

determining threads of the sources rather than those of any over-arching theory or narrative.

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John Harley Warner, *Against the spirit of system: the French impulse in nineteenth-century American medicine*, Princeton University Press, 1998, pp. xi, 459, \$37.50 (0-691-01203-2).

John Harley Warner knows more about the travels of nineteenth-century Americans to medical Paris than any other historian. For more than a decade he has published articles and delivered papers about these Americans abroad: their fascination with the practical, empirical study of medicine in the French capital, their disinterest compared with the English in the structure and polity of French medicine, and the lingering memories of Paris that filtered through the haze of their passing years. Throughout, his interest has been more in such current concepts as professional identity, historical memory, and storytelling than in a narrative description of the impact of Parisian travel on American medicine. The research he has undertaken is staggering—nearly a hundred repositories in the United States and abroad are listed in the present work—and his command of the published literature is excellent.

Against the spirit of system is an elaboration of his previous accounts and an extension of them to the whole spectrum and meaning of the French influence on American medicine. Beginning with an analysis of the competitive antebellum atmosphere in medicine and the reasons for American travel to Paris, the book centres on how American physicians viewed French medicine and sought to apply it at home, and concludes with a section on the waning impact of the Paris school in an era of German ascendancy. At the risk of oversimplification, the principal themes seem to be: (1) Americans went to Paris primarily to set themselves apart from their fierce competitors; (2) while there, they sought

practical experience at the bedside and dissecting table rather than in mastery of the scientific work of the professors; (3) they learned most from private, for-fee courses in such subjects as lung disease, use of the stethoscope, and midwifery; (4) they returned with an animus against speculation and in favour of an empirical search for knowledge; (5) they showed less interest than the English in the organization and social structure of French medicine; (6) they disdained French callousness towards patients and their sceptical attitude toward traditional remedies, yet curiously thought themselves better “healers” than the French (a strange paradox, since closer observation and better diagnosis clearly had to precede better therapeutics); (7) their successors, many of them, continued to go to Paris for clinical experience as late as the 1860s despite the growing ascendancy of German study; (8) they continued to cling to their memories of Paris in face of the growing challenge to their professional identity of the German-influenced generation around them.

What then is new in the present work? Primarily the organizing theme that the Paris experience was central to a strong American reaction against “the spirit of system”. Here Warner’s strength in amassing large amounts of material to sustain a sharply focused argument—e.g. that Americans went to Paris for practical rather than scientific reasons—fails him. The book’s theme is repeatedly asserted but never really argued or proven. To demonstrate that foreign travel uniquely *caused* or *deepened* the spirit of empiricism in American medicine, it is necessary to show that the travellers began their studies with a bias toward rationalism and systems, then changed their views in Paris in favour of empirical observation and clinical experimentation, and finally were successful in applying new viewpoints in the average American classroom, in frequently used texts, in teaching apprentices (still the principal way of learning clinical medicine), and in the treatment of patients—and that the sharp turn toward empiricism would *not* have come if this relative handful of Americans had stayed at home. In actual fact,

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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.

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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