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John S. Haller. *Kindly Medicine: Physio-Medicalism in America, 1836-1911.* Kent, Ohio: Kent State University Press, 1997. xv + 207 pp. \$35.00 (cloth), ISBN 978-0-87338-577-0.



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The comparatively recent triumph of regular, or allopathic medicine, over its competitors in America often causes us to forget that in the early nineteenth century it was just one therapeutic system in a crowded medical market. Allopaths competed for the medical dollar with phrenologists, Thomsonians, homeopaths, eclectics, and a variety of other practitioners who often simply put out a shingle and offered cures. The “heroic” nature of allopathic medicine in eighteenth- and nineteenth-century America often made the patient dread the cure as much as he did the disease. Dosings of mercury, harsh purgatives, emetics, and bloodletting that were primary features of so-called regular medicine created a market for alternative therapeutic systems. John S. Haller’s *Kindly Medicine* examines the rise and eventual “slow descent into anonymity” (p. xv) of physio-medicalism—one of the losers in this market competition. Rising out of Samuel Thomson’s botanic system, physio-medicalism suited a society that prized self-sufficiency and saw in therapeutic choice an “instrument of democratic culture” (p. 2). It saw its decline in an era that celebrated science, credentials, and central organization.

Haller begins with a chapter titled “The Medical Landscape” which provides a clear and concise overview of the diverse nineteenth-century medical community and its principal philosophies. This section furnishes a context that emphasizes the broad array of choices avail-

able to the average patient in a world in which allopathic medicine was not generally considered any more effective than any other sectarian system. Haller concentrates on explaining allopathic medicine and the basics of its most prominent challengers, which were homeopathy, botanics, eclecticism, and Thomsonism. Homeopathy, which is still found at least in name today, relied on the curative power of the “vital force” that required only the slightest assistance from the doctor and his minute dosages of medicines to restore the patient to health. Botanics as a category included everyone from the midwife who used herb poultices to eclectics and Thomsonians. While lay-persons enthusiastically pursued their own idiosyncratic practices with a mixture of plant derivatives and folk practices, it was not until eclecticism and Thomsonism emerged with energetic proponents in Wooster Beach and Samuel Thomson (respectively) that a systematic and theoretical botanics based approach was pursued.

The eclectic and Thomsonist schools both gained significant followings by the 1820s as a botanical alternative to allopathic methods. Wooster Beach, a University of New York trained allopathic physician, enthusiastically rejected the “purge and vomit” therapeutics from both the botanic and regular schools of medicine and instead embraced clinical training from Parisian allopaths and microdosing from the homeopaths. And, like home-

opathic medicine it successfully captured a significant portion of the market among the educated and wealthy. Samuel Thomson, a New Hampshire farmer who learned the herbalist's art from a local woman, was the proponent of a method that deviated from regular medicine's therapeutic regimens more in materials used than in method. Beginning his full-time practice with a Boston infirmary in 1805 he pursued a therapeutic course that sought to provoke the same physical responses in patients as the allopathic system but used "a regimen of kindly medicines" (p. 86) or botanicals rather than mercury and other harsh "minerals." Thomson's followers liked the energetic approach to therapy as well as Thomson's willingness to sell the entire system to anyone with twenty dollars which released them from "dependence on the pretensions of a learned profession" (p. 17).

Haller links the extensive popularity of Thomsonism with the cultural current of self-help that also informed and shaped voluntary associations, evangelical religion, Jacksonian democracy, and laissez-faire economics in the era. Enthusiastic followers in New England offered Thomson's "steam and puke gospel" (p. 17) to other regions. His *New Guide to Health* in 1822 went through no less than twenty-six editions over the next twenty years. Thomson and his adherents believed that human life was not, as allopaths promoted in their theories, material or mechanical but propelled ultimately by a "vital force" which was not "under the control of the laws of either physics or chemistry" (pp. 89-90). The precise nature of "vitalism" (whether it was the soul or spirit or something else) was the topic for some intense internal debate but one thing that Thomsonists, like homeopaths and later physios, were clear on was that the physicians' role was to assist this natural force in its ability to heal. The appeal of Thomson's system was distinctly broad as it challenged elitism, promoted self-reliance, and eschewed foreign techniques and therapeutics for the native. But its strengths would time and again prove to be its weaknesses as society and science both changed.

The same social and economic forces that promoted Thomsonism also caused its first schism. In Chapter Two, Haller delineates the disaffection and ambition of some of Samuel Thomson's followers as they added agents to his materia medica. Alva Curtis led the most successful break with the founder in 1839 and established the rival Independent Thomsonian Botanic Society which emphasized the need to provide formal education and clinical training to enhance the reputation of the regimen. Curtis, another New Hampshire native, was not only the most successful challenger to Thomson's administration

and control of the system but was the father of its professional development as he moved the study of Thomson's system into proprietary medical schools with the establishment of the Literary and Botanico-Medical Institute of Ohio in Columbus in 1839, which moved to Cincinnati in 1841 and eventually assumed the permanent name Physio-Medical College. Curtis, like many other sectarians, believed that success for Thomsonist system would be in the demonstration of its efficacy. But, in taking what was a "highly charged mass movement" (p. 30) that emphasized self-determination and attempting to create strong central institutions, Curtis was taking on a task that was contrary to the fundamental philosophy of the originating system. The proof of this is in the history of the physio institutions themselves.

The problems of providing a professional identity and institutional base are especially evident in the recounting of the trials and tribulations of maintaining viable schools for training physio-medical doctors that Haller details in Chapters Three and Four. Physio-medicalists opened six colleges between 1839 and 1859. By 1848 Alva Curtis' Physio-Medical College in Cincinnati had produced 119 graduates and an enrollment of 83 students at various stages of preparation. The other original six colleges of physio were located in small towns in Mississippi, Virginia, Georgia, Tennessee, Alabama, Massachusetts, and New York. Some of these suffered from remote locations with poor access to clinical training, others suffered from dislocation by the Civil War or financial problems, but most failed due to faculty defections to eclecticism. Eclecticism's botanic approach with liberal adaptation of whatever method or medicine seemed useful proved to be a magnet for those who increasingly found physio's philosophy too narrow. By 1865 physio training was centered exclusively in the Midwest. Curtis had resisted "the siren appeal of the eclectics" (p. 63), but he was joined only by one other college which was founded by one of his faculty members who, ironically, split with him over the issue of inadequate professional training for physios.

Curtis' challenger, William Henry Cook, was a convert from eclecticism. Cook believed that the system needed to move beyond Thomson's original principles to "enlarge the view and capacity of physio-medical science" (p. 40). Ultimately, Cook argued, a more systematic and modern approach to their own branch would allow physios to "meet with educated scientists and physicians and demonstrate the truths of their medicine" (p. 40). Cook and his allies on the faculty forced Curtis out in 1858 but he continued to issue diplomas in the name of the school he founded. Cook finally quit in disgust to

found the Physio-Medical Institute in Cincinnati while Curtis returned to preside over the decline of the Physio-Medical College. A decline for which he himself was largely responsible by turning the college into a diploma mill. Haller also provides some very interesting insights into the beginning of the allopathic ascendancy in governmental institutions by following William Cook's efforts to both obtain a role for the physio in the army during the Civil War and continued access to clinical training in Cincinnati hospitals. Cook failed on the national level but prevailed locally which provides an interesting foreshadowing of the trend about to overtake not only physios, but all the non-allopathic physicians.

Chapter Five leaves the institutional history concerns for the theoretical in a discussion of "vitalism" and the challenges posed to physio by laboratory discoveries in the later nineteenth century. In the introduction, Haller had noted that he deliberately placed this chapter after those discussing the professional and educational development in order to aid the reader in her understanding of the internal feuds and splits. Obviously it was problematic for him, and this reader found herself going back to several of the factional debates in Chapters Three and Four with a more complete understanding of the parties and issues involved than on first reading. Despite this minor inconvenience, however, Haller smoothly navigates the multitude of variations on the physio-medicalist theories to build up to what became the system's fatal flaw in the late nineteenth century—the aversion to germ theory. Thomson's original views on etiology were founded in vitalism and germ theory was, in essence, mechanical. Germs, like any other "microscopical animalcule ever found in the excretions of fluids of the body in a person diseased are the result of a disease and not the cause of it" (p. 109), founder Samuel Thomson had proclaimed, and to deviate from that position would be to deviate from the most fundamental principle of both Thomsonism and physio.

In Chapters Six and Seven Haller returns to the institutional history concerns to detail the final decline and last attempts of the physios to conform to the educational standards required by the allopath dominated state med-

ical and local hospital boards and new demands of the public. When William Cook consolidated physio training in Chicago in 1885, he believed that the large population would provide a variety of clinical experiences for his students and a market large enough to comfortably accommodate physio and allopathy. But, as Haller demonstrates, it was not the location that limited the opportunities for physios but the changing professional climate. By the final decades of the nineteenth century physios and other non-regular physicians were in the twilight of their legitimacy. By the end of the century the allopaths' complete adoption of science and creation of a strong professional identity resulted in their control of medical certification, health, and hospital boards. Although physios half-heartedly adopted what theories they could without violating their belief in vitalism, the effort was futile. The last of the colleges was absorbed by an eclectic school in 1911 and that in turn was purchased by Loyola University in 1917.

By the beginning of the twentieth century, science meant progress and physios were considered hopelessly old-fashioned. They also suffered from a complete inability to form a unique identity and institutional structure that would promote its principles and support its long-term existence. In many ways, as Haller argues, physio-medicalism's self-help literature and philosophy was "a uniquely American literature in its ritual, its rejection of imported theories, its appeal to volunteerism, its deliberate protestantism, and its millennial expectancy" (p. 148). But it was unique to an America of another century. When Samuel Thomson published *A New Guide to Health* in 1822, he, like many other Americans, celebrated the independent and self-reliant individual. In less than a century, however, Americans had more faith in the credentialed professional. In *Kindly Medicine* John Haller charts more than the decline of one minor participant in the antebellum medical competition, he charts a fundamental shift in society.

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