

Book Reviews

does not, however, supersede the splendid biography of S. E. Finer, which, even after so many years, retains its freshness and vitality. For Chadwick and sanitary reform, Finer and Lewis remain essential.

Michael Durey, Murdoch University

PHILLIP A. NICHOLLS, *Homoeopathy and the medical profession*, Beckenham, Croom Helm, 1988, 8vo, pp. 298, £27.50.

There are several useful historical accounts of homoeopathy in America, but very little has been published on the British story. Nicholls's book will thus become a stock item for courses on medicine in nineteenth- and twentieth-century Britain.

After discussing the relation between the magical simile and the principle of homoeopathy, Nicholls introduces Hahnemann. He follows Harris L. Coulter for an excursion on rationalist and empiricist tendencies in history of medicine, stressing the gender of physicians as a partial explanation of the overall dominance of rationalism. He then approaches his main theme by outlining the professional structures and the beliefs of orthodox medicine in early nineteenth-century Britain. The rationale for heroic therapy is illustrated from texts and journals. This is more than useful "background", for historians of British medicine have been remarkably silent about its practices.

It was the well-connected physician F. H. F. Quin (1799–1878) who introduced Hahnemann's system to Britain. During the 1840s it proved popular from the aristocracy downward; societies, publications, hospitals, and dispensaries appeared; an Edinburgh professor, Henderson, was converted; the regulars took fright. From 1851, the PMSA organized to ostracize homoeopaths, as did local medico-ethical societies. But this was not the only response. Nicholls demonstrates that in Britain, as in America, leading regular physicians turned from heroic therapy, pursued milder treatments and even took up homoeopathic *materia medica*. He argues that by the 1870s, there was a "therapeutic convergence"—regulars had (covertly) learned from the homoeopaths to rely on nature, to test drugs, to use small doses; leading homoeopaths were sceptical of those Hahnemannian principles (e.g. potentiation by dilution) which seemed irrational.

By the end of the century there was more to praise in orthodoxy and less to complain about, unless that is, one became truly sectarian and rejected the metaphysics of most practitioners. Indeed, in the generally depressed history of homoeopathy this century, one major strand has been "Kentianism", an American reinterpretation of Hahnemann based on Swedenborgian philosophy. Homoeopaths closer to regular medicine, embarrassed by the fundamentalists, continued to seek credit through clinical trials and para-orthodox science.

The last section of the book reviews the attempt of British homoeopaths to avoid exclusion from state services. They survived 1911 quite well; in 1948 the London Homoeopathic Hospital was included in the NHS under its own hospital management committee, but it was not recognized as a postgraduate teaching hospital. Since 1974, the hospital has been under pressure from its health authority. It survives because of connections and the growing appeal of homoeopathy. If, as expected, NHS reforms favour consumer preferences over professional interests, homoeopathy could well continue on its recent upward curve.

The history of homoeopathy deserves further investigation, as is clear from essays in Roger Cooter's recent *Studies in the history of alternative medicine* (1988). Nicholls has concentrated on the professional leaders and their publications. We need to know more about "populist" homoeopathy and especially about the practice of "sixpenny doctors". But Nicholls's book is an excellent beginning; it is also generous with information and insight on *regular* medicine in both Britain and America.

John Pickstone, Wellcome Unit, Manchester