

‘And [the money] accumulates,
without annoyance on the part of
the patient, in the doctor’s purse’:
Samuel Hahnemann
and the Question of Fees

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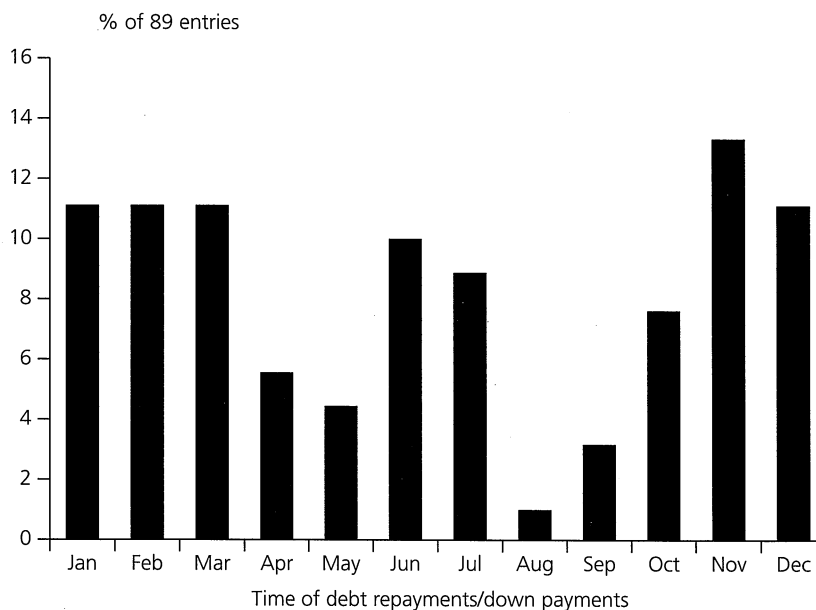


IF PAYMENT ALONE WILL INDUCE HIM to do his duty, he [the doctor] loses his status as a moral person in the state and demeans himself to the level of the lowest paid trash,¹ wrote Johann Benjamin Erhard (1766–1827) in 1800 for the benefit of his professional colleagues. A contemporary of his, Maximilian Stoll (1742–88), had sounded the same theme in 1788, likewise extolling the selflessness of the medical profession: ‘To the doctor, knowing that he has acted nobly is a sweeter reward than any fee.’² Even at that time, though, a sense of honour and the noble feeling of having helped the patient were insufficient to give a doctor a living. This was something that, not least, the authors of medical textbooks were aware of. For example, one of the best-known doctors of the eighteenth century, Friedrich Hoffmann (1660–1742), gave his colleagues this advice: ‘Payment, be it called a gift or a debt, is something the medical man should accept with alacrity rather than with any feeling of shame or sadness.’³ However, the problem (not only then) was that the gratitude of patients was often limited and their willingness to pay accordingly less than zealous. Reminding defaulters of their obligations was something that many doctors found degrading and impossible to reconcile with their professional honour. Consequently, as

Johann Friedrich Rübel (d. 1769) suggested, it should not be the doctor himself that collected outstanding fees 'but he should contrive to have the third person issue reminders'.⁴

But what was the real position with regard to doctors' incomes and patients' willingness to pay? Were doctors reluctant, in the eighteenth and early nineteenth centuries, when there were only official scales of charges (*Medizinaltaxen*) and as yet no statutory health insurance, to take their claims to court? How did patients react to the reasonable or in individual instances excessive bills put in by their attending physicians? These and similar questions can be answered only with difficulty, since for the German-speaking world there are virtually no studies of the financial side of the doctor-patient relationship. This has to do not least with the problematic source situation: very few documents have survived from that period capable of giving us a glimpse of medical accounting methods (although we do know, thanks to a recent study by a medical historian of the British health system, that before 1911 almost 20 per cent of the average doctor's income consisted of bad debts).⁵

Figure 1. Medical debts and payment thereof in the practice of Surgeon Gramp 1791–1816



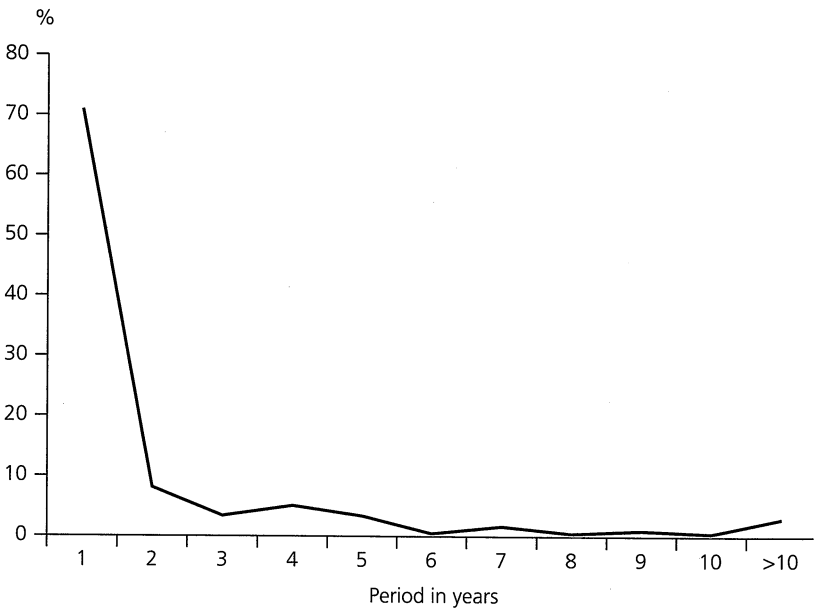
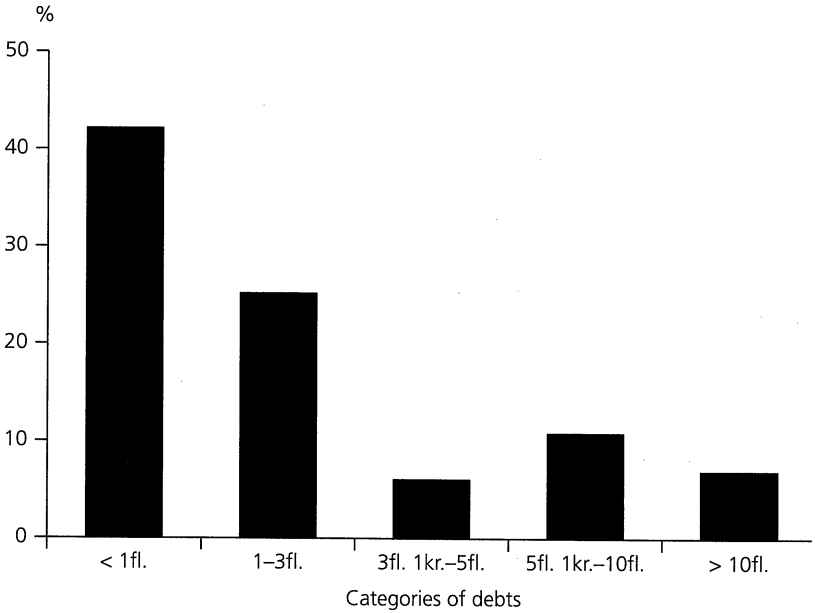
Source: Loetz (1993), 360.

The debt register of a surgeon by the name of Gramp, preserved in the municipal archives of Müllheim/Baden and covering the period 1791–1816, is one such chance find. From this source, which has been studied by Francisca Loetz, it emerges that a healer of the time had to show great patience before the last defaulting patient paid his medical debts.⁶ Most patients did in fact pay within two years, but quite a number failed to settle their outstanding medical bills until very much later.

Clearly, postponement of payment did not depend solely on the amount of the debt. Even relatively small sums (under one gulden) were not paid immediately. What is also interesting is the time at which debts were settled. Most debtors settled their outstanding medical bills either at the beginning of the year or in the months of November and December (see Figure 1). Obviously, there was some difference here between the practice of a barber surgeon and that of a physician. The latter would keep a record, as Christoph Wilhelm Hufeland (1762–1836) did, for example, of the drugs prescribed during the course of a year to enable him to draw up an account at the end of the year.⁷ Ideally, this invoice for fees, sent out around Christmas, would then be paid promptly in the new year. All the greater was the surprise experienced by a doctor when a grateful patient voluntarily paid more. Berlin doctor Ernst Ludwig Heim (1747–1834) noted in his diary ‘I thank God for it’⁸ when a patient once showed such generosity. Only as Heim’s reputation increased did his practice begin to flourish. After that, his regular income rose. This was mainly because a whole series of respected Berlin families chose him as their family doctor and paid him an annual retainer of at least 20 talers. This revenue alone amounted to nearly 5,000 talers a year.⁹ However, in the early days of his medical practice he had to make do with substantially less. In 1776–77, he described his financial situation as follows: ‘In this year I have had heavy expenses, with the result that the 400 talers I received from patients have gone and I have had to borrow 125 talers from my friend Muzel ...’.¹⁰

Heim’s experience was shared by many doctors who, on completing their studies, had set up in practice in town or country. Whether in Germany too many doctors suffered bankruptcy at that time as was the case in England and Scotland¹¹ cannot be clarified for lack of studies. However, on the basis of an investigation of doctors’ financial circumstances in Württemberg in the period 1780–1897, it may be supposed that, despite occasional complaints and the odd practice closure, doctors (even in comparison with other professional groups) by and large did very well for themselves.¹² The average doctor’s fortune (not income!) in the years 1780–1810 was in fact 6,410 gulden. The figure declined slightly in the

Figures 2 and 3. Comparison of medical debts over the years, from the register of debts of Surgeon Gramp



Source: Loetz (1993), 363.

period that followed because of increasing competition and a worsening of the general economic situation, but between 1840 and 1852 it hit a new high of 9,936 gulden.

In view of many patients' laxity about paying (see Figures 2 and 3), which particularly for young doctors could cause problems, it comes as no surprise to learn that official scales of medical charges, which established fees for the services of a doctor, were not seen simply as state intervention in the area of free practice but were in fact welcomed, albeit not unanimously, by the members of the medical profession. In 1806, for example, an unnamed doctor expressed a specific desire for a body of rules governing fees as protection against the ingratitude of patients.¹³ Another doctor who regarded official scales of charges as the best way of avoiding complaints of cheating on both sides was the Mecklenburg personal physician Johann David Sachse (1772–1860). But the clearest expression of the advantages of an official scale of charges came from another contemporary author, Karl Schreiber:

In general we can be in no doubt that it is best if the doctor is remunerated for his efforts by the patient without invoice in an appropriate and decent manner, such that he is satisfied with the reward received ... However, among patients too there are some of so low a frame of mind that the doctor cannot possibly place himself at their mercy if he does not, like the humblest day labourer, wish to be recompensed for his self-sacrifice, his art, and his knowledge, where he is not protected by an official scale of medical fees, and on the other hand there are also, unfortunately, self-serving, greedy, shameless physicians who regard the divine art simply as a milch cow.¹⁴

The counter-argument of those who opposed any kind of official scale of charges was that, although such a scale might be of some use in the event of a dispute, basically it was unfair since, as Darmstadt ophthalmologist and surgeon Heinrich Kuchler (1811–73) pointed out, medical services were not susceptible of precise measurement: 'The physician who with few medicines and few visits achieves great things will surely, under a scale of fees, be for all eternity more poorly paid than one who, with many medicines and many visits, achieves nothing ...'.¹⁵ As regards this absolutely fundamental problem, nothing seems to have changed to this day if the current debate about structural reforms in the German health system is examined.

More interesting than old and new discussions of principle about the pros and cons of scales of medical charges and the associated question of the effects of such official regulations on the amount of doctors' incomes is a number of case studies illustrating the extent to which doctors of the day did, in fact, allow themselves to be guided by such arrangements. A

lucky source discovery enabled East Berlin medical historians D. Tutzke and R. Engel to reconstruct, for the period 1833–41, the earnings of a doctor practising in the Lower Saxon town of Schladen, near Salzgitter.¹⁶ Heinrich Grotjahn (1794–1872), a forebear of the famous authority on social hygiene Alfred Grotjahn (1869–1931), made use in 61 per cent of all the cases listed in his medical journal of the nomenclature of the Prussian *Medizinaltaxe* of 21 June 1815.¹⁷ In 36 per cent of all entries the amounts invoiced by him for medical services corresponded to the rates laid down in that scale of charges. Had Grotjahn kept his accounts in strict accordance with the usual rates, his annual income would have averaged 1,365 talers. Yet his actual income was some 270 talers below that. This was because, on the one hand, he treated some of his poorer patients for nothing (writing ‘donated’, for example, after the entry of the relevant fee demand). On the other hand, like so many colleagues he had to contend with defaulting patients, for whom he employed the unflattering term ‘Betrüger’ (swindlers). Also, no allowance is made in this connection for the cash value of payments in kind.

Unlike their professional colleagues, homoeopathic doctors could not count on the goodwill or backing of the state or the courts when it was a question of enforcing claims for outstanding fees. Moreover, the scales of charges in operation at the time hardly met the requirements of a homoeopathic practice in which, following a fierce battle with the pharmacists, self-dispensation of medication was by no means unusual. As a result, Samuel Hahnemann, having entered the annals of medical history as the founder of a new art of healing, had also to turn his mind to the banal but essential question of securing a livelihood. Even in this non-medical area he showed himself to be (as indeed he was at the bedside) a pragmatic and innovative thinker. Partly, no doubt, the years of privation that had preceded the discovery of his ‘law of similars’ had drawn his attention early on to the material problems of the medical profession. So it makes sense, before turning to Hahnemann’s practical suggestions for building up a sound homoeopathic practice, to look briefly at the difficult financial situation in which the founder of homoeopathy found himself until approximately his fiftieth year.

From the time when Hahnemann had no homoeopathic practice as yet and lived mainly from translating and writing medical texts, there is a striking piece of evidence from a friend of his, English preacher Thomas R. Everest (1801–55) – though its credibility is not beyond doubt. According to Everest, Hahnemann embarked on his great work, the discovery of the ‘law of similars’, in the early 1790s ‘in the midst of poverty’. This source

gives the following description of his financial situation at the time: 'His entire family, from which he was separated only by a curtain, lived in one small room; under every conceivable handicap, he had around him a hungry family whose upkeep he had to secure through hard work.'¹⁸ The picture Everest paints here is contradicted by Hahnemann's own assessment, as contained in a letter written in Stötteritz in 1790: 'What I earn now (allow it is not a lot) is more than enough here. In terms of income from the practice, I cannot count on much.'¹⁹ Although Hahnemann undoubtedly found it difficult at that time to keep his large family above water financially, we need not take the descriptions of contemporaries and companions of Hahnemann (most of which were written later) too literally; remember that as early as 1795 Hahnemann was able to acquire, in Brunswick, a house entirely befitting his rank, complete with a plot of land, for a purchase price of 2,065 reichstalers in gold.²⁰ Admittedly, Hahnemann being able to afford such a property at this point in time probably had less to do with his own income than with the fact that his first wife had brought a dowry of 1,500 reichstalers into the marriage, as known from a petition submitted to Prince Leopold Friedrich Franz of Anhalt-Dessau in 1786.²¹ Moreover, in the meantime Hahnemann had acquired a wealthy private patient, the musician and government clerk Friedrich Arnold Klockenbring (1742–95). Klockenbring had been with him as an in-patient for some time, having a mental illness treated. As yet, with little experience in the treatment and care of mental illness, Hahnemann, who was then living in Georgental, contrived to negotiate the very respectable fee of 1,000 talers.²² Not surprisingly, this princely sum provoked some envy, leading Hahnemann to justify himself in a letter to his friend Rudolf Zacharias Becker (1751–1822), written after more patients had absented themselves, in the following terms: 'Clearly, endeavouring to heal a madman is not highly regarded in our German world. Councillor F. of Hildburghausen has excused himself on grounds of expense (I was asking 40 talers a month and 500 talers on completion of treatment). Apparently, Schmidt from Frankfurt has also taken fright at 50 talers a month and 1,000 talers after the cure and has therefore not replied.'²³ This passage demonstrates that, at a time when he was not yet so well off financially, Hahnemann was already firmly convinced that his unusual therapies and medical endeavours were worth their price.

When in 1799 Hahnemann briefly set up as a general practitioner in Altona ('a town where it costs at least three times as much to live as it does in Gotha'),²⁴ he clearly had only a few patients and was hoping his clientele would soon grow. However, this obviously did not prevent him from

charging a not inconsiderable sum for a consultation by correspondence. For 'a letter with or without medication'²⁵ he was then, as he wrote to his friend Becker, asking 2 specie talers.

We know that Hahnemann was already receiving more requests for medical advice by correspondence from an advertisement that he placed in the *Reichsanzeiger* in 1799. In it he stated that in future he would 'send back even unsolicited letters from foreign patients and others seeking help, having first read them, if they do not enclose a reasonable fee for my efforts (at least one friedrichsdor) in the form of a transfer or as cash; poverty would indeed need to speak loudly for one to be unable to withhold advice without inhumanity.'²⁶ The sum mentioned corresponded to around five Prussian talers of 24 groschen. At that time a journeyman roofer earned something like 8 'good groschen' (i.e. minted in Meissen) a day. In other words, Hahnemann was asking, for a consultation by correspondence, a fee well above that laid down in the official Prussian scale of charges of 1815. At around the same time, the fee Hahnemann charged for the treatment, nursing, and accommodation of a mentally ill writer (Johann Karl Wezel) was 10 friedrichsdor per month.²⁷ With his printed manuals of advice, too, Hahnemann sought to earn additional money. For a subscription to his essay on scarlet fever (1800), for example, he also charged one friedrichsdor. For that, the subscriber not only got the relevant essay, carriage paid, but was also to receive gratis 'such a powder ... sufficient to render several thousand persons immune to scarlet fever'.²⁸ But even such generous promises (more than a little reminiscent of the trade in secret remedies that flourished at the time)²⁹ clearly attracted few applicants, with the result that, in January 1801, Hahnemann decided to ask his friend and publisher Becker to print the essay, too, in the *Reichsanzeiger* in order that it should 'only rightly achieve broader public attention'.³⁰ Yet even this step failed to prevent Hahnemann's reputation from suffering further damage. Against the charge of profiteering he defended himself thus in a letter to Rudolf Zacharias Becker: 'There is nothing at all wrong with arranging to have oneself paid in advance for one's invention if, following receipt of the money, one supplies its equivalent. Such a procedure has the finest examples before it.'³¹ He went so far as to enclose a gold coin (a louisdor), asking the publisher to return it to one of his critics among his subscribers. However, not even such a gesture succeeded in preventing the reproach of profit-seeking from being repeatedly voiced by his opponents in later years. When Dr U.K. Brückmann, a personal physician practising in Braunschweig (Brunswick), made defamatory remarks to the effect that Hahnemann was a charlatan and moneygrubber and had asked a horrendous fee (100 louisdors) for

treating an epileptic in 1796, Hahnemann replied with a rebuttal in the *Reichsanzeiger* of 8 April 1808 that spoke among other things of 'hoary accusations dished up by slanderers years back, shot through with ignorance and misconceptions, and long since refuted'.³²

Once homoeopathy had begun to attract more and more patients in the 1820s and the numbers of critics within the medical profession increased, it was chiefly the advances he asked for that gave Hahnemann a reputation for avarice. How in concrete terms this accounting procedure should be pictured is something known thanks to a description by Hahnemann's pupil Dr Franz Hartmann (1796–1853), which Hartmann published in the *Allgemeine Homöopathische Zeitung* in 1844: 'The fee for 6 powders, numbered, only 1 of which contained medication, and of which sometimes 3 a day, sometimes only 2 were used, amounted in the case of the lowest prices to 16 good groschen, for wealthy patients between 1 taler 8 good groschen and 2 talers, or alternatively he had such patients pay a specific sum of 10–12 louisdors in advance, which after a while, ad libitum, he asked for again.'³³ Particularly this latter procedure struck some of his professional colleagues as an offence against good form, although it was very common at the time for well-to-do patients to retain a family doctor on a flat rate basis. True, the sum involved was not due until the end of the year, which enabled the debtor to postpone payment or withhold it altogether. The degree of willingness to pay that characterised many patients was something Hahnemann knew more about than the opponents who accused him of greed. Here the founder of homoeopathy showed himself to be a realist who never lost sight of the fact that there was a financial side to the doctor's profession as well (see Figure 4). One of the most impressive pieces of evidence concerning his attitude on this question is a letter to his pupil Friedrich Rummel (1793–1854). Dated 19 May 1831, the letter was written from Köthen:

Mind you, a title like *Medicinalrath* [modern spelling *Medizinalrat*; approximate meaning 'senior medical officer'] does have the advantage of earning the doctor better prices and particularly, so far as homoeopaths are concerned, that of giving enemies of the art something to think about; however, even without that, the purely homoeopathic doctor would be well advised to place so much value on his infinitely superior art of healing that even in this circumstance he obtains better prices, charging at least his chronic patients a monthly fee (preferably payable in advance) and having the smaller man pay him, for each consultation and administration of medication, a certain amount of money (even if it is only a few groschen) – accipe dum dolet. Only in this way can the doctor never come away empty-handed, and he will be much encouraged by seeing hard cash for his efforts. Even these small amounts, provided that they

are paid correctly and consistently each time, accumulate imperceptibly to a sum total, and the patient paying each time hardly feels it in his purse because he is settling little by little, and when he then recovers or departs prematurely, we are finished with him; he has no claim on us, and we have none on him; he parts company with us if not with satisfaction and gratitude yet without ill-will – what he has given little by little he has forgotten about and the doctor has his due and it accumulates, without annoyance on the part of the patient, in the doctor's purse. By contrast, how great is the daily annoyance of the doctor who tenders an invoice only afterwards, when the patient has forgotten all about his gradual improvement and all the trouble the doctor took, *ut fieri solet*. I have never, since I have been practising the beneficent art of healing, put in a bill subsequently but rather behaved as set out above. Once such payment per visit for the lowlier and monthly payment in advance for the better-off classes is established and patients know no other system, everyone brings his money with him (without being reminded) or sends it monthly by post and matters proceed without ill-feeling. If doctors too keep good accounts, they will be able, even as dedicated homoeopaths, to earn a living and put something by.³⁴

Figure 4. H.W. Bunby (1750–1811), Discreet Payment for a Home Visit



Photo: Digby (1994), ill. 8.

Hahnemann himself, in the course of more than 40 years' homoeopathic practice, managed in this way to earn a substantial fortune, as we know from the will he made on the occasion of his second marriage. Under that will, each of his children entitled to inherit received the not inconsiderable sum of 6,000 talers. For himself he retained 12,000 talers. Moreover, Hahnemann was then the owner of two houses in Köthen, which he left to his daughters Amalie, Louise and Charlotte. Before the move to Paris, then, where Hahnemann spent the last nine years of his life, he possessed a substantial fortune – not, admittedly, to be compared with the 100,000 gulden foundation capital of Frankfurt doctor Johann Christian Senckenberg (1707–72), but derived almost entirely from practice earnings rather than from legacies and returns on capital.³⁵ Actually, the comparison would come out in Hahnemann's favour if the statement of his daughter Eleanor's lawyer³⁶ were true (that on his death in Paris Hahnemann left a fortune of 200,000 *Reichstalers*) or if the testimony of his grandson, Dr Süss-Hahnemann (1826–1914),³⁷ could be believed (that Hahnemann bequeathed four million francs to his second wife Mélanie). However, such legendary wealth is rather contradicted by the fact that, soon after the death of her beloved husband, Hahnemann's widow moved into a smaller house and subsequently, bit by bit, sold off her pictures and furniture.³⁸

Even before the move to Köthen, Hahnemann was a sought-after doctor who could afford to set his fees as he thought fit, thus breaking down the patronage system that still characterised the doctor–patient relationship around 1800.³⁹ It does not by any means go without saying that, rather than keep his recipe for success to himself, he should so readily have shared it with his pupils and disciples. For instance, to Dr Johann Heinrich Wilhelm Ehrhardt (1794–1848), who practised in Merseburg, he gave this piece of practical advice: 'Money, even a little, gives one heart; if I simply have in my pocket what was my due, it means I was not working for nothing, not in hope of favour, meekly waiting to see whether I shall be paid or not ... The world is ungrateful. Even the rich man has to pay for every prescription immediately or by the month. Otherwise he can go where he pleases.'⁴⁰ Hahnemann discussed the tiresome question of fees in even greater detail in a letter to his pupil Karl Julius Aegidi (1795–1874), whom he had found a job in Düsseldorf as personal physician to the wife of the Crown Prince and who from a thoroughly lucrative practice made very little profit.⁴¹ When Aegidi told him that he had been awarded the title *Medicinalrath*, Hahnemann replied:

Since, as I read in your letter and hear from Jahr [he means Georg Heinrich Gottlieb Jahr (1800–75)], the (distinguished) public there turns out to exhibit

such thoughtlessness towards a brave homoeopathic doctor, even over payment – what are you doing in terms of paying special attention to that? Why not copy my example here, in other words collect payment at the time of each prescription from Small, Middling, and Wealthy? With my large family, I should still be an impoverished beggar had I not, without reverting to the age-old custom among allopathic doctors (who allow their bills to stand in order to oblige the client to stick with them) of only demanding payment at the end of treatment or at New Year, when all the good work you have done has been long forgotten – had I not, in short, done the opposite. – Anyone calling upon my services, I thought, must pay me and must pay me promptly following each occasion on which I provide those services – because nothing is more swiftly forgotten among the sophisticated than good deeds. – He must pay for a month's prescription immediately, e.g. with several talers, if he can afford it – the middle-income man with less, the small man with a few groschen, if treated over a period of 1, 2 weeks, and only the very poor are treated gratis. Anyone who is not happy with that, who is reluctant to pay immediately for the efforts I have so recently expended, is saying in effect that he wishes to cheat me – and may I be preserved from such a one. No day labourer quits work in the evening without holding out a hand for his day's wage; and shall we show less prudence and allow ourselves to be fobbed off with the hope of payment at some future date for all our hard work – that is to say, have 80 out of 100 defraud us?

We are not allopaths who with a high official scale of charges are able to pursue large bills through the courts for the atrocities they commit. We need to take what we have earned immediately, otherwise we are not worthy of sympathy; otherwise we have sinned against ourselves and those like us, and on top of that the deceitful rogue to whom we may have rendered the greatest service will have a good laugh at our expense. Do you think that that would stop patients coming? You are wrong! And even if they did not come out of reluctance to pay immediately, you would be spared the trouble of such obvious swindlers ...⁴²

Hahnemann refers in this connection to another of his many pupils, Gustav Wilhelm Gross (1794–1847), whose homoeopathic practice in Jüterbog had likewise been bringing in very little money some years before. Hahnemann had summoned Gross to his presence: 'He agreed, did as I said, and now he has become a very prosperous man and has more patients even than before.'⁴³ Although this claim cannot be proved, we do know from the mouths of other pupils (Friedrich Rummel, for example) that they largely adopted Hahnemann's system of charging, particularly when their clientele included many patients from abroad.⁴⁴ It is known from Hahnemann's advice to his pupils as well as from the eye witness account by Franz Hartmann mentioned earlier that Hahnemann not only used two different

methods of billing (payment per consultation or a flat rate payable monthly in advance); it was also his custom, apparently, to ask for substantially less from his poorer patients (6 to 8 groschen per visit plus medication). In the letter to Aegidi cited previously, even lower sums are mentioned. In order to employ this graduated fee system successfully, it was necessary, said Hahnemann, to have 'precise knowledge of people's financial circumstances'.⁴⁵ In this respect too the founder of homoeopathy showed himself to be a realist and a connoisseur of human nature. In his view, the less well off were simply those who 'always have to pay the pharmacist in cash'.⁴⁶ This knowledge of his patients' credit-worthiness spared him tedious enquiries and saved him from asking indelicate questions about people's economic situations.

But how were these principles of accounting implemented in practice? Did Hahnemann adhere, by and large, to the advice he gave his pupils in this regard? The only sources of information here are the surviving medical journals and letters. Judging from the hitherto unpublished researches of Markus Mortsch into Hahnemann's medical journal D22 (1821), the price of treatment was indeed governed by the financial potential of the patient. Comparison of the medical journals from the Leipzig period with those from Köthen, where Hahnemann worked as personal physician to the ruling duke, reveals the striking fact that, in the capital of the Duchy of Anhalt-Köthen, he had very much to take into consideration the generally more modest incomes of craft-tradesmen and court officials. Evidence of fee demands in the relevant medical journals is not particularly plentiful. Nevertheless, for the Köthen years there are more references to groschen than to talers – and that applies to virtually every occupational group. Whereas for treating the wife of a senior civil servant in Frauendorf, near Frankfurt an der Oder, Hahnemann received the respectable sum of 10 louisdors, the wife of a post office secretary in Köthen paid only 16 groschen for a consultation.⁴⁷ This differentiated billing practice is also confirmed by Ute Fischbach-Sabel's analysis of medical journal D34 (1830).⁴⁸ According to this source, towards the end of his Köthen period Hahnemann usually charged between two and 16 groschen when treating patients from the lower levels of income (e.g. servants). Most frequently mentioned, however, are taler amounts. These vary between one and 125 talers and come mostly from the better-off patients (privy councillor, cantor, landowner, minister, among others). Beside larger sums there is usually a note saying that this is an advance payment for an extended period. For example, on 26 July 1830 a patient by the name of Crone paid the sum of 30 talers. Hahnemann noted after the amount: 'until

16 August'. To give you a comparison: according to the scale of charges for food published in the duchy's newspaper, a pound of bread rolls cost 1 groschen.⁴⁹ At 24 groschen to the taler, for this amount Hahnemann could theoretically have purchased 720 pounds of bread rolls. Payment in gold coins (friedrichsdors and louisdors) is also occasionally mentioned in the medical journals of the Köthen years. For instance, the entry concerning a Magdeburg lieutenant named Lüderitz ends with the note: '1 ld [louisdor] given for consultas / 1 ld for medication.'⁵⁰

The medical journals analysed so far also contain important evidence for the two types of charging that Hahnemann introduced into homoeopathic practice. As an example of charging per item of medication supplied, take the following note made in connection with a patient referred to as 'Wagner's son': '1 taler and for previous 12 capsules 12 groschen unpaid 20 groschen.'⁵¹ As Markus Mortsch rightly comments, this means that the patient concerned did not even pay what was allegedly Hahnemann's usual minimum fee but substantially less, namely only one groschen per dose of oyster-shell powder. On the other hand, the case of the Leipzig patient Völcker shows that Hahnemann asked for advances for a specific period not only from more well-to-do patients but also from chronic patients, irrespective of their financial circumstances. Admittedly Völcker, who suffered from a urethral discharge, paid relatively little, namely only six talers for one-and-a-half months, yet Hahnemann stuck to his principle: 'With such ailments, I go for the purse.'⁵² The interesting question that arises here is whether Hahnemann was also prepared to admit exceptions or whether he showed totally indigent or tight-fisted patients the door. There are indications that at least Hahnemann's second wife Mélanie, in their joint Paris practice, daily treated a dozen poor patients for nothing. It may well have happened that Hahnemann himself occasionally waived his fee, but it is difficult to prove. One of the few pieces of evidence occurs in medical journal D22, where there is mention of the daughter of a Köthen day labourer receiving a dose of *Acidum muriaticum* 'gratis'.⁵³ In exceptional cases, Hahnemann was obviously quite prepared to drop his usual demand for payment in cash. One such case was no doubt that of Leipzig market porter F. Gossel, from whom Hahnemann extracted a promise 'to send 3 talers in 4 weeks'.⁵⁴ A pastor's widow who had applied by correspondence for treatment for her sick child also tried to get Hahnemann to accept postponed payment of the fee; she wrote: 'What you ask for the treatment, good Mr Medical Councillor, I undertake to pay with all my thanks; not only has my son been cured of his dreadful illness by your goodness; for me it is a trifle, even if it is 50 *Reichstalers*. So do not, I pray,

distrust me, for as sure as there is a God I shall pay all.⁵⁵ Unfortunately, it is not known whether Hahnemann accepted this offer, thus proving himself generous. There were other patients who tried to get him to reduce his fee. For example, a certain C. van Bock wrote from Herzogsrode on 17 June 1832: 'Is it not I wonder possible for you to drop the price of your powders somewhat?'⁵⁶ The writer did at the same time apologise for his 'audacity'. In this case too it is unfortunately not possible to show whether the request was complied with.

Hahnemann could react very brusquely to requests to postpone payment, as known from an often-quoted passage in the report that Franz Hartmann published in the *Allgemeine Homöopathische Zeitung* in 1844:

On one occasion, when I had been doing practical work with him for a while, I was obliged to witness such a scene in his study, when a foreign patient suffering from Lues secundaria cum hydrargyrosi, who had asked for his help and from whom on his next visit he had asked for 10–12 louisdors, was unwilling to pay up, promising instead 20 louisdors on completion of treatment. Somewhat exaggeratedly, he [Hahnemann] slammed his medical journal shut and proceeded to demand the specific sum of 12 louisdors before he would lift another finger.⁵⁷

Hartmann, who clearly found such conduct by his esteemed master embarrassing, felt obliged to add this postscript: 'On the other hand we must also acknowledge to his credit that year after year he treated 12 poor patients free of charge, who came to him at the same surgery hours as the wealthy and enjoyed equal rights with them, because they were received in order of arrival, and no rich man, whatever his rank, could boast of having been given preference over them.'⁵⁸ To what extent the number 12 related to the survival of a Christian tradition (the 12 apostles) in nineteenth-century medical practice and whether this number of free treatments was consistently observed by Hahnemann each and every year are matters only of speculation; they certainly cannot be demonstrated from other sources.

Finally, the question of how far Hahnemann was able to raise his fees as his fame grew must be examined. This applies particularly as regards the Paris years, when wealthy patients from all over Europe sought him out and joined the upper bourgeoisie of the French capital in the queues outside his consulting room door. Unfortunately, the French medical journals that have been analysed hitherto contain very few details concerning fees. Usually, as Rima Handley has already pointed out, the amounts mentioned are between 50 and 100 francs.⁵⁹ These elevated sums are, in fact, monthly payments

in advance. Assuming that the average patient visited Hahnemann once a week for further treatment, this was an impressive price, particularly in view of the purchasing power of the French currency at the time. Patients who paid a middling fee (100 francs) included sequin-maker Bavoil, for example, who was undoubtedly not a big earner.⁶⁰ In the case of the occasional artist, on the other hand, Hahnemann was clearly prepared to deviate from his rigid accounting practices and permit deferred payment. For example, against a musician called Bry, who was presumably in financial difficulties, Hahnemann noted: 'veut payer' ('intends to pay'). And elsewhere the revealing comment is found: 'a payé la dernière fois, mais aujourd'hui pas' ('paid last time but not today').⁶¹ In this case, then, Hahnemann had consented to an irregular method of payment. Unfortunately, such individual pieces of evidence do not allow any general conclusions to be drawn regarding Hahnemann's billing practice during the Paris years. The fact that the French medical journals contain considerably fewer references to paid or postponed fees might possibly indicate that Hahnemann had managed to convince his ever-expanding circle of patients of the self-evident rightness of his fee system. As he said in that letter to Aegidi already referred to: 'The homoeopath must preferably make do with little at the outset in order to introduce and implement this new procedure, then he will have succeeded. Then his income will go up and up, and in the end he will be more sought-after than that lax fellow the doctor, who places his whole income at the mercy of future payment.'⁶² That was another respect in which Hahnemann was ahead of his opponents in the medical profession. While the latter had no wish to or were unable to overturn the traditional system of medical charging, which required enormous confidence in patients' willingness to pay, indulging instead in controversial debates about the general introduction of an official scale of charges for medical services, Hahnemann grasped the opportunity available to him in the 'alternative' health market of bringing in a method of payment that is today (in a slightly amended form) found even in conventional private practices in the USA, Britain and Israel: no treatment without cash!

Notes

- 1 Johann Benjamin Erhard, *Theorie der Gesetze, die sich auf das körperliche Wohlseyn der Bürger beziehen, und der Benutzung der Heilkunde zum Dienst der Gesetzgebung* (Tübingen, 1800), 113.
- 2 Maximilian Stoll, *Vorlesungen über einige langwierige Krankheiten* (Vienna, 1788), 75.
- 3 Friedrich Hoffmann, *Politischer Medicus, oder Klugheits-Regeln, Nach welchem ein junger Medicus seine Studia und Lebensart einrichten soll [...]* (Leipzig, 1752), 28.
- 4 Johann Friedrich Rübel, *Das wahre Portrait eines geschickten und erfahrenen Medici, Chirurgi und einer Hebamme* (Frankfurt am Main, 1766), 89.
- 5 See Anne Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994), 167.
- 6 See Francisca Loetz, *Vom Kranken zum Patienten. 'Medikalisierung' und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (= MedGG supplement 2) (Stuttgart, 1993), 360.
- 7 See D. Tutzke and R. Engel, 'Tätigkeit und Einkommen eines Allgemeinpraktikers vor der Mitte des 19. Jahrhunderts. Ergebnisse einer historisch-statistischen Analyse', *Zeitschrift für die gesamte Hygiene* 24 (1978), 460–65.
- 8 Quoted from Edith Heischkel, 'Der Arzthaushalt', *Ciba-Zeitschrift* 80 (1956), 2673.
- 9 See Heischkel, 'Der Arzthaushalt', 2673.
- 10 Quoted from Heischkel, 'Der Arzthaushalt', 2672.
- 11 See Digby, *Making a Medical Living*, 156 ff.
- 12 See also Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand. Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Cologne, 1988), 234 ff.
- 13 See Uwe Bannert, *Diskussionen um ärztliche Gebührenordnungen im 19. Jahrhundert. Ein Beitrag zur Geschichte des ärztlichen Honorars* (Neumünster, 1986), 48.
- 14 Karl Schreiber, 'Erörterungen über die Taxen für das Medicinalpersonal in Kurhessen', *Zeitschrift für die Staatsarzneikunde* 75 (1858), 1 ff.
- 15 Heinrich Küchler, 'Einige Worte über die Taxe für das Medizinalpersonal, insbesondere die Prinzipien für die operative Taxe', *Zeitschrift für die Staatsarzneikunde* 87 (1864), 37 ff.
- 16 Tutzke and Engel, 'Tätigkeit', 464.
- 17 On this official scale of charges and those that preceded it, see also Manfred Stürzbecher, *Über die medizinische Versorgung der Berliner Bevölkerung im 18. Jahrhundert* (Beiträge zur Berliner Medizingeschichte) (Berlin, 1966), 97 ff.
- 18 Richard Haehl, *Samuel Hahnemann. Sein Leben und Schaffen auf Grund neu aufgefundenener Akten, Urkunden, Briefe, Krankenberichte und unter Benutzung der gesamten in- und ausländischen homöopathischen Literatur* (2 vols, Leipzig, 1922), II, 26.

- 19 Quoted in Haehl, *Samuel Hahnemann*, II, 25.
- 20 Karen Lohoff, 'Geschichte der Homöopathie des Herzogtums Braunschweig', *Salzgitter-Jahrbuch 1997–1998 des Geschichtsvereins Salzgitter*, 130.
- 21 See Haehl, *Samuel Hahnemann*, II, 17.
- 22 See Haehl, *Samuel Hahnemann*, II, 38.
- 23 Quoted in Haehl, *Samuel Hahnemann*, II, 36.
- 24 Quoted in Haehl, *Samuel Hahnemann*, II, 42.
- 25 Quoted in Haehl, *Samuel Hahnemann*, II, 42.
- 26 Quoted in Haehl, *Samuel Hahnemann*, II, 42.
- 27 See Haehl, *Samuel Hahnemann*, II, 43.
- 28 Quoted in Haehl, *Samuel Hahnemann*, II, 70.
- 29 See for example Elmar Ernst, *Das 'industrielle' Geheimmittel und seine Werbung. Arzneifertigwaren in der 2. Hälfte des 19. Jahrhunderts* (Würzburg, 1975).
- 30 Quoted in Haehl, *Samuel Hahnemann*, II, 73.
- 31 Quoted in Haehl, *Samuel Hahnemann*, II, 74.
- 32 Quoted in Haehl, *Samuel Hahnemann*, II, 82.
- 33 Franz Hartmann, 'Aus Hahnemanns Leben', *Allgemeine Homöopathische Zeitung* 26 (1844), column 130–34, 162–68, 185–87, 209–18, 241–46. See also Haehl, *Samuel Hahnemann*, II, 152.
- 34 Quoted in Haehl, *Samuel Hahnemann*, II, 152 ff.
- 35 On Senckenberg, see Heischkel, 'Der Arzthaushalt', 2672.
- 36 See Haehl, *Samuel Hahnemann*, II, 453.
- 37 Quoted in Haehl, *Samuel Hahnemann*, II, 454.
- 38 Rima Handley, *A Homoeopathic Love Story. The Story of Samuel and Mélanie Hahnemann* (Berkeley, 1990), p. 171.
- 39 In this connection, see N.D. Jewson, 'Medical knowledge and the patronage system in eighteenth-century England', *Sociology* 8 (1974), 369–85. See also Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995), 123 ff.
- 40 Quoted in Haehl, *Samuel Hahnemann*, II, 153.
- 41 On the subject of Aegidi, see Ralf Vigoureux, *Dr Karl Julius Aegidi. Leben und Werk des homöopathischen Arztes* (Heidelberg, 2001).
- 42 Quoted in Haehl, *Samuel Hahnemann*, II, 415.
- 43 Quoted in Haehl, *Samuel Hahnemann*, II, 415.
- 44 See Haehl, *Samuel Hahnemann*, II, 153. However, see also Franz Hartmann's comment in 'Hahnemanns Leben', column 185: '... I know in fact from experience that that only a few made practical use thereof, partly from a sense of their vastly

inferior rank, compared to Hahnemann, partly from a sense of the indignation by which patients were seized as a result.’

- 45 Quoted in Haehl, *Samuel Hahnemann*, II, 414.
- 46 Quoted in Haehl, *Samuel Hahnemann*, II, 414.
- 47 Markus Mortsch, *Edition und Kommentar zu Samuel Hahnemanns Krankenjournal D22, Kommentarband* (forthcoming), 318, 350. I am grateful to Markus Mortsch for letting me look at the manuscript of his commentary on this medical journal.
- 48 Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournals von Samuel Hahnemann* (2 vols., Heidelberg, 1998).
- 49 Fischbach-Sabel, *Krankenjournal D34*, Commentary, 35.
- 50 Fischbach-Sabel, *Krankenjournal D34*, 55.
- 51 Mortsch, *Krankenjournal D22*, 324.
- 52 Franz Hartmann, ‘Hahnemanns Leben’, column 186.
- 53 Mortsch, *Krankenjournal D22*, 463.
- 54 Mortsch, *Krankenjournal D22*, 135.
- 55 Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart, B 32803, letter of 26 June 1832.
- 56 Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart, B 32767, letter of 17 June 1832.
- 57 Hartmann, ‘Hahnemanns Leben’, column 185.
- 58 Hartmann, ‘Hahnemanns Leben’, column 185.
- 59 See Handley, *Homoeopathic Love Story*, 127. For details in this connection, see Karl-Otto Sauerbeck, *Kommentar zu DF5* (undated manuscript, Homoeopathy Archive of the Institute for the History of Medicine, Stuttgart), 17 ff.
- 60 Samuel Hahnemann, *Krankenjournal DF 5 [1837–42]*, transcribed and translated by Arnold Michalowski (Heidelberg, 1992), 19.
- 61 Hahnemann, *DF 5*, 289, 290.
- 62 Quoted in Haehl, *Samuel Hahnemann*, II, 415.

