get the sickness out. Do I make that clear?

D.- Yes.

G.- The longevity and size may be crude measurements of advance, and if we have made that advance it has, I think, been quite as much due to advance in civilization as it has been due to advance in medicine.

D.- I would agree. I think it is recognized, for example, that public health and economics go hand in hand. That one can literally measure health, or let's say you could almost measure economic standards, in terms of vital statistics.

G.- Yes.

D.- People of a higher standard of living tend to live longer and be healthier than people of the low standard of living, and this plays a major part in both these

factors.

G.- Yes.

D.- Well, I think the precise role of medicine is open to debate, but it certainly has had a significant role.

Well, I think we are about ready to move onto some of these--to the questions about the relationship between the homoeopaths and the regular orthodox physicians. Were there any particular questions you wanted to ask, Martin?

K.- I think first we will start off with the general, let's say over the past forty or fifty years. Could you tell us what the relations have been, and have they changed to any extent? Between orthodox medicine and homoeopathy?

G.- Well, I have already said that in order to become a homoeopath you have to become an orthodox doctor first. That is one point in the relationship. When homoeopathy started in this country it grew ostensibly or nominally very fast. And at that time there were no national medical organizations. The rapidity, the speed of growth of homoeopathy, scared the life out of the established medicine and instead of studying it they tried to suppress it. So the American Institute of Homoeopathy was formed as the first national medical professional organization. Now that was in 1844, the year after Hahnemann's death. He died in '43. And at that time the established medicine was represented

only by local groups, state associations, city-wide associations. So they got busy and formed themselves into the American Medical Association which was started in 1848, to defend themselves against homoeopathy, which they refused to study. Coulter can document that for you, better than I can, very, very thoroughly.³ Then the homoeopaths...

D.- I think we might qualify that by saying that the A.M.A. was founded for several reasons, but I would agree that one of the major ones was the rise of what they thought were the irregulars, which would include the homoeopaths and the Thomsonians, the herbalists, the hydropaths and others. Certainly this was one of the major purposes of the A.M.A., although I do think that there was a desire to raise status within their own profession, and to improve relations with one another, to develop professional status...

K.- Foster science.

D.- Yes, medical education, etc. But I agree that its rise was in response to the threat from the irregulars.

G.- Yes, they classed the homoeopaths as irregular.

D.- Right.

G.- Let's see, we were talking about the relationship between...

K.- The orthodox profession and the homoeopath.

G.- Yes.

D.- You mentioned the Foundation or the Institute.

G.- Yes. Well then the next big event began about 1910 with the Abraham Flexner Report⁴ --you are familiar with that?

D.- Yes.

K.- Yes.

G.- There were two Flexners, both very distinguished...

D.- Simon and Abraham.

G.- Abraham was an educator, and not a doctor, and he was working for the Carnegie Foundation for the Advancement of Teaching, and made a study of the curricula of medical schools, and published a report which indicated that there were no standards. There was no degree of uniformity among medical schools. And so he recommended that standards be set up and adhered to. At that point the homoeopaths apparently, as far as I know, paid no attention to it, but the American Medical Association was smart enough to see the opportunity, and they had, of course, the bulk of the public support and sympathy and trust. So they undertook to set up the standards for medical instruction and also for hospitals. So based on their specifications these institutions were graded, A, B, and C. This grading--for instance Boston University here was teaching some homoeopathy, not a great deal, and not very good, but some, and that was characteristic of a great many of the colleges and universities. They didn't have enough professors who understood

homoeopathy themselves to give the boys a real good training in it. But still even if they didn't do any more than call themselves homoeopaths, they were irregulars in the eyes of the medical association. So they gave Boston University here a choice. You get rid of your homoeopathy or you don't get the "A" grade. Well now, a school trying to operate without the "A" grade would have difficulty in getting students and even more difficulty getting endowments. So it was pretty tight pressure. And they decided to yield to it.

Then there were some medical colleges who also didn't teach very much of the homoeopathic philosophy because, as I say, the thing had grown so fast, and it did take so much independence of mind and protracted training to qualify as a good homoeopathic professor, that they didn't teach the thing very thoroughly. But there were some founded entirely with homoeopathic money to teach homoeopathy, and they had to face the same choice. With the result that between about 1915 and the following, roughly, fifteen years, the schools finally disappeared. Now these were all medical undergraduate schools; that is they ran parallel with the schools like Harvard, and Johns Hopkins and the rest, leading to an M.D. degree, and qualifying for passing the Boards for a license to practice--the State Boards. So that

these schools finally disappeared. And with them the homoeopathic licensing boards. Whether that was very much of a loss or not I can't say. I think in many ways it is better that we don't have them, because homoeopathy takes an older boy to get it, and it takes a peculiar boy--the one who doesn't go into medicine for a living, primarily for a living, but to cure people.

D.- And of course it is true that the Flexner Report did eliminate a great many--if we are leaving out the homoeopathic schools it affected--that most of the schools, I think, were not providing a good medical education, and I think on the whole these were saboteurs, and I think this...

G.- Oh yes, they eliminated a lot of crack-pot diploma mills. Oh yes, they did.

D.- Of course, the elimination of these homoeopathic colleges obviously would have a fairly disastrous effect on the number of homoeopaths that were produced.

G.- On the number of nominal homoeopaths.

D.- O.K., all right, I will accept that correction.

K.- Am I correct in assuming that the pure homoeopath who was later to found the American Foundation for Homoeopathy welcomes the loss of homoeopathic medical schools since they were not teaching homoeopathy?

G.- No, I was giving you that as my own opinion. But in the long run we were probably just as well off

not to try to run undergraduate medical schools for homoeopathy, but to treat it as a postgraduate subject, a postgraduate pursuit.

D.- Yes, that was a point you mentioned earlier, that perhaps it did belong as a postgraduate study rather than as a...

G.- Yes, here in one of your opening questions you say, "How much homoeopathy does each use? Is homoeopathy a more beneficial system? How did each physician become a homoeopath?" Well, anyhow, I don't know whether you say it or not, but the question is often asked, "Is a homoeopath a genuine doctor?" So the answer is the homoeopath is a genuine doctor and then some.

D.- Yes, I think you have made that clear to us.

K.- All right now, after the medical schools have by and large disappeared, except for the New York Medical College and Hahnemann, and I guess there was an elective course at the University of California, in homoeopathy.

G.- Yes.

K.- The American Foundation for Homoeopathy tried to attract medical doctors to become homoeopaths. How successful was this?

G.- Not very. The postgraduate school for physicians in homoeopathy runs at a loss, and it has very few students. It has more difficulty raising students, or getting candidates from the United States than

raising them from abroad. That is partly our fault, speaking as a homoeopath, in that we don't sufficiently let the school be known. We haven't found the means of doing that. We haven't stirred ourselves up enough over it. And the second point that I wanted to make a minute ago about this disappearance of the schools is that through that period homoeopaths were practically mute and inert and passive. My friend, Dr. Alonzo Shadman, here in Boston, was a graduate of the Boston University Medical School, as my sister was, and when this question of eliminating homoeopathy was put up to the trustees, the president of the University went to Shadman and said, "What shall we do?" And Shadman was a robust fellow and he said, "Stand up on your hind feet and fight, damn it!" But they didn't take that advice. Of course it is a good deal of a misappropriation of the money that they had, that was given for teaching homoeopathy; the same in Hahnemann, and the same in New York. And it is being prostituted because homoeopathy has been kicked out, as something inferior. Now, the people who say it is inferior have never studied it.

D.- Before we leave this subject of the state medical societies. Actually there has been no real problem in the last twenty or thirty years, that is, the pure homoeopaths are now orthodox--having passed the orthodox requirements--there has been no real issue, has there, Martin, do you know of any particular issue that may

have arisen with respect to homoeopathy and the A.M.A. or within the state societies?

K.- Yes, there are several aspects. In, well, I believe it was 1936, the A.M.A. Council of Delegates passed a regulation saying that no medical school or hospital may have in its title any sectarian designation. And this meant that the New York Homoeopathic Medical College was forced to change their name to New York Medical College. There was a question as to whether Hahnemann, the name 'Hahnemann' in Hahnemann Medical College in Philadelphia, had to be eliminated, to medical societies and this type of thing. How was this accepted, was this completely opposed?

G.- Well, individually it would be completely opposed by anybody who is interested in homoeopathy, but organizationally, they were just passive about it, and nothing was done. And consequently the public didn't know that there was anybody around who had any objection to it, and consequently the public has pretty nearly lost sight of homoeopathy. You ask the man on the street, he doesn't even know-- this Layman Speaks magazine--it says: "The Layman Speaks - A Homoeopathic Digest" on the cover. And one of our friends out in the West generously took a subscription and gave it to the local public library, the metropolitan library, and a couple of years later went down to check up and see what they were doing with it, and she couldn't find it. And it developed

that nobody in the library knew that homoeopathy had anything to do with medicine, so they didn't know where to put it, and they kept it in the store-room.

D.- Well, I know this is true, because I have mentioned to several people that we were interviewing some homoeopathic physicians, you know, and they looked completely blank. I think this is true. Well, you would say then, that for the past thirty years the old struggle which was true of the nineteenth century between the A.M.A. and the homoeopaths, has resolved itself for good or for bad, from your standpoint, in favor of the regular profession. The very weakness of homoeopathy has precluded any major clashes, at least any active major opposition on their part. I think that Martin indicated the A.M.A. is still seriously looking after its interests in this respect, in what it conceives to be the interest of the public.

G.- Yes.

K.- Some homoeopaths, I believe, feel that homoeopathy has won in that during the nineteenth century homoeopathy had to struggle in order to gain acceptance, and by 1903 a homoeopath could join the A.M.A., as long as he no longer advertised himself as a homoeopath. And through the period from 1903 to the present many homoeopaths are members of the A.M.A., take some part in homoeopathic political activities. For example, Dr. Baker⁵ works fairly close I believe with the A.M.A.

on their political action committee, the homoeopathic political action committee.

- G.- Yes, well, that is something that is just starting. The A.M.A. has had a political action committee for some time. And so he is starting one for homoeopathy. He took the lead in the effort, and the successful effort, to have the Homoeopathic Pharmacopoeia remain in the law when the Medicare law was made. The Homoeopathic Pharmacopoeia is recognized in the law of the land, but when this new legislation was being written, if it hadn't been for this campaign in which we all took part, the Homoeopathic Pharmacopoeia might have been dropped, and then it would have been hard to establish the right of a homoeopath to practice.
- D.- Well, shall we move on? I think we have already asked the question about the abolition of homoeopathy in colleges. Are there any other points we want to bring up about that, Martin?
- K.- I think we have pretty much covered the development within medical colleges. I wonder if you could tell us something about the programs within the American Foundation for Homoeopathy. Could you describe the work of a Layman's League?
- G.- Yes, the Layman's Leagues are in two parts principally. First, for the members to inform themselves, and keep abreast of the times, and second, to extend information to others outside of the Leagues, and to attract others to the Leagues that way. The difficulty of

organizing the Leagues from the beginning led us to make them very autonomous. They run their own show. They elect their own officers and they raise their own money and arrange their own programs. Then we link them together in a federation, which is now five years old, so that they have intercommunication, and they have a definite link, more or less official, with the Foundation.

D.- When were these started?

G.- When the Foundation was started.

D.- Right from the beginning?

G.- Yes. The way? Are you interested in the way they were started?

D.- Yes.

G.- Some of the doctors--not many--are born teachers, and my sister was one. There were two leagues formed at the beginning, one in Washington and one in New York. My sister had so many questions asked her by her patients and it took so much of her time, practicing time, to answer those questions, that she was having them come down to the office in the evening, and she would give them undivided attention to answer their questions. And in that way she finally developed a body of information that she put in a leaflet called the Homoeopathic Primer. And then the thought occurred to them that they might as well organize and make it a permanent thing. So that is the way

the League in Washington was formed.

Then in New York there was an outstanding master in the art in Brooklyn by the name of Close, Stuart Close. Well, he gathered younger men to him, younger men in the profession--so he would meet with groups and they would extend their understanding together in the evening. Dr. Close died, and his wife applied the same idea in New York, to layman, so she operated the group there. And she learned about the Foundation, and she linked their group with the group in Washington. And that is the way the whole thing began.

- D.- How successful would you say they were? Certainly they managed to enable homoeopathy to survive. It has been one of the factors.
- G.- That is right.
- D.- Would you say they have done more than that, or I think in view of what we are saying, about the problem of the public apathy, or the public lack of knowledge, it has been an uphill struggle I gather.
- G.- A very uphill struggle, but there has been some headway made, I think. People who are oriented toward public relations don't come too often, and there are not many of them, so that the art of getting the word out is pretty hard to put into practice through a league, but if you don't do it that way, how are they going to do it?
- D.- How about the postgraduate courses that have been

offered since those years?

G.- Right. That has been going since 1921.

D.- Off-hand, do you know how many schools offer them right now? Postgraduate courses? I know that there is the summer session. Well, let me ask this question. There were a number of postgraduate courses that continued to be offered in the 1920's and 30's, isn't that correct?

G.- In homoeopathy?

D.- In homoeopathy, or am I right?

G.- Not that I know of.

D.- When did Dr. Guttentag--wasn't he--?

K.- Well, this was an elective at the University of California rather than a postgraduate course. It was an elective within the undergraduate medical school.

D.- When did he retire?

K.- I believe that students stopped taking his elective sometime during the 1950's.

D.- But it was taught then up to the 1950's?

K.- Yes. And now he teaches the history of medicine.

D.- Yes, we have a...

G.- He succeeded Dr. Ward, didn't he? W. W. Ward?

K.- I believe that Dr. Ward was succeeded by Dr. Boericke who later went down to Hahnemann.

G.- Well, there was a Dr. Boericke out there, you know, Charles Boericke, and he taught at the University of California for some time and there was Dr. Garth

Boericke who stayed on with Hahnemann in Philadelphia after the upset, and had an elective course.

K.- I believe that Garth Boericke did teach at the University of California for several years before Dr. Guttentag took over.

G.- Oh, did he?

D.- Well, we have an appointment to see Dr. Guttentag next month, towards the end of the month. We are going out to the West Coast and will get a chance to chat with him, and will give him your regards, I assume?

G.- I wish you would.

D.- All right, I will be glad to do that.

And now we did ask some questions, Martin, with reference to the relations between the International Hahnemann Association. Do you want to pursue that?

K.- Yes. The International Hahnemannian Association has been the association of pure homoeopaths, is that correct?

G.- As we have already said, the Institute, the American Institute of Homoeopathy, was pretty liberal in its requirements, and to its own disadvantage, because it raised a lot of controversy within itself between the various degrees and fractions of acceptance of homoeopathy among the members. So among these members of the Institute there was a minority who wanted to pursue the real homoeopathy, and they didn't

withdraw from the Institute. They remained Institute members, but they also formed the International Hahnemannian Association in 1881. Then there was a war between the Institute and the International Hahnemannian Association. It was so hot and so funny that when they would have the convention in June, the National Convention--they had them simultaneously as they naturally would--and the secretary of the Hahnemannian Association would put a notice on the bulletin board in the hotel, and the secretary of the Institute would find it there and take it down.

D.- I didn't realize it was quite that bitter. Let's see, when was this approximately, this crisis?

G.- The International Hahnemannian Association was formed in 1881.

D.- When this crisis occurred, though?

G.- Oh, it was immediate. There was a war for about twenty years, or more, between the two. Then the evolution happened like this. You see in the meantime following the Abraham Flexner Report, the undergraduate homoeopathic medical schools gradually disappeared. They didn't represent good homoeopathy anyway, and they disappeared. Well, that dried up the sources of new members for the Institute, so that the influence of the purists--what they disdainfully called purists--grew proportionately over the years, and so most of the officers and committee

chairmanships in the Institute gradually veered toward the purists. So then the need for the International Hahnemannian Association seemed to diminish, and they finally decided to give it up and merge it with the Institute.

D.- In the 1920's?

G.- Yes, about that time there was a beginning. No, I guess it was later.

K.- No, this was very recent. I think it was 1959 when it started. I think it was '66 the merger was completed.

D.- That is right.

G.- Yes.

D.- Well, did these poor relations continue well into the twentieth century and beyond that, or did matters begin to ease up say about the 1920's?

G.- The bad relations between homoeopaths?

D.- Yes, between the two groups, the International Hahnemannian Association and the American Institute. Did they remain somewhat at logger-heads, or was there a gradual diminishing of the hostility?

G.- Well, as I view it, a good deal of it still remains. There are those in the Institute who maintain that the purists are theoretical, that medicine has advanced since Hahnemann's time, that if Hahnemann were alive today he would be doing differently, you know, and that by keeping modern they improve on homoeopathy. The so-called purists attribute this

to a lack of understanding of homoeopathy. They haven't gone far enough in it to see what the actual difference is between homoeopathy and the orthodox. There was quite a movement at one time to apply to the American Medical Association for a division within the association that the homoeopaths could occupy. But, as a matter of fact, anybody who practices medicine, with very few exceptions, everybody is a member of the A.M.A., but he is also a member of the Institute, see.

K.- The American Foundation for Homoeopathy when it was founded became an agency of the International Hahnemannian Association, is that correct?

G.- The Foundation, you mean?

K.- Yes.

G.- No, it only happened that twelve of the members of the Hahnemannian Association felt that something like the Foundation was necessary, so they went to work and put it together.

K.- Yes, but this became affiliated with the International?

G.- No.

K.- It wasn't. Well, during the 1950's I understand that some members of the American Institute of Homoeopathy wanted to take over the lay work of the Foundation. I wonder if you could go into that for us?

G.- That is kind of a sour story. It involves many personalities. I think--

- D.- Let me explain, as you understand, that what you are saying is for history. We are obviously not going to quote you without your permission. None of this material will be made available without your permission. We would like to have it for future reference. Somebody looking back at this twenty-five, fifty, a hundred years from now, when personality clashes will no longer...
- G.- Well, you would have to waste a good deal of time to get our side of it, and get the other side of it.
- D.- One of the things we would like to do, though, is to get different views, you see, and in a sense if we don't get things like this on tape and get records of them, then of course they are lost completely. I obviously don't want to get you involved too much, but I think if you could give a synopsis or give us a brief resume it might help.
- K.- We certainly don't want to get just one side.
- D.- Which too frequently happens in history.
- G.- Yes, but why don't you leave it out altogether?
- K.- Well, if this has some bearing on the organization itself or on the advancement, it is important.
- G.- This is resolving itself at the present time I think quite nicely. And I think it is a somewhat shameful thing that is just as well forgotten.
- D.- Well, as I say, I think this a decision that you know the circumstances and if you don't want to...

- G.- It doesn't have anything to do with the merits of homoeopathy. It doesn't have anything to do with the practice of homoeopathy, and it has very little to do with the permanent organization of homoeopathy. It was just an incident where certain people with money thought they could buy it. That sort of thing finally wears out, you know.
- D.- Yes. As long as it has no permanent effect I think you are correct. We are interested, of course, in the Institutions, and how they separate, say, any movement from the Institution that are affecting it, and of course you separate religion from say, the Institutional church. On the other hand, if you feel that this has resolved itself, and it is not a major factor certainly we wouldn't want to press you on that.
- G.- It doesn't seem to me that it has any part of the over-all development of thought.
- D.- You had one point you wanted to make there, Martin, about the 1950's. Did you ever raise that question?
- K.- This is on the state medical schools?
- D.- Yes.
- K.- We have been trying to follow through on this one lead fairly unsuccessfully. We have several references to the fact that a Dr. Chal Paige Bryant in Seattle, Washington, apparently spent several years trying to get homoeopathy accepted as at least an elective

within the University of Washington medical school.

G.- He did, yes.

K.- Was this successful?

G.- Bryant was very much interested in tying together the laboratory analysis of tissue and the principles of bacteriology and virus infection. He tied that in with homoeopathy and established the relationship between them. He travelled extensively around among the universities giving lectures and endeavoring to set up courses along that line. And in that way he hoped to link homoeopathy as a part of the medical instruction in the University of Washington and several other universities. Any university that he could persuade. He was hoping to get that done. And he was still working at it at the time of his death.

K.- That was totally unsuccessful, is that correct?

G.- I think you might say so, yes. What would have happened if he had lived--nobody else in the homoeopathic field followed him on it, so in that sense you could say that it was unsuccessful. But I think its general influence was good on the thinking of both the homoeopaths and the allopaths.

K.- And how was this?

G.- It brought them on to more common ground, and it gave their discussion and their thinking a broader base, not simply a contest between one and the other.

K.- Do you have anything to add to that?

D.- No, I don't think so.

G.- Chal Paige Bryant, the middle name was Paige. One of our best homoeopathic layman's leagues was gathered about him out there, and they have continued since his death without a doctor, without any doctor.

K.- Isn't that very interesting.

G.- Yes. They hold regular meetings and do some very good work.

D.- Where are they centered? In the northwest, or in California?

G.- They were originally in Seattle, and now they are in Bremerton, just across the bay.

D.- They are still active right now?

G.- Oh yes, they are one of our liveliest groups.

D.- Are there any groups in southern California? Any homoeopathic layman's leagues?

G.- There is a Los Angeles County Homoeopathic Layman's League.

D.- It is interesting that the active group would be in the Northwest, since the population seems to be largely in the south, but I suppose the activity of any particular league bears a direct relationship to some personality, some individual, to stimulate it, and...

G.- That is right. Well, Chal Bryant was very much interested in the layman and in having the layman receive good leadership and instruction.

K.- During the early 1950's there was several attempts

of chiropractors and naturopaths to take advantage of the name homoeopathy in order to gain respectability. I wonder if you know the events of this, the problems that were involved, and how homoeopathy reacted?

G.- No, I am not familiar with that in detail. The general reaction of homoeopaths--take for instance the Postgraduate School, started out and operated for many years open only to the holders of the M.D. degree. And then--and I think the feeling was that the training of both the osteopaths and the chiropractors was inferior--I have forgotten just when it was, but some twenty years ago, they did open it to osteopaths who had the osteopathic degree and were licensed to prescribe medicine in their states.

D.- Of course osteopaths...

G.- In the meantime the osteopathic schools expanded and the instruction and the training that the osteopaths got comprised as many hours as the regular medical training. And the chiropractors claim that that is true of their schools now. There is a similarity in theory, although not an identity of theory; between the osteopaths on the one hand and the chiropractors, and homoeopathy, and that theory is that although they don't aim to reach specifically the vital force in their practice, they do feel that the osteopathic treatment opens the channels in the nervous system, through which the vital force operates, and in that

way helps the vital force to achieve recovery. The osteopaths give attention to all the tissues of the body, and the chiropractors center their attention on the nervous system. The aim of their particular practice is to open channels through which the vitality can communicate with the body and its tissues and its functions.

D.- That is a bit like the Chinese medicine. Acupuncture, I guess, is based on this same principle.

G.- That is right.

K.- What I was specifically thinking of, however, is that during the early 1950's, for example, Fremont Medical College was set up in California, and there is also a Homoeopathic Medical College of the Midwest-- I am not certain about these--it was founded by chiropractors trying to take advantage of the name homoeopathy.

G.- Yes, I don't know much about that in detail. I know it happened.

D.- Let's see, I think that covers that very well.

K.- I thought of one reference. That a Dr. Schippel, from Washington, D. C. was involved in pretty much the same thing. And that she tried to get in the American Foundation for Homoeopathy, is that correct?

G.- Yes. That was a woman, I think. Yes. After she died they wanted my sister to come over and run the place and hold it until the Foundation could take it over.

K.- And what was the result of this? Did your sister refuse?

G.- Yes.

D.- Any particular reason that she...?

G.- I was trying to think what the...

D.- What was the date of that, Martin, do you remember?

K.- Yes, 1959. Yes, it was 1959, and apparently Dr. Shadman was somehow related to Dr. Schippel's establishment, or something. I am not really certain exactly what the relationship was, but he apparently wanted your sister to accept the offer.

G.- I think that was through a fellow named Gardenhire.

K.- Fred Gardenhire?

G.- Yes. Did you get any data on him?

K.- Not really, no. We are trying to follow up on all of these...⁶

(End Tape 2 - Side 1)

(Begin Tape 3 - Side 1)

D.- You mentioned this doctor...

G.- Oh yes, I don't know whether that lady had a legitimate M.D. or not. I don't think she did. Doctor, what was her name?

K.- Schippel.

G.- Schippel, yes.

K.- But this also was an attempt to take advantage of the homoeopathic respectability?

G.- She would like to have gotten a match, yes, and

Gardenhire was a kind of engaging fellow, and Shadman more or less fell for him. I never did; I thought he was trying to find an easy road to fame.

D.- Well, I gather your ideas influenced your sister's decision enough not to get involved in it. You said you were a little dubious.

G.- Yes, I was always dubious about it.

D.- How did she feel, or do you remember offhand?

G.- Shadman was rather disappointed that she didn't do it because he saw a couple hundred thousand dollars of value in it.

K.- Was it a Nature Cure Clinic...?

G.- Yes, she ran a clinic.

K.- That is a good financial investment.

G.- Well, he thought that it would give the Foundation a headquarters worth about two hundred thousand dollars, and all that was necessary was to take care of the patients that happened to be in bed when Dr. Schippel died. That the Foundation could then take over the clinic.

D.- You said you were trying to remember why--was this the feeling that you have indicated to us, and I gather shared by your sister, that this simply was not an ethical...

G.- No, it didn't have any great scientific foundation.

K.- During the 1950's--well, actually from 1880 to the present--the medical profession and the drug profession

have been moving towards complete control of dispensing by pharmacists. And traditionally the homoeopath has also dispensed his drugs. How has the homoeopath reacted--how has homoeopathy reacted to what is more or less an encroachment upon a traditional way of practice?

G.- That is an issue that has bedevilled homoeopathy ever since the beginning. They ran Hahnemann from one place to another on that issue. You see homoeopathic remedies are almost inexhaustible. You get an armamentarium of them and you are in practice for life. That cuts the drugstores out pretty much, and so that brings in a financial interest that is death on homoeopathy. They would like to crush it and get it out of the way. The corner drugstore wouldn't have any business. If all the doctors in town were homoeopaths they would give the medicines out from their office, and they wouldn't need a pharmacy to keep them supplied. But it would be a very small business. And the monetary value of the homoeopathic remedy is almost nil. Dr. Shadman used to express it by saying that if a medicine is going to cure you it can't cost more than a tenth of a cent. So that has been a point of attack against homoeopathy from the very beginning. The drug industry as we understand it, that is, starting from the pharmaceutical manufacturer and going on

through the drug store retailer, who fills prescriptions that are written for him by the doctors, and it is at the usual cost. But if you go to a homoeopathic doctor, he gives you the remedy himself, and doesn't charge anything extra for it. That is, generally speaking. Some of them do. They don't have to.

K.- Then I take it that homoeopathy has always opposed any attempt to center all dispensing in the pharmacy?

G.- I don't know whether you would say they oppose it, but there is very little need for it.

D.- Let's say they haven't encouraged it. I think in the early days in the eighteenth and early nineteenth century, nearly all doctors compounded their own drugs partly because they couldn't rely on the pharmacist. The pharmaceutical profession itself was disorganized, and there were tremendous variations in the prescriptions put out by pharmacists or chemists. Then as the pharmaceutical profession became more organized, developed its own code of ethics, its own training, the orthodox physicians took the attitude that the pharmacists probably could take care of this, and of course this has developed, and obviously the pharmacists resent the fact that the homoeopathic physicians don't send them customers.

K.- If a law were passed to completely prohibit all dispensing by physicians, this would in effect put the

average homoeopath out of business, is that correct?

G.- It would be very hard to practice if he couldn't give your remedies. It would be very hard to practice. It could be done. The doctor would have to know that what you got from the drugstore was the same thing he prescribed. Homoeopathic physicians prescribe potentized substances. Potentizing does not make substances homoeopathic. They are homoeopathic only when used according to the Law of Similars, that is, homoeopathically. The drugstores as they are organized now, I wouldn't have any faith in them. Otis Clapp, here in Boston, used to make very good remedies. The first two generations of that store were homoeopaths. And they knew how to potentize, and they knew what the homoeopathic remedies were. But the call for them diminished and the present generation thinks that homoeopathy is horse-and-buggy stuff, and so they have abandoned it. You can't get a homoeopathic remedy there now.

D.- Of course the problem, I think, would be the very limited number of homoeopaths. That is, generally a drug store or any other store will carry something for which there is an appreciable demand, and I would say only in a major city where you might have several homoeopaths practicing could they possibly carry homoeopathic remedies.

D.- I believe that covers the main specific parts, doesn't it, Martin?

- K.- Yes, I guess so. Mr. Green, what do you think is the future of homoeopathy? Is there a future for homoeopathy?
- G.- Oh, certainly, yes. It will never die. So it will always have a future, but under the best arrangements the future would not go beyond--that is, in our present age--the extent of the more or less independent mind. Homoeopathy will depend, I think, on the **person** of independent mind who doesn't mind being in the minority. You know, the discriminating mind who doesn't go by tradition or habit but by reasoning things out. And the person who is willing and able to think--that is my phrase--you know, did you ever go down to Thomas Edison's place there in Orange?
- D.- Did Ford move that over to Greenfield Damon Village, or did he just duplicate it?
- G.- I think he duplicated it. The one in Orange is still there in Menlo Park, and over every door he has a quotation from Joshua Reynolds, "There is no limit to which a man will not go to avoid the labor of thinking."
- D.- Right. I have heard that one.
- G.- And another way of putting it is that the human animal always does everything the wrong way first. So that is what limits homoeopathy. If the Universities keep on training people to think and starting to think homoeopathy will grow. But it does require

thought. That is the reason that the circulation of the Layman Speaks is so small. It isn't what the publishing industry calls an escape magazine that you sit down with to get entertainment, you know, that doesn't require anything of you. You have to do something up here in the head, and that is very difficult and very painful.

K.- Well, where are the future homoeopathic physicians going to come from? The average homoeopath today is probably approaching sixty-five, if not over that.

G.- That is a terribly desperate situation. Well, where the new ones will come from will be--well, Harvard Medical School graduates, I think, about three hundred and fifty a year, and if you were to-- if you were free to discuss homoeopathy with them, which you are not, you would probably be able to interest three to five out of each class. But of course the bright side of the story is that if you could people the medical profession entirely with homoeopaths you wouldn't need nearly as many of them. You don't believe that, do you?

D.- I would say that that is a value judgment.

G.- No, well, I will tell you--you asked about suppression, and what most medicine now is doing is either palliation or suppression. That is where you get your long term chronic disease. And the official statistics

in Washington--I have got them here--show that in our present time one in two in the United States is chronically ill. And what they mean by that is, not expected to get better. Now that implies that a lot of these deep-seated conditions like cancer, heart disease, and all the neuroses, are cropping up in younger and younger people all the time. And that is where you have to say that although people are living longer they are living sicker. Now, let me see--why did I start on that line?

K.- The average patient--the main interest is to get better. And the average patient is looking for a quick way to get better. I think this is the one primary problem for homoeopathy.

G.- Yes, but you can't say that homoeopathy is slow. Homoeopathy is much quicker than any other, but the patient thinks the other is quicker because it requires less of him. I have seen a homoeopathic remedy work like the snap of your finger. In fact, every homoeopathic remedy works like that. I mean the initiation of the curative force is immediate. Working it out may take longer. But because homoeopathy is good on chronic ills it gets the reputation of being slow. The illness that is developing in the individual for forty years won't be cured in five minutes. In order to cure it you have got to carry it back in inverse order. That is one of the laws of cure, in the inverse order. So

it gets the reputation of being slow. I had a fellow come to see me--one that I had known years back--and he was elated over his success in selling insurance. And he was here attending a convention where he was honored for a high record in selling insurance. And he had been wining and dining, and all this, and he was in his glory telling us all about his triumphs. And then all of a sudden he paled, and he got grey, looked cadaverous, all of a sudden. And he had been telling us about all the lobster dinners he had had. I was in a quandry. He was going into a deep state, and he was on my hands, and everybody in town knew that I was one of these crazy homoeopaths. And if he died on me, and I didn't call a doctor I would be in a pickle. And on the other hand, if I did call a doctor I couldn't get him there in time. So I said: "I think I know what your remedy is, and it won't hurt you any, and I'll give it to you if you want me to." He was scared out of his life, and he said, "All right, go ahead." So I gave him the remedy. It was a low potency. And I took out my watch and in less than a minute the color came back to his face and he began to get sleepy. I put him on this couch here and loosened his clothes, and he slept there for over an hour. We had the lights on and we were talking, moving around, and it didn't disturb him a bit. He

slept there like a baby. And finally he woke up, and he said, "I have got to go to the bathroom." So I led him into the bathroom and got him on the seat, and in a couple of minutes he said: "Come here. What is the matter with me?" He was scared again. He was emptying himself so fast he thought he was going to lose his back teeth. Before the evening was over--some friends had brought him--and they were going to call for him, and when they came--he was up on his feet, and he was all aglow and telling us what he was going to do the next day. But you can't say that homoeopathy is slow, in an acute fix like that.

K.- What ideas of homoeopathy do you think have been accepted by orthodox medicine, if any?

G.- Orthodox medicine has accepted a good deal of the homoeopathic technique, but it has not accepted any of the homoeopathic principles. Back a century ago or more, medicines were given in tremendous doses, and great numbers of them were compounded together. Some of the combinations that they used ran up into the twenties and fifties and nineties, in a number of things that were compounded together. They don't do that any more, and they are getting down to talk about parts per million. That, however, doesn't mean that they are potentizing their remedies, and they are not using them in potency. They are still using them diagnostically. They are always trying to find

a specific. They are still trying to find a specific for cancer, and they are dividing cancer into subdivisions, but they are still trying to find a specific for each subdivision. That is not homoeopathy, but the means that they are using are down in the fractions instead of giving them by the pound. I think that the modern psychosomatic concept is an approach to the totality. I mean the physician traditionally was supposed to treat the body, and now they are finding that the mind is a great factor. And so they are trying to treat the two together by having different specialties, and they are taking on psychiatry for the mind, and more highly refined injections for the body. They are thinking of--you hear them tell about how this medicine goes into your blood stream and reaches every part of your body. And about the speed of that. They are trying to get their medicines into the blood. They haven't arrived at the idea yet that the medicine to cure you reaches the nerves, not the blood. If they are trying to reach the vital force, the nerves are your channel. If you are trying to reach the tissues, the blood is your channel. I mean that is a broad generality. So how much of this they have gotten from experience, and how much of it they have gotten directly from homoeopathy, I don't know, but I do know this, that in the beginning a great many people in the medical profession were

attracted to homoeopathy because they thought the medicines were so small that they couldn't do much harm if they made a mistake and gave a wrong one, and consequently it was safer. And in order to play safe they welcomed the small dose. But the purpose of the small dose which is namely to reach the vital force, they missed, and they haven't got that yet. Does that make any sense?

K.- Yes, do you have anything to add?

D.- No, I don't think so.

K.- Do you have anything to add, Mr. Green, that we might have forgotten?

G.- Well, I would like to have spent a great deal more time on this question of palliation, suppression and cure, because that comes very close to the philosophy. But if I were to attempt to give you the philosophy I would have to keep you here for a week. You haven't gotten the manual now, but we don't let the manual out because it isn't a textbook. It is a guide for the leaders in the Foundation Course for Laymen. But when you give that course the people never want to go home, and it takes fifteen of those sessions to give the layman enough so that he can really start thinking.

D.- Have you taught this course yourself?

G.- Yes, I wrote the course. I had a deuce of a time getting it adopted, but I finally got it adopted. It has been going now for twenty-two years.

D.- Are you teaching it now?

G.- Yes, right along, all the time. We have it on tape.

D.- I was wondering whether you have any formal classes, or are you talking in terms of the summer course, or--you don't have any formal classes in Boston now, do you, other than individual instruction?

G.- You mean for the laymen?

D.- Yes.

G.- Yes, we have this Foundation Course for Laymen.

D.- Do you hold regular sessions or on request, or whenever you get a group, or...?

G.- Yes, when I would get a group.

D.- Yes, when you talk of fifteen sessions, you mean fifteen sessions of an hour, or so?

G.- Of an evening, yes, fifteen evenings.

K.- How do you attract persons to take a course like that? Through the physician?

G.- Well, very largely through the leads. The physician, no. So far the physicians haven't asked us to give it to the patients.

D.- How many homoeopaths are there in Boston? Are there practicing homoeopaths in Boston today?

G.- There is one.

D.- Just one?

G.- Boston used to be quite a center.

D.- Right.

G.- That is the weakness of our setup, that we don't reproduce ourselves.

D.- Who is the practicing physician in Boston?

G.- Henry G. Diefenbach.

D.- Do you have any mention of him?

K.- No, I don't. I am sure his address is probably in here. D-i-e-f-e-n-b-a-c-h, in Roslindale.

G.- He graduated in Waltham.

K.- Oh, oh--well, I think we have pretty much covered everything.

D.- Yes, as I indicated our major interest is in the institutions, in a sense, educational, or the institutional side of homoeopathy, rather than say the philosophic side.

G.- Oh yes.

D.- And I think you have been very helpful to us. We certainly appreciate your time. I think that will do, Martin.

End

Footnotes

1. Kay Vargo, Secretary of the American Foundation for Homoeopathy, Washington, D. C.
2. Samuel C. Hahnemann, founder of homeopathy.
3. Harris Coulter, Washington, D. C., is writing a history of homeopathy, under a grant from organized homeopathy.
4. Medical Education in the United States and Canada (Boston, 1910).
5. Wyrth Post Baker, Washington, D. C.
6. Mr. Kaufman's source of information is a letter from A. B. Green to Allan D. Sutherland, November 7, 1959, a ms at the American Foundation for Homoeopathy, Washington, D. C. It said that Gardenhire knew that Schippel would soon die, and he offered his clinic (nature healing) to Green in exchange for the advantage of homeopathy's respectable and licensed name. Shadman favored it. Green asked for more details. It fell through, with Gardenhire upset at being "flouted".

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