

BRESLAW, Elaine G. — *Lotions, Potions, Pills, and Magic: Health Care in Early America*. New York: New York University Press, 2012. Pp. 236.

News reports are awash with debates on the “healthcare crisis” and strategies to reform the ailing medical care system in the United States. In *Lotions, Potions, Pills, and Magic*, Elaine Breslaw takes an intriguing backward look at the history of healthcare in early America and finds parallels between the current disillusionment with physicians and the former “gloomy picture of the early state of health care and the medical profession” (p. 193). Breslaw offers an accessible synthesis of scholarly works on the history of medicine. Her overarching goal is to chart the longstanding tensions between doctors and the public. According to Breslaw, doctors experienced a period of prestige during the colonial years, but their medical authority then declined from the early national period through the mid-nineteenth century. While European physicians were on the forefront of nineteenth-century scientific advances, Breslaw asserts that doctors in the United States resisted change and clung to familiar but outmoded therapies.

Breslaw begins with Alfred Crosby’s classic “Columbian Exchange” paradigm that underscores the devastating depopulation of American Indian groups caused by the transfer of pathogens between the Old and New Worlds. European colonists also fell prey to diverse epidemics. Breslaw analyzes publically-enacted early eighteenth-century therapeutic conflicts between medically-savvy ministers who advocated smallpox inoculation and physicians wary of unorthodox practices. Doctors in all colonies faced continued challenges from numerous authoritative non-physician healers in an unregulated medical marketplace. Breslaw concludes that these struggles between practitioners over “traditional” versus experimental treatments “gradually dissolved the magical aura” that had long surrounded physicians (p. 41).

In the pre-Revolutionary period, physicians reasserted an aura of authority by employing “heroic” therapies, including extensive bleeding and purging. Breslaw argues that the colonial culture of deference allowed socially prominent, university-trained physicians to claim preeminence in healing hierarchies. Physicians’ authority was also bolstered by the placebo effect—the phenomenon in which the patient’s belief in the efficacy of a drug or therapy prescribed by a reputable practitioner causes physical healing despite the remedy’s lack of actual therapeutic effect. Breslaw’s arguments though intriguing, raise questions regarding the nature of colonial deference and historians’ ability to assess the placebo effect retrospectively.

During the American Revolution, public rivalries between Continental Army medical officers dampened public confidence in physicians. In the post-war Republic, doctors’ acrimonious debates over the etiology and treatment of yellow fever during the devastating 1790s epidemics further undermined patients’ trust in the medical community. In the early nineteenth century, “medical nationalist” physicians achieved consensus by arguing that the American health environment was exceptional, causing Americans to experience different medical issues from those in Europe. According to Breslaw, this mentality prevented U.S. doctors from taking advantage of European advances in statistics, clinical studies, and pathology. Medical nationalism devolved into medical sectionalism, as southern physicians argued for a differentiation in southern physiology and remedies, including differences in African American bodies.

Breslaw considers themes of personal agency and institutional coercion in chapters on gynecology and mental health. Although male midwives secured obstetrical practices among urban middle-class women by the late eighteenth century, female midwives presided over most American women’s childbirth into the mid-nineteenth century. For enslaved

women, childbirth was a site of resistance to slaveholders' coercive healthcare practices and sexual abuse. Coercion also shaped alterations in psychiatric care. Leading American physicians like Benjamin Rush promoted humanitarian treatment based on new notions of rational, secular causes of mental illness. However, therapies included physical restraint and incarceration in asylums. By the mid-nineteenth century, asylum-based psychiatric physician specialists asserted professional authority to determine the boundaries between normality and deviancy.

In Jacksonian America, the celebration of the common man fostered a popular health movement in which numerous "sectarian" practitioners, including Thomsonian herbalists, homeopaths, and hydropaths challenged "regular" physicians' authority. In the face of failed regulatory efforts to block competition, "regular" doctors clung more fiercely to their "heroic" therapies. According to Breslaw, American physicians feared facing "therapeutic nihilism" if they admitted that their treatments had long been detrimental to patients' health. A profusion of unregulated medical schools further decreased doctors' qualifications and public confidence. Breslaw concludes, "Held back by low educational standards, a lack of interest in laboratory studies, the commercialism of health education, an unregulated market for health care, and a nationalistic belief in American exceptionalism, little of the European scientific advances made any headway in the United States until the beginning of the last decade of the century" (p. 182).

Breslaw's choice not to include footnotes orients her book towards popular readers and students, but her concluding bibliographical essay offers scholars a useful introductory survey of medical historiography that includes her previous work on Dr. Alexander Hamilton. Still, Breslaw could have done more to discuss the limits of classic works like those of John Duffy and Paul Starr, and to point out numerous openings for additional research (Duffy, *From Humors to Medical Science*, 1993 and Starr, *The Social Transformation of American Medicine*, 1982). Breslaw's physician-centered narrative and her uneven treatment of gender reflect these historiographical shortcomings. The book also raises questions regarding the level of colonial physicians' status and authority. Is this a declension narrative charting physicians' lost medical legitimacy or an account of doctors' long struggle to exert medical authority over other health providers won only in the early twentieth century? Breslaw's occasional comments like, "neither science nor technology had any application" to eighteenth-century medicine and her assertions that apart from the Continental American army's successful smallpox inoculation campaign, "little was learned about protecting the health of the soldiers during the War," make it difficult to evaluate physicians in their historical context (pp. 47, 92). Her arguments are stronger when she considers early American doctors on their own terms. Recent works by historians Simon Finger and Katherine Arner offer alternative narratives by situating physicians within transatlantic scientific networks that mitigated medical isolationism and promoted American medical and public health innovations (Finger, *The Contagious City*, 2012; Arner, "Making Yellow Fever American," *Atlantic Studies*, Dec. 2010). It is clear from current debates that healthcare is deeply intertwined with issues of politics, gender, class, and race. Breslaw successfully emphasizes the centrality of health in American history and invites further research on the topic.

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