

An Interview With Dr. William A. Weaver

Table of Contents

Introduction	
Transcript	1 - 83
Footnotes	84
Index	85 - 87

Dr. William A. Weaver

The interview with Dr. William A. Weaver took place in his office-home in Bala-Cynwyd, Pennsylvania, a suburb of Philadelphia, on June 20, 1968. The interviewers were Dr. John Duffy of Tulane University and his assistant, Mr. Martin Kaufman.

Dr. Weaver was born in Philadelphia in 1909. His father was a homeopathic physician in that city, and it was only natural for the young Weaver to attend Hahnemann College. He graduated from Hahnemann College of Science with a B.S. degree in 1931, and in 1933 took his M.D. degree from Hahnemann Medical College. He then joined his father in medical practice. During World War II he spent four years in the service. On his return to civilian life he started practicing in Philadelphia, but in 1958 he moved to Bala-Cynwyd, where he is currently in private practice.

Dr. Weaver has been a long-time member of the Pennsylvania State Homeopathic Society and is presently its president. He has been active for many years in the American Institute for Homeopathy, where he holds the office of recording secretary, and he is also a member of the Germantown Homeopathic Society.

The interview was pleasant and friendly. Mrs. Weaver was present and occasionally commented. Dr. Weaver apparently has good relations with the orthodox physicians, and he was quite willing to discuss all matters. He made only a few minor editorial changes in the typescript.

Dr. Duffy:

We would like you to start by simply telling us your background, your medical training, and what factors directed you into homeopathy.

Dr. Weaver:

Well, first of all, I am fifty-eight years old, a physician who has been practicing thirty-five years. I just celebrated my thirty-fifth reunion last week. My father was a homeopathic physician, which I suppose had some direction in getting me interested in homeopathy, although I made my own decisions there. And I went to Hahnemann Medical College. I graduated there in 1933, and came back home to practice with him. My father was a general practitioner. We were together eight years before his death, before I went into the service for four years, and then I came back home and started again in the practice of medicine in Philadelphia, where I have been up until ten years ago when I moved out here completely. I had an office for awhile in Philadelphia, too. I had always been interested in homeopathy and soon after coming back from the service I took a postgraduate course, the one offered by the American Foundation of Homoeopathy, which was at that time given up in Connecticut in the summer time for a six week period. This has, as you know, been discontinued and been reduced to a two week period, which, of course, is a very inadequate length of time to teach all the facets of homeopathy. You can just about scratch the surface in two weeks. But they make an

honest effort, and they have some of the outstanding men still in the profession who come down here to Millersville, which is right outside of Lancaster. It usually is two weeks every August, and they get a postgraduate course. As you know, homeopathy is now only a postgraduate course-- you can only get it on a postgraduate level since Hahnemann stopped teaching it, and since it was also stopped being taught in the New York Homeopathic Medical School.

So I came back from this postgraduate course pretty much fired up about what could be done, and I think that I have made an honest effort to practice as well as I can. I want to make the records straight right now, I am not a strict homeopath in that I use absolutely no other drugs. For instance, there are many times when, for example, a patient with congestive heart failure wouldn't necessarily receive a homeopathic drug. The patient would be treated first to bring him or her out of the failure, then homeopathy could be continued from then on. But I don't want you to feel that, like some of the other people you are interviewing, that I am a strict homeopath, that I do not ever use any other drugs, because I do. But practically everybody that ever comes here for any kind of care gets a homeopathic drug along with anything else that might have to be given.

I like to feel that I am a modern doctor. I feel that it is always important to examine the patient thoroughly, give them a complete physical examination. As you take the history this can often be done as you are talking to them, you are

checking them over. I try to do that with everyone feeling that this has possibly been one of our problems in the past, that many times patients weren't adequately checked before being prescribed for. So I try to schedule patients--we have an appointment basis here--to give an adequate time to check them thoroughly. I do laboratory work on them, that is more or less a routine thing, possibly not on every single patient, such as some of the head colds and sore throats, but I try certainly on chronic patients and patients with deep-seated problems, to at least give them basic laboratory work, such as a complete blood count, a urinalysis, blood sugars, blood cholesterols, when they are indicated, as well as prescribing for them, too. I feel this is only the right thing that we all should do for completely treating a patient.

And I often explain to them what I am doing. I tell them, for instance, at the end of the interview when I give them their medicine and I say, "Well, now, here is something you may have never seen before. This is a different type of medication." I give them in a few words what homeopathy is. I tell them that many of our medicines look alike even though they are very different. I explain briefly that our medicines are often mixed up with sugar and milk or with alcohol, and if they came here on a dark night and scratched off all the labels on my bottles I wouldn't know one remedy from another and would have to throw the whole batch out. They laugh about that, and say: "Yes, we have been back several times

and we have noticed that what you gave us today looks just like what you gave us last week or last month." So many of my patients know what I am. I have no alibis. I have no reasons to tell anyone that I am a homeopath. It is true that many people do not know, unfortunately, what homeopathy is. In this area probably more so than others, because this used to be--eastern Pennsylvania, as you know, the first homeopathic school was in Allentown, and later moved to Philadelphia, and so there are a great many doctors who have been trained at Hahnemann, at least the older doctors who graduated prior to, let's say, ten years ago, have all had some basic training. You may know that when Dr. Garth Boericke<sup>1</sup> was on the verge of retiring homeopathy had gotten to a point where the medical students were only forced to take so many lectures in homeopathy when they first entered Hahnemann. Then they could continue with it as an elective course if they wished. Many did because they were referred to Hahnemann by homeopathic physicians as their preceptors. And of course many did not do so because they did not know what homeopathy was, and Hahnemann was just another medical school to them. Hahnemann Medical College had to measure up to every other Class A school in the country, and this may be something you will want to know about the background.

I don't want to go into any reasons why Hahnemann lost its Class A rating many years ago, but it did so happen that we had a period of time when our graduates had been doing poorly

in state board medical examinations throughout the country and there were certain departments in the college that were weak, and a new Dean was brought in and, as you know, a new broom sweeps cleanly. Certain departments were brushed up and repaired and revitalized, and Hahnemann soon became not only a Class A school, but one of the toughest schools in the country. The students there now are required to take national medical board examinations to be promoted from one class to another, and it is a first class school in every respect. However, homeopathy is not taught there any more, and this is where our problem arises because we have to consider what the future will be if we can't train younger men to take our places. Certainly training two or three or a dozen men a year isn't going to be very successful. We have got to reach a larger group of people, and this is one of our problems.

We all feel that homeopathy will never die. It may be called some other name some day. The very word homeopathy sometimes makes people's backs go up and sniff at us and say: "You are an old-fashioned person that doesn't believe in anything modern." Well, that isn't so. It is simply that we have a field of medicine that we feel is unique. Possibly one of the finest things about it is that it is safe. The homeopathic drug in its action is nearly always completely safe. There might be exceptions to that if you used a potency of a drug--one of our drugs--in a low potency, and your patient would have a so-called reaction to that



drug, a so-called proving, which the trained homeopathic doctor would soon recognize and would change the potency, or stop the medicine temporarily, or raise the potency to a higher level where the aggravations of the remedy would not occur. However, modern medicine, as you may know, contains many, many drugs that are not safe, that have to be continually checked on and many times even removed from the market. I won't say every day, but many times we will have drug warnings come to us in our mails announcing that certain drugs have been found dangerous in certain fields. You pick up a pharmacology book of ten years or five years ago you will find many drugs in there that are not even being used now because certain bad effects have arisen. Our drugs are different. Our drugs have been proven and re-proven many times. An example of that is the well known drug belladonna, which was proven many, many years ago, and received quite a fine and complete symptomatology. Yet a group of doctors not many years ago felt that there were possibly more symptoms that might be gained from re-proving belladonna a second time. So this was undertaken, and strange as it may seem, not a single new symptom came out in this re-proving that hadn't occurred possibly a hundred years before.

In other words, the plant belladonna is growing the same as it did a hundred and fifty or two hundred years ago. And these drugs are as they were originally proven by the so-called proving squads, a group of doctors who would get together, or

a man would get some patients and say: "Well now we have a new substance here. We are all going to take it, and we are going to record how we feel." This is how provings were done. This is how we arrived at our symptomatology of drugs. And so they would take this drug in various potencies or various forms, until each one of them would develop a group of symptoms, and these would be carefully recorded. Now, it is reasonable to assume that if eighty percent of a group of people who were taking a certain drug received a certain type of headache, or a certain kind of diarrhea, or a certain form of constipation, that whatever drug they were taking was producing that particular symptom or group of symptoms. This is how we received our vast armamentarium of literally thousands of symptoms and drugs which we at first put down in our repertories. It is impossible for the human mind to remember all or every facet of some of these drug provings. So this is why, as you may know, our drugs are compiled in so-called repertories. These are books which you can refer to, and which I have on my desk, and which the other homeopaths undoubtedly do, too.

A patient comes in and we take their symptoms down, put their case history down. We keep asking: "What else? What else?" We allow them to talk. This in itself is unusual in a modern doctor's office. Many times the modern doctor is so busy, myself included, and this is one of our problems,

the element of time. We just sometimes don't have enough time to sit down and leisurely talk to the patient like we are talking here now. But if we do, and if we allow this patient to talk, and they pour out their symptoms, not only their physical symptoms but their mental symptoms, and we will nudge them into bringing other things out from their background, their personalities, their family lives, etc. It is amazing how a patient will reveal through their inner thoughts--not that I am speaking of psychiatric techniques, I am not--I am just talking about the average patient who for the first time has a chance to talk with his doctor and tell the doctor just how he feels and what is wrong with him. Do you see what I mean? And many times you go to a doctor with some acute problem like a cold. Well, the doctor will say: "What is wrong with you? What can we do for you?" "Well, I have a cold, doctor." Well, to a homeopath a cold is many, many facets and angles. There are many remedies in our repertory for a cold. There are different kinds of colds. There are colds that are better under certain circumstances. Some colds are worse from the same circumstances. You may have a head cold and feel terrible indoors and as soon as you step out in the nice fresh air your nose will open up and you will feel better immediately. And on the other hand, you may have a similar type of cold and you feel worse from the fresh air, and you feel better indoors where it is nice and warm. And there are so many elements that influence the type of drugs

that we use. We call these modalities. Weather changes, types of foods--the patient is generally always asked: "What do you prefer? Do you like cold things or warm things when you have a sore throat? Which makes it feel better?" And they will say immediately: "Oh, gee, I can't stand anything hot. I couldn't drink my coffee this morning." On the other hand, the next patient might say: "I can't stand anything cold at all. I have got to have warm things all the time. When I take something cold, I feel worse. My throat hurts me more." These are individualizing things that tell the homeopathic doctor what he can do, what is going to be beneficial in curing this particular symptom or this particular condition. Is this what you want?

D.- Right. Incidentally, just for the record, you use the word potency, and to get it on the tape, can we use the word-- I know it is not quite identical--but could we use the word dilution factor?

W.- Oh, yes.

D.- We know it, and you know it, but somebody fifty years from now may pick up your tape, and wonder just...

W.- Wonder what potency --yes. In other words, speaking as though we are diluting it with the alcohol now--fine. Now do you have any other questions you want me to speak on here?

D.- Yes. You explained that you are not a purist, and that you actually use modern medicine and orthodox techniques. So you would recognize, for example, in dealing with mechanical

problems, a disc problem, or a hernia problem, or any of these requiring surgery, or some other...

W.- Right.

D.- So that in disorders of this nature then you would use more or less standard techniques.

W.- Of course. We would refer them to the proper surgeon or orthopedic man or whatever it would be.

D.- And such things as antibiotics, for example.

W.- Yes, I must confess that I use antibiotics when I feel they are indicated. If I feel that there are certain good indications--not everybody that has a temperature needs an antibiotic, of course. The temperature is an index of the patient's resistance to infection and disease. And if we feel that the homeopathic remedy can control that temperature we don't jump into the antibiotic field immediately. We feel many times this is wrong. But I do use antibiotics when I have a desperately ill patient and I feel that this has to be done.

D.- In other words, if the symptoms are acute and action is necessary, you take whatever measures are necessary.

W.- Yes. I try to cure the patient. That is the primary reason for medicine, I think, the primary job that a doctor has to do is to cure the patient by the quickest and safest method available.

D.- So that homeopathy in a sense is a supplement--I use that word supplement--maybe you might want to say that the traditional methods are a supplement, but let's say it is

useful in certain types of conditions or certain types of patients, depending on the patient.

W.- Yes. I think homeopathy delves into a patient's chronic problems and diseases much better than any other methods that you can mention. I think that if the patient has a chronic problem it goes way, way back. Let us say even a serious allergy, a chronic eczema, or something else that the regular school of medicine feels is amenable only to-- of course they would make an effort to find out if there was a contact problem, a soap, or detergent problem, or something locally, but I think the homeopathic doctor tries to go into this a little deeper and find out possibly if there is a mother-in-law who has been a problem in the home, or maybe the boss doesn't like the individual. There are so many problems that the regular doctor might not think of even inquiring about, you see, that could be a very real reason into the patient's present condition and present problem.

D.- What do you consider to be the basic principles of homeopathy as you have practiced them? This would involve your conception of the doctrine of similars, for example. Just how do you see these and how do they fit into modern medicine?

W.- Yes. Well, I see homeopathy as an extra method, an additional approach to a problem that possibly the modern doctors do not always have. They may have the knowledge. Possibly they lack the time, the proper approach to dealing with a

problem. I see homeopathy, therefore, as a way of supplementing the treatment of conditions, possibly even those that are--that have not been helped by orthodox methods. You often get patients who have had problems for months or years and have been unrelieved by usual or average orthodox treatment, which would be approved by any court in the land. Sometimes the individual idiosyncrasies of the patients are remarkable. It is amazing how people react to certain drugs. We will say that an adverse reaction occurs and the patient is aggravated or fails to improve and the condition goes on, and on, and on. Many times the homeopathic doctor can unravel the problems and unlock the doors and get the right key to the lock, shall we say, to find out the reason for the disease. Not necessarily because he goes into it a little bit more thoroughly because of history taking, or his painstaking effort to probe a little deeper, but just the nature of his drugs seem to bring out certain things.

Here is an example. Let's say a disease has been brought on by the suppression of a discharge. In the old days when we had gonorrhoea, gonorrhoea even years ago could be cured fairly promptly, but if it was cured improperly, gonorrhoeal rheumatism might occur, which was characterized by a swollen knee or rheumatic condition that was quite disabling and painful. The homeopathic doctor, believe it or not, would give a drug that would restart the gonorrhoeal discharge and believe it or not the rheumatism or the swollen knee

would disappear and the patient would get well. In other words, this has been documented many, many times. These are not just things of our imagination. Certain skin conditions can be suppressed by, we will say, ointments and salves and other things. The disease, itself, can be locked up, as it were, in the body, by improper treatment, and a homeopathic doctor can come along with the proper remedy that will not only clear up the rash or the problem, but make the patient feel improved again. This, modern medicine I don't think, accepts too well, or agrees with. I am sure that...

D.- Modern medicine does accept the fact that you might well treat the symptoms and not solve the disease.

W.- Yes, that is right.

D.- You imply specifically the same thing...

W.- But every once in awhile in recent years we have been detecting more and more evidence that modern medicine is taking the man, himself, into consideration and realizing that many times we have been too fast in making snap judgments on things we don't take into consideration, the patient himself, and his problems. In other words, we are treating the patient more and more just like the homeopaths have been doing for several centuries rather than just a disease entity-- a person with a cold or a sore throat. We are taking into consideration the man or woman himself or herself, as a patient, an individual, a person with blood in their veins and not ice, who has certain basic likes and dislikes and



problems that we all have, and this, of course, is very helpful.

D.- Of course ideally this is what medicine has sought to do all along. The only problem is, for example, by 1900 with the advent of specifics and concept of bacteriology, specific disease entities, the new science tended to treat the disease and not the patient. The orthodox medical profession has been preaching this, but, as you say, the question is whether the basic practitioner, trained in supposedly scientific techniques, really does look at a person as a human being.

W.- Right.

D.- Will you briefly state your conception of say, the homeopathic principles--in other words, how much is the doctrine of similars still used as the basis of homeopathic treatment? How about the problem of potency, or the high dilution versus low dilution? How do you define them, and what is your position on them?

W.- Well, you want me to refer to how I treat a patient or...

D.- No, I think specifically could you give us your interpretation of these basic principles? In other words, how would you explain the principles in your words? We have read, you know, various accounts of them, and we have talked with men, and there are some--after all, one can lay down a principle and in the application people tend to see or view it differently. How do you conceive, or how do you explain these principles, or how would you set them forth in your own work?

Assuming that I knew nothing about the doctrine of similars.

W.- Well, I would tell you, for instance, that I would take, or complete, a history of your problem if you came to me as a patient. I would ask you first your chief complaint, and then I would go into the history of your present illness, and record in my mind or on a piece of paper the symptoms that you told me. I would supplement your remarks by interjecting questions such as: "How do you feel with regards to weather? Are you worse on damp days, rainy days, or what season of the year are you most comfortable in? Do you love the summer or the winter?" Most patients will say: "Oh, I hate the summertime. I just can't stand winter time." These things, these likes and dislikes and aversions and desires, are very strong sometimes in a patient's symptomatology. And to a homeopathic doctor these things stand out immediately. This begins to reveal to us a possible choice of certain types of remedies that would be applicable in treating this particular patient. Because we are--as we are taking a history, we are beginning to crystalize in our minds the possibilities of what the patient's problem is, the diagnosis, the extent of his disease, and what we can do to help him. We are trying, as we take this history, to find out if one particular remedy of our vast number would be a complete similia of this or at least as close a similia as we can to this particular patient's problem. Because our eventual goal is to give him one remedy which will treat him effectively

and safely to alleviate or cure his condition.

And as he talks, having a knowledge of our repertory and our drugs--true, we may have two or three remedies in mind--we may at the end of the interview or the examination, have to refer to our books, and we may have to pull out a volume called Hering's Guidance Symptoms, which very carefully records the many, many symptoms that a particular drug produces. And we may have to look at several drugs until we make up our own mind that here, finally, at the end of the interview, or at the end of the examination, is a drug that is going to be beneficial in treating this particular patient. Is this what you had in mind?

D.- Yes. Right. And then you would explain precisely why you are doing this to the patient.

W.- Yes. I would explain--I often do in this way. I ask them--say a housewife--I say: "What happens to you when you peel an onion when you are making the potato salad for dinner tonight, or you are going to flavor the soup?" She will say: "Oh, I start to cry, or might begin to sneeze and the water come out of my eyes." I say: "Well, this is the symptoms. You are inhaling the fumes of allium cepa, the bermuda onion, which is giving you a set of symptoms that indicate to us that you are absorbing onions, you see." Briefly I can say, well now, if a patient comes in to me with a head cold and has all the symptoms of peeling onions, and feels better out of doors as soon as they get outside, and has certain other symptoms, I will give this

patient bermuda onions because I know that is going to help this particular kind of cold. This briefly I can tell them as one of the examples of homeopathy. Many of the patients will say: "Well that is homeopathy. Never heard of it." And so briefly in a few words the doctor while he is doing something else--possibly while putting the blood pressure cuff on--getting a needle ready for a blood count, or doing something else, he can explain in a few words what he is attempting to do--that he is giving that patient a safe drug that he feels is going to be beneficial to his or her condition. And he will say: "Do you know what vaccination is?" I think that is one of the best examples of all. Everyone has to be vaccinated. It is the law. You can't go to school without a vaccination. This is a basic homeopathic principle. And so this is how I do it. There are other possible or even more scientific ways. Some doctors don't even have to give reasons, possibly, for what they are doing, but I try to keep my practice on a friendly basis. I am a general practitioner. I feel that my patient is my friend, and that they are telling me all kinds of problems, answering my questions, and I know many things about their personal lives, etc., that are never revealed, of course, and I feel that they come to me with this in mind. I try to keep the interview on a friendly basis, and make them feel at home, and this way they will pour out more symptoms. Even at the end of the interview they will say: "Oh, I have had something on my mind for a

long time, and I must tell you this," and then they will tell you something else that has been bothering them, etc., which has some real basic effect on their original disease.

D.- Would you say that the aim of homeopathy is basically to stimulate the body's natural defenses to action.

W.- Yes, very definitely.

D.- It operates in one sense in the same idea of immunology, the same principle as, shall we say, modern medicine uses. You might well say they are adopting homeopathic technique in developing...

W.- Raising the blood count and the other protective mechanisms to fight infection, yes.

D.- Another question I was going to ask you. Where do you stand on this problem of high versus low dilution or potency? How do you feel about this?

W.- That is a good question. I feel that the indicated remedy will work no matter what potency you use. This unfortunately has been a dividing line between various groups of homeopathic doctors for years. But I feel now that--and most of us feel--that if you have the indicated remedy it will work in a very low potency, such as a tincture, or a second or third dilution, as well as in a moderate dilution such as, we will say, a thirtieth dilution or a high potency. Of course it may--you possibly realize that people don't like to take medicine too often these days. They like to take a dose of medicine, we will say, in the morning, and it has got to work all day long. They are not going to have to think about

it again until evening or the next day. A lot of the new antibiotics are coming to this, where we just take one dose every twelve hours, instead of every four hours like it used to be. They like to get it over with. Well, this may be one reason why it is good, if we can, to use a moderate dilution, or a higher dilution, and just give one dose a day. I have many patients that will just take one dose of medication a day, or every second, or every third day. Depending again on the severity of the problem, whether you are treating a constitutional one. But on the other hand, if you have a person that is rather acutely ill, with an upper respiratory infection, this medication should be, I feel, given every hour or even every half hour.

I have a remedy here that I use every ten or fifteen minutes. You might come in on a rainy night with wet feet from standing on the corner waiting for a bus, or your car had been stalled and you had gotten soaked, and the first thing you begin to do is to sneeze and feel chilly and creepy, and you know that you are going to come down with a "beaut" of a cold. Well, you can take a combination that we use of aconite, camphor and gelsemium, which happens to be one of my favorites. You can take it every fifteen minutes for six or eight doses and with a little bit of luck you will stall off that cold, and ward it off completely. By taking it real frequently, you just simply don't get that cold. Whereas, if you took the medicine every hour or so you might very well have the cold because your resistance is going down, down, down under circumstances of that sort.

So my answer then would be that for acute conditions medication could be taken as often as every ten or fifteen minutes, if necessary. I have often taken the medication and dropped it in water, measured out by a teaspoon, or two teaspoons, and stirred it up and the patient takes it every ten or fifteen minutes, for so many doses, and then when they begin to improve they begin to taper off and take it less frequently. On the other hand, medication possibly can be used every two or three hours and still work very well and very adequately. For a chronic condition, possibly the medicine is taken only once a day. So that is the way it is.

D.- Now as I understand it, the debate between the purists, and the mongrels--whatever we call them--there are various names that have been around--involves in part high dilution versus the low dilution. Now I noticed you used that expression. Let's say in orthodox medicine we would presume that the more powerful dose would be the lower dilution, lower--or what I believe the homeopath would refer to as the low potency.

W.- Yes.

D.- Now do you feel that there is any appreciable difference between the high potency and the low potency, or would this depend on the individual case? Are you liable to use the drug highly diluted, or relatively...

W.- Well diluted, yes. Again I think it depends on how much medication you feel your patient should have, how quickly you want the patient to get a certain amount of medication--

let us put it that way. In acute illness, with a temperature, we will say, where you feel the patient needs appreciable amounts, where you can't afford to wait for the body to marshall its protective mechanism. This is when you want to give the remedy a little more frequently. Whereas, a higher dilution takes a little longer time to work because it takes a longer time for the body to build up its protective mechanism to help the patient.

D.- I may be wrong, but I had the impression somehow that the purists would argue that the higher the dilution, or the higher the potency, the more effective the drug would be. Am I correct in that?

W.- You are correct there. If you are pretty sure of the remedy, if you feel that beyond any shadow of a doubt you have chosen the right remedy--if the patient presents a picture of a complete proving of a certain drug--you are almost certain that this is the correct similia, you can theoretically give that patient a dose of medicine and walk away and feel that the medicine is going to do its job. You have no further worries. Now this, I think, is what the so-called purists, would say, whether they have been better prescribers, better students, whether they have a more comprehensive knowledge of the large number of drugs that we use, or whether it has just been their methods. I think you will find, if you have been going around, practically everyone practices medicine a little differently. I found that out as a young man because I took practices of other doctors who were ill or sick or on



vacations when I first started practicing. I was amazed at the difference of practically everyone's methods of approach, not only to their patients, but the way they practiced medicine, the way they dispensed their drugs, the reactions they received from their patients. I used to be met at the door. I took one homeopathic doctor's practice, and every patient without exception would meet me at the door when they opened it with two glasses of water in their hands and two teaspoons, because this doctor always carried his drugs with him, and he would unquestionably give the patient two different medicines in two glasses of water, and the patients would stir it up and they would alternate the medicine. Well, this was his method, and he was successful, because he was an expert in this particular field. Well, you might say: "How could one drug work along with the other drug?" Well, there was another group of men who use a great many combinations of homeopathic remedies, such as the French homeopaths do. I have patients who have come to me from France, and they will say that they go to their doctor and the doctor may take their case history and look them over and prescribe three or four drugs. He will write a prescription, and send them off to a homeopathic pharmacy, where the combination is made up right before the patient while he waits. They mix the drug just like an allopathic pharmacy would do. They mix the drug with the mortar and pestle, shake it up, press out the tablets, give the patient the medication, and he goes home and takes it according to

the directions the doctor gives him. This is the way the French do, and they seem to get pretty good results. Now the purist homeopath looks down his nose at something like this. He feels that there is only one remedy to do the job, and why fool around with two or three drugs? Why not use just that one remedy if you are a real true homeopath, and believe what you try to practice, why not just use the one remedy and do the job right, and not fool around with several? But, as I say, everybody has a little different approach. And I think this would go for most any type of medical practice. A doctor becomes adapt at the use of certain medication or certain techniques. Let us say, digitalis--that is a good example--just to deviate from homeopathy a minute. There are dozens of different forms of digitalis, certainly, but a doctor will get used to prescribing one and uses it all the time, and he gets very expert in knowing just how much a patient needs and he will use it in preference to some other method. In the same way a homeopathic doctor may use a low potency. I have been compiling a list of drugs with two other homeopathic doctors in the area just in the last few months, and I have been amazed when we choose a drug to go into this particular list, that is going to be, we hope, circularized in all nursing homes, etc., that we all have a little different idea on potency. One doctor will say: "Well I use a 3X on this particular drug." Somebody else may say: "I use a 6X." "The six dilution six dilution." I may say: "I use a 30 dilution." Because

in my experience this particular one has been the most effective in my practice, the way I use it, you see. Now in general the moderate potencies are given about three or four times a day. I use a great many drugs to the thirtieth dilutions, because Hahnemann never used anything apparently over a thirty dilution, himself. In other words, the high potencies were never known in the days of Hahnemann when homeopathy first began. Only after Hahnemann's time did the drugs become further diluted down and **proved** to be just as effective, in fact, more effective in many instances. And when you speak with Dr. Griggs this afternoon he will confirm this. I have seen how Dr. Griggs can almost tell you the hour that a certain remedy will work. I have seen this happen in my own mother. She had a very serious case of pemphigus which Dr. Griggs treated, this illness occurred thirty years ago. This was considered to be a fatal disease by the average allopathic doctor, and Dr. Griggs pulled my mother through. He predicted almost to the hour exactly when certain reactions would occur with some of his higher potency drugs. And these reactions happened. I saw this with my own eyes. This was another thing that sold me on homeopathy. Here is a man who is an expert in prescribing, and he is a strict homeopath. He doesn't have a single kind of drug, I don't think, in his office. But the point I am making is that many times the dilution that you use, again, is a matter of experience.

One of my favorite drugs that I use is hamamelis, which is

witch hazel. I use that almost invariably in the tincture, the mother tincture. I sort of enjoy taking the bottle out and showing this to the patient. I will say: "Did you ever see anything like this before? Did you ever see witch hazel in the drug store?" Witch hazel in the drug store is a perfectly clear solution and our homeopathic witch hazel is darkly colored, you see. And I take the cork off. I let them smell it. I tell them just what this drug is going to do for them, what it will do for their veins, and their hemorrhoids, and the other things that I may be prescribing it for. And I tell them, that this is a low potency, and they must put this in water--I tell them to use twelve drops in say, a quarter of a glass or a half of a glass of water, two or three times a day, and maybe every two or three hours if the condition is a very acute one. I had a patient who couldn't take that tincture dilution, and so I have, therefore, gotten it in the sixth dilution or the twelfth, or the thirtieth, and they have gotten the same results. Getting back to the basic question, the drug, I think, works in whatever potency you feel you must use. The purists, again, will contradict this point. They will say: "Hahnemann's principles were the single remedy in the lowest possible dose to do the job, repeated only when necessary." They usually give a dose of medicine and wait until the patient's progress came to a halt, or they slid back a little bit, before they gave a second dose of medication. Now we don't do that as much these days, possibly

because the patients are a little more impatient. They can walk to the drugstore and pick up a bucket of aspirin if they wanted to. People don't like to suffer pain. They are intolerant. They want to be cured now, not tomorrow, or the next day. They don't want to wait for a drug to work. They say: "I can't put up with this pain. I have got to have some relief." The doctor is pushed sometimes into saying: "All right, well then, if it is this severe I guess you'd better have something." And he will write a prescription for something that will tide them over an episode of shingles, we will say, or something else, you see, until the medicine will have a chance to take hold. Because unfortunately our medicines don't always work immediately. You know I have seen a woman pacing up and down the floor like a caged lion, so restless she couldn't sit down, so what did I think of? I thought of several of our most restless remedies. I gave that woman one dose of *darcoarsenicum album* in the thirtieth dilution and in a few moments she said: "You know I feel differently." Without any request from me she sat down on the chair and began to calm down. So it sometimes works quickly. Other times it takes many hours, many days. I wouldn't expect a distended varicose vein to suddenly shrink down with a first dose of tincture of *hamamelis*. It might take several days or several weeks. They might have to elevate their leg. You have to supplement, sometimes, the homeopathic remedy with other things, with heat, with cold, with rest,

you see. Again coming back to the doctors. The doctors job is to cure patients, and he is going to employ every available means within reason to do that.

D.- What you are saying is what I guess every good doctor should know, and obviously you do, that medicine is an art as well as a science.

W.- Of course. Every patient is as different as day and night. There is never another man like you on this earth. In other words, you may have fifteen brothers and there would be none of those fifteen alike, do you see what I mean? Actually no two diseases are alike. No two diseases--no two cases, I should say, of the same disease. You know I might have appendicitis. We could be admitted to the same semi-private room in the hospital. You might have a routine, simple appendectomy and might come along beautifully. The surgeon would open me and find that I had a complication. My convalescence might be very stormy, and you might go home a week before I do. Do you see what I mean? And theoretically we both have appendicitis. We both had to have surgery.

No two pneumonias are ever alike. They are different. This is why in our homeopathic repertory there may be twenty drugs for pneumonia. We try to individualize this particular case of pneumonia, what is different about this case of pneumonia from the next case of pneumonia. This particular case of pneumonia has certain symptoms that are unusual. Maybe he wants to curl up in a ball in bed so that he doesn't

have to expand his lungs at all because every time he takes a breath it feels like somebody is stabbing a knife in him. He has found that by curling up and keeping his body as quiet as possible it doesn't hurt his chest as much. The next case of pneumonia in the next room may be sitting up in bed and feeling reasonably good, and she coughs a little bit and doesn't feel very well, but acts completely differently, and yet the sputum recovered from both lungs are the pneumococcus, you see? Yet they are different. And this is one of the things about homeopathy. We try to individualize. We try to pick a remedy that is going to help a certain patient. A person comes into a regular doctor--a person walks in the office. "I have got a headache, doctor." So he reaches up on the shelf for the headache bottle, see, aspirin--with two or three other things in it. Everybody gets the same pill. They tell the story of a doctor in England--well when socialized medicine first came in--who had a big waiting room, and he had fifteen or twenty people, and a friend of his came in: "How about playing some golf today?" He looked out and saw all the patients, and said: "Oh, you will never get out today." "Sure I will get out." So he went out in the office and said: "Who is here for constipation?" Oh, about five or six hands went up, so he said: "Stand up." So they all walked in the office, and he took a little bottle of constipation pills out and gave each person some, and then he went out and said: "Who has a headache?" And another half a dozen

hands--well, he had the office cleaned out in a short time-- this was socialized medicine--see what I mean? In other words, nobody got a crack at even giving their name, let alone to tell him what was wrong, see? So this, of course, is a wild example, but it is something that unfortunately could happen when you take away the physician's ability and privilege to treat an individual. And unfortunately as I see medicine now, why do so many doctors have sons who never want to study medicine? Because it is too hard. This is tough to sit down and read up remedies, when you are tired at night, or if you have a tough case, it is hard to sit down and find the correct remedy. It is much easier to go in and watch the TV or get an extra snooze. We don't have enough time for individual patients, of course. Ideally, the old days were happy days, when you could spend a half an hour, or three quarters of an hour, or an hour, with the patient. Who can do that these days? With the pressure of modern medicine? House calls to make, hospital rounds to make. General practitioners are a thing of the past they say. Of course I rise right up when I hear something like this, because to me this is a horrible thing to think that a patient won't have a family doctor any more. I have heard several doctors say that there is no foreseeable future in medical practice for general practitioners. Now to me this is ridiculous. If you have a son or a daughter who gets stomach ache in the middle of the night, what are you going to do? Are you going to call a specialist? Is he



going to come out, get out of bed and come--darned right he is not going to. "Oh, wrap the child up in a blanket and take him to a hospital, you see, and we will see him in the morning." The old family doctor, if he has known you fifteen or twenty years, is not going to roll over in bed. He is going to get out of bed and come over and see your child.

D.- Of course it is more than that. I think this is a point that you made earlier. The idea that the doctor has to know the patient, really, and unless you have some system whereby some particular doctor is responsible for this particular patient who screens, knows him and then can utilize the service of a specialist. I don't know what the solution will be to this. I think you realize the problem of the busy doctor is simply a problem of two things--the rising standards of medical education, and the rising demand for medicine. As the standard of living rises, people who ordinarily only went to doctors when they were really dying, or very sick, now, of course, all groups within society are beginning to demand the same medical care, and this is where medical practice has to change to some extent. And then if the government has to subsidize medical education it creates problems.

W.- Yes, I should say.

D.- One of the problems that has troubled me in medicine. I speak as a layman. How effective had been the clinical testing of the homeopathic therapeutics or techniques? I

am always a little worried, because I think of men like Benjamin Rush here in Philadelphia a hundred and seventy years ago who was happily killing his patients by the droves. Bleed, bleed, bleed again. And yet Benjamin Rush was convinced that he was saving lives. I think the evidence is pretty clear, of course, that he wasn't. In fact, he did not only incalculable damage to his own patients, but since he was the great mentor of American medicine, he indirectly may have killed a great many others. And I somehow had the impression that a good part of homeopathy is based upon the success of the individual doctors. What I am saying is that it is difficult without exact figures or without say, objective clinical testing, to really determine how effective one method of treatment, or a particular system of treatment is as against some other. There is no question that in the early days, in the nineteenth century, homeopathy was more successful. I have statistics myself that I have collected...

W.- Yes, right.

D.- They horrify some of my colleagues in the medical school, but I feel that homeopathy made a real contribution to American medicine. Among other things it forced the orthodox practitioners to regulate, to moderate their practice.

W.- Right.

D.- But now in the twentieth century I am curious to know to what extent there has been any real clinical testing of homeopathic remedies.

- W.- Are you referring to whether we have had access to hospital beds? And where we could treat patients strictly on homeopathic lines?
- D.- Yes. There may be some method of, say, an appreciable number of students--of say, we have a hundred cases, hypothetically, on which there is a general diagnosis as to the condition.
- W.- Right.
- D.- And where one group have been treated homeopathically, the other group treated by a more orthodox method. I was wondering whether this sort of testing has been done? I am not questioning the value of the treatment, but as a matter of curiosity...
- W.- In my limited years, I can just say this, that when I interned at Hahnemann Medical College Hospital in 1933-34, the various specialists in internal medicine had a certain number of beds allotted to them. Now we had a certain number of homeopathic beds where patients were treated by the Chief of Homeopathy, Dr. Garth Boericke. The patients in those beds were supposed to receive just homeopathic therapy, whereas the patients across the ward in another group of beds were treated by another doctor in the internal medicine field. Now this to my knowledge was the only time I have ever come into contact with any similar sort of thing. Now there are, I understand, in London, and there are some other homeopathic hospitals in the world where just homeopathy is used, where no other therapy is employed. There is, I am

sure, nothing like this in this country any more. Modern medicine has come along and dictated, more or less, shall I say, how a patient should be treated. There are, as you may know, no homeopathic hospitals, per se, any more where we can go in and order certain homeopathic drugs from the pharmacy, and get it. We either have to bring the medicines in ourselves, if we want to use a certain drug, and explain to the nurse in charge that this is a homeopathic drug, and we want our patient to get this particular remedy, or we have to prescribe the orthodox remedies from the pharmacy, the aspirins, the antibiotics, and whatever the case calls for, we will say, and then treat the patient homeopathically when he comes home, or comes to the office. Now does that answer your question?

D.- Yes, this is what I was curious about.

W.- Hahnemann had a fine out-patient department where a homeopathic pharmacy was maintained. I worked in the medical clinic there, and many times, not only because we felt it was the remedy of choice, but because it was the most inexpensive, we could get a wide variety of remedies that we wanted--homeopathic remedies. This pharmacy also carried the regular orthodox drugs that were usually prescribed. Unfortunately since then--it has been ten years, now, since any doctors have been trained in homeopathy. Many are at Hahnemann and don't have the faintest idea of why it was named Hahnemann, what it stood for years ago, and what homeopathy was. They sneer at it, or they aren't interested.

This is the unfortunate thing that they don't seem to really want to know what it was all about, what homeopathy is.

So this is one of our problems.

D.- We could have expressed it that the important problem is that orthodox medicine has not been willing to give homeopathy a fair trial. After all, this is the day and age when we have quite a bit of money for research.

W.- Right.

D.- And you feel that it would be a worthwhile project?

W.- Absolutely. There are things coming out I know quite well...

(End Tape I - Side 1)

(Begin Tape I - Side 2)

D.- You were starting to say that there is some...

W.- I have knowledge of some research being done. There is a chemist who is doing some work with dilutions. And he is proving pretty conclusively that there is very definitely action, therapeutic actions, medicinal actions, in dilutions. He is working with a professor of chemistry at the University of Delaware, and what we are trying to do in homeopathy now, we are trying with ~~the~~ pitifully small funds we have available for research to get into scientific magazines that are read by scientifically minded people, who possibly don't even know what homeopathy is but will see something that has been attempted. For instance, there is a lady out in Ohio, a Dr. Wanamaker,<sup>2</sup> I believe her name is, who has been doing work with dilutions on the growth of plants, showing that there is a very definite improvement in the rate of growth

and the development of certain types of plants. I think Dr. Stephenson<sup>3</sup> may have referred to her. And the man I am speaking of is a Dr. Rudolph, a Mr. Rudolph Smith, a chemist here in Philadelphia who has been working with a test that is done on blood serum, that is drawn from the patient which shows the reaction when certain possibly indicated remedies are added to this serum. This is a method of taking a proper remedy. We are trying to work towards the development of more scientific ways of proving, not only to ourselves and helping our patients, but proving to the world that we have got something very definite in homeopathy that is going to be helpful. And this test which--are you going to see Dr. George R. Henshaw in Montclair?

D.- No, we haven't....

W.- Well, he has a test, a flocculation test that he does, too, which is very beneficial, where he draws some blood from the patient and then after taking the patient's history carefully, will take three or four or five possible remedies that might be indicated in treating this patient and seeing how it reacts against the patient's blood serum. Our Dr. Garth Boericke who just died several months ago here in Philadelphia, has done for years, along with this Mr. Rudolph Smith what I am referring to. They developed that type of test here; and this Dr. Henshaw in Montclair has also done a similar type of test.

The point I am making is that we are trying to prove in a scientific way, so that so-called scientific people, engineers,

and other people of known scientific background can look and see that what we have been saying for years is true. We know our remedies work. We can't say how they work. We can't put down on paper somehow the exact mechanisms of why a remedy works, but we know so, obviously, because our patients improve. And it isn't just the doctor's psychology, the laying on of hands, any other thing that you want to call it. As Dr. Griggs will tell you today--he has worked mostly with babies, he has done marvelous things with ill children down through the years as a professor of pediatrics, and has worked for years in the Children's Hospital here in Philadelphia--a baby can't tell you symptoms. He has just gone by what he could see and feel and touch when he treated these very, very sick babies, in the days of so-called non-scientific medicine when we didn't have available all of our x-ray techniques and our other modern diagnostic techniques. He has been able by his acumen and using his five senses, to pick remedies that have miraculously helped these sick babies and children. We are again getting back to one or many methods of approach to proving to the world that we have a very valuable adjunct. Homeopathy may not be able to cure everything. I am sure it can't. Hahnemann, himself, said that the disease has to be curable before you can cure it. You can't cure an impossible condition, but if you can even alleviate something that modern medicine can't do more than just palliate in the way of narcotics, etc. Sometimes we can alleviate incurable conditions, and it makes the

patient's life more bearable. But anyhow, I just wanted to get on the tape the fact that there are several projects going on that I know of to prove some of the basic principles of homeopathy.

D.- One of the aspects of homeopathy that I must confess I found it a little difficult to understand is the success or the effectiveness of succussion in dilution, and I gather from Dr. Stephenson there is actually some work being done on this.

W.- This is what I am referring to. The fact that this man is trying to prove the efficacy of succussion. If a remedy is not succussed, it is not potent at all. In other words, it takes the process of succussion to transmit the energy of the potency, or the dilution, which, in turn does the medical work, the work that we want. Simply taking a drug and diluting it and taking a portion of that and diluting it again does not make it effective medically. It has to be succussed a certain given number of times to transmit the energy from the dilution to the next point of dilution. This is what he is attempting to prove, or has proven. And again, I can't tell you the exact way he has done this, but it has been done.

D.- If it is any consolation, I am sure that if you explained it we would have difficulty understanding it, so I gather it is highly technical...

W.- If you are going to be in Philadelphia I could give you his name and phone number and you might be able to call him, and even on the phone you would get some rough idea of what he



is doing. You are not going to be in Miami, I guess, are you with this meeting?

D.- No, we timed our Washington meeting hoping that we would be in time for it, but they unfortunately changed the time, and I am due back in New York. I really should get back tonight although we might be able to stay over. We have a little tighter schedule now than we had thought originally. But I think that in Dr. Stephenson's articles he explains this to some extent.

W.- Yes. Well, he can do it much more effectively than I can, because he has been trained scientifically, and he comes from a family of college professors. He knows--his Dad, I think, is a professor, and he has some brothers in the field.

D.- Yes, we discovered that I had used one of his father's textbooks when I was a history major.

W.- Isn't that amazing. Yes.

D.- Do you have any questions, Martin, that you would like to raise?

K.- I would like to just ask you several questions on the type of medical education that you received at Hahnemann.

W.- The type?

K.- Yes.

W.- I had a general broad educational four years, I would say, with the addition of a course in homeopathy which went through the whole four years. In other words, in a series of lectures, the philosophy, the remedies, the techniques in prescribing, etc. We, as I indicated before, had to

train medical students to go to any state in the union and pass the boards. Many years ago they used to have the individual homeopathic state boards. If you were a homeopathic graduate, you could go to the state of Connecticut or Massachusetts and you could ask to be examined by the homeopathic examiners. You would be given a license to practice medicine as a homeopathic doctor. You did not have to take the regular examination. Now these examination boards have dropped by the wayside. There used to be many states that had homeopathic examiners. Now as far as I know there are none any more. Maryland had one. I think California. Michigan. There used to be, I understand, twenty-two medical schools, years ago, that taught homeopathy. Then when I went through there were only two left. There was Philadelphia and New York. And now there are none. But I received, I would say, a comprehensive medical training in all subjects; obstetrics, surgery, internal medicine, right on down the line, plus homeopathy. And this, in my way of thinking, makes me possibly, and not to be egotistical, just a little bit better doctor than someone next door or across the street. Because I have had not only the knowledge of general medicine, surgery, and can practice as a doctor, theoretically, in any state if I pass the examination, but I have also at my fingertips the knowledge of homeopathy, which many times is the treatment of choice. Sure, if I was on a desert island and somebody was sick, I could take care of them. I wouldn't have my homeopathic remedies, but as a doctor I would know what was wrong with

them, possibly, and could help them if I had the tools to do so. But the point I am making is the homeopathic graduate got a degree in doctor of medicine as well as doctor of homeopathic medicine. We had two degrees when we graduated. Now, of course, there is just the doctor of medicine, the medical doctor. Does that answer your question?

D.- You took a course as an undergraduate--as a medical student you took courses in homeopathy?

W.- Yes. When I went through, this was a must. Everybody that graduated...

D.- Was this considered a part of materia medica, or...

W.- Yes, this was a part of internal medicine. Now, of course, it is not included any more. But even as long as ten years ago there were still some graduates of Hahnemann who were following homeopathy all along through their four years, even though examinations were not given. They, at least had the privilege of going to Dr. Boericke and talking with him about certain remedies, and possibly using them on their patients in the hospital, because that pharmacy was still there in the out-patient department. Now that has been removed.

D.- Now do they have a course on pharmacology, for example, or was homeopathy taught in internal medicine? In other words,...

W.- It was taught in internal medicine. We didn't give a course on pharmacology, not as a pharmacy school would teach it, I suppose, but a basic way in prescription writing, and dosage of drugs, etc. But I would say that was a minor course. It

was a less important course, let's put it that way. But we were not expected to go out and, for instance, prepare our own remedies.

You know we have our own United States Pharmacopoeia, which puts us in business and keeps us there. Possibly modern medicine wants homeopathic doctors--I don't have any knowledge that this is official, but they may like the idea that there is a militant minority, a very small minority which keeps them from being a complete monopoly. Nobody can say: "Oh, the A.M.A. is a complete monopoly. Every doctor in the country belongs to it." I don't belong to the A.M.A. Now that doesn't mean that I can't practice in my hospital, or in Hahnemann Hospital, because I belong to my American Institute of Homeopathy. My insurance company takes me on as a licensed doctor because I am a qualified doctor, but I am not a member of the American Medical Association. I could be. I have been.

D.- How about the hospital? Is it a local hospital, or...

W.- Yes, I belong to--there is a local hospital here called West Park Hospital, where I am a member. I am on the staff there and also on the staff at Hahnemann.

D.- Are you a member of the local medical society or the county medical society?

W.- Well, since I moved out here ten years ago I have not joined the local Montgomery County Society. I dropped my membership in the Philadelphia County since I no longer live there. I no longer practice there; that is, I don't have an office in

Philadelphia.

- D.- Usually membership in a county medical society is almost a prerequisite for admittance to a hospital. I was wondering how you managed in this case.
- W.- Well, they just simply knew that I was a qualified doctor, you see, and I am a member--I am the secretary of this national group of homeopaths. That doesn't necessarily mean anything to a disinterested third person--they don't know what a homeopath is and never heard of the American Institute of Homeopathy, which, incidentally, is older than the A.M.A. They don't like that noised around. But we are going to have our, I think, one hundred-twenty-second successive meeting down here. Now this has been going on longer than the A.M.A. But that doesn't mean anything except that we have been around a long time, too. So, in other words, we have national rating, we have a pharmacopoeia, we are legally qualified. Any insurance company will take us on as good risks, maybe even better risks, because we don't fool around with some of these dangerous drugs, and apt to get in troubles that way. Well, anyhow, I shouldn't make that statement. Again it is an individual proposition. It only takes one rotten apple to spoil the--I am getting away from your question, I am sorry.
- K.- Let me ask you one more thing. The pure homeopath felt during the period from about 1915 to 1945, or so, that Hahnemann, the Boston University Medical School, when it was homeopathic, and the New York Medical College, when it was homeopathic,

provided very poor instruction in homeopathy. Do you feel that you received an adequate preparation?

W.- Yes, I do. I took the postgraduate course when I came back from the service because I wanted to know more about it. But I felt that I had received a basic knowledge. I certainly had a number of drugs that I felt competent to use, but yet I wanted to know more of the philosophy and more of the basic know-how, shall we say, of homeopathy, and that is why I thought the postgraduate course would be helpful. And we only had about six or seven people taking it at that time. Again, it was a six-week period of time, and it is pretty hard to convince a doctor who is practicing medicine that he should take six weeks off and go and take a postgraduate course. In these days of expenses and everything else, he is lucky if he can take two or three days off, or a week, let alone two weeks or six weeks. But I did. I took the bull by the horns and closed up shop for six weeks and took the course, which, of course, I have never regretted. I got a lot out of it, and I think it made me a better homeopath. I am sure it did. Because I had an opportunity to read over the Organon carefully, and digest it all--this is Hahnemann's original book on the things that he found and which he felt were basic homeopathy. But I do feel that I received an adequate education. Not only in homeopathy, but in general medicine. I am not egotistical. I don't think--I certainly wouldn't want to measure myself up against a diagnostician in internal medicine, because, honestly, some of the things

that are coming out actually nearly every day, are new tests and new techniques developed for certain things. In thirty-five years since I have been out it is just fantastic how medical education has improved, what the boys know now. Theoretically every class that comes out of a medical school is better qualified than the year preceding, and five and ten years ago, you see?

- D.- That reflects two things, I guess, the advances in medicine, itself, and the...
- W.- The knowledge that we have of chemistry and all the electro-phoretic patterns of the body and the various other tests-- you can have a blood sample taken now, and within a few minutes time get a half a dozen readings on various basic things in the body, the blood chemistry, the blood sugar, the blood urea, cholesterol, total proteins, in a few minutes time. A sheet comes out to you almost on a computer with the exact findings of this individual patient. We didn't have anything like that. We would have to stick the patient a half a dozen times to get enough blood to do all these individual tests. It is fantastic. And all these diagnostic things. But they don't always help the patient. Many times we see a whole blue order sheet of orders written for a patient, and maybe only three or four things are actually needed to be known. A lot of the things were nice to know about, but they weren't vital to the patient's future and health.
- D.- Sort of subjecting the patient to expense and inconvenience and unnecessary annoyance.

- W.- Oh yes, expense and oh, of course. But when you have a hard problem to solve, a diagnostic problem--I can think of a patient now that I had in the hospital that is having a whole battery of tests. She is getting things done now that weren't even known five years ago, and I am sure they are going to come up with the right answer. Things that I have been unable to solve here, you see. So there is no question that there are times that we need the most modern techniques in helping us to solve a problem, but this doesn't always do the job. As a friend of mine says: "I am on the frontier of medicine." He practices in a little town up in Lancaster County, and he jokingly says: "I am out in the frontier of medicine." Well, we know he is only a few miles from a hospital, and he is only sixty miles from five or six medical schools and a diagnostic center. Philadelphia is one of the best centers in the world for medicine.
- D.- Right.
- W.- But he jokingly says: "Well, it's because all of us--we are meeting people every day, you see, out of all walks of life, a cross-section of people walking in our offices, and our job is to try to find their problem, what is wrong with them, cure them, and treat them most efficiently in the least time and at the least cost to them."
- K.- I wonder if you could tell us something about how you first became involved in organizational work within homeopathy?
- W.- Well, I guess it is because basically I feel that to survive we have to stick together. I think, again, it may be just



my personality. I think some people instinctively enjoy joining alumni associations, joining societies because they like to be with people of similar thoughts and occupations. You and I know individuals from our high school classes that never come back to a reunion, or a college reunion. This is foreign for them. They get out of a school, and all they wanted was that diploma. In other words, they feel no obligation. I feel, as somebody said, I feel obligated to Hahnemann Medical College, because I got my education there, not only because my father was a graduate, but because I got my education, I make my bread and butter because I am a physician. I was trained there, I think, to be a pretty good doctor, as doctor's standards went thirty-five years ago. I feel basically that as homeopaths our numbers are depleting. There are only a few of us left. We all have basic beliefs and thoughts. We have in our group a number of younger men, men of my own age and younger, who have some real scientific background and who have plans and ideas for getting us not on the front pages--this is not what we are interested in--we are just interested in convincing other doctors that we have basically something in homeopathy that is virile and successful, and if we can give this to other doctors we can increase the size of our society. We haven't any doubt that if we can put on the pages of scientific medical journals facts that we have been finding out for years, and we can now prove scientifically, in whatever you choose to say is scientific term--now this may vary. Your idea of something

scientific might be much different from mine, but if we can come to other physicians and say: "Look, we have been practicing this sort of medicine ever since we got out of medical school. Here finally is how it works and why it works. Are you interested in looking at it? Read it over. See what you think of it. Try it, Here are some books on it. Here are some remedies to try on your patients. See if it works for you like it has done for us." You see? This is why I have gotten interested, I guess, in the organizations of homeopathy.

We have several little local groups. We have a state society here, which is probably the largest of the state homeopathic societies. And, of course, for years I have been in the national group, which is the American Institute of Homeopathy. We have been setting up--we have reorganized the whole thing as Dr. Baker has probably told you. We reorganized the whole thing just in the last few months, which we hope will make a more complete group of the remaining doctors who are left so that we won't die off, so that we will be able to stay together and sell this idea because we have got to do something. We have to--in ten or fifteen years there may be no more homeopaths left. Unless we can interest young men in it. Unless we can say to a young graduate out of medical school: "Did you ever hear of homeopathy?" "What is homeopathy?" If we can tell him, show him that we have a system of medicine which is practical, which is safe, which is efficient, which is possibly not good

for everything--of course not, there is no panacea for everything--but we have something that will supplement your treatment of the sick, which will help many cases that you are going to be treating through your career. This is what, I think, we basically want. Does that answer your question?

K.- What positions have you held within the Institute, and the state society?

D.- Well, I was going to say when did you first join the Institute?

W.- Well, I am a twenty-five year veteran, shall we say? A member of the set of the seniors just sounds like a long bearded old geezer that walks around with a cane. No, that isn't the idea. No, I have been in it for about thirty years. I have been practicing thirty-five years. Let's say thirty years.

D.- That would be about 1940?

W.- Something like that, yes. Because I used to go to these national meetings before the war years.

D.- How about the state society?

W.- I have been a member of that, too. I have been president of that.

D.- For the same length of time?

W.- That is right.

D.- How large a group is the state homeopathic group?

W.- Well, I would guess there would be a hundred in this homeopathic state society, because this is large, possibly because Hahnemann is the largest group--had the largest group

of graduates--and the graduates have circulated around through the state of Pennsylvania.

D.- You have a hundred even today? They still have a hundred?

W.- I think there is about a hundred. I am guessing. I possibly shouldn't even be quoted on that, because maybe somebody else can tell you more accurately on that.

D.- How large a group was it when you joined? Any idea?

W.- No, I don't know. Sometimes people are members but they don't attend all the meetings. One meeting might be held in Pittsburg, and the group around Pittsburg will all go, and some of the Philadelphia group won't go, you see, and again, what percentage of members ever attended meetings, you see.

D.- Yes, unless you were secretary or had something to do with distributing...

W.- I am the recording secretary of this group here now, this national group, but I can't tell you because I don't have access to the treasurer's list. I can't tell you how many paid up members we have.

D.- This is the sort of information you would almost have to have.

W.- Yes. And this is something unfortunately that we have sometimes withheld because in the days when we had journals and advertisers, advertisers always want to know what the circulation is, and we, unfortunately, are a little disappointed and embarrassed by the literally few number of doctors that we have on our lists. Although we might have had a pretty good circulation that we sent out to other doctors who weren't

always members, we didn't go out of our way to tell people how few we were.

D.- I would assume that the number has fallen drastically.

W.- You are right. Unfortunately you are very right.

D.- I would assume, too, that the average age is probably fifties and sixties.

W.- At least. I am fifty-eight and there aren't too many younger men. In my own class of a hundred and eight doctors who graduated thirty-five years ago, I don't suppose there are more than three or four members who are members of the national group, and that is very poor representation.

D.- Yes.

W.- Many of them are going into specialties. They go into anaesthesiology, or internal medicine, or they become surgeons, or neurologists. They belong to their own group as a specialty. They are not known as homeopaths. If I have a patient moving from Philadelphia to Baltimore, I don't know who is in Baltimore who can take over my patient as a homeopath. We have a national directory of doctors but they are few and far between. If somebody fortunately moved to New York I know Dr. Stephenson. Or if somebody moves to some other large town where there is a homeopath: "Oh, I know just the fellow who can take over for you if you get sick." But we have a small group. That is our problem. See, if we can ever get this thing going and if we can ever get this scientific business crystalized and brought up to date, and modernized, we will have a real selling point, but

again, time is our problem. How many doctors have time to read medical journals? They are supposed to. I could spend a whole day a week on things that just come across my desk absolutely free. Modern medicine--I can name a dozen magazines that come in every month that I never pay a nickel for that are placed on my desk. Some of the articles are worthless and some are very valuable. I don't have the time to read them. Now again, we are all over-worked, but if you are interested in something, just as you gentlemen are, you take time, you find time. We go out of our way to-- if somebody came and told you something new that you were interested in you would stay up at night, checking into it if you were interested in it. And this is our problem. We have to find a way of revitalizing our organizations and getting people interested again. It isn't that the small group of us aren't interested, but it is just that we must get other people interested. We don't have to be sold. We have to sell other people to see it survive.

D.- Your graduating class now--you are one of the classes that actually did come through as doctors of homeopathy--the whole class--I was wondering how many of your class members would you say have drifted away from homeopathy?

W.- A great many, a great many.

D.- That was the impression that I got, particularly those going into a specialty tend to...

W.- That is right. And yet there were some members of the class in various specialties who would still use their homeopathic

remedies on occasion. When their particular specialty called for--their patient might not know it was homeopathy--they might be embarrassed to say it was homeopathy, and of course they might be embarrassed in their own town if they went to Madison, Wisconsin just to pick a town out of the geography--they might be embarrassed to say: "Oh, I went to Hahnemann and I am a homeopath." They probably wouldn't mention that fact. They were a member of the board of urology, you see. And they are qualified because they have had the training, the extra prescribed training, they can practice their specialty but they wouldn't feel free always to practice homeopathy, you see, which is unfortunate.

D.- Still a certain amount of stigma attached to it.

W.- Yes. But you see, we feel homeopathy is a specialty itself, and this is why we have made an effort--do you know about the Board of Homeopathy that has been established?

D.- Yes, Dr. Baker<sup>4</sup> was telling us about that.

W.- And Dr. Eisfelder<sup>5</sup> who now lives in Florida is the one who instigated that, who got together a hundred men. We had to go to the A.M.A.--it is quite a problem to set up a new specialty board, as you may know. If you would have a--well, for example probably one of the later groups of specialists are the men in physical medicine, rehabilitation. Well, there is a board now on that. But you have to present certain credentials to the A.M.A. You have to set up certain standards. How are we going to examine people and say: "All right. You are qualified homeopaths so we will make you a member of this board." Just what do we do to say that some-

body is a specialist in homeopathy, you see? And this is what we had to do. We had to go to the A.M.A. and they set up a certain group of requirements. We had to have a certain number and we had to have certain standards of examinations. Well somebody who has been practicing homeopathy, we will say, for twenty-five years, you assume that he knows what he is doing, and put them in under what we call a grandfather's clause. They did that in some of the specialty boards, too, in internal medicine when that first came out. They wouldn't go to the professor of your University in Texas, we will say, and say: "Well now, I am sorry doctor, but you will have to take this examination." Here is a man that taught all the people who took this examination, and they say: "Well, we will give this to you. We will present it to you because you were our teacher, doctor. We will certify that you are a member in good standing on the board of internal medicine." And so that is how some of the doctors became more or less automatic members of certain specialty boards, as our group did, too. I didn't take an examination to become a diplomate, or this board of homeopathy. As I say, just what does that mean? Do we put that little certificate up on our wall and proudly show it to everybody who comes into the office? People aren't interested in that. They come here because they want to get cured of what their problem is, you see. They don't care what hospital you belong to or what medical school you went to. They have heard that you are a competent doctor



so they come to see you.

- D.- Or somebody recommended you because he is a patient and has other friends who like you. I think this is a prime factor. After all, the average layman is scarcely in a position to evaluate his doctor's academic credentials anyway.
- D.- That is right. And as you say, he hears from others in the neighborhood, or he is just taking a chance. If he moves into a new neighborhood what can you do to find a good doctor, or a lawyer? You ask your friends, or you ask a business associate: "Who is a doctor in town that I can go to who is reliable and competent, etc.?" Am I covering some of the things you want to know? I am wandering around all over.
- K.- This is fine. Do you have anything else on the same line?
- D.- Well I was going to ask the question I asked before, and I think you have answered it pretty well, but what has been the relations of the homeopath in general with respect to the A.M.A. in the last thirty years you have been practicing? I know that the situation was rough in the nineteenth century, that it began to improve in the later period.
- W.- Yes. I think to a reasonably scientific and fair man because you don't know something about a subject doesn't necessarily mean that you should condemn it. I think that in the past contempt used to be the word that was used even in Philadelphia here. When my father went through medical school, sixty years

ago, they used to have a yearly march up Broad Street, which was our main street in town, where the medical students from various medical schools would be in a line of parade, and it nearly always ended up with a battle. There was always a fight between the Jefferson fellows and the Hahnemann boys, simply because some incidence was provoked, not necessarily because the Hahnemann boys were homeopaths. But there was a rivalry there, you see.

D.- Well, there is frequently normal rivalry between two schools in a city and in this case it may have been a little aggravated.

W.- That is right. Aggravated by something else. But anyhow, getting down to what has happened in the past years. I can't tell you anything other than just heresay. I have no proof. I would just say that there hasn't been real cordiality. I think there is tolerance by those in authority--now you see, I have never held the office of president for several reasons, and possibly if you had spoken to some of the past presidents of the American Institute they may have had personal feelings with some of the officers of the A.M.A. As you know, they have a large full-time staff of doctors in Chicago that are there for handling all kinds of judicial problems. They maintain a lobby in Washington, and they maintain strong state organizations in the individual states, all of which we can't afford to do because of our size, the amount of money that we have had. We have gone along on very small budgets in comparison, because our dues are modest. We only have a small number of doctors contributing to our treasury.

I was treasurer one year so I can speak with some authority there.

However, we are far--I want to make this straight--we are far from being a defunct organization. Our present treasurer, Dr. Paul Schantz from Ephrata, Pa., has done a tremendous job in building up a very fine endowment and research fund down through the years. It has risen from \$27,000 when I had it up to almost \$300,000 now, so you can see we are not defunct. We are not on the verge of going out of existence from lack of funds. It is true many things that we do may be foolish. We attempt to publish a magazine, or we did up until several years ago, once a month. Well this is rather ridiculous for the small group of doctors that we have. We are now down to about four issues a year which is a much more practical thing to do because of our limited budget. We have just taken on a full-time secretary. Maybe Dr. Baker has gone into this with you. We have moved our office to Washington within the last year to consolidate with the American Foundation. We have done all of these things because we have wanted to make our group more efficient, the small group that we had.

There are three groups. There is the group of homeopathic pharmacists, the men who make our remedies for us. There is the American Foundation which is a group of lay people and a few doctors on their board of trustees, who are attempting to get the story of homeopathy to the laity in general. They have lay organizations throughout the country where they are

run by lay people and not doctors. Doctors come and address them on occasion, but their object is to sell homeopathy to the community, to the town, to the state, as a safe and sane method of treatment, and that there is such a thing as homeopathy, that if you can find a homeopathic doctor and he treats you, the chances are you will receive good medical care. You see what I mean? Now, the A.M.A. has known that we have existed. As far as I know, they have put no stumbling blocks in our path. Whether they just feel that we are going to die off a natural death, whether they--I know of no reason or no effort on their part to do anything to help us. They have not been unfriendly. As an example, the president of the American Medical Association<sup>6</sup> addressed our meeting here in Philadelphia three years ago. He happened to be a doctor from Lancaster who was a personal friend of one of our officers--this treasurer that I speak of, Dr. Schantz, who has done such a fine job with the treasury--he and Dr. Schantz are close friends and because they were, Dr. Schantz gave him a personal invitation to come down and address our banquet. This is the first time that we know of that an active president of the American Medical Association ever--shall I use the word 'condescended'--that is probably not correct--but he was glad to come and he brought us right up to date in a few minutes on the present status of American medicine because things are changing constantly in Washington as far as the individual rights of

doctors go.

As you know, there is a lot of money being thrown into the National Institute of Health and medical schools. How could we exist? Hahnemann is going to put a thirty-four million dollar medical school up. They have just broken ground at our last commencement exercises. They are replacing the old school that we have been using for eighty years. Where would we find thirty-four million dollars? I don't mean homeopaths, but I mean where would Hahnemann itself? In other words, the government is subsidizing a great deal of American medicine. When they do that they are going to have more and more say as to who studies medicine, where we are going to get our students from. Now the state, as you know, every year gives us money to help run our medical school. They say: "Well now, if you accept this money you must take a certain proportion of residents of the state of Pennsylvania." If you have applicants from New Jersey... Jersey up until a few years ago didn't have a medical school. A large number of our boys who came to Hahnemann were from Jersey. There was some sort of arrangement with the New Jersey legislature where they would contribute so much to outside-of-state medical schools for the education of their young doctors to be providing they would come back to New Jersey to practice. That didn't mean that if you came from New Jersey and you went to a school outside of New Jersey that you had to come back to the state of New Jersey to fulfill your obligation, but this was, I suppose, part of the agreement.

Well, they say, we are going to pay part of your education, and we want you to come back here. Some of the midwestern states have done that, too. Arkansas and some of the other schools. But the point is that the federal government and the state governments have gotten their feet in more and more, into medical education, possibly because they had to. All this stuff is very expensive to run. I forget what the average cost is to run a medical school and how much it takes to train an individual doctor. The figure is fantastic. The tuition is \$1100 but that is just a drop in the bucket to what it costs to educate a student each year. So they are getting into more--we don't know what the future holds for medicine in general. Whether we will have less and less to say about how we educate our students, etc. But, as I say, again, the A.M.A. to my knowledge, and I am secretary-- things wouldn't come across my desk, but I would hear about it in the board of trustees meetings. There was never any close relationship as far as I know between our society and the American Medical Association. They don't tell us what to do. We don't of course, tell them what to do. We are completely individual. We go our separate ways. I am sure that we would stand right along with them on some vital public health issue, and I am sure they would back us up-- although we have something new--did I tell you this? We have a new remedy which has been proven to be very beneficial in air pollution. Air pollution is a hot issue all over the country. You take in the big cities where a

lot of smog and factories and everything are belching out lots of contaminants in the air. Some of our group have come up with a drug, sulphurous acid, not sulphuric, but sulphurous, acid, which is one of the principle ingredients in contaminated air from the factories. Now you would be surprised what that dilution sulphurous acid taken by a emphysematous patient, or a patient with respiratory embarrassment, how this drug will help them. We are working up a whole series of patients, and it is remarkable--this is just from my experience, I can give you several examples which I won't do. The same story comes from other doctors from different parts of the country.

As you know, we have a town called Donora, Pennsylvania, where Stan Musial comes from, and they had a peculiar trapping of air at a certain unusual time. The air that we are breathing now is trapped up above by smog and certain air currents, and this air doesn't move. And the poor fellow with emphysema or some other serious lung pathology begins to gasp for breath. Well, recently, we have come up with a drug, sulphurous acid. Now we have been giving this to our patients with rather spectacular results. To my knowledge, the A.M.A. isn't banging on our doors and saying: "Say, what is this new drug you are using for contaminated air?" But we are selling the seed around the country of satisfied patients who are saying: "You know I have gotten something new. Whenever I walk out of the door and I feel this heaviness in my chest, and I realize...",

and they come home and they dial the phone--we have a bureau here in Philadelphia where we can dial the public health service and they will tell us what the count is on that particular day, just like they count the pollen in the air in the hay fever season. The average hay fever victim doesn't have to be told what the pollen count is. He knows from the way he is breathing. But a person in respiratory difficulty can call a certain number at city hall and be referred to the proper place where they will tell him that day what that particular day's pollution index is. That is what it is called. When this happens, when it gets up over a certain level, they begin calling up Philadelphia Electric and certain other factories they know are responsible that are burning certain gases and coals, etc., that are producing this, and they say: "Bank the fires a little bit, boys, we are in trouble today. The air currents are such that this air is being locked over Philadelphia." The point I am making is that we are not dead. This is something that has just come out now within the last two years. If we can get more publicity like this, if we can show this to members of their specialty board--let's say the group on chest diseases in the American Medical Association, they might say: "All right, maybe you do have something there." They would try it and begin to get results, and say: "What is this stuff?" "Sulphurous acid, diluted thirty times." They say: "Oh, well there is no trace of any drugs in it. It works!" How does it work? There is some principle back



of it. There is some rhyme or reason for it, and it is not just heresay. And this is what I mean by the fact that we feel--we all believe in what we are doing, and that we still have a very real plan and a very real method.

D.- I gather the fact that you belong to a hospital, for example, without any problems, that you certainly have not experienced any isolation or...

W.- No, I am on the Utilization Committee, and I am treated as just any other staff member. They don't know where I graduated from. I am not ashamed that I am a Hahnemann graduate. It is a class A medical school. Everybody that comes out of there now, anyhow, doesn't know any homeopathy. They don't know that I am a homeopath or that I use homeopathic drugs unless they come here and look at my office, and see that I am a dispenser, that I dispense my medicines, and this is a tremendous economic factor for lots of patients.

D.- It sure is.

W.- If you walk into a doctor's office and he hands you a half a dozen prescriptions and you go out and you spend twenty-four or thirty dollars to get the prescriptions filled.

This is no joke, is it?

D.- Prescriptions frequently cost more than the doctor's fee.

W.- Oh, way more. The doctor's fee is just a drop in the hat to what you pay for them. I don't say that sometimes they are not indicated, don't misunderstand me. But I am saying that here is a system of medicine that we feel is good, effective, safe, and inexpensive.

D.- The reason I ask is that we have run into one or two cases where there was a feeling of some discrimination.

W.- Yes, I am sure that would be the case.

D.- And of course this might depend, I suppose, on local circumstances.

W.- Very much so.

D.- And on personality of the individual involved, this could be a factor.

W.- If I decided to move from here to some other state, some other city where I wasn't known and I would find a home and open an office, and I would say: "Well now, I must have hospital facilities." I would go apply to a hospital staff. They would ask me who I was, and where I had graduated, and whether I was a member of any specialty boards. "You are a homeopath. A homeopath? Didn't they stop teaching that fifty years ago?" This would happen some places. But not as much, I don't think, as it used to be because--well, I think--I can't say why it doesn't happen as much as it used to, but I just don't think that it happens.

D.- In one sense it may be that the A.M.A. is assured of its position now...

W.- That is right.

D.- And you are a small enough group that you don't really constitute a threat.

W.- No, that isn't our idea. We are not trying to displace, of course, anything that they have done, any of the good work that they do. We don't agree with all of their policies.

That is why some of us don't belong. Some of us have to belong to the A.M.A. regardless of whether we think it is the right thing to do or not. There are certain cities, I am sure, where you can't belong to a hospital staff unless you are a member of the local society, the state society, and the national society. These are musts. The insurance company won't look at you unless you are a member of all of these.

D.- This is my point.

K.- First of all, can you tell us what led to the abolition of homeopathy at Hahnemann? Was there a specific set of circumstances?

W.- I alluded to that when I first started. It was possibly because we were training bad doctors, not in homeopathy, but in general. The school had somehow or other deteriorated in certain ways that our graduates did not qualify--they didn't have the knowledge that they needed to know to pass basic standards of medicine throughout the country. Now, whether we just happened to have two or three classes of poorer students than usual, who somehow or other got diplomas from Hahnemann and who should have never been admitted in the first place...but anyhow, they graduated and they gave Hahnemann a poor name by flunking state boards in, we will say, Arkansas and California and Massachusetts, or wherever they went. And this was all compiled, at the end of a state board licensing year. The doctors appointed to do so go down through the records and if a medical school has more

than a certain percentage of failures they say: "See here, something is wrong. What is the matter? This school has five per cent of failures, or ten per cent failures. These boys aren't getting certain things they have to know in basic medical education."

So then they have a group known as the accreditation committee. This group is continuously working. They examine in rotation every medical school in the country. The A.M.A. set this up. We didn't set it up. But it was set up for the good of American medicine. They go around and they inspect. They will spend a week, we'll say, at a medical school, with Jefferson, and Temple, Penn, Hahnemann and Women's Medical College, and they will examine all the facets of the medical curriculum--what the student is being taught, the clinical work the student gets, the conferences, all the things that are thought to be necessary to make that student a good doctor, you see? And then if the student doesn't measure up, well then there is something basically wrong, isn't there, you would think, with that education? It isn't necessarily always because the student didn't study. If he wasn't studying he should never have graduated. He should have been flunked out in his freshman year, sophomore year, or junior year. But this very seldom happens in a medical school after you get to a certain point. You kind of get pushed along, you see.

K.- It wasn't a specific attempt to destroy homeopathy?

W.- I don't think so. I think--so we were told--we had certain

departments in that medical school that weren't up to snuff. Our homeopathy was, I think, up to snuff. I mean we were taught homeopathy. And whether we didn't get enough I don't know. I can't even tell you what departments were weak, whether internal medicine might have been weak. We didn't get enough basic medical education to go into every state board exam in the country and pass that board. And so the school was put on probation. It wasn't given a B rating or a C rating, but it was put on probation for a certain period, a year or two years perhaps, that they had to make certain changes.

K.- When was this?

W.- I would guess about fifteen or twenty years ago, because they brought in a man who was the assistant professor of medicine at Temple and he was appointed Dean, and he stayed with us about seven or eight years, and then left us to go to establish the first medical school in New Jersey.

D.- That was shortly after World War II?

W.- No, it was later than that. World War II was over in '46. This must have been in the mid-fifties, or early fifties, yes. I am just guessing. I wish I had these dates at my fingertips.

D.- These things we can check. This is no problem.

K.- From the 1880's to the present there has always been a trend away from the physician dispensing his own medicines. The homeopath has traditionally dispensed his own. I wondered if you could tell us something about the more recent

attempts to completely place dispensing in the hands of the pharmacists, and the homeopathic response to this?

W.- Well, to us there was never any why or wherefore. There was no reason why this should ever be considered as we were concerned. We have our drugs, and we could never rely on our local pharmacy stocking of all of the many drugs that we use. If that could have been possible we might have gotten into that trend, too, that we would have always written prescriptions for a patient to go--like they do, I believe, in South America and France, as I have mentioned, where the doctor writes the prescription and doesn't dispense--to a homeopathic pharmacy. As I say, I never remember anything like this, although I believe years ago there were certain pharmacies where--I don't think they were homeopathic pharmacies, but I mean pharmacies that dispensed all kinds of drugs, and they had a certain few homeopathic drugs, some of the more commonly used ones. We call them polycrest<sup>h</sup>s, the ones that are used a great deal for acute illnesses, etc. But because of the fact that there were so many drugs it would be impractical. You would have to take a whole portion of the drug store to stock these remedies, and the pharmacies--there were not enough homeopathic doctors to do this, particularly in the smaller towns--would probably refuse to do this.

Now around Philadelphia this could have conceivably been done for a drug store to put in a completely homeopathic section or department. But in a small town, let's say fifty

miles from here, where there is one homeopathic doctor and ten regular school doctors it would be out of the question because the druggist wouldn't get enough prescriptions. Therefore, the homeopathic doctor traditionally has given his own medicines, and as far as I know, we will always continue to do so. There are two homeopathic manufacturing pharmacies, Boericke and Tafel, and John A. Bornemann and Sons, in Philadelphia. Am I going to send a patient of mine from here all the way in town to get the medicine that I write for him on a prescription blank, or out to Delaware county to a little town called Norwood. Ridiculous, when there is a drugstore right across the street.

K.- There was a specific law last year, was that correct?

W.- Yes. I am speaking of a possibility of--Senator Hart, you see, had thought that this privilege of dispensing should be deleted, should be stopped. I am getting mixed up here. I am trying to remember the provisions of this bill that we all fought so strongly. The bill that we opposed so violently was to actually almost stop the manufacture of homeopathic drugs, and to stop our privilege of giving this to our patients. But now they want to make it practically all drugs.

K.- Before we continue, how long...

(End of Tape I - Side 2)

(Begin Tape II - Side 1)

K.- Dr. Weaver, you were telling us about the proposed laws to prevent dispensing...

D.- And your role or the role of your organizations in...

W.- Well, naturally we would oppose this. This would take away our privilege to practice medicine. I don't know how I would practice medicine if something like that would happen. It would be almost--we would have to almost do it illegally because sometimes we put a dose of medicine on the patient's tongue, one of the higher dilutions--on the patient's tongue right in the office before they ever leave. And then give them medicine to take along home with them to continue the treatment. So how could we do that if we weren't permitted to, or couldn't do it?

D.- On the whole, Medicare would not have any appreciable effect one way or the other on your practice as it now stands?

W.- Oh, no.

K.- There has always been strife of sorts between the pure homeopath and those who either prescribe allopathically...

W.- Yes.

K.- This apparently was fairly strong during the period from the 1880's to about 1958 or 59. I wonder if you could tell us, does this still exist?

W.- No, I don't think it does. I don't see why it should. I think there are, as I have said, certain doctors who prescribe nothing except homeopathic drugs and there are others who prescribe a mixture, or shall I say an allopathic



drug and a homeopathic drug. But I don't see why there is any strife any more. There used to be. When there were more of us there, there were those who looked down their noses at somebody who would condescend to give an aspirin tablet for pain.

K.- You would say, then, the number of pure homeopaths has declined...

W.- Very greatly.

K.- More rapidly than the more recent graduates.

W.- That is right.

D.- You were a member of the International Hahnemannian?

W.- That is right. I was a member of that until it dissolved.

D.- I see. That group--they were more of the purist, were they not?

W.- That is right. This created an unfortunate feeling many times. I think they felt that they were a little superior, shall I say, but this we deplored because we felt that they weren't always more superior. They thought they were but they--some of those who didn't believe in the higher dilutions still practiced good homeopathy by using different strengths in medicine.

D.- How do you feel about the role of the American Foundation?

W.- I feel that it does a good job. The only thing that I have to ever say about a layman and a doctor--a homeopathic doctor--I feel that the doctor should always take the responsibility in the conduct of a case. Sometimes, years ago they used to have kits where a family would be trained

in home remedies, and he would buy--even now you can buy, for instance, Dr. Spock, I suppose, and another, What To Do Until the Doctor Comes, and all kinds of things of that sort. Many times patients would live out in the country many miles from a doctor, and the doctor having trained these people more or less along homeopathic lines and beliefs, would give them a series of, we call them polychrests, or drugs that are frequently used for acute colds or acute things like diarrheas, and acute upper respiratory illness, and these patients would know what remedies to take if a youngster came down with a sore throat or runny nose, or something of the sort. This is probably all right to do, but I have always felt that the doctor, himself should be called personally on the phone and told what the symptoms of the patient are, and then, he, in turn, tells the mother or father what remedy to use, rather than the patient taking the responsibility themselves. This was done because, as you have been told by all of us, these drugs are safe. It was relatively a safe procedure.

As you may know, aspirin is only put in thirty-six tablets to a bottle because so many children have gotten into a whole bottle of nice tasting candy pills--they were aspirin--and eaten the whole bottle, you see, and with fatal results, sometimes. This couldn't happen with a homeopathic remedy. But my thought as far as the untrained person is concerned, the laity, shall we say, is that he or she should always consult the doctor before they take a remedy. And this would

be my only criticism, shall I say, of a lay group. And every time I am asked to talk to such a group I always emphasize that point that they shouldn't play doctor. The physician has spent many years of his life and a lot of money to be trained to correctly treat a disease or an illness. A basic instinct is that we all want to help the other fellow. If he is sick we want to do something for him, and many times people want to do this for the next-door neighbor. Oh, we know just what to do, you see. We have a little bottle of pills here that we will give you because Aunt Minnie had the same thing as you had, and it helped Aunt Minnie, you see what I mean? And this I don't feel is right. This is my own personal opinion, and I feel that the doctor always should be consulted. It is all right for the general public to know about homeopathy. This is wonderful. This is the only way we are going to survive, where there are going to be enough people who will say that we must have a doctor that knows how to prescribe these drugs. But for heaven's sake, don't let them do it themselves.

D.- Yes, and then I assume that answers the question I was going to ask about lay prescribers. I assume that you would have a very dim view of that sort of thing.

W.- Very dim, very dim. I see too many instances of people who want to go into the back door of medicine, who want to be doctors who aren't professionally qualified to be doctors.

K.- I would like to ask a specific point relating to the American

Foundation. During the early and mid nineteen-fifties we understand that there was an attempt on the part of some members of the Institute to have the Institute take over the lay work of the Foundation. Do you know?

W.- That might be. I was never asked to serve on that board. I have never done anything about that. I don't know. I am sure some of the other members and those you are going to call on can answer that question much more clearly than I can. I never have subscribed to their lay magazine. I guess some of the articles I have written have been in it. But I have never subscribed to it, because I sort of felt that they wanted to promote homeopathic prescribing, but they were a little bit too quick to want to do it, themselves. And this is why I wanted to keep it on a professional basis rather than a lay basis.

D.- What about these layman's leagues?

W.- This is what I am referring to. We had a group here in Philadelphia that started again a couple of years ago. It originally used to meet in my father's waiting room years ago, forty years ago. They used to meet there once a month or so. That was just a small group. But they started to revitalize it a few years ago, and it fell apart again, because there was some internal bickering, and two or three of the people wanted to prescribe. You see, again getting into the back door of medicine without being qualified to be prescribers. This is wrong.

D.- Yes, if they understand the philosophy then they feel they

can prescribe medicine.

W.- That is right. And this is wrong.

D.- Yes, that is a good point. Martin, do you have another one to ask about the Foundation?

K.- Yes. Since the late 1950's the postgraduate course in the Foundation has accepted osteopaths and veterinarians and dentists, but particularly the osteopaths.

V.- Yes, that is right.

L.- Do you find any relationship between osteopathy and homeopathy, or is there any specific reason why osteopaths would be successful homeopaths?

W.- Well, I think it is fine for them to know some homeopathy. I see no reason why this shouldn't be done. This may be one way that we can revitalize our group. I think a well-trained osteopathic doctor is fine. I have had a lot of friends who are osteopathic doctors. I send some patients to osteopathic physicians. I can't treat mechanically certain things that I would like to be able to treat. And I feel there is a real need for osteopathy. A lot of doctors don't feel that way, but I do. And so I feel that if they want to learn homeopathy, and during the war years when a lot of us were off in the service osteopathic doctors couldn't get commissions. You see they took over a lot of the general practice work in the country. This was all over the country. And they became the family doctor. And so I am in favor of them being taught homeopathy. I have a cousin who is an osteopathic doctor. He knows a lot of homeopathy.

He was raised, of course, by my father and others in the community where he lived, who were homeopaths. He was brought up with homeopathy, so he uses that in his practice. But, as I say, I haven't anything but favorable thoughts to training osteopaths if they want to come and learn homeopathy.

K.- What about chiropractors?

W.- No, because of the--well, I don't really know the background of a chiropractor. My thoughts are that they don't get enough scientific training to be really practitioners. I know that you can learn to be a chiropractor through a mail order catalog. You take a course and--no, that is ridiculous. Now, there are some states--we have some licensed here in Pennsylvania, and they have apparently taken more than the basic courses and they know something about anatomy, etc. But an osteopathic doctor goes to school four years the same as we do, and they have internships, most of them, the same as we do. But not chiropractors.

D.- Do you think the chiropractors have any special manipulative empirical skills?

W.- Well, they may have. I have never seen them work. I hear a lot of what they do. I wouldn't want them to do things to me that they apparently do. But I have been to an osteopathic doctor within the last six months for a back ailment I developed at Christmas time, and he did me a lot of good. I was very favorably impressed, and I have sent him a lot of patients since; that he has helped.

D.- I asked that because I expect chiropractors really came within a vacuum. For a long time orthopedic surgeons could do nothing with, say, back problems, until World War II anyway, and whenever there is a vacuum somebody steps into it.

W.- That is right.

D.- I expect that this may well be the case, although I am like you, I have never had any experience with them. One other question I would ask. We got the impression from Mrs. Vargo<sup>7</sup> that a Mr. Packman<sup>8</sup> was largely responsible for bringing about the unity between the Foundation and the Institute. I was wondering whether this was your impression or whether...

W.- No, I think he is a good business man who incidentally has been a patient of Dr. Griggs, who you are going to see this afternoon. He has seen what homeopathy has done for himself and his family. He has done some work for our convention here that we had a few years ago. We had a national meeting here at the Benjamin Franklin hotel a few years ago. He became associated with the Foundation and has done their publicity work for them. And he was interested in this layman's group here in Philadelphia. And, as I say, because he was interested in homeopathy he got to know a great many of the doctors and in this way he was able to show how his organization could help us out. I understand he only wants to do this until we get, shall we say, on our feet a little better, and get this organization complete, and then

he wants to step aside and turn it over to somebody. It really doesn't call for a full-time administrator. We aren't large enough. It could be done easily by somebody who has been retired. In Washington there are probably plenty of retired service people who are available who have had competent administrative experience. We have just one convention a year and intermediate correspondence to handle, which of course, comes in all the time. But, as I say, it is not really enough for a full-time man. We aren't a large enough organization. If we ever grow again to the point where we pick up members from the regular school of medicine and from other groups we could conceivably get to the point where we would need larger office space, etc. But--have you seen the place there in Washington? You have been there?

D.- Yes, we spent yesterday there.

W.- Well, this apparently is a desirable location and Dr. Green's<sup>9</sup> vision for the future was a building where a postgraduate course could be held and large enough, of course, for all the office work, and files, and a library, completely stocked with homeopathic books. You see a lot of our books are out of print. Some of them are being re-printed in India. India is first I understand in homeopathy, and homeopathy is doing well in every place in the world except America--doing well in Mexico and South America and Central America and Europe. I don't know in what proportion homeopathic doctors are compared to other doctors, but I realize that it



is probably not as great as they would like us to believe, but they are doing well. Because Boericke and Tafel-- our firm here that makes a lot of the drugs--most of their business is export.

K.- I think we have pretty much covered the specific aspects. The last question that we like to ask, and that we have found quite a difference of opinion on, is exactly what do you think the future holds for homeopathy? The number of physicians is decreasing. There is a real invasion process.

W.- I wish I had the knowledge of Methuselah or Job or somebody to go on from here. I just hardly know what to say because there are so many factors. You have to have, first of all, individuals who are dedicated, who are interested, who are willing to work. How many busy doctors we would lose, due to the fact that one graduate walks out of the medical school and never shows his face again, at a reunion, never comes back to help teach a medical student. He is content with the fact that he had paid his money, he got his diploma, his obligations are done. Now why do we go into all of this every year? Why do we work like dogs and go to a meeting and sit up all hours of the night to learn the business of it? Why do we do it? Because we are interested. We are interested in the group, the organization. We want it to be perpetuated. How can we do it? We have to have sons. We have to have young men that we can interest in this. We have to have a selling point, first of all, don't we? We have to show somebody that we have something that works, that

is practical, that can be taught in a reasonable length of time. Maybe not to be to the point of an expert prescriber, like some of the older members of the group are, but we have to have something to sell. We have to have something that is scientific. We have to get our story across to other doctors.

When we have a meeting in Miami there has to be publicity about coming there, so that other doctors in the community will say: "Well, gee, these homeopaths are coming in from all over the country. Let's go down and see what they are talking about, what is going on down there." I can predict that there won't be more than maybe one or two people drop in on that meeting. They are not interested. "That is homeopathy." See what I mean. This we have to change if we are going to survive. We have to have a selling point. Something that we can show people. Show them cases. Go into a home if we can't go into a hospital. If we don't have hospital beds to show them, we can show them in an office. Of the preceptorship basis. We can go with them. How many doctors have called--I am a preceptor for Pennsylvania--how many doctors have ever called me and said: "Hey, I hear you are a homeopath. Do you mind if I come out and sit in your office a couple of times, and see what is going on and how you prescribe for these patients?" Nobody does that. Everybody is busy. As you say, we have to change all this. We have to come up with some sort of plan, or idea, an organization--I think Dr. Baker is one of the finest presidents

we have ever had because he has this kind of a scientific mind. He can administrate plans and ideas. The whole thing has been reorganized so that possibly we can get started on certain basic things. We need money. We have a man that we feel can give us a lot of money. This man was particularly instrumental, I think, in having the office moved to Washington and employing a full-time secretary, etc. We have compiled already a lot of the things that he felt, as a layman, were important to get us going again. He believes in homeopathy because he has been prescribed for by some of the country's outstanding homeopaths, and he has been helped, he and his family. He has money to spend to help us, providing that we have certain basic things that we can show him, and that we are serious, too, about helping ourselves. If all of this can be done we are going to go places in the next few years.

If this doesn't happen I don't want to predict what will happen. We seem like a "last man's club", because we don't have enough people coming along to take the place of others who are dropping by the wayside, retiring, or who are dying. And, as I say, if we can come up with some basic facts, some ideas that will rejuvenate, that will make people read about us, try our methods, and see the results, we are made, see? Does that answer your question?

K.- Yes, it does.

D.- Yes. I am wondering what do you think is the most effective approach? For example, Mrs. Vargo believes that the layman's

leagues and other organizations like this would create a demand for homeopathic physicians, and I can see her point...

W.- Yes.

D.- Do you feel that the best hope is at the postgraduate level or what? I would worry about the postgraduate level. The atmosphere in most medical schools is antithetical, say, to homeopathy.

W.- Yes, you are right, of course.

D.- I was wondering how it would be possible to get around this or to compensate for this in any way?

W.- Are you going to see Dr. Young?<sup>10</sup>

D.- Yes.

W.- He has a good idea on this. He has the thought of getting two or three outstanding authorities in their field in the country, indoctrinating them with homeopathy, telling them what it is all about, and showing these men how homeopathy has been working in an insidious way down through the years in many, many readily acceptable things that are now going on in modern medicine. You see there are lots of things that I have alluded to that have been really going on that are homeopathic in principle. And by getting these men to go to meetings and talk--pay them a salary first--you would have to have a good honorarium. Do this without even mentioning the word homeopathy. A lot of these basic tenets of the scientific angles of homeopathy could be shown to a large group of doctors by people who have nothing but good reputations in medicine--academic--that is what I am trying to think of.

- D.- That is a program he called PPP,<sup>11</sup> but I can't remember what it stands for.
- W.- Well, that is the idea.
- D.- In other words, he says that you must operate within the accepted framework--the academic framework--to get people with the proper academic qualifications, or credentials.
- W.- That is right.
- D.- But--do you think that this program can work? In other words, how do you feel from a personal standpoint about the chances of attracting young men? This is a prime prerequisite if you are to survive.
- W.- Young men are very impressionable as I have found in hospital internships and residencies. They tag around after the professor...
- D.- Individual personalities plays a part.
- W.- Yes, there are so many angles. Personality, the tastes of the man, his abilities to teach and to bring forth certain ideas. This goes a long way with a young man. And then they go out and they become disciples, shall we say, of the idea. Just what can be done along that line I don't know.
- D.- This is the problem, you see, since you have no-one in the academic field with any prestige. The point is how does one create prestige, which I gather is what Dr. Young is trying to...
- W.- That is right.
- D.- It seems to me that without this it is going to be exceedingly difficult.

- W.- That is right. But he is the incoming president and he has got some ideas and he may be able to fill you in. He is much more scientific man than I am, and maybe I have had a little more experience in the practical line, although he has been a physician longer than I have. He has been very successful in his line, which has been physical medicine, etc. But anyhow you will find that he will be very happy when you interview him because he can bring forth and say things much better than I can. I think my language isn't as good, but maybe I am just a little bit more practical than some people are.
- D.- You are quite articulate. I think you have done a very nice job. We appreciate this. I know you are a busy man and...
- W.- No, this is my day off, and I am getting off to this meeting on Saturday, and I have certain things I must do and...
- D.- Right.

(End Tape II - Side 1)

## Footnotes

1. Professor At Hahnemann Medical College, Philadelphia.
2. Ann Koffler-Wannamaker, a professor at Ohio Northern University.
3. James Stephenson, <sup>(M.D.)</sup> New York City.
4. Wyrth Post Baker, <sup>(M.D.)</sup> Washington, D. C.
5. Henry Eisfelder, <sup>(M.D.)</sup> Roslyn Heights, N. Y., and Vero Beach, Fla.
6. William Appel, <sup>m.D.</sup>
7. Mrs. Kay Vargo, Secretary, American Foundation for Homoeopathy.
8. Ralph Packman, public relations officer for the Foundation.
9. Julia M. Green, <sup>(M.D.)</sup> deceased founder of the Foundation.
10. William W. Young, <sup>(M.D.)</sup> Chillicothe, Ohio.
11. "Perpetuation and Propagation Program."

## INDEX

Allium cepa, 16

American Foundation for Homoeopathy,  
1, 56, 70, 72-74

American Institute of Homeopathy,  
41-42, 48, 55

American Medical Association, 41-42,  
52, 54-55, 57, 59-61, 64-65

Baker, Dr. Wyrth Post, 47, 52, 56

Belladonna, 6

Boericke, Dr. Garth, 4, 32, 35, 40

Boericke and Tafel, 78

Boston University Medical School, 42

Children's Hospital, Philadelphia, 36

Chiropractors, 75

Donora, Pennsylvania, 60

Eisfelder, Dr. Henry, 52

England, medicine in, 28-29

Gonorrhoea, 12

Green, Dr. Julia M., 77

Griggs, Dr. William B., 24, 36, 76

Hahnemann, Dr.

Hahnemann, Dr. Samuel C., 24-25, 36

Hahnemann Medical College, 1, 4-5, 48-49,  
52, 58, 64

Hahnemann Medical College Hospital,  
32-33, 41



Henshaw, Dr., 35

Hering's Guidance Symptoms, 16

Homeopathy, board of examiners, 39;  
pharmacies, 22, 67; remedies, 14,  
20-24

India, 77

International Hahnemannian Association,  
70

Jefferson Medical College, Philadelphia,  
55, 65

Koffler-Wannamaker, Dr. Anna 34

Lancaster County, Pennsylvania, 45

Medicare, 69

Montgomery County Medical Society,  
Pennsylvania, 41

National Institutes of Health, 58

New York Medical College, 42

Organon, 43

Osteopaths, 74-75

Packman, Mr. Ralph, 76

Perpetuation and Propagation Program,  
82

Polychrests, 67

Rush, Dr. Benjamin, 31

Schantz, Dr. Paul, 56-57

Smith, Mr. Rudolph, 35

Spock, Dr. Benjamin, 71

Stephenson, Dr. James, 35, 37, 50

Succussion, 37

Temple University Medical School,  
65-66

Vaccination, 17

Vargo, Mrs. Kay, 76, 80-81

Women's Medical College, 65

Young, Dr. William W., 81