

WESSELHOEFT (C.)

With the Regards of
C. Wesselhoeft

THE METHOD OF OUR WORK, 1880

NOT FAITH,

IS THE

*Basis of Organization of Medical
Societies.*

BY

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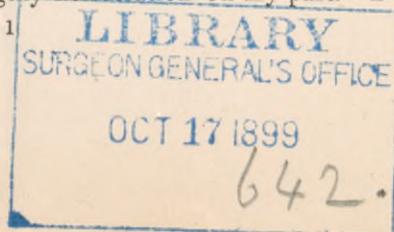
PRESIDENT'S ADDRESS.

Ladies and Gentlemen: The subjects upon which I would offer some reflections are partly derived from events concerning this Institute for the past year, and partly from affairs at large. I mean the origin and work of the Yellow Fever Commission, and the organization of medical societies.

The special report of the Yellow Fever Commission is in good hands, and speaks for itself. It is the origin of this report and how it came into the world that I desire to explain to you. When we last met, there existed no necessity for such a report. So far as we knew, the health of the country was all that could be desired. But in the course of the summer a fearful epidemic of yellow fever raged along the southern banks of the Mississippi. A commission was soon appointed on the part of the Government, urged by philanthropists, to inquire into the nature of the Southern scourge. No physician of our school had a voice upon that commission, ignored as they always had been by the dominant school, who mainly advised the Government in such matters. Even the voice and untiring energies of Dr. Verdi, the chairman of the Committee on Legislation, did not succeed in obtaining the degree of representation of our school that in the name of justice and common-sense it deserved.

It was in the early part of October, 1878, that appeals were addressed to me from various quarters to exert my influence, as President of this Institute, in appointing a commission from among physicians of our school to examine into the nature of yellow fever from our point of view; that is, not only to speculate and theorize upon its hypothetical causes, but to examine into and devise, if possible, means for the cure of the disease, and methods of its prevention.

This appeal required no lengthy deliberation on my part. I



had, it is true, no direct authority from the American Institute to appoint such a commission, and in the nature of things I could not have; for there was no yellow fever when we last met; the calamity arose after our last meeting, and an extra session could not be called to decide the matter, for months of valuable time would have been consumed.

Therefore, as the appeal to me was seconded by many voices, without dissent, not only by physicians residing in my vicinity, but in many remote parts of the United States; as it was supported warmly and unequivocally by the officers of this Institute, I did not hesitate to appoint the gentlemen whose names were suggested to me, particularly as many had had personal experience in yellow fever epidemics, and resided in districts that were, or had been, visited by yellow fever.

In accordance with the exigency of the case, a brief note, dated October 23d, was sent to the gentlemen named in the report, requesting them to serve, and stating the object of the appointment, which was *to collect data concerning the prevention and cure of yellow fever, and especially with regard to its relation to homœopathic treatment.* The commission were to meet as early as possible in New Orleans, subject to the call of the chairman, Dr. W. H. Holcombe; and they *did* meet on the 2d day of December, 1878, and the valuable document which undoubtedly all of you have seen is the result of their researches.

This seems simple and easy, but when I remind you that all this was done at the greatest personal inconvenience of all the gentlemen appointed, connected with expense, and loss of time to many busy and much-tried physicians, I cannot warmly enough express my thanks at the purely unselfish readiness with which the appointment was accepted by all, long before the liberal offer on the part of Mrs. Elizabeth Thompson had been received. To this philanthropic lady the warmest thanks of the Institute are due.

In particular I have to express my personal gratitude to Drs. Holcombe, Verdi and Dake for their ready advice, willing co-operation and promptness of action, to which was mainly due the success of the commission.

And lastly, I have earnestly to appeal to the Institute to give

its prompt and emphatic indorsement to what has been accomplished by its officers, as an act outside of their routine duties, a necessity which could not be foreseen, but which demanded prompt action.

During the progress of correspondence and arrangements I was made aware that the duties of the President of the Institute would not devolve upon me, according to our by-laws, until January 1st of this year, and that consequently Dr. Burgher was really acting officer, and should have made the appointments. It was an oversight, not only on my part, but also on the part of those who first appealed to me. I would very gladly have relinquished the business, which, however, had proceeded so far that it could not be done over again. On this account Dr. Burgher expressed himself satisfied with my explanation, and most courteously allowed me to proceed. Whatever satisfaction and praise may be due on the part of the Institute for the result achieved by the Yellow Fever Commission should be shared by Dr. Burgher, the now ex-President of this Institute.

Let me now turn your attention to a subject which ever since the beginning of the Institute has been discussed. It is *the basis on which our medical societies are organized.*

The motive for inquiring into this subject is furnished by the occasional discussion of a sectarian character, observed here and there in our homœopathic as well as old-school societies. You are undoubtedly familiar with the views expressed by different factions, in different States, regarding qualifications for membership. I shall not touch in the least upon special instances any further than to remind you that they have existed and still exist.

But I intend to regard the subject entirely in the abstract, and independently of individual and special instances. Let us consider the subject, not only with regard to its relation to our own school, but also in its relations to the rest of the medical world.

In examining the by-laws of different State and local societies to see what qualifications are required for membership in a society devoted to the development and protection of homœopathic practice, we find words something like these: "The association shall be composed of all accredited homœopathic physicians," etc. "The candidate must have the degree of doctor of medicine from

some organized medical school," etc. (Illinois State Soc.) Or the society, like that of the State of New York, being a body composed of delegates from local homœopathic societies, has no requirements except those implied in the name homœopathy, and the indorsement of local or county societies.

Other societies formulate their qualifications for membership so as to include "any physician of good moral character who has received the degree of doctor of medicine from some regularly incorporated college, and who *subscribes* to the doctrine *similia similibus curantur*," etc.

This form is adopted by the Tennessee State Society, and its sense, and almost its wording, is also found in the qualifications for membership in the State societies of Pennsylvania, Ohio and Indiana. Formerly the State society of Massachusetts contained a similar clause, only demanding *belief* in the dogma of *similia similibus curantur* instead of asking the candidate to subscribe to it.

The constitution of the Homœopathic Medical Society of the County of New York demands as a qualification for membership that the candidate, whose requirements should be in accordance with the laws of this State, should also practice upon the principle, *similia similibus curantur*, etc.

The above qualifications for membership, then, are based on the conditions that the candidate applying for membership believes in, subscribes to, or practices according to the principles of homœopathy. Besides these qualifications there is generally another constitutional clause to be found in the "constitution and by-laws" of homœopathic societies, declaring the object of the society to be *the advancement of medical science*.

It would seem as if such platforms were liberal and broad enough to meet every shade of opinion and practice, to set aside and to obviate all dissensions, and to place us in a position of strength towards other schools and methods of practice.

But such, in reality, is far from being the case. Not that frequent little, or even greater, dissensions have disturbed or are likely to disrupt our societies, or permanently to hamper our progress; but all our societies, great and small, bear within themselves—in many cases unconsciously—the elements of dissension.

One of these elements is that according to which a physician

of another school or method of practice, that is, one not believing or subscribing to the principles of homœopathy, cannot, on any account, become a member of our homœopathic societies. Were such a one found to have been inadvertently admitted he ought to be, and could be, excluded.

Let us examine this subject briefly. Up to the present day old-school societies are excluding and expelling those of their members who have either since their admission or afterwards adopted homœopathic practice. Such has been the case in every State of the Union. I need only recall to your memory Ann Arbor as a strongly illustrative example of that spirit, not to mention minor occurrences. We may recall also the more ardent struggle undergone within a few years by homœopathic physicians in Massachusetts, who, with heroic fortitude, endured expulsion from the old-school State society, *not* because they cared to remain in it, but because they *dared* that society to break their own laws and those of the State and common justice. And that society did it.

In doing so it disclosed all its weaknesses and taught us and the world a lesson, namely, how *not* to organize societies. That is, they expelled a number of physicians for "practicing according to a certain 'exclusive' theory or dogma, and for belonging to societies whose principles are at variance with the society" who expelled those physicians; thus actually and virtually, in broad daylight, doing the very thing for which they condemned others.

They neglected, ignored and grossly violated the very principles on which are founded all medical societies: the right to discuss, test and examine to the root every medical principle.

The result was and is, that we were forced to organize medical societies of our own, from which grew journals, hospitals and colleges.

Being driven into the world to shift for ourselves, under no tutelage but our own, the position of antagonism in which we were placed made us strong in our union; a common interest united us to such a degree that we overlooked, once and for all, an error of principle: being excluded we became exclusive our-

selves. We demanded a creed of candidates for admission to our societies.

Of course this was overlooked; could there ever be a question as to who should and who should not be members of our harmonious fraternity? Apparently we were right; but in principle *wrong*. We should have begun by flinging open our doors wide to every honest physician of proper attainments, as was first strongly urged by Carroll Dunham.

The question comes home to us still stronger when we begin to test the qualifications of applicants who claim to believe in or to practice homœopathy. The question comes up as to who is a homœopathist? This has caused more bitter and painful feuds than the illiberal aggressions of other schools.

Here we have a variety of shades of opinion and practice. Let me briefly classify them.

There are those who are contented to follow the rules of homœopathy as announced by Hahnemann; who follow him closely with regard to proving, preparing and administering remedies, as well as adhering to the dose recommended by the founder of our school as the probable limit—the safest and the best.

Then there are those who practice homœopathy in every particular, but who do *not* find it practically useful to refine the dose to the degree proposed by Hahnemann.

Those again who transcend the propositions of Hahnemann, in regard to the dose, *millions* of times farther than the former class fall short. In this and in all other respects this class of practitioners claim to follow the master in every particular; but cling to his exceptional and casual remarks concerning the dose as if these constituted the sum and substance of his teaching.

Another class of practitioners, while among the first to honor the name of the founder of our school, deem it a higher tribute to his name to endeavor to perfect that for which the originator only claims to have laid the foundation. In this sense they prefer not to be ranked as mere worshippers of a man, whose practical rules, however far-reaching, they do not recognize as absolute, infallible laws, laws without exceptions, laws, the

deviation from which means heresy, deserving contempt and punishment.

Now shall we exercise a censorship in our societies which shall decide that a physician can be regarded as a homœopathist only when he adheres closely to the rules of Hahnemann, supposing we were justified in forming such a definition? It is impossible, and still your creeds demand it. Shall we all sign a "declaration of homœopathic principles," or belief in a method of practice, as was lately proposed to us, in order to be enrolled in the "Legion of Honor," as those who have subscribed call themselves? Your creeds seem to demand such a course. Why not follow it, and place yourselves under the command of a few who presume to rule over the faithful flock of believers? Religions may require such a course. No rod of terror, no excommunication or anathema can terrify the free man of thought. Shall we exclude from our societies those who do not unconditionally accept the propositions of Hahnemann, especially with regard to the limit of the dose? Shall we exclude a physician because he has not yet wholly and absolutely adopted those propositions,—has not wholly weaned himself from former practices,—and occasionally resorts to the traditional treatment of the older school? Shall we exclude or punish a physician whose affiliation with us consists only in a tentative predilection; who partly acknowledges the merits of our method of practice, but timidly stands aloof till he feels himself reassured? Lastly, shall we exclude those who, from ignorance or conviction, do not choose to associate with us? It seems to me their case is very easily disposed of without explanation.

But I must say that there are those who have but partially espoused our school of practice. A class which contains a wavering element, exercising a powerful retrograde effect on those who would otherwise join us wholly. Inasmuch as they are imperfectly grounded in homœopathy they misapply it, constantly mixing and confusing methods of practice to an incredible degree; giving larger doses of powerful drugs than even a rampant Galenist would prescribe. All this passes for homœopathy. But such men also practice according to the old school. When we have an opportunity to compare this with their homœopathy

we are puzzled to discern the difference in a practice arising both from imperfect knowledge and an indifferent regard for principles. Here we encounter *license*, rather than liberty; yet a certain honesty of purpose to benefit the sick cannot be questioned. *Liberty of action*, claimed by such practitioners, without doubt, is beyond control of sect or society. It is largely a question of medical ethics, and as such will receive judgment.

Nevertheless the confessions of faith required by most societies could be employed to expel or *exclude all those classes*, or draw lines admitting only one or more of them.

Organizers of our societies have invariably discovered that such distinctions of shades of belief were practically useless and unjust, because ethically, and, hence, logically, wrong. But governed by some prejudice, biassed by some indistinct fear, anxious to reconcile all, yet often desirous of pleasing a few, the first constitutions of our societies were drawn up, and their form has remained so ever since, containing within themselves a *contradiction*.

The advancement of medical science in general has been often construed as not harmonizing with the purposes of homœopathic societies. The discussion of other methods of treatment has often irritated those who prefer the exclusive adherence to homœopathic principles. The question of the *dose* has divided physicians, more than any other, into parties. All questions which must remain open till they are determined by agreement, or on an absolutely scientific basis. To their consideration our societies should be open. Practically they have been so, but the smouldering spark may burst into a flame of discord at any time.

How can the danger be best averted?

The course is simple. The way to overcome the objection of *exclusiveness* is plain enough, and there is no need of subjecting ourselves to the just accusation of excluding others, or of justifying others from excluding us.

On the other hand, the exclusion of partial adherents of our school should no longer be a source of reproach. We *cannot* afford to lose a well-wisher. One who only occasionally prescribes homœopathically is a homœopathist. We *must* give him an opportunity to be *wholly* one, instead of shutting him out,

vexing him with partisan epithets, and driving him into the arms of the older school.

Let each medical society, great or small, define as precisely as it pleases the *plan of scientific work it proposes to do*. Let it do so in the place of a vague, ambiguous formula, such as "the advancement of medical science." Let your society in organizing state as sharply and clearly as words can state it, *HOW it proposes to advance medical science*.

In organizing, a homœopathic society should clearly state the *points* it desires to perfect, advance and elucidate. For instance, let it say :

"*The development of the Materia Medica by proving drugs (upon the systems of men and animals),*" etc.

"*The perfection of pharmacology, with regard to the most reliable methods of preparation of medicines, the dose,*" etc.

"*The administration of medicines thus proved and prepared, according to the formula (law or rule) similia similibus curantur,*" etc.

"*Accumulation of proofs of the efficacy of the law of similars,*" etc.

A society in organizing may stop here, or it may specify still more closely. It may add other work as it pleases, in order to enlarge its scope of usefulness by proposing to investigate any special or *all* branches of medical science.

Such work has been and is proposed in the constitutions and by-laws of most, if not all, of our societies. As a matter of course this opens their doors to old-school practice.

The question arises: Must and shall such a contingency be avoided?

If allowed, will it endanger the plan of homœopathic work?

My answer is: There is no law of ethics or science which could exclude such work. It is wholly and entirely a matter of option and agreement of what kind of work and how much a society wishes to perform. If it will test, explore and investigate the whole field of homœopathy, and add to that extensive and exhaustive researches in other directions, which are not connected with homœopathy, it may do so. But it must be remembered that life is short and art so very, very long. *Societies may limit*

their work, and thereby ALONE limit the class and kind of their members.

The danger of injuring homœopathy by the admission of non-homœopathic or anti-homœopathic discussions lies *only* in the *loss of time* devoted to the latter.

The inherent truths of homœopathy, the rights of men to think and practice homœopathically are inalienable; they cannot be wrenched from us; they will stand just as long as men will stand by them, work for them and improve them.

I have already referred to a "Declaration of Homœopathic Principles," which many have signed and returned to its author.* There is no *objection* to them; all of us might safely accept them (reserving our right to judge of clauses 2d and 6th as purely theoretical). But none would consider them exhaustive. As the embodiment of principles and practical rules many more of equal weight might have been added from *The Organon*. On the other hand, these "essential points" might have been cut down to a smaller figure. *It is impossible to embody the principles of our school in a brief clause or formula of belief.* The attempt to do so has met, and always *will* meet, with just objections, for they are cramped and distorted in the very *act* of formulation. But that is not the main objection. The great question before us is, What shall a society do with such a formula? Shall it merely be the watchword, the parole of a kind of Masonic fraternity? a countersign which is dead and meaningless as soon as friend has recognized

* *Essential Points of the Homœopathic Doctrine.*—The cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.

The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of disease.

The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy.

In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

And *local treatment* of all kinds in *non-surgical* cases is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never *permanently* cures.

friend? Such is its fate in the form of a creed. As such it presupposes perfection, and shuts out research, investigation and work. When put in the form of a *plan of work*, when that plan is an order of business, limited only by our strength and time, then, I say, such a formula has life in it. Though brief in expression, it is like the word of command that moves an army. As a creed, not comprehensive enough as a declaration of principles, it becomes a mere countersign; it serves only to distinguish us from our opponents, and there its office ends.

Now having determined the object and plan of work of a society, and having laid out *plenty of homœopathic work*, we are enabled to invite all to come and help us, without exacting an expression of belief—a creed. This would at once place us in a firm and just attitude, not only toward our opponents, but *more particularly* toward our friends, and those who are inclined to become our friends. The work our society has laid out will wholly determine who will join us and work with us. In the light of progressive investigation, it will attract; in the form of dogma or creed, it will repel every thinking man and woman.

If homœopathy is perfected in all its details; if there are absolutely no exceptions to the law of similars; if we *never fail* in its application; if our pharmacological methods are perfect, and no longer require experimental and clinical research, why, then we need no societies at all—they have outlived their usefulness. If they are only so many churches for the propagation of a creed, subject to all its schisms, contentions, hatreds and persecutions, they are no longer needed among men whose aim is to know positively what they can know.

At the meeting of 1874 certain changes were adopted in the constitution of this Institute, which, instead of calling itself an institute of homœopathy, with the object of improving the science of medicine, boldly abolished this ambiguous term, and declared its object to be the improvement of *homœopathic therapeutics*, and, next in order, all other departments of medical science; therein following the Massachusetts Medical Society, which had adopted a similar clause in 1873, as also the Boston Homœopathic Society. In the practical working of such constitutions we perceive no evil results. The old-school physicians

have not rushed in, to crush us by superior numbers. *They* stand in the light of exclusiveness, while our doors are open to them. If they come, the work is laid out for them.

I have dwelt at length upon a topic which may seem antiquated. As far as the liberal spirit of our physicians is concerned, it may seem old; but there is something new in it till the matter is fairly understood and the true attitude assumed.

Now let us turn to the business laid out for us. In proceeding upon its course let me beseech you to be patient with my shortcomings, and accept my promise to do the best I am able.

