

hence that Freud's thinking was merely one variation upon concepts of the unconscious that had been developing since Mesmer and branching into the work of Moritz Benedikt, Janet, Jung and others, Ellenberger also thereby displaced Freud from his customary position at centre-stage, at the same time as paying him homage.

As Micale emphasizes in his luminous Introduction, much of Ellenberger's historical work was, in this very manner, a mode of creative displacement (possibly reflecting his own migrations). Regular history privileged psychiatrists; Ellenberger responded by pioneering the history of their patients, writing major studies of "Anna O", "Emmy von N" and Jung's Helene Preiswerk, not just from the pathographical viewpoint but emphasizing how much these gifted patients positively contributed to the raw materials of Freudian and Jungian theory.

Similarly, traditional history had centred upon hysteria as a female diagnosis. As long ago as 1968, Ellenberger was writing a critical study of Freud on *male* hysteria. If Germany and Austria had achieved the limelight, for organic and dynamic psychiatry respectively, it was Ellenberger who correctly emphasized, in 'The scope of Swiss psychology' (1957), that, in population terms, the world's greatest psychiatric matrix was, beyond question, Switzerland—spawning such diverse figures as Bleuler, Piaget, Binswanger, Minkowski, Rorschach, and of course Jung (whose career reveals some interesting parallels to Ellenberger's). And all these pioneering forays are nicely philosophized in an essay of 1961, 'Psychiatry and its unknown history'.

Such unknown dimensions were exemplified in practice by his piece (1954) on Rorschach, which delved behind the familiar pioneer of the inkblot test and examined one of the great psychiatric diagnosticians. And likewise by his study of Gustav Fechner, the experimental psychologist who in a unique manner sought to bridge German Romanticism and the new biologicistic materialism.

Multilingual and enviably cultured, Ellenberger wrote with scholarly scrupulosity

and an eye for the unconventional. None of the essays reproduced here is of merely historico-biographical interest; all continue to have something to say to the ongoing concerns of historians of psychiatry. We should be grateful to Mark Micale for generously giving his time and talents to make the work of a too little known historian more widely available.

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**John S Haller, Jr**, *Medical protestants: the eclectics in American medicine, 1825–1939*, Carbondale and Edwardsville, Southern Illinois University Press, 1994, pp. xix, 340, illus., \$49.95 (0-8093–1894–6).

In nineteenth-century America three groups of physicians enjoyed substantial public support—the regulars, homeopaths, and eclectics. This important study is the first book-length history of the eclectic movement, the most successful professional offspring of botanical medicine. Haller's thesis is that eclectics believed they were "authentic protestants, saving therapeutics from the errors and extravagances of orthodox medicine" (p. xv) and "intent on establishing a role for a native and more practical system of medicine independent of Europe's medical savants" (p. xvii).

When the heroic medicine of the regular physicians provoked a lay rebellion in the 1820s, many Americans turned to traditional botanicals. The greatest beneficiary of this movement and the leading force in lay medicine in the 1830s was Samuel Thomson, an itinerant botanical healer who devised a system of botanical self-medication and user support groups. Thomson published a book on domestic botanical medicine in 1825, organized a large and active sales force, and sold his book and drugs widely.

Wooster Beach, a regular physician, wrote a domestic botanical "reformed medicine" book in 1833 called *The American practice of medicine*, which also became very popular. According to Haller, Beach rejected

Thomson's anti-professionalism and recommended a broader range of botanicals.

Beach taught his system to medical students and physicians, and in 1830 some of the latter opened a medical school that moved to Cincinnati, Ohio, where it received a state charter as the Eclectic Medical Institute in 1845. Haller suggests that the word "eclectic" was chosen in order to identify the movement with "American common sense and experience" rather than "pathies" like allopathy and homeopathy (p. 92). After a contentious and polymorphous beginning, the Institute became the largest eclectic medical school and "the mecca of eclectic thinking" (p. 216). Its faculty wrote most eclectic textbooks and published the leading eclectic medical journal.

More than a dozen degree-granting eclectic medical schools opened during the century. The best provided an acceptable medical education, but most were disreputable or diploma mills. The National Eclectic Medical Association was organized in 1848, became dormant in 1856, and was reactivated in 1870. In the late nineteenth century, eclectic physicians comprised four per cent of the medical profession and practised primarily in the midwest and south.

A major problem for eclectic physicians was the harshness of crude botanicals. Beginning in the 1840s eclectic physicians and pharmaceutical firms tried without success to develop a palatable eclectic pharmacopoeia. Finally in the 1870s John M Scudder, the Dean of the Eclectic Medical Institute, developed "specific medications," mild and palatable solutions of botanicals designed to treat the symptoms of particular diseases. Specific medications became popular, but eclectics were too diverse to agree on any single set of therapies.

Eclectic medical schools lacked the skilled faculty and resources needed to survive the bacteriological revolution and most shut down early in the century. The Eclectic Medical Institute closed in 1939, and the National Eclectic Medical Association in 1965.

Haller's account is well written, chronicles the movement's history, and describes eclectic medical schools and some other institutions. It is a significant history of the eclectic movement, but it is not a history of eclectic physicians. It does not examine the types of communities and patients cared for by eclectics or their medical practices, such as their use of non-botanical treatments. Nor does it describe relations between eclectics and regulars and homeopaths. Perhaps others will be sufficiently inspired by Haller's valuable contribution to pursue these issues.

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**Khaled J Bloom, *The Mississippi Valley's great yellow fever epidemic of 1878*, Baton Rouge and London, Louisiana State University Press, 1993, pp. x, 290, £28.50, (0-8071-1824-9).**

The past ten years have witnessed a grand burgeoning of studies in the history of disease, from the pandemics of plague and cholera to the emergence of Alzheimer's as a popularly recognized clinical entity. Within this literature a special corner belongs to yellow fever, the geographically selective yellow peril, which has been given over largely to studies of the disease in the American South. In 1992 two excellent monographs on the subject were published: Margaret Humphreys' *Yellow fever and the South*, and John Ellis's *Yellow fever and public health*. Against this background, the claim on the dust-jacket of this recently published volume, that it is "sure to become the definitive work on the last great epidemic of nineteenth-century America", seems grandiose and misplaced. The definitive story of the 1878 yellow fever epidemic clearly remains to be written; if only to synthesize the differing perspectives of these three books. All three differ in emphasis, but inevitably cover much the same ground: the horror of the disease; public responses to the outbreak, both local and national; the shaping of public health