



Homeopathy and the “Bacteriological Revolution” 1880-1895

Carol-Ann Galego

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Quellen und Studien zur Homöopathiegeschichte, Band 28

Herausgegeben vom Institut für Geschichte der Medizin

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**The Reception of Germ Theory and Bacteriology
in 19th-century England and Germany**

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Introduction

The present study considers the responses of homeopaths in Germany and England to developments in bacteriology between 1880 and 1895, fifteen fruitful years of the “bacteriological revolution” that overlap with the fifth cholera epidemic of the nineteenth century, which ranged from 1881 to 1896.¹ During these formative years, the convergence of bacteriologists’ isolation and cultivation of microbes with medical efforts to quell the ravages of cholera gave rise to the now predominant understanding of infectious disease as an invasion of pathogens. At the time, however, such an antagonistic response to the threat of infectious disease was anything but unanimous; alternative understandings and approaches continued to abound and their excavation sheds critical light not only on historical approaches to infectious disease but also on their contemporary counterparts.

But, first, a little historical context is in order. Of all the infectious diseases that challenged nineteenth-century Europe, cholera, albeit not the deadliest, had a unique capacity to elicit fear and haunt the public imagination as a foreign invader.² For centuries, the disease had been confined to a relatively small region within India, its dreadful symptoms recorded extensively by British physicians stationed in the subcontinent but otherwise unknown to most Europeans. Then, in 1817, a particularly virulent form of the disease began to spread westward, advancing slowly but relentlessly.³ Although the European medical community was generally at a loss when it came to treating cholera or containing its spread, by the early 1830s its medical cartography was advanced enough that “both governments and public[-]health officials could literally

¹ Dhiman Barua and William B. Greenough III, eds., *Cholera* (New York: Plenum Medical Book Company, 1992), 14; Paul Blake, “Historical Perspectives on Pandemic Cholera,” in *Vibrio cholerae and Cholera: Molecular to Global Perspectives*, ed. Kaye Wachsmuth, Paul A Blake, and Ørjan Olsvik (Washington: ASM Press, 1994), 293.

² Michael Biddis and Frederick Cartwright, *Disease and History* (London: Rupert Hart-Davis, 1972), 114; Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years; 1830–1910* (Oxford: Clarendon Press, 1987), 230; Pamela Gilbert, *Cholera and Nation: Doctoring the Social Body in Victorian England* (Albany: State University of New York Press, 2008), 2; Vincent Knapp, *Disease and Its Impact on Modern European History* (Wales: The Edwin Mellen Press, Ltd., 1989), 134.

³ Biddis and Cartwright, *Disease and History*, 114; Knapp, *Disease and Its Impact*, 123; Richard Ross, *Contagion and Prussia 1831: The Cholera Epidemic and the Threat of the Polish Uprising* (Jefferson: McFarland Publishing, 2015), 4.

watch cholera gaining ground from one country to another.”⁴ Ill equipped to handle its arrival, they could do little more than follow its gradual, seemingly inevitable, approach to their communities, as if watching a slow-motion train crash.

The disease first entered the European continent in August of 1829, by way of the Russian city of Orenburg on the Ural River, reaching Moscow in the autumn of 1830 and St. Petersburg in June of 1831.⁵ By the summer of 1831, most of the major cities and ports of central and Eastern Europe had been completely overwhelmed by the disease. While British authorities initially remained hopeful that the island would remain unaffected, their efforts to enforce quarantine did not suffice:⁶ On October 12, danger became acute when cholera appeared in Hamburg, a port of regular communication with the British Isles.⁷ Later that month, the first English cases appeared in Sunderland; by winter, all of the British Isles had also been affected.⁸

Before it eventually exhausted itself in most areas of the continent by the end of the nineteenth century, five pandemics had completely ravaged Europe, leaving behind approximately ten million casualties in its wake: “Not since plague had a single major European disease produced such high mortality in such a short period of time.”⁹ Although less fatal than its medieval predecessor, cholera was nevertheless an extremely frightening, fast-acting disease. In contrast to the agonizing anticipation with which the disease could be tracked as it slowly stretched across the continent, when cholera did finally strike, it took tens of thousands of lives almost instantly.¹⁰ Indeed, one of the most terrifying aspects of the illness was its sudden onset and rapid development.¹¹ Persistent vomiting and diarrhea quickly evacuate the bowels and leave the body completely dehydrated. In turn, the lack of fluids brings on terrible cramps of the limbs and abdominal muscles, and the body’s efforts to empty an already empty stomach result in continual retching and hiccups.¹² Needless to say, death from cholera was anything but beautiful.¹³ Richard Evans writes:

⁴ Knapp, *Disease and Its Impact*, 121.

⁵ Knapp, *Disease and Its Impact*, 123–124.

⁶ Knapp, *Disease and Its Impact*, 125.

⁷ Biddis and Cartwright, *Disease and History*, 116.

⁸ Biddis and Cartwright, *Disease and History*, 114; Stanley Warren, “Preface,” in *Cholera and Conflict* (Leeds: Medical Museum Publishing, 2009), i.

⁹ Knapp, *Disease and Its Impact*, 132.

¹⁰ Knapp, *Disease and Its Impact*, 122.

¹¹ Biddis and Cartwright, *Disease and History*, 114.

¹² Biddis and Cartwright, *Disease and History*, 114; Knapp, *Disease and Its Impact*, 125.

¹³ Evans, *Death in Hamburg*, 228.

The blue, “corrugated” appearance of the skin and the dull, sunken eyes of sufferers transformed their bodies from those of recognizable people, friends, family, relatives, into the living dead within a matter of hours. Worse still, the massive loss of body fluids, the constant vomiting and defecating of vast quantities of liquid excreta, were horrifying and deeply disgusting in an age which, more than any other, sought to conceal bodily functions from itself.¹⁴

Owing to its quick onset, most cases went untreated, and one out of every two cases resulted in death within a few days or sometimes even hours.¹⁵ According to Vincent Knapp, a good deal of the fatalism expressed by most Europeans in the face of cholera “was the result of the medical profession’s inability to stop the ever-increasing vomiting and purging that characterized this disease and which ultimately led to the death of so many patients.”¹⁶ And when medical treatment was available, it generally did more harm than good: Most notably, doctors bled their patients,¹⁷ and prescribed opium and calomel.¹⁸ Compounding a general distrust of the medical community, the sudden onset of cholera resembled arsenic poisoning; in some areas, rumours began to spread that doctors were poisoning victims on behalf of the rich in European capitals.¹⁹

In addition to the varied opinions and overall lack of confidence surrounding the treatment of cholera, its etiology was also highly contested. Later identified as a waterborne disease,²⁰ transmitted by a “rather fickle microorganism

¹⁴ Evans, *Death in Hamburg*, 229.

¹⁵ While this is a frighteningly high mortality rate, in *Disease and Its Impact* (135), Knapp reminds us: “When one considers the number of nutrients being lost to both vomiting and purging, what is truly remarkable is that up to half of those who were afflicted actually recovered on their own.”

¹⁶ Knapp, *Disease and Its Impact*, 127–128.

¹⁷ For a detailed account of the practice of bleeding cholera patients, see Wilhelm Ameke, *History of Homœopathy: Its Origins; Its Conflicts*, trans. Alfred Drysdale, ed. R. E. Dudgeon (London: E. Gould and Son, 1885), 235–245.

¹⁸ Karl-Friedrich Scheible, *Hahnemann und die Cholera* (Heidelberg: Karl F. Haug Verlag, 1994), 25.

¹⁹ Ross, *Contagion and Prussia*, 11–12.

²⁰ According to Alfred Evans, “Even today there is still controversy over the major routes of spread of cholera. In some settings and for some strains transmission by water seems most important, whereas for other strains personal contact and carrier states are more likely means of spread.” “Pettenkofer Revisited: The Life and Contributions of Max von Pettenkofer (1818–1901),” *Yale Journal of Biology and Medicine* 46 (1973): 174, <https://pdfs.semanticscholar.org/1b98/75eef0dc838c1ad90cc4b17bb946430430d4.pdf>.

[that] is almost totally dependent on environmental conditions,"²¹ cholera did not adhere to the familiar understanding of contagious diseases, which were thought to spread by touch, contact with contaminated clothing and goods, or, in exceptional cases, by breathing infected air. It was widely acknowledged that the spread of the disease followed shipping routes, though not all localities and individuals were affected, and on numerous occasions quarantine proved ineffective. In view of this complex picture, physicians and hygienists tried to reconcile observations of cholera with existing understandings of infectious disease.

Before cholera even arrived in Europe, medical opinion was divided on the causes of this devastating disease. In their most polarized forms, the two competing theories adhered to different causal factors: the environment versus the germ. On the one hand, environmentalists (also referred to as miasmists, localists, and anticontagionists) tended to the local conditions, such as unsanitary living quarters, dirty water, and malnutrition, which they believed negatively impacted one's predisposition to disease. They posited that cholera was caused by miasma, that is, by particles of rotten material that polluted the air and infected all who inhaled them. Environmentalists accordingly focused on broad social reforms and sanitary measures such as draining stagnant water, separating humans from their excrement, building more spacious housing, and providing clean drinking water, healthy food, and warm clothing. On the other hand, contagionists insisted that the disease was spread by contagious material and accordingly sought to interrupt chains of transmission through disinfection and quarantine.

Even during the fifth epidemic, no universally convincing evidence supported either of these two conflicting theories. Adding to the controversy, when cholera entered Egypt in the early 1880s, it was "the first outbreak to occur after the completion of the [Suez] canal, and the cause of that epidemic was alleged by some of the European powers to be English ships coming into the Mediterranean Sea from India via the canal,"²² prompting Britain, France, and the German territories to dispatch research commissions to study the disease,²³ thereby providing "an opportunity to turn the new tools of bacteriology to account."²⁴ At the time, Louis Pasteur and Robert Koch were still enjoying recognition for

²¹ Knapp, *Disease and Its Impact*, 128.

²² Mariko Ogawa, "Uneasy Bedfellows: Science and Politics in Refutation of Koch's Bacterial Theory of Cholera," *Bulletin of the History of Medicine* 74, no. 4 (Winter 2000): 672.

²³ Ogawa, "Uneasy Bedfellows," 673.

²⁴ W. F. Bynum, "The Rise of Science in Medicine: 1850–1913," in *The Western Medical Tradition*, vol. 2., 1800–2000, ed. W. F. Bynum et al., (Cambridge: Cambridge University Press, 2006), 129.

their recent achievements, namely Pasteur's development of an anthrax vaccine in 1881 and Koch's isolation of an organism associated with tuberculosis in 1882. But the expedition was more challenging than anticipated. The French aborted the mission following the death of one of their team members, and Koch believed that he had identified a pathogen that was found consistently in cholera victims, but he needed to pursue his investigations further in India. In late 1883, he identified a curved bacterium in the stool of sufferers and, in early 1884, published his observations of the "comma" bacillus, named after its shape but otherwise known as the cholera vibrio.

His announcement was received in Germany with much more fanfare than in the rest of Europe and, altogether, it took years and in some cases decades for his proposed etiology of both cholera and tuberculosis²⁵ to gain general acceptance among practitioners and public-health officials. At the time of this discovery, Koch was still in the process of formulating his famous postulates for establishing that a particular pathogen is the cause of a disease,²⁶ and his inability to infect an animal with the cholera vibrio meant that he had failed to meet his own requirements for establishing claims of infectious causality,²⁷ which "became the main bone of contention between him and his critics."²⁸ More generally, it was difficult for physicians to abandon their previous understanding of the disease.²⁹ In any case, the debate surrounding the causation of cholera certainly did not subside after Koch isolated the vibrio,³⁰ and in some cases it even intensified.

In the fall of 1884, the British secretary of state sent Emmanuel Klein and Heneage Gibbes to India "to ascertain the nature, origin, and propagation of cholera, the microscopic organisms connected with it, and their relations – causal or otherwise – to the disease."³¹ Before their departure in December of

²⁵ Bynum, "The Rise of Science in Medicine," 129–130.

²⁶ Ogawa, "Uneasy Bedfellows," 673.

²⁷ Bruno Atalic, "1885 Cholera Controversy: Klein versus Koch," *Journal of Medical Ethics: Medical Humanities* 36 (2010): 43; and Ogawa, "Uneasy Bedfellows," 673. Christoph Gradmann notes that "when some authors realized that Koch's own methodology was not always in line with his postulates, they devised the explanation that Koch had modified his postulates later in his career to accommodate the concept of carrier-state epidemiology, of which he was the inventor." "A Spirit of Scientific Rigour: Koch's Postulates in Twentieth-Century Medicine," *Microbes and Infection* 16 (2014): 891.

²⁸ Ogawa, "Uneasy Bedfellows," 685.

²⁹ Bynum, "The Rise of Science in Medicine," 130.

³⁰ Ross, *Contagion and Prussia*, 256.

³¹ E. Klein and Heneage Gibbes, "An Inquiry by E. Klein, MD, F. R. S., and Heneage Gibbes, MD, into the Etiology of Asiatic Cholera," in *Cholera: Inquiry*

that same year, the two-man research team purported to have found sufficient grounds for systematically criticizing Koch's observations and, more critically, his conclusions. In particular, they noted the lack of direct contagion, Koch's failed animal experiments, and the observation that many villagers who consumed water contaminated with the feces of cholera victims did not contract the disease.³² In June 1885, the British secretary of state for India convened a committee of thirteen British medical celebrities to assess to what extent Klein and Gibbes' report, "An Inquiry into the Etiology of Asiatic Cholera," supported or refuted the evidence for the germ theory presented by Koch. After three meetings, the committee published "The Official Refutation of Dr. Robert Koch's Theory of Cholera and Commas" in the *Quarterly Journal of Microscopical Science*.³³ As indicated by the title, the committee concluded that "the evidence that had been adduced by Klein and Gibbes seemed to warrant the inference that the comma-shaped bacillus was not the cause of cholera."³⁴

While this verdict undoubtedly gave Koch's critics more fodder, circumstances outside of England were not generally favourable to this position. At the Second Cholera Conference held in Berlin in May 1885, for example, "Koch refuted the localist views of his archrival,"³⁵ Max von Pettenkofer, a once-prominent Bavarian hygienist and one of the most well-known representatives of "contingent contagionism" in the German-speaking world.³⁶ That said, it would be inaccurate to present the controversy surrounding the etiology of cholera as one between England and Germany. Even within the German-speaking world Pettenkofer's views were prone to die hard.

As early as 1869 – fourteen years before the cholera vibrio was identified by Koch – Pettenkofer acknowledged the existence of an infectious element in the spread of the disease. Unlike Koch, however, he insisted that more than exposure to the pathogen was required to produce the disease. In addition to the specific germ, he also emphasized the importance of local, seasonal, and individual conditions. More specifically, he posited that the cholera germ coming from India, which he referred to as the *x* factor, could not by itself produce cholera. In order to become infective, he argued, it needed to interact with *y*, a substrate found in the soil under suitable conditions, and, in doing so, would

by Doctors Klein and Gibbes, and Transactions of a Committee Convened by the Secretary of State for India in Council (London: 1885): 12, quoted in Ogawa, "Uneasy Bedfellows," 701.

³² Ogawa, "Uneasy Bedfellows," 697.

³³ Ogawa, "Uneasy Bedfellows," 701.

³⁴ Ogawa, "Uneasy Bedfellows," 700.

³⁵ Ogawa, "Uneasy Bedfellows," 697.

³⁶ Evans, *Death in Hamburg*, 238.

produce z, “the real cholera poison.”³⁷ According to Pettenkofer’s “soil theory,” it was impossible for Koch’s cholera vibrio alone to infect an individual, *even if the individual was susceptible*.

The strength of Pettenkofer’s conviction was boldly displayed in 1892, when the cholera epidemic reached its apex in Hamburg, the “last and most devastating outbreak in Germany,”³⁸ where it took “a frightening toll on those living in the port city of Hamburg (...) [and] wiped out nearly 16,000 people in a matter of just a few short weeks.”³⁹ Called in to assess the situation, Koch traced the epidemic back to an infected water source and pointed compellingly to the epidemiological evidence that Altona, which received its water from another source, had remained unaffected. Pettenkofer, however, remained unconvinced. He denied Koch’s argument just as he had rejected John Snow’s theory of cholera’s being waterborne, which had been widely publicized in London in the 1850s despite having received little acceptance.⁴⁰ Pettenkofer was so confident in his position that on October 7 of the same year, at the age of seventy-four, he neutralized his stomach acid with sodium bicarbonate⁴¹ and then, in the presence of witnesses, swallowed one cubic centimetre of a culture of cholera vibrios that he had obtained from Professor Gaffky. He reportedly suffered mild diarrhea and a “pure culture” of vibrios could be found in his stools, but he remained otherwise unscathed and convinced that his self-experiment had effectively disproved Koch’s contention that the cholera vibrio was the necessary and sufficient cause of cholera.⁴²

As indicated by this brief history of cholera and its controversies, homeopaths in England and Germany had a variety of “official” opinions to help them

³⁷ Evans, “Pettenkofer Revisited,” 170. Norman Howard-Jones observes that by 1892, Pettenkofer’s “trinity had undergone a curious metamorphosis. Koch’s comma bacillus was still x, but y was “temporo-spatial disposition” while z was “individual disposition.” “Gelsenkirchen Typhoid Epidemic of 1901, Robert Koch, and the Dead Hand of Max von Pettenkofer,” *British Medical Journal* 1 (1973): 104.

³⁸ Ross, *Contagion and Prussia*, 3.

³⁹ Knapp, *Disease and Its Impact*, 134.

⁴⁰ Ogawa, “Uneasy Bedfellows,” 681.

⁴¹ This was to address the observation, acknowledged by Koch, that cholera bacilli cannot survive the acidity of the stomach.

⁴² For further details of Pettenkofer’s “soil theory” and his self-experiment, see Evans, “Pettenkofer Revisited,” 170–172; Evans, *Death in Hamburg*, 237–238, 493–498; Howard-Jones, “Dead Hand of Max von Pettenkofer,” 103–104; and Alfredo Morabia, “Epidemiologic Interactions, Complexity, and the Lonesome Death of Max von Pettenkofer,” *American Journal of Epidemiology* 1, no. 11 (2007): 1234–1236.

navigate their own responses, which were equally varied and nuanced. According to Peter Baldwin, “[b]etween the outliers, much medical opinion preferred to avoid clear cut distinctions between contagionism and localism, happily content with the peaceful coexistence of individual predisposition, environmental influences and transmission.”⁴³ Margaret Pelling similarly notes that contagionists and anticontagionists were both very much in the minority and that the “bulk of contemporary opinion preferred to consider (...) the ‘doubtful’ diseases [such as cholera] as contingently contagious.”⁴⁴ Baldwin observes that, insofar as the argument became polarized, it was often compounded by the political associations between contagionism and quarantine, on the one hand, and anticontagionism and liberalism, on the other. “[H]owever diffuse the etiological dualities may in fact have been,” he writes, “the prophylactic juxtapositions, seen at the level of broad national strategies, were much more crisply binary[, for example], quarantinism vs. sanitationism.”⁴⁵ The fact that quarantine interfered with free trade, for example, provides insight into why British officials, who dominated international shipping at the time, emphasized the value of sanitation and supported scientists who discredited the germ theory of cholera. According to the medical historian W. F. Bynum, “the extent to which economic considerations dictated British scientific policy was not lost on many at the time.”⁴⁶ Conversely, Mariko Ogawa adds that “during this period of imperial rivalries there can be little doubt that the French and (especially) the German commissions had vested interests in finding the accusations well grounded.”⁴⁷ It is in view of such political and economic considerations that

⁴³ Peter Baldwin, *Contagion and the State in Europe: 1830–1930* (Cambridge: Cambridge University Press, 1999), 71. On the nuanced conflicts surrounding the etiology of cholera, see Baldwin, *Contagion and the State in Europe*, 37–243; Evans, *Death in Hamburg*, 226–256; Karl-Heinz Leven, *Die Geschichte der Infektionskrankheiten von der Antike bis ins 20. Jahrhundert* (Landsberg/Lech: Ecomed Verlagsgesellschaft, 1997), 91–93; and Ross, *Contagion in Prussia*, 9–22, 196–210. For brief summaries, see Leven, *Geschichte der Infektionskrankheiten*, 111; Wolfgang Gerhard Locher, “Max von Pettenkofer (1818–1901) as a Pioneer of Modern Hygiene and Preventive Medicine,” *Environmental Health and Preventive Medicine* 12, no. 6 (November 2007): 242; Morabia, “Epidemiologic Interactions,” 1234; and Ross, *Contagion in Prussia*, 5–6.

⁴⁴ Margaret Pelling, “Contagion/Germ Theory/Specificity,” in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (London: Routledge, 1993), 323.

⁴⁵ Baldwin, *Contagion and the State in Europe*, 16.

⁴⁶ W. F. Bynum, “The Rise of Science in Medicine,” 129.

⁴⁷ Ogawa, “Uneasy Bedfellows,” 684.

Baldwin accounts for the fact that “variations in prophylactic strategies employed by different nations have been remarkably pronounced.”

Evans observes a similar pattern within Germany. He argues that “[t]he widely held thesis that anti-contagionism was dominant when liberalism and free trade were dominant is exemplified in the German case with extraordinary neatness.” More specifically, he observes that the 1860s and 1870s, which mark the period under the influence of Pettenkofer, a known liberal, coincided with the era of free trade in Germany. Identifying Koch as a “non-political, but basically conservative Prussian civil servant,” Evans thinks that he was “more congenial to the government in the conservative 1880s, when National Liberals such as Pettenkofer were looked on with less favor in Berlin.”⁴⁸

In view of the complexity surrounding nineteenth-century understandings of infectious disease, contextualizing the plurality of homeopathic responses to the “bacteriological turn” in medicine and its implications for the prevention and treatment of cholera is no easy task. And yet, I will argue, it is precisely by taking such complexity into account that a certain clarity begins to emerge. That is, when local and political influences are considered, not only do lines of difference shaping the homeopathic discourse come to light; so too do lines of continuity. In view of the relative consistency with which homeopaths on both sides of the English Channel resisted a strictly contagionist theory of cholera, for example, despite the varied responses of German and English medical officials to Koch’s findings and, as we will see, despite the fact that the founder of their remedial system, Samuel Hahnemann, was himself an unambiguous contagionist, Rudolf Tischner’s speculation that homeopaths’ skepticism of the germ theory was part and parcel of its rejection of established medicine⁴⁹ loses some of its explanatory force.

Shedding critical light on interpretations such as Tischner’s, Lynda Karen Brierley-Jones problematizes the way in which the objections of “mainstream” medical doctors to bacteriology are given little if any attention, while “homoeopathic opposition and objections to these practices [are] often noted,”⁵⁰ a tendency that bolsters an inaccurately polarized view of homeopathy and bacteriological advances in medicine. In fact, she contends, homeopaths “did not have to ‘face’ scientific medicine but were attempting to construct it.”⁵¹ In other

⁴⁸ Evans, *Death in Hamburg*, 269.

⁴⁹ Rudolf Tischner, *Geschichte der Homöopathie*, vol. 4, *die Homöopathie seit 1850* (Leipzig: Verlag Dr. Willmar Schwabe, 1939), 682.

⁵⁰ Lynda Karen Brierley-Jones, “How Medicine Could Have Developed Differently: A Tory Historiographical Analysis of the Conflict between Allopathic and Homoeopathic Medicine in America and Britain from 1870 to 1920,” (PhD diss., Durham University, 2007), 41, <http://etheses.dur.ac.uk/2608>.

⁵¹ Brierley-Jones, “How Medicine Could Have Developed Differently,” 44.

words, “homoeopaths neither rejected science, nor passively embraced it, but contested what scientific medicine should be.”⁵²

From this perspective, Brierley-Jones emphasizes that although historians generally portray homoeopaths as having a problem “competing” with technological developments, “[t]he stethoscope, ophthalmoscope, laryngoscope, microscope, bacteriological tests, x rays, spirometer and electrocardiograph were all useful to them.”⁵³ After all, “such innovations came from medical general practice, where the majority of physicians of both schools were concentrated.”⁵⁴ As we will see, homeopaths’ responses to technological developments in bacteriology were similarly nuanced. While many used animal experiments and investigations under the microscope in an attempt to “place their medical practice on more scientific epistemological footing,”⁵⁵ others tried to defend the legacy of their historical and clinical knowledge.

In the following analysis, I hope to capture the vast plurality of opinions voiced by homeopaths in response to bacteriology’s iteration of the germ theory. Inspired by Michel Foucault’s genealogical method, I consider the tensions and struggles that arose in homeopathy vis-à-vis developments epitomized by bacteriology, less in terms of an institutional conflict between homeopathy and “mainstream” medicine and science, and more in terms of internal tensions within homeopathy. As Foucault advises, genealogical analysis is “a matter of making conflicts more visible, of making them more essential than mere clashes of interest or mere institutional blockages.”⁵⁶ Accordingly, his analytic attentions were focussed less on institutional struggles and more on the transformations of knowledge that occurred across seemingly disparate and ostensibly conflicting disciplines.

In a similar vein, I extend the question of how homeopaths addressed new developments in bacteriology to consider how they reconciled their methodological commitment to the lived experience of disease with contemporaneous developments and with their own history of unequivocal contagionism. Did their treatment of infectious disease suffer the same fate widely attributed to the rise of modern medicine, namely the reduction of disease to its material manifestations and the muting of patient suffering – or did it, rather, uphold

⁵² Brierley-Jones, “How Medicine Could Have Developed Differently,” 45.

⁵³ Brierley-Jones, “How Medicine Could Have Developed Differently,” 37.

⁵⁴ Brierley-Jones, “How Medicine Could Have Developed Differently,” 37.

⁵⁵ Brierley-Jones, “How Medicine Could Have Developed Differently,” 19.

⁵⁶ Michel Foucault, “So Is it Important to Think?,” in *Essential Works of Foucault: 1954–1984* vol. 3, Power, ed. James D. Faubion, trans. Robert Huxley (London: Penguin Books Ltd., 2002), 458.

its historical emphasis on disease narratives? Did homeopathy position the living organism in antagonistic relation to its environment, or did it promote a synergistic relation with microbial life? From this perspective, I hope to demonstrate that the common themes that persist throughout homeopaths' responses to the bacteriological revolution – despite local differences within the dominant discourse – reveal not only the actively constructive role they played during these formative years. They also bring to light the underlying questions that were at stake in nineteenth-century debates surrounding developments in bacteriology, namely, what constitutes legitimate medical knowledge and what are the ethical and political implications of such designations?

Insofar as it traces homeopaths' participation in the transformation of knowledge that accompanied the rise of bacteriology and its approach to infectious diseases, the following analysis also highlights the ways in which certain homeopathic principles were emphasized with the explicit purpose of distinguishing the homeopathic method from bacteriology, despite obvious similarities that were apparent to homeopaths and allopaths alike. As Tischner observes, advances in the field of bacteriology were not necessarily at odds with homeopathy. On the contrary, the similarity between homeopathy and bacteriologists' method of treating with similars, that is, with vaccinations and serum therapy, ultimately encouraged, he notes, a less hostile tone toward homeopaths than had been expressed in previous decades. He also emphasizes how the "minuteness of doses" used in Koch's treatment of tuberculosis, motivated by observations of both the bad effects of large doses and the improved efficacy of minute doses, helped overcome another obstacle preventing many physicians from accepting homeopathy. In short, he observes that with the rise of bacteriology, the principle of similarities and the efficacy of small doses so notably accepted by Koch no longer cast a bad light on homeopathy.⁵⁷ Brierley-Jones makes a similar observation in her analysis of nineteenth-century homeopathy in England. She goes as far as to argue that "allopathy came to adopt, through the language of bacteriology, the very practice and theory of homoeopathy it had a few decades previously vilified."⁵⁸ The upshot, she adds, is that "homoeopaths and allopaths were engaged in almost identical practices by the turn of the 20th century."⁵⁹

In view of this similarity, Brierley-Jones argues that the only reason that allopathy "won the day" in terms of becoming the dominant discourse is that it could literally interpret the principles it shared with homeopathy – most notably the 'similimum' and 'infinitesimal dose' – on its own terms: 'vaccine' and

⁵⁷ Tischner, *Geschichte der Homöopathie*, 674.

⁵⁸ Brierley-Jones, "How Medicine Could Have Developed Differently," 18.

⁵⁹ Brierley-Jones, "How Medicine Could Have Developed Differently," 21.

‘minute dose.’⁶⁰ She explains, in sum, that “bacteriology enabled allopaths to adopt homeopathic concepts and practices into their knowledge base and claim them as their own without losing their medical identity or legitimacy.”⁶¹ In contrast, homeopaths, she argues, failed to achieve the converse, that is, to explain crucial aspects of allopathic medicine in terms of their own, homoeopathic, world view.⁶²

The selections from my archival sample create a different impression. More specifically, I will demonstrate that some homeopaths, albeit not unanimously, in reclaiming their history of isopathy – the therapeutic administration of diluted disease material – and, more importantly, in affirming the necessity of using high potencies in order to do so safely and effectively, did in fact find a way to interpret bacteriological developments, most notably Koch’s treatment of tuberculosis, on their own terms. Even more vitally, they did in fact find a way to distinguish the unique remedial efficacy of their own art from such therapeutic interventions. In other words, they upheld homeopathy’s commitment to lived experience and, by extension, embraced the dynamic aspects of their remedial art in order to distinguish it from bacteriology.

A similar tendency is apparent also in the case of cholera. In contrast to the widespread dread surrounding the allopathic treatment of cholera, homeopathy was heralded for its consistent therapeutic success in the face of this dreadful disease. This success was considered to be homeopathy’s most compelling testimony and was regularly referenced as proof of homeopathy’s superiority to allopathy. Initially, bacteriological discoveries did little to change this assessment. The isolation of a pathogen, after all, does not necessarily translate into an appropriate treatment plan. Assured by the proven efficacy of their traditional treatment of this deadly disease, and with no better alternative from the allopathic world yet in view, the main challenge that bacteriology raised for homeopaths was to account for the mechanism of action of their own form of treatment: Was it antimicrobial or did it work according to the law of similars, or both? Were these mechanisms of action compatible or were they mutually exclusive? How did the answers to these questions correspond, if at all, to their understanding of the etiology of the disease and, more generally, to homeopathy’s dynamic legacy? As I will demonstrate, while some homeopaths accounted for the efficacy of homeopathy in bacteriological terms, others emphasized the dynamism of their remedial art in order to distance it from contemporaneous developments.

⁶⁰ Brierley-Jones, “How Medicine Could Have Developed Differently,” 159.

See Brierley-Jones, 179, for more examples.

⁶¹ Brierley-Jones, “How Medicine Could Have Developed Differently,” 183.

⁶² Brierley-Jones, “How Medicine Could Have Developed Differently,” 131.

Without refuting the validity of Brierley-Jone's assessment – in fact, I think she accurately describes the predominant tendency in nineteenth-century England – my analysis brings to light a minority, but no less important, impetus in the history of homeopathy. The difference in our respective impressions reflects, first and foremost, differences in our historical sources. Most notably, I make extensive use of *Homeopathic World* (HW, 1866–1932),⁶³ which explicitly advocates the use of isopathy, high potencies, and the importance of homeopathy's dynamism, while she does not. As we will see, its inclusion in my research helps to paint a very different picture. As Ju-Yi Chou observes, without due consideration of other homeopathic journals published during the same period, historical accounts of British homeopathy based primarily on *British Journal of Homœopathy* (BJH, 1843–1884) and *Monthly Homœopathic Review* (MHR, 1856–1907) tend to present English homeopathy as a homogenous body. But, Chou emphasizes, since divergent opinions were excluded from these professional journals during the formation of orthodox professional-homeopathy's formation, consideration of alternative sources of homeopathic writing is necessary to obtain a more nuanced perspective.⁶⁴ The inclusion of voices both supportive and critical of homeopathy's dynamic legacy, for example, provides insight into how such considerations informed homeopaths' reception of bacteriological developments.

Although the German sources that I consider are generally less polarizing than their English counterparts, in order to incorporate a wide range of perspectives, in addition to the established professional journals *Allgemeine Homöopathische Zeitung* (AHZ, 1832–present) and *Berliner homöopathische Zeitschrift* (ZBV, 1882–1944), I have also consulted *Archiv für Homöopathie* (ACV, 1891–1899) and *Wegweiser zur Gesundheit* (1886–1892), as well as two journals for lay readers, *Homöopathische Monatsblätter* (HM, 1876–1945) and *Leipziger Populäre Zeitschrift für Homöopathie* (LPZ, 1870–1942).

In order to contextualize my analysis of these written sources, in the first chapter, I problematize the predominantly antagonistic approach to pathogens operative in contemporary medicine and consider the apparent indelibility of this antagonism; in the second chapter, I outline how the genealogical method

⁶³ In 1887, the journal announces that it will be implementing the switch from 'homœopathy' to 'homeopathy.' Although I consider articles published before and after this transition, for the sake of consistency I will use the latter spelling in all cases other than direct quotations that use the former. "Spelling Reform: Homœopathy v. Homeopathy," HW 22 (May 2, 1887): 207.

⁶⁴ Ju-Yi Chou, *Reforming towards a Scientific Medicine and a Changing Social Identity: British Homeopathy; 1866–1893* (PhD diss., University College London, 2016), 47.

is well equipped both to interrogate such an entrenched problem and to address the objections that arise when this method is applied to questions of infectious disease; in the third chapter, I explicate the transformation of medical knowledge that accompanied the rise of bacteriology, on the one hand, and the epistemology associated with homeopathy on the other; in the fourth and fifth chapters, I consider how the tension between these distinct ways of knowing is evident within the history of homeopathy, most notably in Hahnemann's approach to cholera and reaction to isopathy, and in the split between his more critical as against his more loyal followers. In the sixth and seventh chapters, I excavate the respective responses of English and German homeopaths to contemporaneous bacteriological developments and, grounding such considerations in practice, how these responses played out in their treatment of cholera.

Though the fifth European cholera epidemic did not cross the channel forcefully enough to be categorized in Britain as such, its presence in Germany's main port alerted British officials and the population at large⁶⁵ and, as we will see, prompted homeopaths there to weigh in on the matter. After all, even the fear of cholera was enough to generate a flurry of opinions. Indeed, although the epidemic ended around 1896, when the disease mysteriously disappeared from the western hemisphere for nearly a century, the controversy it sparked would persist for years to come. In many ways, the images of disease generated during this time remain etched in our collective imagination.

⁶⁵ Margaret Pelling, *Cholera, Fever and English Medicine: 1825–1865* (Oxford: Oxford University Press, 1978), 3.