

Book Reviews

in America as throughout Europe, a sweeping reaction against speculative systems was the rule everywhere by 1820, even in romantic Germany, and it is very difficult to disentangle this overall trend (due only in part to Paris medicine) from the influence of those who went abroad. How would American medicine have been different if no American had gone abroad? And how much of the heavily-touted revolt against system in the United States was simply due to the peculiar rise and success of homeopathy, eclecticism, and other “systems” that had no real counterpart in Europe? How is one to account for the far larger number of Americans who stayed at home and yet also embraced empiricism, clinical teaching, and expectant healing? The theme, in short, cannot bear the heavy weight given to it and seems more like an added thought than the unifying core of the book. In other respects, the book is often repetitious and the argument is lost in the enormous details.

There are other questions. Did British students really react so differently from Americans to the French experience? This is a very fine and difficult distinction that Warner makes, qualified by many cavils and exceptions. It might be argued, on the contrary, that their reactions were far more similar than dissimilar when compared with the reactions of Germans and other students in Paris. And what of Canadians, who presumably shared British concerns about medical “polity” and American concerns about “epistemology”? Almost no use is made of the letters and memoirs of French teachers and students—what were their impressions of the interests of Americans as contrasted with those of English or German visitors? My impression is that both French and German teachers tended to see their British and American disciples as very similar in their practicality and zeal for hands-on experience, and in the lack of understanding of how their educational systems worked. How representative and how influential was the small number of Americans who went abroad anyway? They certainly complained after their return of their lack of success in changing American institutions and practices.

Warner disputes the estimates of Russell Jones of the number of Americans who went to Paris over the half-century beginning in 1815. He argues that his larger figure of a thousand or more (still a small number when spread over fifty years) includes those who did not matriculate. Who were the non-matriculants? Were most more than medical travellers like those who later spent a few weeks in Vienna while on holiday (and nailed a “diploma” certifying their visit to the office wall)? A more sharply focused study of the Paris migration would tell us more about who these students were *en masse*—their periods of travel, their ages, previous training, places of origin, length of stay, courses of study, and subsequent careers—and thus enable the reader to get a better sense of the dimensions and importance of the movement as a whole. In fairness, this is not the book that Warner intended to write though he was certainly capable of doing so.

Whatever the cavils, Warner’s book is a stimulating example of fresh archival research that opens new windows on an important period in American medicine. It has certainly stimulated me to think again about previous work on this subject. It should be read by anyone interested in the often dramatic story of how Americans sought abroad the means to improve themselves at home.

Thomas Neville Bonner,
Arizona State University

John S Haller, Jr, *Kindly medicine: physio-medicalism in America, 1836–1911*, Kent State University Press, 1997, pp. xv, 207, illus., \$35.00 (0-87338-577-2).

Botanical therapeutics and practitioners have enjoyed widespread popularity among Americans for over three centuries. Yet John Haller is one of only a handful of medical historians who have investigated them at their zenith in the nineteenth century. Haller’s *Medical protestants: the eclectics in American medicine, 1825–1939* (Carbondale, Southern

Illinois University Press, 1994) examined the most successful botanical sect. This book investigates physio-medicalism, the other important nineteenth-century group of botanical physicians.

During the 1820s and 1830s many Americans rejected the heroic therapies of the regular physicians. The rural population turned to botanical domestic medicines, which had a long tradition because of their low cost, their use by native Americans, and their prominent role in early European exploration. The leader of this major social movement was Samuel Thomson (1769–1843), who wrote a self-help book, employed agents to sell the book and his drugs, and organized societies of users. He wanted his treatments, which consisted largely of “purging, sweating, and puking” (p. 16), to be administered by laypersons and he strongly opposed professional botanical healers.

Some physicians and other healers began to prescribe botanical treatments to take advantage of the popularity of Thomsonism. The most successful group was the eclectics, who emphasized formal medical education and “saw themselves as wholly separate from the steam and puke followers of Thomson” (p. 19). The Thomsonian practitioners split into factions with names like reformed, botanic, improved botanic, and physio-medical.

Alva Curtis (1797–1881) was Thomson’s most influential successor. He was an active Thomsonian agent, edited a Thomsonian journal, helped organize a medical society, and established the first Physio-Medical College, which was the intellectual centre of the movement for a time. Curtis soon abandoned his organizational activities and no single individual replaced him, which led to ceaseless philosophical and organizational dissension among physio-medicalists.

The therapeutic philosophy of physio-medicalism “relied heavily on lobelia, capsicum, and the vapour bath—all considered sheet anchors of Thomsonism” (p. 95). Their materia medica consisted of botanicals, most used by Thomson, and eschewed poisons like morphine and arsenic. Physio-medicalists opposed the use of alcohol, even in medicines,

and some were active in the temperance movement. Most accepted the concept of bacterial pathogens, but believed that therapeutics should strengthen the body’s vital forces rather than combat germs.

Physio-medicalism had fewer than 2,500 practitioners at its peak, primarily in the Midwest and South. Many physio-medicalists who wanted to employ a wider range of drugs became eclectics, homeopaths, or regulars.

Much of the book describes individual physio-medical medical schools. Several opened before the Civil War, most in the South, but none were more than marginally successful. After the Civil War, several more opened in the midwest, some of which became the movement’s leading schools, and the last one closed in 1911. Medical school faculty members helped found many of the sporadic physio-medical medical societies, which are also described in detail.

Physio-medicalism failed to survive because of its retention of Thomson’s botanical treatments and its vitalistic as opposed to biomedical approach to medicine. It achieved its greatest success in popular books and pamphlets on health and hygiene that incorporated traditional domestic medicine, religious themes, and movements like Grahamism, phrenology, and prohibition.

This well-written book provides a wealth of useful information about the key institutions of a popular movement during the nineteenth century. Information is lacking on relations with other groups of physicians, physio-medical patients, and the content of the health and hygiene books and pamphlets. In this book and the one on eclecticism, Haller has provided a valuable service by describing major institutions of popular groups of physicians that have been inexplicably disregarded by most medical historians. The design and production of *Kindly medicine* by Kent State University Press are exceptionally attractive.

William G Rothstein,
University of Maryland Baltimore County