

Royal Copeland observed that a healthy society depends on the good health of its leaders. One might take Copeland's quip further and stress that public health measures and legislation on the part of these leaders can promote health and well-being of the entire population.

Three homeopaths have provided medical care to US presidents, one of whom, Susan Edson, has been described in the section on women in homeopathy (Chap. 3). The others were Charles Sawyer and Joel Boone. Willis Danforth treated Mary Todd Lincoln following her husband's death. Sir John Weir set an unparalleled record of personal care to seven European monarchs. Royal Copeland, Jacob Gallinger, and Dickson Mabon have left their mark as elected politicians, and their accomplishments will be outlined.

Charles E. Sawyer

President Warren Harding is regarded by historians as one of the worst American presidents, mainly because of the extensive corruption and cronyism that characterized his administration. One of the beneficiaries of this cronyism was Dr. Charles Sawyer (1860–1924), homeopathic physician to the First Lady, Mrs. Florence Harding (Fig. 14.1). Sawyer had for many years been her personal doctor, and a strong bond was created between them. When Harding was elected president, his wife insisted on appointing Dr. Sawyer as the White House physician. Harding needed no convincing because his parents had been homeopathic practitioners, but to secure the appointment, incentives were offered, as it would require Sawyer to relinquish a lucrative practice in Marion, Ohio. These incentives came in the form of military appointment as Brigadier-General in the Army Medical Corps Reserve and as chairman of the soon-to-be-created Federal Hospitalization Board. Of the former, the diminutive Sawyer cut a comic figure riding the large cavalry horse that accompanied the position, and he has been called “the suddenest Brigadier-General in US History” [1]. Of the latter, the Federal Board was to become an influential body

that coordinated under one structure in the different federal hospital systems: Army, Navy, Public Health Service, Interior Department, Veterans' Bureau, Office of Indian Affairs, and St. Elizabeth's Hospital. The board was to function in an advisory capacity to the president, and its tasks included the initiation of studies to analyze and review activities and programs operated by these agencies, to determine need for existing or additional facilities and their locations, and to prevent unnecessary duplication of services. Interestingly, 5 of 16 persons at the initial planning meeting



Fig. 14.1 Charles Sawyer. Presidential physician to Warren Harding (Image courtesy of Sylvain Cazalet, Homeopathe International, Montpellier, France)

were homeopaths, as was one of the three members of the executive planning committee formed to implement the board [2].

Sawyer had built a reputation as a medical entrepreneur and respected homeopath. He originally qualified as a doctor in 1881 at the Cleveland Homeopathic Medical College and set up practice in Ohio. He became chairman of the American Homeopathic Surgical and Gynecological Association and president of the American Institute of Homeopathy. His diminutive 5 ft, 100 lb frame belied a man of ambition and entrepreneurial talent, which came to fruition in 1895 when he established the Sawyer Sanitarium for nervous dysfunctions in Marion. This facility grew into a substantial enterprise on 100 acres of land and became so well known that a special railroad spur was constructed to bring patients from all over the United States directly to the hospital. By 1900, Sawyer was prospering and his practice was organized with a capital stock of \$450,000. With his psychiatrist son, Carl, the two men ran the sanitarium until Charles' death in 1924, and his son kept it going into the 1950s.

Sawyer came to the Hardings' attention in 1897 when he rescued the future president's mother, Mrs. Phoebe Harding, from a tricky professional situation. In her homeopathic practice, Mrs. Harding lost one of her patients allegedly because of malpractice. Dr. Sawyer was called to consult on the case, which he judged to have been managed appropriately, thus preserving Mrs. Harding's professional reputation. Thereafter, the Hardings and Sawyers became personal friends, and Dr. Sawyer was engaged as Mrs. Florence Harding's doctor. Florence Harding had chronic kidney disease resulting in a nephrectomy in 1905, and she became very dependent on Dr. Sawyer, convinced that only he could keep her alive. It was in the context of this background that Charles Sawyer found his way into the White House, and he was not shy to capitalize on such good fortune. (Later, when Sawyer was the official White House doctor, he stood fast against the opinions of two specialists who have been called in when Florence Harding was seriously ill. The specialists recommended removal of her one remaining kidney, which Sawyer stubbornly opposed, a judgment which turned out to be correct as Mrs. Harding recovered from her illness.)

Sawyer's record as chief coordinator of the Federal Board of Hospitalization was not particularly distinguished, but neither was it marred by incompetence nor scandal, in itself a stellar achievement given what we know about other Harding cronies. At its inception, the board was responsible for programs affecting 99 hospitals that provided 28,412 beds. In his 1922 report to the director of the US Budget Bureau, Sawyer referred to the painstaking work that went into setting up the program, and he mentioned that a major conference of government hospital commanders had produced "unanimity of purpose which has been of incomparable value to the operation of hospitals under Government

control" [3]. The board also developed a standardized building plan for government hospitals and recommended the creation of postgraduate schools at St. Elizabeth's and other government hospitals.

A much more serious problem arose, one which demanded action by Sawyer. Director of the Veterans Bureau, Colonel Charles Forbes, was rumored to be embezzling millions of dollars, diverting hospital supplies intended for VA hospitals and receiving kickbacks from contractors, making land deals and denying huge numbers of disability claims from World War I veterans [4, pp. 554–557]. Sawyer investigated further and found there to be truth in these rumors. Unable to keep silent, he passed on his findings to Harding, who ordered Forbes to stop selling hospital equipment. This he refused to do, so Harding demanded Forbes' resignation. Forbes escaped to Europe for a time but returned to the United States, where he ultimately stood trial, was found guilty of defrauding the US government, and sent to jail [4, p. 629].

While the board fulfilled its charge during Sawyer's tenure, he was caught up in a public feud with Forbes, which antagonized the American Legion, who considered Forbes to be their advocate and saw Sawyer as obstructive of veterans' welfare, particularly those with "shell shock." However, Sawyer proved to be right in his handling of Forbes' indiscretions, and the removal of Forbes was obviously necessary to advance the welfare of veterans and the board's function. It was perhaps a good thing that Sawyer was a "thorn in the flesh" of the VA Bureau director [5].

Although Sawyer's term as chairman of Federal Board of Hospitalization lasted only a short time, over the course of its life, the board was considered to have "successfully accomplished the coordination of the peacetime responsibilities of the Federal Government" [6], and he played an important role in shepherding the board's transition from idea to reality. Sawyer was succeeded by the capable General Frank Hines, who accomplished much as leader of the board. After Harding's death, Sawyer's health declined, but he remained for a while as physician to President Coolidge, before resigning in June 1924. He then returned to Marion, where he lived for another few months, before dying in September 1924, shortly before his patient Florence Harding died.

Joel Boone

Joel Boone (1889–1974) came from a Quaker background, lost his mother to cervical cancer when he was 11, and was raised by his father and stepmother (Fig. 14.2). His childhood was one of hard labor and long days, as he was required to assist in running the family hay and grain business. His father was a heavy drinker and circumstances were not particularly happy. Fortunately for Boone, he was being sent to an excellent boarding school, which prepared him for entry



Fig. 14.2 Joel Boone. Physician to four presidents; director of the Veterans Administration (By courtesy National Library of Medicine. Image in the public domain)

into medical school. He was influenced in this decision by his uncle, Dr. George Boone, a homeopathic family doctor in rural Pennsylvania, who permitted young Joel to accompany him on his rounds.

Boone was accepted into Hahnemann Medical College in Philadelphia and graduated in 1913, going on to complete a 1-year internship there. He remained proud of his homeopathic training throughout his life and referred to it as an enhanced form of medical training that provided additional therapeutic options to doctors [7]. In 1914, Boone enlisted in the US Navy and began a career that brought great distinction, studded with bravery in war. Initially, Lieutenant Boone was assigned to Haiti as part of a Marine peace mission. Upon the outbreak of war, Boone was made assistant regimental surgeon to the Sixth Marine Regiment in France, a new experience for a homeopathic doctor, as homeopaths have previously been excluded from military medical practice. In 1918, President Woodrow Wilson awarded Boone the Congressional Medal of Honor for bravery in aiding wounded marines under enemy fire in the open field – something of a

rarity for a naval officer serving in the World War I trenches. In 1920, Franklin Roosevelt, as Secretary of the Navy, pinned on Boone the second of Boone's two *Croix de Guerres*. In 1931, French Marshal Pétain sent Boone a *Légion d'honneur* medal for bravery in France, although official acceptance of this medal had to await congressional approval, which was finally granted during the Eisenhower years. Boone was "reputed to have won more decorations, while serving with the Marines, than any other medical officer" [8].

In 1920, Joel Boone and his wife Helen received an invitation to the White House, where Mrs. Florence Harding, the president's wife, offered them tea. At the time, Boone had no idea why they had been invited, thinking perhaps it had to do either with his wartime distinctions or because of his friendship with the head of the Navy's Medical Corps. As it turned out, President Warren Harding had asked his wife to research Boone as a potential physician to *Mayflower*, the presidential yacht [9, p. 32]. This appointment required the incumbent to provide medical care to the ship's crew and to the president and First Lady when they were on board. Mrs. Harding, whose medical problems were documented previously, took a liking to Boone and would periodically request his presence at the White House for consultations. This eventually led to Boone's formal appointment as Assistant White House Physician [10].

Much has been said and disputed about the circumstances of President Harding's death while on a campaign trip in San Francisco. His senior doctor, Charles Sawyer, claimed it was due to food poisoning, a view not shared by any of the other doctors in his team. Dr. Boone had conducted a physical examination a few days before Harding died and found evidence of ventricular hypertrophy, or enlargement of the heart, which would point to heart failure as a likely diagnosis. Because Boone was the junior member of the medical team, he did not press his disagreements too strongly, although he did share with Sawyer what he found [9, p. 62]. However, Boone was determined not to remain a passive onlooker, so he separately appealed to Secretary of Commerce Herbert Hoover to request the consultation from Dr. Ray Wilbur, president of Stanford University, and another eminent local cardiologist, when Harding arrived in San Francisco. This was all to no avail as Harding died shortly afterwards, and without a postmortem, the exact facts of his case will never be known.

Although Boone and Sawyer were both homeopaths, little love was lost between them due largely to Sawyer's resentment of Boone's presence in the White House. Sawyer tried to insist that Boone should never treat the president without his knowledge, although Boone's response was typically to let Sawyer know that he viewed Harding as his commander-in-chief and thus gave higher priority to Harding's requests than to those of Sawyer. When Coolidge assumed the presidency, Boone was chagrined to learn that another physician,

James Coupal, was appointed as senior physician, with Boone continuing on as assistant. It did not help that Boone considered Coupal to be of inferior ability. This team of physicians provided care to the Coolidge family throughout the president's terms in office, and they dealt with the tragic death of the Coolidges' 16-year-old son. Drs. Boone and Coupal had to treat a chronic and incapacitating depression on the part of the president. Although the doctors did recognize Coolidge's changed behavior and hypochondriacal ways, they seemed unable to penetrate this illness, which ultimately caused Coolidge to stand down from office after his first full term. It is not known what treatments they recommended, but according to Ullman, when Coupal and Boone recommended different therapies, Coolidge favored Boone, saying that he knew best. Ullman went on to provide evidence that Boone used homeopathy in his practice, even though official reports were silent on the matter [11].

Following the Coolidge administration, Boone continued to serve the next president, Herbert Hoover, as principal medical officer. One of his chief accomplishments was to motivate Hoover to take up regular exercise with a medicine ball, so that he lost weight and became fitter. When Franklin Roosevelt was elected president in 1933, Boone was not retained, even though they had enjoyed cordial relations going back to the time of his *Croix de Guerre* award. After a few weeks as caretaker physician in the Roosevelt White House, Boone left service as presidential physician, having been intimately involved in delivering healthcare to three presidents over an 11-year period.

Boone's legacy as White House physician has been recognized by one of his successors, Dr. Connie Mariano, doctor to President Clinton. Mariano acknowledged that Boone (and Hoover) were first to obtain official recognition of the position and title of Physician to the White House through congressional legislation (Public Law 89-71 Congress (S. 2515)), which by statute established the office. This physician not only was responsible for care of the first family but also became director of the White House Medical Unit, an organization that has now grown far beyond anything Boone might have envisioned. Boone also was first to secure adequate office space in the White House to discharge the duties of presidential doctor. To Boone goes the credit for bringing an appropriate level of stature to the position of presidential doctor.

Important as his accomplishments were in respect to presidential care, Boone distinguished himself on a broader stage. Following his departure from the Roosevelt White House, Boone returned to regular naval duties. During the 1930s, he spent most of the time on the Pacific coast, responsible for medical aspects of amphibious landings [9, p. 157]. As World War II was drawing to a close and before the Japanese surrender, Boone was the first to land in the Tokyo Bay area to rescue allied prisoners, and he represented the Navy Medical Corps on the deck of the USS *Missouri* at the signing of the Japanese surrender [9, p. 165].

After World War II, new opportunities beckoned for Rear-Admiral Joel Boone. In 1946, President Truman authorized his secretary of the interior to take over the bituminous coal industry after a series of damaging strikes. Boone was to serve as medical adviser to the Federal Coal Mines Administration and direct a medical survey of the coal industry, focusing on hospital and community facilities and housing in the nation's coal mining regions. Having grown up in the anthracite mining area of Pennsylvania, and being somewhat familiar with the mining culture, Boone was a suitable choice for this role. The health and welfare of the country's coal miners had become a matter of considerable controversy and many mines had been taken over from private ownership by the government after crippling industrial action had threatened to affect the country's coal supply. Fourteen percent of mines in government custody were sampled, employing over 70,000 miners. The report received good marks for being impartial yet not holding back its punches and has been hailed by many as furthering miners' health. It found important deficiencies in about 75 % of hospitals and noted many homes to be substandard. The Boone Report was critical of the contract system in use for healthcare delivery, which was regarded as deplorable and prone to abuse. Initially, the report was suppressed until the United Mine Workers forced its release [12]. Arising from the committee's recommendations was the creation of 10 new hospitals and recruitment incentives for doctors to work in mining communities. Also created were a group practice structure, a new emphasis on rehabilitation medicine, a coordinating role of the physician as overseer of all aspects of medical care and introduction of the idea of "fee for time" rather than "fee for service." The report provided a road map for the newly created United Mine Workers' Association Fund to reform its healthcare program [13].

Not long after the completion of his report, Boone was again called upon by the federal government, this time to serve as executive secretary to a committee on Medical and Hospital Services of the Armed Forces. He was also under consideration for the post of surgeon-general, although this went to a younger candidate, but Boone had the backing of three four-star generals. He did not regret the outcome since it enabled him to accept the position of medical director of the Veterans Administration after he retired from the Navy in 1950. He served in this position for 4 years until ill health forced him to finally retire from all government service, at the rank of vice-admiral in 1955. For the remaining years of his long life, he wrote his memoirs. Six years after his death, the Navy honored Rear-Admiral Boone by naming a guided missile frigate after him, the USS *Boone*, a ship that was in active service between 1980 and 2010 (Fig. 14.3). His name is also perpetuated at the Admiral Joel T. Boone Branch Health Clinic at Joint Expeditionary Base in Virginia Beach, VA.

Fig. 14.3 USS Boone. Exercise "Trial Spartan Hammer 2006." NATO archive (Image by permission of NATO)



Willis Danforth

Willis Danforth (1826–1891) received his training from Rock Island Medical College, graduating in 1850. Ten years later, after having been successfully treated with homeopathy for resistant sciatica, he converted to homeopathy. His practice encompassed surgery, at which he was described as “safe and careful, though bold and fearless when there is occasion for the exhibition of such qualities” [14]. Danforth served as a cavalry captain, surgeon, and then medical director of the state of Kentucky during the Civil War. He later became professor of surgery at Hahnemann Medical College in Chicago. His claim to fame rests on the fact that for a period of time he was the personal physician to Mary Todd Lincoln during her time in Chicago. He played a critical role in the legal determination of Mrs. Lincoln’s insanity. At her commitment hearing in 1875, Danforth gave testimony to her insanity, backing up this opinion with findings that Mrs. Lincoln was “possessed with the idea that some one was working on her head, taking wires out of her eyes ... at times taking bones out of her cheeks and face, and detaching steel springs from her jaw bones ... at other times she imagines that her scalp was being lifted by the same invisible power and placed back again.” As the only one of several testifying experts who had actually examined Mrs. Lincoln, his words carried weight and helped jurors decide that she was incompetent to handle her financial affairs. It is also of interest that after the trial Danforth conveyed privately to a juror his belief that Mrs. Lincoln was not suffering from a primary psychological disorder but a disease of the brain, such as syphilis [15]. Whether or not Danforth was right, there is no question that unimaginable grief was a major factor behind the former First Lady’s mental afflictions at this time, for by

then she had lost three young sons to diphtheria, typhus, and tuberculosis and a husband to an assassin’s bullet.

Six revealing letters to Danforth from Mrs. Lincoln and one from her son, Robert, came to light after a period of 117 years. In one letter, Mrs. Lincoln wrote that her problem was caused by addiction to chloral hydrate. In another, she begged Danforth to prescribe more powders for her constant nocturnal wakefulness. In a particularly poignant letter, written just before her first insanity hearing, she wrote to Danforth detailing her funeral instructions. Mrs. Lincoln was committed to a psychiatric facility in Chicago for a period of 3 months. At a second hearing in 1876, she was judged to have recovered and accordingly released from hospital [16].

In 1879, Danforth and his family abruptly left Chicago for Milwaukee, where he subsequently gained local prominence and was elected president of the Wisconsin Homeopathic Society. He died from complications of a fall in 1891 and was described in his obituary as “an ardent champion of homeopathy, capable surgeon, [an] opponent of bacteriology and relentless foe of quackery” [17].

John Weir: The Monarch’s Doctor

John Weir (1879–1971) was a dominant figure in British homeopathy throughout the twentieth century. While he cannot be regarded as having contributed greatly to medicine (with one notable exception described later), his political skill and personal qualities led to an unmatched degree of royal patronage. He held appointments as Physician Royal to Edward VII, George V, Edward VIII, George VI, Gustav V (of Sweden), and Haakon VII (of Norway). In addition, Weir was physician to Queen Elizabeth II and her royal household,

as well as to Queen Maud of Norway. Weir received multiple decorations and, in 1932, a knighthood. In 1949 he was awarded the Royal Victorian Chain from King George VI for “long and distinguished personal services” [18] and became only the twelfth living holder of this rarely bestowed decoration, whose other holders included the Archbishop of Canterbury, the king and queen, Queen Mary, and the Duke of Windsor. For service to the Norwegian King, in 1939 Weir was awarded the country’s top honor, Knight Grand Cross of the Royal Order of St. Olav [19].

According to Julian Winston, Weir prescribed *ignatia* to five kings and three queens who were all attending the funeral of King George VI in 1952 [20]. Ignatia is often given as a remedy to cope with grief, and we can only suppose that Weir considered the level of grief in these eight sovereigns to be sufficiently painful to justify its use.

Weir and the cause of homeopathy were held in high approval by his royal patients. King George VI, for example, named one of his racehorses after the homeopathic remedy, *Hypericum*, and Queen Elizabeth II, when visiting the homeopathic hospital in London, looked directly at the portrait of Weir and declared that “he did a lot of good for my father” [21].

Through his connections and influence, Weir is largely responsible for parliamentary legislation which, in 1950, created the Faculty of Homeopathy Act, establishing homeopathy as a separately licensed medical specialty in the British National Health Service. By this act, the British consumer is assured of the option to obtain alternative (homeopathic) treatment.

As a homeopath, Weir evoked mixed reactions. He was variously seen as a kindly father figure and as a tiresome autocrat, determined to have his own way. Much of the polarization came about because of Weir’s identification with the high-potency, single-remedy teachings of the American homeopath James Tyler Kent, which were anathema to many in the British homeopathic community. Perhaps the last word on Weir can be given to Kaplan [22], who opined: “In short, Weir may have achieved more as a homeopathic politician than as a lecturer or writer ... To be described as ‘able to talk to people in high places’ is not to be taken lightly.... I believe we owe a great deal to people like Sir John Weir for finding the right political moves, making friends with the decision makers and generally speaking about homeopathy with exactly the right tone.”

Homeopaths in Elected Office

Three homeopaths are conspicuous for their activities in national politics: senators Jacob Gallinger and Royal Copeland in the United States and the Rt. Hon. Jesse Dickson Mabon in the United Kingdom.

Jacob H. Gallinger

Jacob Gallinger (1837–1918) has the distinction of being the longest-serving physician in the US Senate and, along with Senator Bill Frist in the 1990s, the only physician to lead his party in the Senate [23, p. 114] (Fig. 14.4). Frist has described Gallinger’s significant political accomplishments as reflective of what can be achieved when medical knowledge is applied to public health policy. Gallinger was known for inexhaustible energy and, for many years, the ability to combine clinical practice with a legislative career.

Gallinger was among the first to champion the protection of vulnerable human subjects (and animals) in medical research. He drew up some proposed rules for the field, although their political impact at the time was limited. He brought to congress’ attention the fact that human vivisection was being carried out and that it was important to introduce greater regulation over animal and human experimentation. In 1900 and in 1902, Gallinger introduced Senate Bill 3424 to congress, which regulated human experimentation in the District of Columbia. This bill was designed to protect the



Fig. 14.4 Jacob Gallinger. US senator for New Hampshire, 1891–1918 and president pro tempore US Senate 1912–1913 (Image in the public domain, at www.senate.gov)

most vulnerable from exploitation, namely, infants, children, pregnant women, mentally ill, and charity patients. Investigators were to disclose the purpose of any nontherapeutic experiment on human subjects, to obtain written informed consent, and to furnish a post-study report no more than 6 months after completion of the project. Research on those incapable of giving consent was forbidden. Although the bill passed through committee, it was not enacted into law. It may now be seen as far ahead of their time, since many of its proposed measures have become standard practice [24]. With his commitment to protecting human subjects, one could make a case that, like Otto Guttentag, Gallinger was a homeopath who addressed bioethics long before others adopted the cause.

While Gallinger's efforts did not achieve all that he would have wished, his campaign was by no means unsuccessful: its proponents realized the chance of legislative success was slender, but they affirmed that education of the public about the ethics of experimentation and need for greater regulation were in themselves worthwhile goals [25]. As noted below with Guttentag, progress in the field of medical research ethics has been slow and suffered several setbacks during the twentieth century. The medical profession has responded very sluggishly to ethical issues. Even as late as the 1960s, the rights of human subjects were overlooked and abuses took place in many countries, including the United States. Illustrative of the Gallinger campaign's effect on public opinion was the unusual decision taken by Walter Reed in 1900 to obtain written consent for his yellow fever experiments being conducted in Havana. In this way, Reed no doubt was protecting himself from public criticism. As obvious as the need for these measures appears today, in the early decades of the twentieth century, the American Medical Association fought against their introduction and in 1916 rejected a proposal that investigators require written consent for human experimentation. It was not until 1946 that the AMA finally adopted such requirements [26]. Indeed, when passage of Senate Bill 3424 seemed possible, William Keen, president of the AMA, met privately with Gallinger to register his outrage and predicted that the medical profession would not take kindly to governmental restraint of their clinical and research freedom [27]. The bill had one main aim: to protect those who could not protect themselves. Yet, as uncontroversial as this principle appeared to be, the medical establishment was unready to accept it. It is clear that the AMA thought poorly of Gallinger, for in a 1914 commentary in *JAMA*, not only was his medical training belittled, but it was stated that he was not even taken seriously as a politician. This disparaging assessment reflected the commentator's view that Gallinger "opposes anything endorsed by the American Medical Association" [28].

Despite being known as a political conservative, Gallinger threw his support behind many liberal causes, of which

anti-vivisection and patient rights have already been described. Other causes included temperance, women's suffrage, and Irish independence. In relation to the 18th (prohibition) and 19th (women's vote) amendments, Gallinger played an important part in the passage of legislation [29].

A brief review of Gallinger's life reveals that he was born in Canada and came to the United States at the age of 16 to work as a printer. Two years later, he entered the Eclectic Medical College in Cincinnati, qualifying in 1859. He later enrolled in the New York Homeopathic Medical College and obtained a homeopathic degree in 1869. He also studied abroad for 2 years and then settled in New Hampshire, where he prospered in general practice. Gallinger published in homeopathic journals and became surgeon-general of the state in 1879. He served in the New Hampshire House of Representatives between 1872 and 1873 and in the Senate between 1878 and 1880. He gave up medical practice in 1885 upon election to the House of Representatives in DC and later served in the US Senate between 1895 and 1918. He chaired a number of senate committees and was elected as president pro tempore during the 62nd Congress. As far as homeopathic activities were concerned, Gallinger was associate editor of the *New England Medical Gazette*, member of the American Institute of Homeopathy, and secretary of the New Hampshire Homeopathic Medical Society [30, 31].

Frist praised Gallinger's "profound impact on improving the practice of medicine in the federal district" and paid tribute to his efforts in tightening up regulation on medical practice and standardizing medical qualifications. His expertise "inspired the confidence of his colleagues and enabled him to mold broad consensus for his legislation." Frist characterized Gallinger as "an impressive model for future physician-legislators" and noted that "his ability to synthesize his medical training with public leadership demonstrates the unique contributions that physicians can make in the policy arena, by improving individual, communal, and national healthcare" [23, p. 114].

Royal S. Copeland

For many years, drug laws in the United States afforded the public little protection against the toxic effects of drugs or against false labeling. The 1906 Pure Food and Drugs Act banned interstate commerce of adulterated or misbranded drugs and required that dangerous ingredients be mentioned on the label, but did little more than that. Manufacturers, for example, were not required to disclose ingredients and directions for use or to warn against potential hazards. Apart from one minor modification to the act in 1918 and an unsuccessful attempt by Senator Rexford Tugwell in 1933, no further progress had taken place since 1906. It is of interest to note that Tugwell was thwarted by industry lobbying and finally

Fig. 14.5 Royal Copeland with Amelia Earhart at Senate hearings on aviation safety 1936. Copeland served as public health commissioner for New York City, dean of the New York Homeopathic Medical College, and US senator for New York (1923–1938). He was responsible for successful drug safety legislation in 1938 (Image in the public domain, accessed at Library of Congress)



abandoned the cause [32]. This and other obstacles were to await anyone else who had the stomach for championing further revision of the 1906 Act.

Royal Copeland (1868–1938) has left an enduring mark on US health and drug safety legislation (Fig. 14.5). His major achievement in the eyes of many is the 1938 Food, Drug, and Cosmetic Act, which, as a democratic senator, he had taken over from Senator Tugwell and tirelessly crafted for 5 years until bringing it into law on June 2, 1938. Among other things, it protected the homeopathic pharmaceutical industry by including the Homeopathic Pharmacopeia of the United States (HPUS) as one of the legally recognized drug standards. But this was a minor aspect of legislation that became the centerpiece of drug regulation policy for over 50 years and did much to enhance the safety of drugs, foods, and cosmetics. As Frist says, passage of the bill “is a tremendous example of the enduring policy that can result from physician involvement in national politics” [23, p. 115]. Passage of the bill was anything but easy and, like its predecessors, was obstructed by industry opposition, professional resistance, and congressional stalling. It took an episode of mass poisoning to galvanize the community into demanding results when, in 1937, over 100 people died after taking a liquid form of sulfanilamide, an anti-infective drug. A follow-up investigation showed the presence of diethylene glycol in the medicine, which had been introduced to enhance dissolution of the active drug. At the time there was no requirement for the manufacturer to test for

safety, so this critical step never took place. Tragic as the incident was, its propitious timing hastened passage of the bill [33].

Copeland spent 15 years in the US Senate, chairing a number of committees and establishing a federally funded program to control sexually transmitted disease. Prior to senatorial service, Copeland was commissioner for Public Health in the city of New York between 1918 and 1923. In this role, he took action to contain the 1918 influenza epidemic, kept the schools open for purposes of morale, but came in for criticism owing to the death of 20,000 New Yorkers. Whether this was due to Copeland’s response is debatable. He succeeded in doubling the per capita milk consumption, which led to a reduced infant mortality rate. Drug addiction became increasingly problematic in New York after World War I, and to deal with this, Copeland instituted a treatment center at Riverside Hospital in 1919 where war veterans could obtain free narcotics in order to bring them into treatment. This unprecedented experiment was too radical for the time and the practice was discontinued in 1920.

Copeland was a skillful communicator who wrote books for the public, including *Overweight? Guard Your Health: A Commonsense Book for Practical Persons*, *Healthbook* and *Dr. Copeland’s Home Medical Book*. He hosted a radio show and from 1920 up to his last days, wrote a syndicated newspaper column on health, which reached over 11,000,000 readers and generated over 10,000 letters a week to his office. Arising out of this volume of mail was his *Healthbook*.

Frist notes Copeland to have been a natural leader, and from early in his life, Copeland knew that his calling was to be a physician who could use his training to bring about social change. To further this goal, he entered politics as a young man, serving as mayor of Ann Arbor between 1900 and 1903. He then campaigned (unsuccessfully) for a seat in congress and, later, became a parks commissioner in Ann Arbor and trustee of the board of education. Medically, he had qualified in homeopathy at the University of Michigan and then underwent specialty training in ophthalmology, spending some time in Europe. He became a well-respected surgeon, writing a textbook on refraction for medical students and, as already noted, earning fame as being the first to perform human-to-human corneal transplant surgery in the United States [34]. In 1913, he was elected fellow of the American College of Surgeons. Between 1908 and 1918, Copeland was dean of the New York Homeopathic and Flower Hospital Medical College, successfully steering the institution through the perilous waters of the Flexner Report, which came down harshly on homeopathic medical schools and resulted in the closure of most. Another feat worthy of mention was Copeland's leadership in establishing the first wartime army base homeopathic medical unit during World War I, United States General Hospital Number 5. This was no small achievement since (as noted) homeopathy had been excluded from military medical care during the Civil and Spanish-American Wars. Copeland overcame significant government opposition before finally triumphing. Despite admonishing his colleagues in the Senate against working themselves too hard, he failed to follow this advice himself and died, perhaps in part from overwork, shortly after passage of the Copeland Bill. A polite obituary appeared in the *JAMA* [35], making virtually no mention of his impact and ignoring his legislative record. In reality, over the years the AMA had found Copeland to be a tiresome maverick, but recognized his power and therefore trod carefully. However, when it came to Copeland's bill, the association fought it at every stage along the way.

J. Dickson Mabon

Jesse Dickson ("Dick") Mabon (1925–2008) was born in Glasgow, the son of a butcher. He grew up in that city and remained committed throughout his life to the interests of the Glasgow community and to those of Scotland in general. During World War II, he was assigned to work in the coal mines while the regular miners were performing military duty. Thereafter, he enrolled in medical school at Glasgow University, graduating with an MB, ChB degree. He practiced medicine on and off for much of his life, initially in Scotland and later in London, where he specialized in homeopathy. Mabon was board certified from the Faculty of Homeopathy and served as its president in 1995 and 1996.

Mabon's political career began early, with an unsuccessful run for election to parliament in 1951. When he was elected to parliament in 1957 at the age of 32, he was Labor's youngest MP. His 28-year career as a Labor party member of parliament included service in the cabinets of prime ministers Harold Wilson and James Callaghan, for whom he was minister of state for energy. In this post, he was responsible for the development of North Sea oil. He also advocated the use of nuclear energy and played a significant part in the successful 1975 referendum for the United Kingdom to remain in the European community. Although a medical doctor, he was not brought into healthcare to any great extent by his party. However, in the early 1960s, he was part of the Labor party opposition health policy commission and, in 1962, joined the front bench health team. He criticized the Tory party's record on hospital building. He also provided informal medical care to some of his parliamentary colleagues, including on one occasion Sir Winston Churchill [36, 37]. He voted against a bill for compulsory vaccination of children, perhaps illustrative of his belief in freedom of (parental) choice on matters of healthcare. In terms of medicine and social welfare, Mabon was proudest of his record in making available subsidized housing while minister for Scotland between 1967 and 1970. He later became chairman of UK section of SOS Villages, an international charity organization that enhances the lives of orphans. Unfortunately, his personal efforts to build two SOS homes in the Glasgow area were blocked by local opposition that refused to grant planning permission. Mabon was appointed to the Privy Council, a select group who advises the monarch, an honor reserved for distinguished politicians, judges, or senior church officials.

Other contributions to health affairs included vice-presidency of the Medical Practitioners' Union in 1964 and presidency of the faculty of the History of Medicine in 1990. His most substantial legacy, however, could be considered that of having twice helped rescue the Royal London Homeopathic Hospital (RLHH) (now known as the Royal London Hospital for Integrated Medicine (RLHIM)), which in the mid-1970s and again in 1991 was threatened with closure.

The first time Mabon intervened on behalf of the hospital was between 1974 and 1976, when moves were afoot to close the hospital. The then Minister of Health, David Owen, was influenced by a strong letter written by Mabon that proved to be a factor behind Owen's decision against closure. As Owen puts it, he believed that dissenting views should be tolerated and that an option that "focused on small quantities and natural products would be a worthwhile counter [to the pharmaceutical industry]" [38].

Nearly 20 years later, the hospital was once again threatened when, at a time of cost-cutting, the local health authority saw the RLHH as too small to be viable and set a date for closure in April 1992. As Fisher wrote, "... it really looked like the end of the road" [39]. For the homeopathic

community, the loss of its flagship hospital would have been incalculable, given the critical role it had played for 150 years in providing care and as a center of research, education, and training. Indeed, given the international reach of the RLHH, which draws trainees and researchers from all over the world, the repercussions would have been far-reaching.

The Royal London Homeopathic Hospital

During the Margaret Thatcher administration, British politics saw the emergence of National Health Trusts, which empowered certain hospitals to negotiate with the primary care sector for funds to provide secondary (specialist) care. Under Mabon's leadership, the RLHH successfully applied for status as an NHS Trust, and Mabon became its first chairman in 1993, holding this position until 1997. Fisher pays tribute to Dickson's "shrewd reading of the situation, his political skill and connections and, above all, his robust optimism." Beyond rescuing the RLHH, Mabon's involvement with British homeopathy included modernizing the faculty of homeopathy and serving as vice-president and trustee of the Blackie Foundation Trust, an organization that promotes research into, and teaching of, homeopathy. As far as the RLHH/RLHIM is concerned, the English health system should count itself fortunate to offer this valuable option in the country's healthcare – many other countries, including the United States, are sorely lacking such facilities. Not only has the RLHH provided high-quality homeopathic care and training by experienced physicians with advanced medical qualifications, but it has notched up a number of "firsts" in British healthcare, including the first NHS complementary cancer treatment program (1960s), first acupuncture (1977), first complementary and alternative allergy and environmental medicine clinics (1977), and first manual therapy, autogenic training, and integrated antenatal care programs [40]. Its Missionary School of Medicine (MSM) also deserves mention. Founded at the RLHH in 1903, it continues today under another guise as the Medical Service Ministry (also abbreviated as MSM). The MSM provided education for missionaries working in countries that were then under British rule and provided courses in homeopathy, first aid, tropical medicine, and outpatient clinic teaching. Today, the MSM survives on a small scale as a limited grant-making body that enables indigenous providers and other candidates to train in child health, community healthcare, disaster relief, midwifery, palliative care, and tropical medicine. The history and scope of the MSM has been well summarized by Davies [41] and illustrates how valuable a resource the RLHH has been. Quite evidently, the hospital has gone beyond the confines of homeopathy to offer a more comprehensive program of CAM and to serve as role model in this respect. When seen in this context, Mabon's rescue efforts may be considered important.

References

1. Trani EP, Wilson D. The Presidency of Warren G. Harding. Lawrence: University of Kansas Press; 1977. p. 45.
2. Editorial. The proposed reorganization of federal health activities. *Science*. 1923;57:168–9.
3. Sawyer CE. Annual Report Federal Board of Hospitalization. In: Report to the President of the United States by the Director of the Bureau of the Budget. July 1, 1922. Washington: Government Printing Office; 1922.
4. Russell F, Warren G. Harding in his times. New York: McGraw-Hill Book Company; 1968.
5. Stevens R. Can the government govern? Lessons from the formation of the Veterans Administration. *J Health Polit Policy Law*. 1991;16:281–305.
6. Hines FT. Federal Board of Hospitalization. United States Government Manual, 1st ed [Internet]. Division of Public enquiries. Office of War Information. 1945 [Cited 2012 May 21]. Available from: www.ibiblio.org/hyperwar/ATO/USGM/FBH.html.
7. Boone JT. Centennial commencement address of the Hahnemann Medical College of Philadelphia. *Hahnemann Hospital Tidings*. 1948;LIII:89–132.
8. Rogers N. An alternative path. The making and remaking of Hahnemann Medical College and Hospital of Philadelphia. New Brunswick: Rutgers University Press; 1998. p. 294.
9. Heller Jr FM. The Presidents' doctor. New York: Vantage Press; 2000.
10. Deppisch LM. The White House physician: a history from Washington to George W. Bush. Jefferson: McFarland and Company, Inc. Publishers; 2007. p. 79.
11. Ullman D. The homeopathic revolution. Berkeley: North Atlantic Books; 2007. p. 196–8.
12. Forrestal F. Widows' walk rooted in decades of struggle by coal miners [Internet]. *The Militant*. 2002;66:14 [Cited 2012 Jun 20]. Available from: www.themilitant.org.
13. A brief history of UMWA health and retirement funds [Internet]. Triangle: United Mine Workers of America; 2008 [Cited 2012 Jun 17]. Available from: www.umwa.org.
14. Cleave E. Cleave's biographical cyclopaedia of homeopathic physicians and surgeons. Philadelphia: Galaxy Publishing Company; 1873. p. 245–6. [Internet]. Presented by Sylvain Cazalet [Cited 2012 December 26]. Available from: www.homeoint.org/history/cleavee/d/danforthw.htm.
15. Hirschhorn N, Feldman RG. Mary Lincoln's final illness: a medical and historical appraisal. *J Hist Med*. 1999;54:511–42.
16. Mitgang H. Sealed with sorrow: Mary Lincoln in letters. *The New York Times*. 1999 Sept 9.
17. Matile R. Dr. Danforth: the most famous local doctor you never heard of [Internet]. *The Oswego Ledger-Sentinel* [Cited 2012 December 27]. Available from: www.ledgersentinel.com/article.asp?a=8387.
18. The King Decorates Sir John Weir. *The Glasgow Herald*. Friday, June 19, 1949, p. 6, column 3.
19. Sir John Weir, G.C.V.O., M.B., Ch. B. Obituary. *BMJ*. 1971; 1:282–3.
20. Winston J. The faces of homoeopathy. Tawa: Great Auk Publishing; 1999. p. 206–7.
21. Lipman F. The King's homeopath? [Internet] [Cited 2013 Apr 27]. Available from: www.homeopathynearyou.co.uk/upload/The%20King's%20homeopath.doc.
22. Kaplan B. Homeopath to Kings and Queens – John Weir [Internet]. [Cited 2013 Apr 27]. Available from: http://www.drkaplan.co.uk/drk/spec_fea/weir.htm
23. Frist WH. Physician leadership in the United States senate: lessons from the past, a vision for the future. In: McKenna MK, Pugno PA, Frist WH, editors. *Physicians as leaders: who, how and why now?* Seattle: Radcliffe Publishing; 2006.

24. Lederer SE. Children as guinea pigs: historical perspectives. *Account Res.* 2003;10:1–16.
25. Lederer SE. Hideyo Noguchi's lutein experiment and the antivivisectionists. *ISIS.* 1985;76:31–48.
26. Lederer SE. Advisory Committee on Human Radiation Experiments [Internet]. Public Meeting, 18 May 1994 [Cited 2012 Jul 20] [Cited 2007 Jul 7]. Available from: <http://www.gwu.edu/~nsarchiv/radiation/dir/mstreet/commeet/meet2/trnsca02.txt>.
27. Vogel E. Perspectives on the experimentation of Udo J. Wile: insights into the past and considerations for today [Internet] [Cited 2012 Jun 18]. Available from: http://www.umich.edu/~historyj/pages_folder/articles/F06_MedicalExperimentation.pdf.
28. Old Doc Gallinger. *J Am Med Assoc.* 1914;62:1354–5.
29. Jacob Harold Gallinger Memorial Addresses. Washington: Prepared Under the Direction of the Joint Committee on Printing; 1919. p. 10.
30. Gallinger, Jacob Harold, (1837–1918) [Internet] [Cited 2007 Aug 15]. Available from: <http://bioguide.congress.gov/scripts/biodisplay.pl?index=G000023>.
31. Cazalet S. History of homoeopathy biographies [Internet] Source: Cleave's Biographical Cyclopædia of Homœopathic Physicians and Surgeons By Egbert Cleave [Cited 2007 Aug 17] Available from: <http://homeoint.org/history/bio/g/gallingerjh.htm>.
32. Davidson JRT, Dantas F. Senator Royal Copeland: the medical and political career of a homeopathic physician. *Pharos Alpha Omega Alpha Honor Med Soc.* 2008;71:5–10.
33. Ballentine C. Taste of raspberries, taste of death. The 1937 elixir sulfanilamide incident [Internet] [Cited 2008 Mar 8]. Available from: <http://www.fda.gov/oc/history/elixir.html>
34. Robins N. Copeland's cure. Homeopathy and the war between conventional and alternative medicine. New York: Knopf; 2005. p. 116.
35. Deaths. Royal Samuel Copeland. *J Am Med Assoc.* 1938;110:2169.
36. Obituary. J Dickson Mabon [Internet]. The Daily Telegraph. 14 April 2008 [Cited 2012 Jun 22]. Available from: <http://www.telegraph.co.uk/news/obituaries/1585087/J-Dickson-Mabon.html>.
37. Obituary. Dr Jesse Dickson Mabon. The Scotsman. 14 April 2008 [Cited 2012 Jun 22]. Available from: <http://www.scotsman.com/news/obituaries/dr-jesse-dickson-mabon-1-1163880>.
38. Lord David Owen. Personal communication. Email to the author. 11 Nov 2012.
39. Obituary. J Dickson Mabon. *Homeopathy.* 2008;97:163–4.
40. Anonymous. History of the Royal London Hospital for Integrated Medicine [Cited 2012 Nov 25]. Available at: www.uchl.org/OURSERVICES/OURHOSPITALS/RLHIM/Pages/historyofrlhim.aspx.
41. Davies AE. The history of MSM – homeopathy and natural medicines. *Homeopathy.* 2007;96:52–9.