

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

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policy; tension between national and local interests; the importance of communications; and the financial impact of the epidemic are prominent themes in all.

Each of these books does, however, make a distinct contribution to our understanding of yellow fever and its impact on the late nineteenth-century South. Thus Humphreys places the epidemic within the broad context of local and national public health policy while Ellis focuses on the experiences of the cities of New Orleans, Memphis and Atlanta. Bloom's book is valuable because it takes us out beyond the cities and into their hinterlands, making us aware of the experience of the wider community as waves of panic and epidemic disease reached outwards into the vast interior of the Mississippi Valley. Before 1878, the South had existed in the not uncomfortable belief that yellow fever was confined to a definite zone in the tropical south, but in 1878 the disease travelled hundreds of miles north to reach Louisville and St Louis, Grenada and Holly Springs and many other settlements which had previously considered themselves to be beyond the limits of infection. The tremendous impact of the 1878 epidemic lay not just in the numbers suffering and dying or in its devastating economic effects, but in the appalling novelty of its geographical reach.

One of the attractive and original features of this book lies in its sense of the ecology of yellow fever, and in Bloom's constant, unobtrusive detailing of the weather patterns and surface water conditions which permitted *Aedes aegypti* to spread so far beyond its normal range. As he notes succinctly, the unusual weather was apparently the controlling variable everywhere: a "freakishly mild winter" followed by a long warm spring maximized egg-survival and ensured extended breeding. In counterbalance to this sense of the wider environment, Bloom is also interested in the more narrowly intellectual aspects of the epidemic, in the theories of the nature and transmission of yellow fever which preoccupied contemporary observers. Humphreys discussed changing theories of yellow fever in a chapter; Bloom pursues them

as a running theme through his book. This integration of medical theory with epidemiological reality reinforces the sense of the disease as a living entity whose vagaries shaped the wider history of the epidemic; and it is this sense of the disease as a vital player in the story that seems to be the distinctive feature of Bloom's account of yellow fever in the South.

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**William H Brock**, *The Fontana history of chemistry*, London, Fontana Press, 1993, pp. 744, £8.99 (00-0215-319-X).

Chemists used to be conscious of and proud of their history. They liked to trace their intellectual ancestry: their professor, tutor or supervisor had studied with X, who was a pupil of Y, who had done his PhD with Liebig, who had worked with Gay-Lussac, who in turn had been trained by Berthollet, a colleague of Lavoisier. The Chemical Revolution of 1789, when Lavoisier's book was published, was intertwined with that other great Revolution, in which Lavoisier was to lose his head. Chemists could look back to this not very distant past, when the tyranny of old errors was overthrown, and a new order established—making a science out of an erudition—associated with these great names and with Dalton, Davy, Berzelius and Dumas. Chemistry then seemed the fundamental science, dealing with the powers that modify matter; penetrating beneath the shell and surface of things, which was the sphere of mechanics. It was also an essentially experimental discipline, involving the hands as well as the head, and thus educationally valuable; concerned too with the interesting secondary qualities—colours, tastes and smells. Electricity and mineralogy were absorbed into the chemical empire; chemists had already explained respiration and photosynthesis, and it seemed that these Frankensteins might account for life. Students were trained in this great tradition; and the