Homeopaths, Surgery, and the Civil War

Edward C. Franklin and the Struggle to Achieve Medical Pluralism in the Union Army

Lainie W. Rutkow, JD; Ira M. Rutkow, MD, MPH, DrPH

An important aspect of the Union army medical corps throughout the Civil War was the clinical discord that pitted allopathic, or orthodox, physicians against sectarian, or unorthodox, physicians. Allopaths dominated the corps and its examining boards and consequently denied commissions as army surgeons to sectarian practitioners such as the homeopaths. This probably affected surgical manpower needs, since many well-trained homeopathic surgeons, like Edward C. Franklin, one of the nation's busiest and most prolific surgeons, wished to serve in the northern army but were unable to do so.

Arch Surg. 2004;139:785-791

Among the issues affecting formation of the Union army's medical corps in 1861 was discord between allopathic, or orthodox, physicians and an assortment of sectarian, or unorthodox, physicians. Questions concerning orthodox vs unorthodox therapies were vigorously debated, and the Federal army was confronted with the prospect of supporting and institutionalizing multiple systems of healing. Since political authorities could not immediately reconcile orthodox and unorthodox remedies within the context of military health care, the most pressing medical question at the start of the Civil War was who should be commissioned as US army surgeons.

The army's quandary was not unanticipated. Until the 1880s, virtually anyone in America could bill himself or herself as a physician and treat patients without consequence.[1-3] Americans welcomed this attitude, having embraced the laissez-faire socioeconomic philosophy brought about by Jacksonian democracy in the 1830s. At that time, alternative or sectarian medical groups successfully pressured for the repeal of state and local licensing laws partial to the medical orthodoxy. In 1847, in response to this lobbying effort, a group of physicians founded an organization to serve as the unifying body for orthodox medical practitioners.[4] This society, the American Medical Association (AMA), provided a sense of stability for its members at a time when the American medical profession was in a relative state of chaos. However, the AMA held no legal authority, and through the 1860s, no local examining or licensing agency provided well-defined standards for medical education, training, and practice.

In many instances, experienced physicians would take on an apprentice who, after a few years, was deemed competent to practice medicine. A certificate or proof of training was not required. A respected physician did not have to attend medical school. However, medical schools existed in abundance, since both orthodox and unorthodox medical groups established institutions of higher learning. Medical schools varied greatly in requirements and the education provided. As a result, an individual could hold a doctor of medicine (MD) degree and be an allopath or a sectarian; his clinical identity was tied to personal character and how he viewed the healing arts.

Physicians who belonged to the AMA and the medical orthodoxy considered themselves "regular" practitioners and adhered to therapeutics termed *heroic medicine*. This therapy consisted of bleeding and blistering in addition to administering harsh mineral concoctions to induce puking and purging. These extreme methods were intended to drive poisonous fluids from the body and were considered state-

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

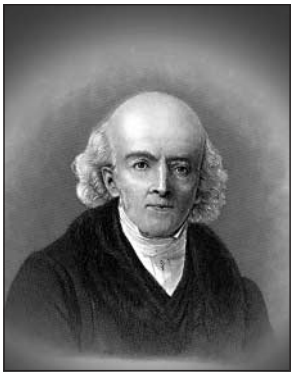


Figure 1. Samuel Hahnemann. From the authors' collection.

of-the-art medicine. Heroic medicine was used to treat virtually every known disease and injury. Anyone not holding to this type of therapeutic system was deemed "irregular."[5] This category included all alternative and nontraditional healers, especially those who belonged to any medical sect. The one unifying feature of medical sectarians was their vocal and emphatic opposition to the allopaths' severe heroic therapy. So successful were the unorthodox practitioners in winning patients over to their viewpoints that, by 1860, there was 1 sectarian physician for every 10 regular ones.

HOMEOPATHY

By far the most popular of the sectarian movements was homeopathy.[6,7] Developed by German physician Samuel Hahnemann (1755-1843) (**Figure 1**), homeopathy was a direct response to the heroic therapies of his day. Hahnemann could not justify such drastic therapy, so he created a set of therapeutics and named it *homeopathy* (from the Greek *homoios pathos*, or like suffering). Hahnemann enunciated 3 tenets of homeopathy, derived from his own experiments. The first was the law of similars, or "likes are cured by likes," which states that a sick person could be cured of a disease by using a drug that would produce the symptoms of that disease in a healthy person. Second, Hahnemann proposed the law of infinitesimals, which claims that smaller doses are more effective than larger doses and that drugs gain potency through dilution. A third tenet or dictum stated that medicinal treatment must be supported by dietetic and hygienic measures.

Homeopathy was brought to the United States in the mid-1820s, and within 2 decades its gentler botanic-based therapeutics caught on. Falling between the populism of domestic medicine movements like the eclectics or physiomedicalists and the more elite culture of the medical orthodoxy, homeopaths founded their own national organization, the American Institute of Homeopathy, in 1844.[8] By mid-1861, the movement included almost 2500 practitioners (a large number with homeopathic MD degrees), 6 medical colleges, and 5 medical journals. From their earliest existence in America, homeopaths were profoundly aware of the differences and subsequent antagonism between themselves and members of the medical orthodoxy. As they were well versed in the connotations of the terminology of the day, homeopaths, calling themselves the "New School," did not hesitate to denounce their orthodox colleagues. One adherent claimed that "we are the regular physicians for the practice of the old school [ie, heroic therapies] is very irregular and in consequence its practitioners are irregular also."[9(pp9-10)]

When Abraham Lincoln (1809-1865) called for physicians to serve as army surgeons (the term *surgeon* was mostly a sobriquet rather than a true job description because at this time the concept of specializing in surgery did not exist), allopaths, who dominated the US army medical department, systematically denied homeopaths the opportunity to serve as surgeons. Homeopaths were not immediately aware of this discrimination, and it took several months before they realized the pattern of denial. Indeed, allopaths had determined that medical care in the army needed to remain regular and claimed that admission of homeopaths would compromise the quality of care. Because they had so little clout in the army, homeopaths were initially forced to accept the terms allopaths developed. However, it was not long before homeopathic leaders began speaking out. While lecturing to students in 1862 at Hahnemann Medical College in Philadelphia, George Starkey (1823-?), professor of surgery, mixed his personal convictions regarding states' rights with his professional sentiments when he proclaimed, "The devotees of that old institution [ie, allopathy] are every whit as desperate towards homeopathy as the rebels of the cotton states are towards the government. And if they come out of this contest in much the same way as the rebels will, they have themselves to thank for it."[9(p12)] Political comparisons aside, did the government, or in this case, allopaths acting on behalf of the government, have the right to prohibit a certain type of medical care?

Initially defending a soldier's choice of medical care, homeopaths questioned a democratic government that would allow such an egregious violation of personal freedoms. In an 1862 article entitled "Humanity, Homeopathy and the War," a professor at the Homeopathic Medical College of Missouri summarized homeopaths' rationales for being allowed to practice medicine in the army. He asked:

> Are personal rights abrogated by the Constitution in time of war? Has a soldier no right to think for himself, and to ask for that relief from suffering and death which his experience for years has taught him is best? Has Congress a right to establish a privileged order in medicine in violation of the spirit and genius of our government?[10]

These questions had never before been framed in terms of an individual's right to choose his system of medical care within the confines of a given institution—in this case the Union army. The government had inadvertently chosen to support allopaths, since they held the positions of power in the army medical corps. Having recognized this, homeopaths challenged the government's right to support one system of medical care to the exclusion of all others.

Allopaths disregarded this line of reasoning entirely, as it suggested that they were dominating the army medical corps. Regulars relied on an explanation that considered the quality of care being given. This argument implied that homeopaths were not trained in the skills necessary for military medicine. Homeopaths chose to champion the right of choice. In 1862, an editorial in the *American Homeopathic Review* declared that "our army is made up of men . . . who are no more accustomed to

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

be dictated in their choice of a physician than in the color of their coat."[11] By appealing to the desire of the soldiers, homeopaths tried to construe an argument that considered pluralism, rather than quality of care. Hence, the abolitionist argument used to justify a slave's right to freedom was applied to a soldier's right to choose his medical system. Faced with exclusion from the army, homeopaths attempted to invite the state into the military's medical corps by capitalizing on the opportunity afforded by legislated medical pluralism.

FORMING AN ARMY MEDICAL CORPS

Allopaths considered homeopathic care to be substandard. "Viewing the homeopathic system of practice from a rational, scientific standpoint," wrote one orthodox physician, "it must be regarded as the least worthy attention of any now popular in this country. Indeed, we know of no system so indefensible."[12] Homeopaths chose less invasive procedures when faced with disease and injury. In fact, given the choice between medical therapy and operative surgery, a homeopath would nearly always choose the former. From an allopathic point of view, homeopathy was a passive approach ill-suited for the battlefield. There was a measure of truth to this allegation. Edward C. Franklin, one of the country's best known homeopathic surgeons, alluded to this when he described a standard for what the homeopathic profession could expect from operative surgery:

> The rapid increase of Homeopathy, and the adaptation of its therapeutics to the cure of many surgical diseases, in the hands of a corps of skillful and accomplished surgeons, has done much to lessen the frequency of operative procedures, and the surgery of to-day unlike that of a few years ago has strictly put on the garb of conservatism. The success attending homeopathic medicines in the cure of many diseases pronounced incurable under allopathic practice save by the use of cutting instruments, has been abundantly attested in the various journals of our school. Still there is greater progress to be made in this direction, and with the marked improvement in the past, let us hope that the future will bring equally good results, until it shall be demonstrated and proven before all men, that homeopathic surgery is as far in advance of its allopathic rival, as this new system of practice is superior to the old.[13(vol,2 p486)]

By 1862, with growing numbers of casualties in the Union army, more military physicians were desperately needed, but allopaths and their organizations wrote to Congress protesting the potential employment of homeopaths as army surgeons. The New York Academy of Medicine, for example, passed a set of resolutions pointing to the exclusion of homeopathy in other nations' armies, the worthlessness of all systems of sectarian medicine, and the adverse affects that homeopaths would deliver to the morale of the army medical staff if they were inducted. When the issue of who was to serve as army surgeons was debated in Congress, one senator declared that it was insane to "introduce clairvoyancers, spiritual rappers, homeopathists"[14] and other medical sectarians into the army medical department. By lumping homeopathy, which had a clear method of therapeutics, with other sects that relied on religious and spiritual healing powers, this senator discredited homeopathy before it even had a chance.



Figure 2. Taken from Franklin's *The Homeopathic Treatment of Spinal Curvatures According to the New Principle* (1878). Franklin (left) demonstrates a self-suspension device and placement of a plaster-of-paris bandage for treatment of spinal curvature. These previously unpublished albumen prints are among the earliest tipped-in photographs used in an American surgical text and are exceptionally important for their historic value. From the authors' collection.

One argument that allopaths rarely vocalized but surely contemplated was the difficulty of having multiple therapeutic systems in a high-pressure environment like an army hospital. The clearest rationale in the allopaths' favor was simplicity. Regardless of whose system it was, army surgeons and their patients would most likely benefit from a standardized care policy. To ensure this standardization and engineer the triumph of heroic therapies in the army corps, military medical examining boards, dominated by allopaths, were established by Congress and were in full operation by the fall of 1862. Anyone seeking to be commissioned as an army surgeon had to appear before a board whose members were chosen from among the allopathic leaders of the profession. Fearing the supposed incompetence of some who had previously enlisted as surgeons, the boards instituted a retroactive examination policy that dealt severely with sectarian practitioners.

EDWARD CARROLL FRANKLIN

It was said of Edward Carroll Franklin (1822-1885) (**Figure 2**) by the homeopathic historian William King at the beginning of the 20th century that "largely to his skill as a surgeon and instructor, surgery as now practiced by homeopathic surgeons is chiefly due."[7(p387)] Not only was Franklin important to homeopathic surgeons, but his influence extended well into the ranks of the allopaths. He was among the most active and prolific of all mid–19th-century American surgeons, both regular and sectarian.

Franklin was born in Flushing on New York's Long Island and traced his lineal descent through the family of Benjamin Franklin.[15] In 1842, he entered the medical department of the University of the City of New York as a private pupil of the famed allopathic surgeon Valentine Mott (1785-1865). Following 4 years of course work and apprenticeship, Franklin received his MD degree and started an allopathic-based practice in Williamsburgh, then part of Long Island (now Brooklyn). In 1849, Franklin headed west as part of the great Gold Rush and settled

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

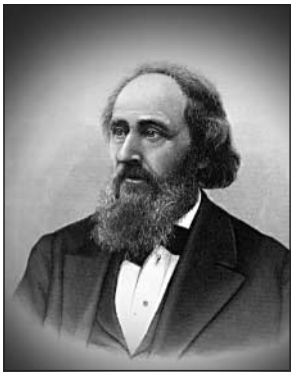


Figure 3. Leonard Pratt. From the authors' collection.

in San Francisco, Calif, where he amassed considerable wealth. Within 2 years, he was named a deputy health officer of the State of California and placed in charge of the Marine Hospital with a monthly salary of $900. Following closure of this institution, Franklin moved to the Isthmus of Panama, where he was appointed physician to the Panama Railroad Hospital. There he fell victim to what was called Panama fever or yellow fever. As one of Franklin's biographers wrote, "This fever stubbornly resisted the treatment of allopathy, but yielded promptly to the homeopathic treatment. It was this experience that first enlightened him as to the real value of the system, and led him early to its adoption."[15(p34)] Franklin's early career conversion to homeopathy, despite his allopathic education, training, and MD degree, was typical of how American homeopathy gained many of its adherents. Moving back to North America in the mid-1850s, Franklin established a homeopathic-oriented practice in Dubuque, Iowa. In 1857, he relocated to St Louis and was shortly nominated demonstrator of anatomy in the Homeopathic Medical College of Missouri.

Franklin was a highly regarded physician-surgeon and when, in the spring of 1861, President Lincoln called for volunteers to fight the secessionists, he offered his services and was named surgeon to the Fifth Regiment of Missouri Volunteers. As described by Franklin,

> My appointment . . . was met with no little opposition on behalf of Surg. De Camp, USA., then medical director of the district. The pressing necessities of the times, however, overruled the intolerance sought to be imposed upon me by the temporary dominion of this regular officer, and accordingly I accompanied the Regiment on its march.[16]

Franklin saw action at the battle of Wilson's Creek and, in September, he traveled to Washington, DC, where on his own initiative and without revealing his homeopathic bent, he applied for examination before a medical board for appointment as Brigade Surgeon of Volunteers. He passed the test without difficulty, having discussed only allopathic therapies with the examiners, and then Brigadier General Ulysses Grant placed him in charge of the US army general hospital at Mound City, Ill.

This was not a facility in the modern sense of a hospital. Composed of 12 connected storehouses built upon the west bank of the Ohio River, approximately 6 miles north of Cairo, the hospital's brick structures were intended to accommodate 1000 patients but were little more than a collection of beds and medical equipment. According to Franklin, "The treatment of the patients at the Mound City General Hospital was not, and could not have been, for obvious reasons, entirely homeopathic."[16] However, one ward was devoted to homeopathic therapies and Franklin claimed that "more than 30 per cent of the cases given up by allopathic medicine, as hopelessly lost, recovered under the homeopathic practice."[16]

From October 1861 through November 1862, all seemed to be going well for Franklin and his homeopathic assistant Leonard Pratt (1819-1900) (**Figure 3**). In November 1862, Franklin received a letter from an army medical director saying, "It has been reported to me that a contract physician in your hospital by the name of *Pratt*! I believe, is a homeopathist. Please inquire into the matter, and if you find such is the case, report to this office, in order that his contract may be immediately annulled."[16] Pratt tendered his resignation and a few days later Franklin was also relieved of his duties as hospital chief. Apparently, Franklin's skills were still needed in the medical corps, and he continued in the military through the spring of 1863. During this time, Franklin participated in the battles of Chickasaw Bayou, Arkansas Post, and Vicksburg. Testimony to the extent of Franklin's military service (he was clearly the most renowned homeopathic surgeon to serve in the army's medical corps) is noted in that his name is mentioned in more than 30 clinical cases in the authoritative, government-issued *Medical and Surgical History of the War of the Rebellion*. In addition, Franklin's extensive report on the management of the medical corps at the battle of Wilson's Creek and his lengthy description of the Mound City Hospital appear in the *Medical and Surgical History*.

Forced out of the military in 1863, Franklin returned to St Louis, where he was soon appointed professor of surgery at the Homeopathic Medical College of Missouri. Franklin's experiences in the military focused his clinical attention on surgery and, in 1867, he authored the 844-page *Science and Art of Surgery, Embracing Minor and Operative Surgery: Compiled from Standard Allopathic Authorities, and Adapted to Homeopathic Therapeutics* (**Figure 4**). Not only did his book become one of the standard surgical texts in all homeopathic medical colleges in the United States, but it was significant for containing a detailed section on surgical history, including a list of the most famous surgical operations performed in America. He also retrospectively examined mortality rates at various Illinois and Missouri hospitals used as medical facilities during the war and contrasted them with statistics from his Mound City institution. Franklin insisted:

> Had the authority been delegated to me to employ homeopathy rather than mould to my practice those of allopathic proclivities . . . I have not the slightest doubt but that the ratio of mortality would have fallen . . . . I assert this with a clear and full understanding of the premises, and from a large experience in the treatment of patients in military hospitals.[13(vol,1 p694)]

Six years later, Franklin completed the 865-page second volume of the *Science and Art of Surgery*. Always a busy clinical surgeon, he was additionally on the surgical staff of St Louis' Good Samaritan Hospital, a homeopathic facility founded in 1859. Active in the politics of medicine, Franklin was president of the Western Institute of Homeopathy in the mid-1860s and, in 1877, was nominated to the presidency of the influential American Institute of Homeopathy while also assuming deanship of the Homeopathic Medical College of Missouri. That same year he completed work on an 80-page mono-

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

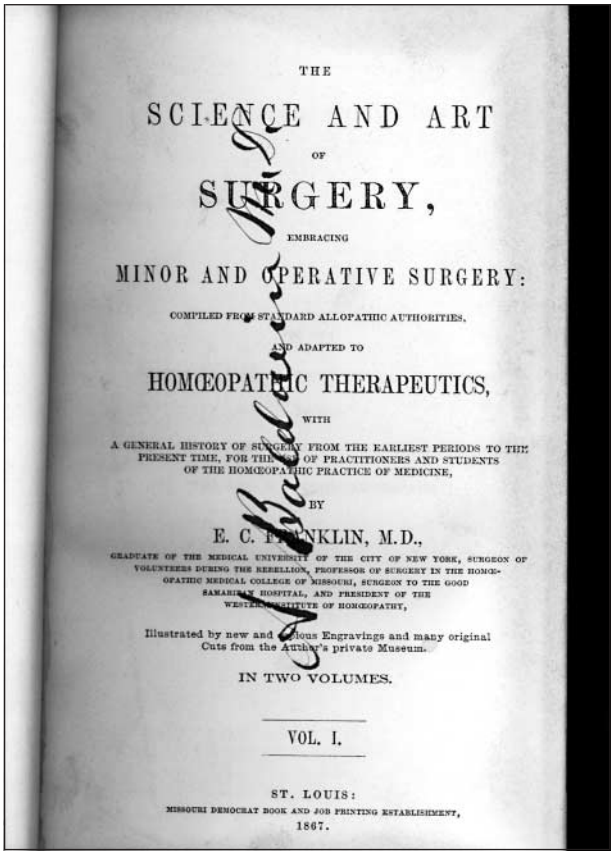
graph, *The Homeopathic Treatment of Spinal Curvatures According to the New Principle*,[15] which was soon followed by the 100-page *A Monograph on Mammary Tumors*. In 1878, Franklin moved to Ann Arbor, Mich, where he served as dean and professor of surgery at the Homeopathic Medical College of the University of Michigan. Continuing his writing ways, Franklin authored 3 more surgical texts: *A Complete Minor Surgery* (1882), *The Practitioner's and Student's Manual of the Science of Surgery* (1882), and *A Manual of Veneral Disease; Being a Condensed Description of Those Affections and Their Homeopathic Treatment* (1883). The Michigan institution was beleaguered by political infighting and, in 1883, Franklin returned to St Louis. He suffered from angina pectoris and died in 1885 of a myocardial infarction.

HOMEOPATHS' INITIAL ATTEMPTS TO ACHIEVE MEDICAL PLURALISM

By late 1862, northern homeopaths, exemplified by Franklin, had no doubt they were being systematically excluded from receiving commissions as army surgeons and discriminated against in other medical positions. Conversely, the Confederate examining boards, owing to the dearth of physicians, were not looking to exclude homeopaths. With little leverage against the medical examining boards and the hunt to weed out sectarians expanding, northern homeopaths turned to Congress. Since the government was ultimately responsible for allowing allopaths to dominate the army medical corps, homeopaths sent petitions to the Senate and House of Representatives asking for the official inclusion of homeopathy in the army corps and military hospitals. According to an editorial in the *North American Journal of Homeopathy*, "petitions, signed by uncounted thousands of the citizens of the North and West had been laid before Congress asking for the recognition of *homeopathy* as, at least, one of the known modes of curing disease [in the army]."[17] Homeopaths were not asking to displace allopaths; rather, they were simply requesting that their system be a therapeutic option.

Homeopathic journals printed the various petitions sent to Congress and advised all homeopaths to take similar action. A sense of unification developed as homeopaths became aware that they were not fighting alone. Some politicians, such as Richard Yates (1818-1873), governor of Illinois, supported homeopaths' attempts to petition Congress. Yates wrote to the War Department that "the medical examining board was composed entirely of 'allopathists who refuse to examine homeopathists and thereby turn away many valuable physicians.'"[18] Complaints such as Yates' encouraged Congress to consider the petitions of the united homeopathic societies. Senate Bill 188, introduced in early 1862 by, among others, Senator James Grimes (1816-1872), a homeopathic supporter from Iowa, was intended to increase the efficiency of the army's medical department by giving President Lincoln the authority to expand the number of commissioned surgeons to improve health conditions.

Although not overtly sympathetic to homeopathy, the bill allowed for appointees to come from the volunteer corps. Since homeopaths could theoretically serve as volunteer surgeons, as long as they did not employ ho-


THE

SCIENCE AND ART

OF

SURGERY,

EMBRACING

MINOR AND OPERATIVE SURGERY:

COMPILED FROM STANDARD ALLOPATHIC AUTHORITIES,

AND ADAPTED TO

HOMŒOPATHIC THERAPEUTICS,

WITH

A GENERAL HISTORY OF SURGERY FROM THE EARLIEST PERIODS TO THE PRESENT TIME, FOR THE USE OF PRACTITIONERS AND STUDENTS OF THE HOMŒOPATHIC PRACTICE OF MEDICINE,

BY

E. C. FRANKLIN, M.D.,

GRADUATE OF THE MEDICAL UNIVERSITY OF THE CITY OF NEW YORK, SURGEON OF VOLUNTEERS DURING THE REBELLION, PROFESSOR OF SURGERY IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI, SURGEON TO THE GOOD SAMARITAN HOSPITAL, AND PRESIDENT OF THE WESTERN INSTITUTE OF HOMŒOPATHY,

Illustrated by new and various Engravings and many original Cuts from the Author's private Museum.

IN TWO VOLUMES.

VOL. I.

ST. LOUIS:

MISSOURI DEMOCRAT BOOK AND JOB PRINTING ESTABLISHMENT,

1867.

Figure 4. Cover page of Edward Carroll Franklin's *The Science and Art of Surgery* (vol 1, 1867). From the authors' collection.

meopathic therapies, the President would be given the option of appointing a homeopath to be a commissioned army surgeon. The loophole that the legislation created was not advertised in Congress, and homeopathic supporters quietly let the bill pass. Lincoln signed the bill into law, but there was no sudden flood of homeopathic physician-surgeons into the army. While this legislation created medical pluralism in the army corps in theory, it had no real ramifications. Allopaths continued to dominate the medical corps and examining boards, and they continued to weed out sectarians.

With the unpublicized and pyrrhic victory of Senate Bill 188, homeopaths took a new tack to further their cause. Instead of writing directly to Congress, they used their own journals to rationalize the need to introduce homeopathy into the army and make a case to the American public. The most popular justification was the claim that homeopathy would work for the good of the soldiers. An editorial in the *American Homeopathic Review* asserted that homeopaths should be allowed to practice "in the name of the suffering and the dying solders . . . we claim for them that additional chance for life, which in their judgement, as well as ours, homeopathic treatment would afford them."[19] This sentiment would be repeatedly expressed.

These arguments did little to further the incorporation of homeopathy into the army. Having realized the fruitlessness of the claim, homeopaths slightly modified their arguments. Rather than discuss their own convictions about the efficacy of homeopathy, they turned to the opinions of the soldiers. In his *A Memorial for the Estab-*

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

lishment of a Homeopathic Military Hospital, a New Jersey homeopath explained that "there are at the present time many thousands of our people serving in our Army, who would much prefer (when sick or wounded) to be attended by homeopathic surgeons; it is certainly most desirable that our honored government should take into serious considerations such reasonable requests."[20] Although the suggestion that many soldiers wanted to be treated homeopathically was compelling, it did not change the minds of allopathic examiners or army medical directors. Their therapies were also popular in the army, and, given the choice between heroic measures or nothing, most soldiers would choose an allopath's system. Such circular logic allowed allopaths to discount the homeopaths' argument asking for the soldiers' preferences to be considered. In addition, individual preference was seen as possibly producing a snowball effect, whereby each soldier's choosing his own therapy would create clinical pandemonium. Allopaths feared medical anarchy and used it to justify their continued exclusion of homeopaths from the army.

THE DESIRE TO ENLIST AND HOMEOPATHIC EXPERIENCES IN THE ARMY

Once professed homeopaths in the North realized the impossibility of receiving a medical commission from a Union examination board, they began to consider other means of enlisting. In most cases, the desire to fight for the North superceded the desire to practice homeopathy in the army. This resulted in many homeopaths enlisting in various Union regiments as soldiers rather than medical officers. This type of situation rarely presented a problem since the homeopath was not functioning in a medical capacity. The difficulty occurred with individuals, like Franklin, who were professed homeopaths and wanted to prescribe homeopathic therapy. A few such physicians disguised their homeopathic beliefs to pass an examining board and receive a medical commission. Having received the commission, they could then practice homeopathy covertly. Franklin even noted in the *Science and Art of Surgery*:

> The experiences of Surgeons G. S. Beebe, of Chicago, J. C. Morgan, of Philadelphia, T. S. Verdi, Hartshorne, Vontagen, and others, to whom was permitted opportunities for comparing the two systems of practice while in the army, fully and entirely confirm the observations of the superior efficacy of homeopathy as applied to army practice.[13(vol1 pp690-691)]

Homeopathic societies were well aware of this practice, and even encouraged it. In 1863, the president of the Massachusetts Homeopathic Medical Society delivered an address saying, "We are happy to know that several of our number have been commissioned as surgeons in the army and navy with the fullest approbation of the medical department of this commonwealth, but without their allegiance to this society being known."[21]

Since professed homeopaths hardly ever received commissions from allopath-dominated boards, homeopathy could surface only discreetly in the Union army. Those few physicians who did succeed in obtaining army surgeon commissions were such rare exceptions to a well-implemented exclusion rule that their service cannot be considered representative of the homeopathic army experience. In fact, homeopathy generally came to soldiers' attention as a "trickle-up" rather than a "trickle-down" phenomenon. In other words, soldiers encountered homeopathy from other soldiers who happened to be homeopathic devotees rather than from the army surgeons assigned to their regiments. Regardless of who was treating a soldier, given the state of medicine at the time, with anesthesia in its infancy and antisepsis and asepsis nonexistent, no Union army surgeon, allopathic or sectarian, had much in his therapeutic arsenal to save a patient after a certain point. Considering the horrific wounds inflicted and the infections that followed, neither allopaths nor homeopaths were really in a position to determine who could and could not successfully treat their soldiers.

Although it is unlikely that the average Union soldier suffered from this lack of therapeutic choice, one area of health care was undoubtedly affected: operative surgery. Had there been less animus toward the presence of sectarians, surgical requirements might have been better met. For, despite the orthodox-vs-unorthodox battles over drug and mineral therapies, these factions largely agreed about the technical aspects of surgery. Surgical skills were important on the battlefield and in hospitals, and it would be incorrect to suggest that sectarian surgeons were not capable in this area.[22-26] The manual art of surgery was taught in most sectarian medical schools. Certainly, there were few differences between Benjamin Lord Hill's (1813-1871) *Lectures on the American Eclectic System of Surgery* (1850), William Tod Helmuth's (1833-1902) *Surgery and Its Adaptation to Homeopathic Practice* (1855), Hill's and James George Hunt's (1822-?) *The Homeopathic Practice of Surgery, Together with Operative Surgery* (1855), or Willam Henry Cook's (1832-1899) *A Treatise on the Principles and Practice of Physio-Medical Surgery* (1858) and any pre–Civil War allopathic surgical textbook. Most Civil War–era surgeons, both regular and sectarian, agreed that surgery during wartime, in particular amputation, should have been performed in even greater amounts. As Franklin stated, "There is no doubt but conservative surgery may be carried to extremes, and the danger be as great as its antipode, which is embraced in the principle laid down by Pott, that it is 'better to live with three than die with four limbs.'"[16] Perhaps if homeopaths, recognized for their manual surgical skills, had been allowed to enter the medical corps, lives might have been saved.

THE IMPACT OF EXCLUSION

During the 5 years of the Civil War, the American Institute of Homeopathy did not meet. In 1865, at its first postwar meeting, the president announced that "a revolution is taking place [whose] results will one day startle those who now quietly or fitfully are sleeping through it . . . . The final struggle cannot much longer be delayed . . . . Now the struggle is for equality, soon it will be for supremacy."[8(p285)] Such a confident assertion resulted in part from the fact that homeopathy had sur-

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015

vived the exclusionary tactics used in the Union army. Northern allopaths had tried to intimidate homeopaths into complicity with orthodox therapeutics throughout the Civil War, but homeopathy emerged little the worse. In the postwar period, without an army medical department to work against, demands for pluralism became more selfish in tone: homeopaths now wanted specific recognition for homeopathy. They looked to the future as theirs to claim, and for the second half of the 19th century, the movement experienced some of its most successful years.[27,28]

Correspondence: Ira M. Rutkow, MD, MPH, DrPH, 7 Pamela St, Marlboro, NJ 07746-1621 (irutkow@monmouth.com).

REFERENCES

1. Haller JS. *American Medicine in Transition, 1840-1910.* Urbana: University of Illinois Press; 1981.
2. Rothstein NG. *American Physicians in the 19th Century.* Baltimore, Md: Johns Hopkins University Press; 1972.
3. Warner JH. *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885.* Cambridge, Mass: Harvard University Press; 1986.
4. Fishbein M. *A History of the American Medical Association, 1847 to 1947.* Philadelphia, Pa: WB Saunders Co; 1947.
5. Gevitz N. *Other Healers, Unorthodox Medicine in America.* Baltimore, Md: Johns Hopkins University Press; 1988.
6. Kaufman M. *Homeopathy in America: The Rise and Fall of a Medical Heresy.* Baltimore, Md: Johns Hopkins University Press; 1971.
7. King WH. *History of Homeopathy and Its Institutions in America.* New York, NY: Lewis Publishing; 1905.
8. Coulter HL. *Divided Legacy: The Conflict Between Homeopathy and the American Medical Association.* Richmond, Va: North Atlantic Books; 1973.
9. Starkey G. *An Introductory to the Fifteenth Annual Course of Lectures in the Homeopathic Medical College of Pennsylvania.* Philadelphia, Pa: AM Spangler; 1862.
10. Temple JT. Humanity, homeopathy and the war. *North Am J Homeopathy.* 1862; 11:161-162.
11. Editorial. *Am Homeopathic Rev.* 1862;3:238.
12. Smith S. Homoeopathy in military hospitals. *Am Med Times.* 1862;4:42-44.
13. Franklin EC. *The Science and Art of Surgery, Embracing Minor and Operative Surgery: Compiled From Standard Allopathic Authorities, and Adapted to Homoeopathic Therapeutics.* 2 vols. St Louis: Missouri Democrat Book and Job Printing Establishment; 1867 and 1873.
14. *The Congressional Globe: The Official Proceedings of Congress.* Washington, DC: John C Rives; February 27, 1862:996.
15. Cleave E. *Biographical Cyclopaedia of Homoeopathic Physicians and Surgeons.* Philadelphia, Pa: Galaxy; 1873.
16. Franklin EC. Homoeopathy in the army. *North Am J Homeopathy.* 1863;12:267-278 and 1864;12:417-430.
17. Medical department of the United States Army [editorial]. *North Am J Homeopathy.* 1862;10:726-727.
18. Blustein BE. *Preserve Your Love for Science: Life of William A. Hammond, American Neurologist.* New York, NY: Cambridge University Press; 1991:80-81.
19. Dunham C. Appeal to the people. *Am Homeopathic Rev.* 1863;3:340.
20. Pfeiffer GSF. *A Memorial for the Establishment of a Homeopathic Military Hospital.* Philadelphia, Pa: private printing; 1861.
21. Thayer D. Address of the President. *Publications Mass Homeopathic Med Soc, 1861-1866.* 1867;2:166.
22. Adams GW. *Doctors in Blue: The Medical History of the Union Army in the Civil War.* New York, NY: Henry Schuman; 1952.
23. Cummings HH. *Doctors in Gray: The Confederate Medical Service.* Baton Rouge: Louisiana State University Press; 1958.
24. Flannery MA. Another house divided: Union Medical Service and sectarians during the Civil War. *J Hist Med Allied Sci.* 1999;54:478-510.
25. Rutkow IM. Edwin Hartley Pratt and orificial surgery: unorthodox surgical practice in nineteenth century United States. *Surgery.* 1993;114:558-563.
26. Rutkow IM. William Tod Helmuth and Andrew Jackson Howe: surgical sectarianism in 19th-century America. *Arch Surg.* 1994;129:662-668.
27. Rogers N. *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia.* New Brunswick, NJ: Rutgers University Press; 1998.
28. Rutkow LW. *Their Own Civil War: The Struggle by Homeopathic Physicians in the United States Army to Achieve Medical Pluralism, 1861-1865* [thesis]. New Haven, Conn: Yale University; 1999.

IN OTHER AMA JOURNALS

ARCHIVES OF INTERNAL MEDICINE

The Metabolic Syndrome: Prevalence and Associated Risk Factor Findings in the US Population From the Third National Health and Nutrition Examination Survey, 1988-1994

Yong-Woo Park, MD, PhD; Shankuan Zhu, MD, PhD; Latha Palaniappan, MD; Stanley Heshka, PhD; Mercedes R. Carnethon, PhD; Steven B. Heymsfield, MD

Background: The metabolic syndrome is an important cluster of coronary heart disease risk factors with common insulin resistance. The extent to which the metabolic syndrome is associated with demographic and potentially modifiable lifestyle factors in the US population is unknown.
Methods: Metabolic syndrome–associated factors and prevalence, as defined by Adult Treatment Panel III criteria, were evaluated in a representative US sample of 3305 black, 3477 Mexican American, and 5581 white men and nonpregnant or lactating women aged 20 years and older who participated in the cross-sectional Third National Health and Nutrition Examination Survey.
Results: The metabolic syndrome was present in 22.8% and 22.6% of US men and women, respectively ($P=.86$). The age-specific prevalence was highest in Mexican Americans and lowest in blacks of both sexes. Ethnic differences persisted even after adjusting for age, body mass index, and socioeconomic status. The metabolicsyndrome was present in 4.6%, 22.4%, and 59.6% of normal-weight, overweight, and obese men, respectively, and a similar distribution was observed in women. Older age, postmenopausal status, Mexican American ethnicity, higher body mass index, current smoking, low household income, high carbohydrate intake, no alcohol consumption, and physical inactivity were associated with increased odds of the metabolic syndrome.
Conclusions: The metabolic syndrome is present in more than 20% of the US adult population; varies substantially by ethnicity even after adjusting for body mass index, age, socioeconomic status, and other predictor variables; and is associated with several potentially modifiable lifestyle factors. Identification and clinical management of this high-risk group is an important aspect of coronary heart disease prevention. (*2003;163:427-436*)

Correspondence: Steven B. Heymsfield, MD, Obesity Research Center, 1090 Amsterdam Ave, New York, NY 10025 (sbh2@columbia.edu).

©2004 American Medical Association. All rights reserved.
Downloaded From: http://archsurg.jamanetwork.com/ by a University of Georgia User on 05/30/2015