

**Anne-Emanuelle Birn, Marriage of convenience: Rockefeller international health and revolutionary Mexico, University of Rochester Press, 2006, pp. xi, 434, illus., £55.00, $95.00 (hardback 1-58046-222-7).**

The coming of age of international health history is attested by the increasing number of scholars studying the relationship in various countries between US philanthropies and science and medicine, investigating global organizations, or embarking on such topics as borders and health. Latin America, Russia, Europe and India have recently been the main areas under scrutiny. Anne-Emanuelle Birn’s excellent and highly readable *Marriage of convenience* is one more example of the growing success of this research programme, initially developed in 1991 at a conference on ‘Science, Philanthropy and Latin America’ sponsored by the Rockefeller Foundation and Indiana University Center on Philanthropy (see Marcos Cueto, *Missionaries of science*, 1994).

The book under review pays special attention to the local reception of and response to US philanthropy. It may be read as a history of Mexican public health in the post-revolutionary era as well as an investigation into one of the Rockefeller Foundation’s most significant ventures. Neither of these issues, however, is central for Birn. Rather, it is the long-lasting, fruitful and conflictual encounter between Mexico and the Rockefeller Foundation which is crucial. From the 1920s to the 1940s, the Foundation conducted a high-budget yellow fever campaign along the Gulf of Mexico and a far-reaching (though much less expensive) hookworm disease eradication campaign in the centre and in the south of the country. It established local health units in three states, sent sixty-eight public health fellows to North American universities and trained about 600 health workers in two training stations founded in Mexico. The relationship proved to be an “elastic and mutually beneficial marriage”. Imperialism, charity (international assistance), catalysis (foreign intervention to boost development), coincidence (foreign aid as a concomitant factor in the process of endogenous modernization), these are all concepts that explain such a relationship only to a certain extent. Accordingly, the book offers a fresh interpretation, which highlights interaction and competition alike between both partners.

Birn explores the inherently national and nationalistic nature of modernity. Just as the creation of the Rockefeller charities had aimed to placate populist critics of Standard Oil, the intervention in Mexico was motivated by the necessity to ease tensions aroused by US invasions in 1914 and 1916. Birn rightly describes Rockefeller intervention in Mexico as a sort of “ersatz diplomacy” aka “invisible diplomacy” elsewhere (France). Of course, public health campaigns were put on display in order to protect foreign assets. But the Foundation took the nationalization of oil in 1938 as an opportunity visibly to demonstrate that its activities and commitment to Mexico were by no means connected with business interests. In appearance, the “Good Neighbor” policy of the mid-1930s might be regarded as a logical outcome of the Rockefeller Foundation strategy towards Mexico.

Unlike Porfirio Díaz’s regime, the post-revolutionary republic blended a pre-existing sense of ethnic heritage with the revolutionary values of political participation and autonomy. A militant intelligentsia keen on social medicine favoured a “vernacular mobilization” of Indian culture, associated with the spread of medical services in agricultural cooperatives (ejidos). The Rockefeller Foundation officers never felt at ease with this bottom-up nationalism. Another nationalist vision, the top-down building of a nation-state, united the Mexican medical elite and the Rockefeller officers. Heirs of the Porfiriato científicos, although with a
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profoundly new face, and forerunners of the técnico of the 1970s, though with a socialist-populist ideology, well-educated doctors (thanks to Rockefeller fellowships) peopled the higher ranks of central public health bureaucracy. This double-barreled nationalism helped bring about a more moderate sense of national identity among doctors whose traditional anti-Americanism had been aroused by the demanding standards imposed by the Rockefeller officers in their newly established health units (training, full-time commitment). It also helped to defuse the resistance of the rural population. Although by no means hostile towards the health units, villagers sometimes reacted with violence at the implementation of sanitary measures (smallpox vaccination, quarantine, DDT spraying). Certainly, Mexican and American physicians clashed more than once: upon the interpretation of the determinants of hookworm disease, and about the operating principles of the sanitary campaigns and the rural health service. Nevertheless, bureaucratic interest and a thirst for international prestige tied the modern professionalized state to US philanthropy. A proper balance was successfully achieved between Rockefeller aid and the preservation of the country’s sovereignty—what Birn aptly calls “Rockefeller with a Mexican face”.

In the end, did “Mexico shape the Rockefeller Foundation”? The Foundation’s original style of governance remained untouched in many ways. In its usual manner, it played an “influential role” in Mexico, though “not a dominant one”. New York chose to circumscribe its activities to a limited section of the country and to a limited range of health problems. This does not deviate in the least from the road taken by the Foundation in 1915: “to pick up small things and do small things”.

Birn would have it that “in Mexico, health revolutionaries and the [Rockefeller Foundation] took public health to be a technical force residing at the intersection of state building, economic growth, and material betterment” (p. 237). The question is, how can we reconcile this functionalist description (from politics to expertise) with the elitist nationalism that transformed technical issues into contentious high politics?

In Mexico by and large, the Rockefeller Foundation’s methods were remarkably similar in their patterns to those set in motion in the New South, or even in France for that matter. As the book itself demonstrates, the Foundation would first display ambitious campaigns (yellow fever, hookworm, tuberculosis), only subsequently to establish modern health units with exclusive and full-time personnel. And the whole effort would be embedded in a grand strategy of rural betterment, which the Foundation wished to spread throughout the world.

This book will set the pace on the subject for many years to come. It is arranged with extraordinary care (not a single error could be found in the French references) and written in an inviting style, making it a real pleasure to read. Last, but not least, are the richness and high quality of the illustrations (apart from the map on p. 35, difficult to interpret).

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Sunil S Amrith, Decolonizing international health: India and Southeast Asia, 1930–65, Cambridge Imperial and Post-Colonial Studies, Basingstoke, Palgrave Macmillan, 2006, pp. xiii, 261, £50.00 (hardback 1-4039-8593-6).

The 1950s were the heyday of mass campaigns against specific diseases in the developing world. These campaigns were based on the optimistic assumption that it was possible to control and even eradicate disease through the effective deployment of appropriate technologies. In other words, this was the golden age of the “magic bullet”. Judging from demographic statistics, this approach seemed to work, and countries in Asia and Africa saw a significant decline in mortality during the decade.

In his study of international health in South and Southeast Asia, Sunil Amrith—although recognizing that the public health campaigns
were in one sense “tremendously successful” (p. 150)—aims to challenge the notion of the well oiled and smoothly running operation. Rather, the campaigns were fragile enterprises dependent on local circumstances and historical contingencies. Thus, in a central passage Amrith suggests that “when looked at too closely, the modernist image [of the campaigns] fragments into so many broken-down vans, fears of ‘resistance’, recalcitrant mosquitoes, and plans gone wrong” (p. 148).

While many books in the history of medicine conveniently confine themselves to one disease and/or one country, Amrith courageously sets out to substantiate his argument through analyses covering public health efforts in a broad sense over the area corresponding to the South East Asian Region of the World Health Organization (a somewhat artificial unit created because Pakistan and India could not be in the same region). He begins in the 1930s, where he identifies a discourse on rural hygiene emerging from the peripheries of Asian empires and culminating with the 1937 Bandung conference. This was a discourse based on a broad “social” approach to medicine. The Second World War, however, changed this. The discovery of DDT and antibiotic drugs against tuberculosis, on the one hand, and the logistics of military medicine, on the other, placed, Amrith argues, “‘the magic bullet’ at the heart of international medicine” (p. 53). Consequently, after the war a more narrow bio-medical perspective on public health dominated “the political culture of international health”. This political culture was first and foremost embodied in the WHO. Apparently, the new approach did not depend on local circumstances; nor did it require any active cooperation from local populations. Seemingly, international health had become “universal”.

Having taken the reader so far in the first four chapters of the book, Amrith looks more closely at the campaigns. He finds a fragile medical infrastructure, improvisations from local employees, resistance against BCG-vaccination from political leaders in South India, and problems in creating rational, compliant patients for long-term medication. Finally, he of course finds the looming fear of the emerging resistance to DDT in mosquitoes. More than anything else, resistance to this insecticide symbolizes the failure of the “magic bullet”. By 1965 faith in the medical campaigns was fading, while concerns about the population explosion received more and more attention.

There can be no doubt that *Decolonizing international health* is a suggestive and imaginative contribution to our understanding of international health at a crucial juncture, not least because it takes such a bold and broad perspective. These virtues come, however, at a cost. First, the narrative in some of the chapters tends to be confused. Chapter two, for instance, begins with an account of the developments in military medicine during the Second World War which paved the way for the narrow bio-medical approach. It then considers the report of the Indian Bhore Committee, which employed a much more social approach. The chapter proceeds to an account of United Nations Relief and Rehabilitation Administration and ends in Bengal during the famine of 1943. This seems to be a wide and somewhat heterogeneous range of topics to cover within just twenty-five pages. Second, specific issues could have been analysed in more depth. While most would agree with Amrith’s suggestion that employees of the campaigns were not “faceless technicians in a Fordist production line of health” (p. 126), the convincing in-depth case study to substantiate this argument is lacking. It might be true that the high modernist image of the mass campaign disappears when looked at “too closely”, but Amrith does not—after all—come that close.

*Decolonizing international health* is, nevertheless, an immensely valuable work because it should inspire others to conduct a wide range of in-depth microhistorical studies of public health interventions in Asia. Such studies might support or repudiate Amrith’s line of argument, but it is a very stimulating book to have on the shelf.

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Matthew H Kaufman, *The regius chair of military surgery in the University of Edinburgh, 1806–55*, Clio Medica 69, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2003, pp. vi, 361, €80.00, $116.00 (hardback 90-420-1248-X); €37.00, $54.00 (paperback 90-420-1238-2).

Matthew H Kaufman, Professor of Anatomy at the University of Edinburgh and military medical historian, offers an illuminating account of this little known yet critical aspect of both military and medical history. The years 1806–1855 cover the entire life of this government-funded position during which two individuals held the Regius Chair of Military Surgery: John Thomson (1806–22) and Sir George Ballingall (1822–55). Noting that Thomson has received recent historical treatment from L S Jacyna and M Barfoot, Kaufman devoted nearly two-thirds of this 295-page work to Ballingall.

Prior to discussing the establishment of this Chair, the author carefully distinguishes Edinburgh medical education of the late Enlightenment from the other institutions of the day. Far beyond promoting the high calibre practical bedside teaching for which the Edinburgh experience is renowned, the author has transformed his forays into Edinburgh medical records to provide new statistical insight. The topics he covers include the academic origin of military medical officers, the relative paucity of medical officers who held MD degrees, and the percentage breakdown of the Edinburgh Royal Infirmary’s military ward income based upon the interest gained from assets, money generated from the sale of student tickets, direct payment from soldiers and sailors, and the government’s financial allocation for the treatment of sick soldiers. The numerical representation of the needs of the sick soldiers and sailors—those on the receiving end of care—provides helpful background information regarding the ways that the two successive holders of the Chair sought to improve the provision of that care.

Renewed hostilities between Britain and France in 1803 prompted Edinburgh’s town council to establish a local military hospital. Soon thereafter, a Chair of Military Surgery was commissioned by the crown to institute what became the first formalized teaching of military medicine and surgery in any British university. The surgical expertise of John Thomson, the first Regius Chair, was hardly beyond reproach. Indeed, Thomson himself claimed that he found “the practice of operative surgery . . . extremely disagreeable” (p. 57). John Bell, Thomson’s noted adversary, whom many, as Kaufman comments, believed was more suited surgically for this Chair, was deprived of the position because of his acrimonious wrangling with Professor James Gregory and the managers of the Royal Infirmary. To his credit, Thomson was experienced in the politics of his professional calling, having served as the Royal College of Surgeons’ (Edinburgh) Chair of Surgery. He had also gained respect for his exemplary lectures that emphasized the important nature of surgical pathology and further established surgery upon scientific foundations.

Ballingall, one of three short-listed candidates, was commissioned to the Chair shortly after Thomson’s resignation. His background, unlike that of his predecessor, included extensive practical experience in military surgery and world travel to tropical disease ridden climates. In the Chair, he developed a wide-ranging lecture syllabus, created a massive museum of military surgery (detailed in Appendix 3), and served on the tribunal that investigated Dr Robert Knox’s complicity in the Burke and Hare affair. However, the timing of Ballinger’s commission during a prolonged peaceful period following the Peninsular War proved difficult in gleaning support for training designated as military surgery. Upon Ballinger’s death, the need for such training had ebbed such that funds that had been used to support this Chair were diverted to more generally perceived medical needs.

Overall, Kaufman’s meticulous work deserves a wide readership, including the throngs drawn to anything military history related. Those uninitiated in general military
history might have found it helpful to have a few more snippets, perhaps a timetable, depicting general warfare during 1806–55. Still, this work’s focus on the educational and administrative aspects of surgery nicely complements the popular “war porn” accounts that highlight only the gruesome casualties of warfare.

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Jesse F Ballenger. Self, senility, and Alzheimer’s disease in modern America: a history. Baltimore, Johns Hopkins University Press, 2006, pp. xvii, 236, £28.50, $43.00 (hardback 0-8018-8276-1).

In this persuasive and interesting monograph, Jesse Ballenger argues that the narratives that describe ageing have reflected the rapidly changing socio-cultural landscapes of the modern United States. Taking fear of senility as his starting point, Ballenger questions the assumption that people have always feared dementia or understood mental diminishment in the same way. Drawing upon medical, political, popular and even contemporary academic sources, he then demonstrates generation-by-generation that the interaction between the various understandings of ageing, senility, and Alzheimer’s disease have historically been inextricable from contemporaneous incarnations of biomedical knowledge and practice, as well as anxieties about the status of “selfhood”. Thus, this book is a cultural and intellectual history of ageing. It explores, for example, how the meaning of the word senility, which initially and innocuously denoted old age, came to represent in social and scientific discourses, first a lessening of vital energy, then became “a waste-basket term for a variety of discrete” (p. 80) diseases, and achieved finally, partial synonymity with Alzheimer’s disease. The result, Ballenger concludes, is that today dementia is “emblematic” of our times (p. 153) and the “stories we tell about Alzheimer’s” have become “the stories we tell about ourselves in a culture characterized by the subversion of narrative, the contingency and instability of language and meaning, and an often fractured, disjointed experience of subjectivity” (p. 172).

This is a powerful, lucid account. It is at times emotionally challenging and disconcerting, but Ballenger handles his documentation carefully, never wallowing too much in the dramatic source material but always offering enough to keep the reader focused on the human element in his argument.

In the spirit of offering a balanced commentary, I have certain qualms about Ballenger’s title and analysis. In many respects, the title feels somewhat misleading. The argument and narrative focus mainly on the continental north-eastern United States. Are readers to presume that the Mid-West, the Deep South, the Pacific Northwest, as well as Canada are covered in this account? True, some of the sources Ballenger uses circulated en masse throughout “America”, but many of his more provocative statements, for example, “Senility haunts the landscape of the self-made man” (p. 9), would require several careful local analyses before the generalizations could be sustained.

Such observations also raise my second concern about this analysis. The sources on ageing, senility, and Alzheimer’s disease are often rhetorical howitzers, which especially weaken the defences of those of us who have experienced dementia first-hand. The claim, after the fashion of Sander Gilman (p. 30), that the salience of these sources for historians may lie in the way they construct a contingent but none the less authentic and historicized picture of “selfhood”, demands a reciprocal question. Namely, to what degree are these sources perhaps not reflective of how people in modern America understand their bodies, minds, and “selves”? Much of the evidence used throughout this study—e.g. “more people outlive their brains” (p. 38)—provides us with a depiction of the “self” that is generated in a literature rife with ulterior (or at least incidental) motives. Indeed Ballenger admits as much, yet he continually creates a binary opposition
between “the normal and the pathological” (pp. 3, 44, 74, and 135) and ultimately depicts senility as the definitive diseased Other from which we can reconstruct a historicized “normal” selfhood. Before we can be sure that such evidence posits an authentic expression of a normal Other, it seems reasonable, if not imperative, to examine how people understood the decline of their “physical self” in the presence of a “normal” mind as well. Here a comparative approach measuring discourses of senility against similar ones readily available for such physical diseases as multiple sclerosis or dystonia would have been useful and might well have demonstrated that the discourses of senility were indeed unique. As rendered in this account, however, we cannot be certain.

Nevertheless, Ballenger can be congratulated for a truly fascinating exploration of ageing and senility. This book will appeal to physicians and historians, and the author (or the publishers) should consider marketing it to a broader public audience.

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Wolfgang U Eckart (ed.), Man, medicine, and the state: the human body as an object of government sponsored medical research in the 20th century, Beiträge zur Geschichte der Deutschen Forschungsgemeinschaft, Band 2, Stuttgart, Franz Steiner, 2006, pp. 297, €43.00 (paperback 978-3-515-08794-0).

After Useful bodies (2003, edited by Jordan Goodman, Anthony McElligott and Lara Marks) and Twentieth century ethics of human subjects research (2004, edited by Volker Roelcke and Giovanni Maio), the present volume is the third collection of essays in a short time that explores the “dark side” of human experimentation in the past century through a range of case studies. As in Useful bodies, the focus is on the social and political contexts that facilitated unethical trials on human subjects, and as in the Roelcke/Maio volume, historical and ethical assessments are often coupled (cf. my reviews in Med. Hist. 2005, 49: 221–2; 2006, 50: 254–5).

However, Eckart’s collection provides more than just an extension of current knowledge about twentieth-century abuses in human research. Arising from a Heidelberg conference in 2003 as part of a larger project on the history of the German Research Foundation (Deutsche Forschungsgemeinschaft, DFG) between 1920 and 1970, this book contains several contributions that investigate in detail the dynamics created by state funding for certain areas of medical research, especially during the period of National Socialism. This applies in particular to Volker Roelcke’s paper on the psychiatric genetics of Ernst Rüdin, Karl Heinz Roth’s essay on German aviation medicine, Marion Hulverscheidt’s account of malaria research, Alexander Neumann’s discussion of nutritional physiology and Gabriele Moser’s article on Kurt Blome and cancer research in the Third Reich. Moreover, the DFG’s role in redefining and reconstituting anthropology and human genetics as academic disciplines in Germany after the Second World War is analysed by Anne Cottebrune. Revealing as these discussions are regarding the funding drive behind those research fields and its ethical implications, they would have been more useful to a broader readership if the volume had included a background contribution on the institutional development of the German Research Foundation in the relevant period. Also, the English of some of the papers by German authors would have benefited from more careful copy-editing.

Other papers add details of the medical atrocities committed in the concentration camps of Nazi Germany, for example of the experiments in Natzweiler with chemical warfare agents and of the notorious hypothermia experiments in Dachau. This is complemented by a contribution on Japanese biological warfare research on Chinese prisoners in Harbin during the Second World War. Till Bärnighausen, author of this latter paper, examines for the Japanese experiments the ethical question that has been
discussed in the late 1980s and early 1990s with regard to the Nazi concentration camp trials: whether the immorally obtained data from those experiments may ever be used for scientific purposes. The international dimension of human subject research and abuse in the twentieth century is further highlighted by contributions on vaccination experiments on Senegalese infantrymen in the French army between 1916 and 1933 (Christian Bonah), on methamphetamine tests in the German Wehrmacht (Peter Steinkamp), on the Tuskegee syphilis study (James H Jones), and on American cold war research on flash burn in preparation for a feared nuclear attack (Susan Lederer).

The general conclusion that arises from all these papers is obvious: war, racism, and scientific opportunism were the key factors that led, often in combination, to exploitation of human subjects and disregard for consent (even where and when official guidelines on information and consent requirements had been issued, as in the German Reich in 1931). Beyond this insight, what can the future historiography of human experimentation contribute? Paul Weindling’s essay, focusing on the victims of Nazi medical experimentation, rightly complains that most of the historical research in this area has been perpetrator-oriented so far. His call for more attention to be paid to the fate of human subjects mirrors, perhaps unwittingly, recent trends in philosophy towards a patient- or victim-centred conception of ethics. Finally, David Rothman, reflecting on the debate of the 1990s about the standards of human trials on AIDS treatment and prevention in developing countries, makes clear that the achievements of ethical codes, such as those of Nuremberg and Helsinki, are under threat in contexts of socio-economic hardship. Historical analysis, one may conclude, may well warn against an ethical relativism that is prepared to compromise on standards of human subject research in situations of poverty and medical need. Eckart’s volume has made a significant contribution to this historical enterprise.

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Rafael Huertas, El siglo de la clínica: para una teoría de práctica psiquiátrica, Historia y crítica de la psiquiatría series, Madrid, Frenia, 2005, pp. 297, €15.00 (paperback 84-609-4361-5).

The history of psychiatry has been approached from a myriad of perspectives and intellectual settings. Social history, conceptual history, intellectual history or history of ideas have all played an important role in defining historiographical trends. From the history of institutions to the history of illnesses, from the perspective of patients to the constitution of concepts and theories, they all have shed light on one of the most thought-provoking issues of modern times. Accepting the value of history of science as an epistemic tool, El siglo de la clínica rests on a complex middle ground between historical knowledge and psychiatric practice. The historiographical framework chosen by Rafael Huertas provides what he calls, a “theory of practice”, an expression indebted to the sociology of Pierre Bordieu that Huertas uses to link the production of theoretical discourses with diagnostic and therapeutic needs. Since the emphasis of the book lies on those conceptual tools that played an important role in clinical activity, the reader will find here neither a purely conceptual history of psychiatry, nor a history of diagnosis or therapeutic practices, but rather a history of conceptually relevant tools used by clinicians during the nineteenth century, from the beginning of the alienist discourses at the end of the eighteenth century to the description of schizophrenia in 1911.

The book, focused mainly on the French psychiatric tradition, contains four sections: ‘The medicalization of madness’; ‘The somatization of the soul’; ‘At the borders of alienist orthodoxy’ and ‘Therapeutic dilemmas’. In all four, Huertas pays attention to the social conditions behind the contents of psychiatric production and to what he considers the two most recurrent issues in the conceptualization of psychiatry: the multiple versus the singular conceptualization of mental illness, and the natural versus the
moral sciences regarding its understanding. Though most of the authors studied in this book are already very well known by historians, from Pinel to Chiarugi, Esquirol, George, Bayle, Tardieu, and Morel, among many others, Huertas does not attempt to provide a lengthy and complete account of their work. He concentrates, rather, on those neglected aspects whose study serves the purpose of the book. When writing on degeneration, for example, Huertas explains how, despite the emphasis placed on a somatic conception of mental diseases, based mainly on biologically determined causes and physical stigmata, delirium still played a preponderant role as a diagnostic category. In the same vein, the discussion of Joseph Guislain rests on his classification of mental disorders and the use of a new psychiatric terminology. While Guislain claimed that all mental disorders had a common origin, named phrenalgia, he was also forced to accept an enormous variety of symptoms and manifestations.

El siglo de la clínica provides a picture of the medicalization of madness, where the shortage of therapeutic resources was balanced by the richness of conceptual tools regarding nosological and nosographic approaches. The author takes a middle ground between the social construction of mental illness and the history of therapeutic practices. He claims “that any objective interpretation of reality has always been given by the dominant culture and that systematic classifications [of mental illnesses], though very useful as intellectual tools, are but artificial abstractions with their (diagnostic) categories made up in given historical moments” (p. 259). From this point of view, nothing, except a misunderstanding of history and an irresponsible fear of change, prevents the arrival of new developments. These combined statements turn the history of psychiatry into both a critical rejection of stagnation and a heuristic tool for new practices. From an epistemological viewpoint, Huertas draws a necessarily schematic picture of the development of psychiatric discourses between social and cultural history, between the formation of concepts and their interaction with psychiatric practice. This gives important insights into the study of a highly elusive and culturally mediated object. However, the emphasis on practices could have gone a step further to include the conditions under which a given therapy or nosology was thought to be sound or adequate. After all, though many of us may very well accept that hysteria, for example, was constructed as a diagnostic category, as the author explains at length in one of the chapters of the book, the questions still remain as to whether or not that category had a diagnostic value within a given epistemological culture.

Written with clarity and gusto, and relying heavily on Spanish historiography of psychiatry, this book will be very useful not only for the historian of psychiatry, but also for the scholar interested in an up-to-date bibliography of Spanish secondary sources on the history of psychiatry.

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Martin Gorsky and John Mohan with Tim Willis, Mutualism and health care: British hospital contributory schemes in the twentieth century, Manchester and New York, Manchester University Press, 2006, pp. xii, 243, illus., £60.00 (hardback 978-0-7190-6578-1).

In today’s health service, the values of voluntarism, mutualism and participation embodied in the ethos of the hospital contributory schemes that emerged in the nineteenth century and came to the fore in funding voluntary hospitals in inter-war Britain are little in evidence. In Mutualism and health care, Gorsky and Mohan re-examine the history and impact of such schemes on hospital finance and policy. Sympathetic to the brand of mutualism the schemes embodied, they position themselves in the revisionist school of welfare and use the idea of the “moving frontier” of welfare and a Tocquevillian model of civil society. At the same time, they draw on contemporary concerns about the role of mutualism and participation in the NHS with
the implicit aim of examining the advantages and disadvantages of different ways of organizing and delivering health care. They hence use hospital contributory schemes to explore the strengths and weaknesses of civil society, voluntarism and participation. In doing so, Gorsky and Mohan trace the evolution of these schemes from their nineteenth-century origins to their growing importance to hospital funding in the 1920s and 1930s, and to wartime debates on the health service through to the present.

For historians familiar with the existing scholarship on contributory schemes or voluntarism, Gorsky and Mohan offer few new revelations. However, Mutualism and health care presents a richly researched and insightful examination of the twentieth-century history of hospital contributory schemes. By drawing on a greater range of empirical evidence than other historians, they provide clearer assessments about membership and the schemes’ influence to highlight their heterogeneity. In doing so, the authors effectively question their role in civil society and in encouraging participation and control.

Starting their history in the nineteenth century, Gorsky and Mohan examine how hospital contributory schemes drew on existing models of friendly societies and a cultural shift in attitudes to risk and responsibility. They reveal how they were not the natural outcomes of working-class support for individual voluntary hospitals but were established by local elites. Like many forms of voluntary activity, committed activists, many of whom were drawn from the social and professional elites, continued to dictate how the schemes were organized and managed. Growing participation between the wars did not materially alter how the schemes were run but raised expectations and demands for treatment that were not always fulfilled. If local schemes were able to gain some concessions in the delivery of hospital care, Gorsky and Mohan show how when their demands were at odds with the wishes of the governors or medical staff they were often ignored or bypassed.

However, as the authors make clear, this is not to downplay their importance. By the inter-war period, hospital contributory schemes formed a crucial component in hospital finance. They offered many institutions a route to salvation, emphasizing how the traditional conception of hospital care as a charitable dispensation had all but collapsed by this time. At their peak, such schemes could boast some eleven million members although there were substantial regional and local variations. The importance of these regional and local differences is sensitively asserted throughout the book. Localism helped maintain levels of support and identification but at the same time created difficulties in securing cooperation between schemes despite moves to develop reciprocal arrangements.

The creation of the NHS made the scope for voluntary effort and insurance under the new service unclear. In taking their history beyond 1939, Gorsky and Mohan are concerned to draw lessons for contemporary policymakers. They examine how the British Hospitals Contributory Schemes Association failed to influence policy before addressing how surviving schemes developed new roles and links under the NHS whilst working to maintain their voluntary and mutual character. Social and economic change, shifts in NHS policy, and competition with private medical insurance all served to threaten the ethos of the schemes, forcing them to adapt. If Gorsky and Mohan address how schemes fit in with New Labour’s vision for the NHS, they conclude that it is difficult to see how they might provide the basis for a revival of mutualism.

However, what exactly this mutualism signifies during the twentieth century remains ill defined. Nor is what Gorsky and Mohan mean by civil society made clear. Some of the questions they set up are not fully examined. For example, their assessment of whether contributory schemes were perceived as a form of insurance—the most likely in their view—or as charity remains muted. Certain periods are neglected—relatively little, for
example, is said about the Edwardian years or the First World War—whilst ideas of gender, voluntarism and participation are addressed in a paragraph. In addition, Gorsky and Mohan occasionally come across as partisan, especially in those chapters that address the post-1948 period. For example, they lament the “failure of the contribution schemes to act collectively and articulate a plausible alternative in the NHS debates” (p. 227).

Their frustration that the schemes were unable to create a fully integrated hospital service between the wars, or that a different path was not taken in the 1940s, sits uneasily with the historical record.

These points aside, the authors present a detailed examination of the nature of hospital contributory schemes. They effectively highlight their dualist nature as forms of charitable activity and insurance, in order to explore their strengths and weaknesses before and after the NHS. In so doing, Gorsky and Mohan rightly emphasize the importance of voluntary activity in health care throughout the twentieth century.

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The authors examine a range of “cultural locations of disability” that have been set out on behalf of disabled people in western Europe and the United States—nineteenth-century charity systems, institutions for the feeble minded, the disability research industry, sheltered workshops, film representations of disability and current academic work in disability studies. Their theoretical framework is that these cultural locations construe disability as undesirable deviation from the norm, and that this is a consistent theme, attributable to the persistence of eugenic thought. The comfortable belief that eugenics perished with the revelations of Nazi extermination practices, is one they seek to demolish.

It is difficult to do justice to such a wide ranging book in a short review. The central thesis, namely the persistence of eugenic thought, was for me the most interesting strand. Overall, it is argued that a historical understanding of disability is underdeveloped. Even the extermination of disabled people by the Nazis has not received the attention it warrants. The chapter entitled ‘The eugenic Atlantic’ lays out the proposition that far from an aberration, eugenics was central to European and American efforts to engineer a healthy society, and that disability “functioned as the hub that provided cross-cultural utility” to fears around racial and sexual weakness (p. 101). Rather than being nation specific, they argue that eugenic thought between the two world wars crossed and recrossed the Atlantic, creating an “unprecedented level of scientific and governmental exchange over what to do with those designated with physical, sensory, and cognitive ‘defects’” (p.103). Far from Germany being unique, they regard its extermination practices as a logical extension of transnational biological targeting of defective conditions. The argument is developed that eugenics grouped people with widely divergent physical and cognitive characteristics into a single “defective” group. Whereas most historians of disability distinguish between treatment regimes for physical and mental impairment, Snyder and Mitchell contend that physical

**Sharon L Snyder and David T Mitchell**, *Cultural locations of disability*, Chicago and London, University of Chicago Press, 2006, pp. xiv, 245, illus., £12.00, $19.00 (paperback 0-226-76732-9).

This is an ambitious and provocative book written by disability studies specialists, rather than historians. The authors argue that current approaches to disability are haunted by “phantoms of the past” (p. xii), and that it is timely to reflect upon the cultural heritage of past practice, particularly eugenics, which, they claim, “lurked like a social phantasm just below the surface, determining the standards, manner and parameters of our cultural, political and intellectual debate about embodied differences” (p. x).
stigmata were regarded as indicative of
cognitive incapacity, and that eugenics
represents “a concerted movement to rid
disabilities from a country’s national spaces”
(p. 120).

This central argument is then developed,
through analysis of documentary films, to
apply to contemporary disability practice.
Unsurprisingly, a debt is acknowledged to
Foucault’s work, particularly Abnormal (2003).
Despite euphemistic names suggestive of
kindness—nursing homes, sheltered workshops,
24-hour care facilities—Snyder and Mitchell
portray these as punitive regimes infused
with eugenic thinking and methodologies.
Disabled people are fair game for research,
“perpetually available for all kinds of
intrusions, both public and private” (p.187).

The book ends with a provocative
reflection on the place of disability studies in
the academy, “the unruly child” which, by
affording voice to disabled people’s desires,
threatens the medical and public health
disciplines that seek to control and to cure
disability. It asks the important question of
whether disability studies can itself escape a
role which subjugates the very people it seeks
to represent, and presents some tentative
answers.

I am glad I read this book. It ranges widely,
and makes some sweeping generalizations.
Although it is hard to agree with it in every
detail, as a contribution to understanding of
disability, past and present, it is a book not to
be missed.

Jan Walmsley,
The Open University

Richard DeGrandpre, The cult of
pharmacology: how America became the
world’s most troubled drug culture, Durham,
NC, Duke University Press, 2006, pp. x,
294, £14.99, $24.95 (hardback,
978-0-8223-3881-9).

For Richard DeGrandpre, a “cult of
pharmacology” has come to reign supreme in
America, governing its relationship towards
an alphabet of drugs from amphetamines to
Zoloft. He argues that drugs have long been
seen as “powerful spirits”, but during the
twentieth century “pharmacological essences
replaced magical ones”. Yet, this was not so
much a revolution as a reformulation: “a drug’s
powers were still viewed as capable of
bypassing all the social conditioning of the
mind, directly transforming the drug user’s
thoughts and actions” (p. viii). Drugs came to
be regarded as “all-powerful” substances,
their effects on the user and society determined
simply by their pharmacology. DeGrandpre
exposes the fallacy of such a belief through
an analysis of the characterization of drugs as
either “demons” or “angels”. Cocaine, he
maintains, is seen as a “demon” drug, a
dangerous and addictive substance that corrupts
all those who come into contact with it. Ritalin,
on the other hand, is regarded as an “angel”,
widely used in the treatment of children with
Attention Deficit Hyperactivity Disorder
(ADHD). Yet, according to DeGrandpre,
chemically the two drugs are very similar: it
is social context which has shaped their
meaning, not pharmacology.

Considering legal, pharmaceutical drugs
like Ritalin alongside illegal drugs like
cocaine allows DeGrandpre to expose the
double-standard which has often influenced
attempts to regulate psychoactive substances.
Within a system of what he calls
“differential prohibition” the dangers of
some drugs have been ignored, just as the
negative consequences of using others are
exaggerated. The science of drugs has had
little or nothing to do with how they are
dealt with, other concerns are far more
important. Who is using a drug and why, for
example, has been repeatedly shown to be
crucial in determining the way different
substances are responded to. Indeed, much of
the ground covered by DeGrandpre will be
familiar to historians of illegal drugs, alcohol,
tobacco and the pharmaceutical industry;
the value of this book lies in an attempt to
bring together what have often been separate
literatures.
Book Reviews

However, what detracts from The cult of pharmacology’s overall importance is not just the familiarity of some of the points made, but also the way that these are presented. Too often, DeGrandpre relies on a very limited selection of sources and uses these uncritically. At the same time, he also has a tendency to stray into unnecessary detail, citing numerous, lengthy case-studies when one or two would suffice. He also makes a few unfortunate mistakes—a casual reference to George Orwell’s “dream of soma” (p. 163) when surely he means Aldous Huxley—hardly inspires confidence. Furthermore, the book is frequently repetitive, and uses phrases, labels and metaphors that obscure rather than reveal. Comparing what he describes as “pharmacologism”—the belief that certain drugs are inherently good and others inherently bad—to Nazism seems shallow and inappropriate. Moreover, by stressing the importance of drug pharmacology when it suits him, the author undermines his own argument about the social construction of drugs. A lengthy exploration of the evidence that links Prozac to suicide, self-mutilation and murder seems to leave DeGrandpre convinced that drugs do have a pharmacological effect on the user, even if it is not the one intended. Perhaps this merely serves to illustrate the power of the “cult of pharmacology”: even the book’s author would appear to have become a victim.

Alex Mold,
London School of Hygiene and Tropical Medicine

Hippocrates, On ancient medicine, translated with an introduction and commentary by Mark J Schiefsky, Studies in Ancient Medicine, vol. 28, Leiden and Boston, Brill, 2005, pp. xiii, 415, €134.00, $181.00 (hardback 90-04-13758-0).

The medical writing On ancient medicine is one of the some fifty works transmitted since Antiquity as a part of the Corpus Hippocraticum. The treatise did not attract much attention in Antiquity, the Middle Ages or the Renaissance; probably as a result of Galen’s thinking that it was not the work of Hippocrates himself. Nevertheless, this attitude changed soon after Emile Littré placed it in the first volume of his edition of Hippocrates’ complete works. Littré considered the treatise to be a genuine work of Hippocrates, and, ever since, On ancient medicine has been one of the most commented, studied, edited and translated Hippocratic writings. Traditional scholarship has been concerned mainly with three topics. The first is the so-called “Hippocratic Question”, namely the identification of the author with the historical Hippocrates; the second deals with the search for medical and philosophical influences and dependencies between this writing and that of other authors; the third discusses the controversies over attempts to establish the identity of the theorists attacked in this treatise.

Mark Schiefsky’s book is based on the reworking of his 1999 doctoral thesis. He uses the Greek text established by Jacques Jouanna in his 1990 Les Belles Lettres edition, but provides a general introduction, a translation facing the Greek text, an extensive commentary, two appendices, and three indexes (general index, Greek words, and texts and authors cited). The Greek text offers references to both Littré’s and Jouanna’s pages, which makes it very user-friendly, and the translation is clear and accurate (where I have checked it). The introduction presents a survey of many of the issues raised by this work, such as the opposition between téchnē (art, science) and túchē (chance, luck) and the role of accuracy (akribeia) in medicine. It also presents a summary of its content, an overview of the intellectual context in which it was composed and addresses general topics, including audience, date and authorship. Many of these issues are revisited in greater detail in the commentary, as they are meant to be the main supporting evidence upon which to base the claims of the introduction.
The discussion about the intended audience of the treatise and its character of oral discourse underlines our lack of knowledge of key topics concerning medical literature, such as who these works were intended for, how accessible they were, and when and why they began to be written and read. Concerning audience and genre, Schiefsky establishes some parallels between On ancient medicine and other Hippocratic writings such as Affections, Art, Breaths, Diseases I and Nature of man. In doing so, he raises some stimulating questions for further research on other Hippocratic writings. Regarding the date of composition, problematic as it always is in connection with anonymous works, Schiefsky argues the treatise was written not much before 420 BC. He may be right, but one of the arguments he bases his conclusion on is the date of composition of the treatises On generation / Nature of child and Diseases IV, which is itself controversial and by no means sure.

The thorough and thoughtful commentary is, I think, Schiefsky’s greatest contribution. Concerning questions of medical and scientific method, it goes beyond Jouanna’s and Festugiére’s. Each chapter of the treatise is given a general overview, with attention paid not only to the theoretical and empirical aspects of medicine in early Greece but also to some questions of textual criticism (when they happen to support his interpretation of the passage) and to a minor extent, the author’s prose style. Two appendices discussing the relationships between On ancient medicine and medical empiricism, and the affinities and differences between this treatise, Plato, Aristotle and other authors on the imprecision of medicine close the volume. With it Schiefsky has achieved one of the aims he states in the preface: his book is undoubtedly a worthy companion to Jouanna’s critical edition and will definitely serve as inspiration to other scholars writing commentaries on Hippocratic writings.

Pilar Pérez Cañizares, University of Newcastle upon Tyne

Véronique Boudon-Millot (ed. and trans.), Galien: Introduction générale; Sur l’ordre de ses propres livres; Sur ses propres livres; Que l’excellent médecin est aussi philosophe, Paris, Les Belles Lettres, 2007, pp. ccxxxviii, 315, €75.00 (paperback 978-2-251-00536-2).

This new volume of the Budé edition of Galen should be on the shelves of anyone interested in ancient medicine. Of the tracts here edited, one, That the best doctor is also a philosopher, represents a succinct statement of a dominant theme throughout Galen’s own writings, and the other two, On the order of my own books and On my own books, are the foundation for all biographies of Galen. Their availability in an elegant and accurate French translation, along with detailed notes, is a major contribution to the understanding of Galen and his milieu. But this edition stands out for three different reasons, which together mark an important stage in Galenic studies.

Intended as the first volume in the whole series, it opens with two novel surveys. The first is the most up-to-date and easily accessible biography of Galen in any language. The Budé format has allowed Mme Boudon-Millot to deal with many knotty problems of dating at greater length than I could in my Ancient medicine (2004), and unlike Prof. Schlange-Schöningen, whose German study of Galen’s life and milieu appeared in 2003, she has the gift of seeing the wood for the trees. I may disagree with her on some minor points—for example, she believes that Galen left Rome in 166 to avoid the plague, although its arrival is usually associated with the return of Roman armies from the East to Rome in 167—but she gets the basics right.

Secondly, she provides the first general survey for nearly a century of the textual history of the Galenic Corpus. Contrary to what was once believed, many Galenic manuscripts go back to the twelfth century, and the whole Greek textual tradition is older, and possibly more secure, than we believed a generation ago. This introduction must be the first port of call for all future editors, for it brings together the results of major manuscript investigations...
over the last thirty years. There is inevitably more work to be done—I miss a reference to the former Phillips MS 4614, now at Yale, Beinecke 1121, one of the Iohannikios group of codices, and I suspect that Mme Boudon-Millot overvalues the Armenian versions and underestimates the value of the Hebrew—but even a cursory reading reveals the enormous spread of Galen’s writings, particularly in the languages of the Middle East, and the growing influence of his treatises in the 1300 years after his death. More might have been said about the medieval Latin traditions—the important studies by Mario Grignaschi of the translator Niccolò da Reggio (fl. 1308–45) in *Medievo*, 1990, 16, are not mentioned, for instance—and the contrast between Niccolò and earlier Latin translators should have been emphasized more. Niccolò’s precise, word-for-word versions allow us to recover in detail much of Galen’s original Greek, something that is impossible with other translators, especially those using Arabic intermediaries who prefer to emphasize the general sense of a passage.

Most important of all, Mme Boudon-Millot provides us with, in effect, the *editio princeps* of Galen’s bibliographical treatises—and more besides. In 2005, her student Antoine Pietrobelli chanced upon a microfilm of a previously unknown manuscript, no. 14 in the collection of the Vlatadon monastery in Thessalonica. It contained unexpected treasures. Mme Boudon-Millot had already been able to use the evidence of two Arabic manuscripts from Meshed to fill in some of the gaps in our solitary Greek manuscript, now in Milan. This was no mean feat, since for forty years access to them had been almost impossible. But Vlatadon 14 preserved Galen’s original Greek, since it had the leaves missing from its Milanese sibling, and, particularly in *On the order of my own books*, passages missing also in the Arabic. We have now new material from Galen describing at the end of his life how and when he wrote his books, and the way in which he wished them to be read. This edition supersedes all previous editions and translations of these two treatises, although it too may in turn be surpassed once scholars are allowed to see Vlatadon 14 and are not compelled, though religious obscurantism, to work only through a difficult microfilm.

But there is more. Vlatadon 14 also contains Galen’s philosophical testament, *On my own opinions*, complete in Greek, much of which, in my edition of 1999, I had to reconstruct from a poor medieval Latin translation. Mme Boudon-Millot and M. Pietrobelli edited this in the *Revue des Etudes Grecques*, 2005, along with a French translation. But the greatest surprise, to be published later this year in a volume in honour of Jacques Jouanna, is Galen’s tract *On the avoidance of grief*, previously known only through quotations in Arabic and, more substantially, in Hebrew. Mme Boudon-Millot in her notes gives references to some of the new information contained in these new Greek discoveries which amplifies some observations in the three treatises edited here.

The Budé Hippocrates has long been regarded as the most important and accessible modern edition of that author. It is no mean compliment to say that the Budé Galen bids fair to be its equal.

**Vivian Nutton.**

The Wellcome Trust Centre for the History of Medicine at UCL

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**C M Woolgar, D Serjeantson, and T Waldron** (eds), *Food in medieval England: diet and nutrition*, Medieval History and Archaeology, Oxford University Press, 2006, pp. xv, 347, £55.00 (hardback 978-0-19-927349-2).

Food in medieval England—what could be a better subject except, perhaps, food in medieval France? In this collection, an archaeologist, a physician and a librarian bring together nineteen essays summarizing the last two decades of archaeological, scientific and documentary research. Details of digs, analyses of carbon ratios in bones, close studies of manorial and monastic accounts, palaeopathological reports, intricate tables and graphs of seed and bone
findings make for tedious reading, but also for conclusions about medieval diet and nutrition anchored, for once, in facts. And these essays leave a surprising impression: the medieval diet was more varied, more delicious, and healthier than has been supposed, with all but the poorest having access to fish and fowl, fruit, vegetables, and meat, most of the time, in most places.

Part I surveys the documentable food-stuffs of medieval England. Grain, including wheat, rye, barley, oats, beans and vetch, provided the bulk of calories as bread, ale and porridge. Vegetables and fruit were the next main constituent of the medieval diet; most people (including town dwellers) cultivated small (quarter acre) gardens of vegetables and fruit. These supplied not only the traditional leeks, onions and garlic, but also plums, walnuts, cherries, pears, apples and, in the warmer south, grapes, and even saffron. In addition to home-grown produce, the remains of figs, raisins and almonds in various sites suggest access to imported Mediterranean produce.

Both archaeological remains and documents confirm that beef and mutton were the most important meats in the medieval diet, though pork was popular, especially in the pre-Norman period. Fish—saltwater and freshwater—trapped in rivers, farmed in ponds, or fished in the sea, had an important place in the diet; cod, herring and eel bones being especially prevalent in digs. Everyone kept and ate chickens and, to a lesser extent, ducks and geese. Wild fowl, by contrast, was the prerogative of the upper classes. Indeed, the aristocrats seem to have eaten almost anything with wings, including seabirds and larks, though not birds of prey (or crows). Meat of the hunt—boar, hare and especially venison—was also mainly the food of the upper classes.

Part II covers medieval nutrition, which was more dependent on climate and season than is the modern, for cultural, medical, and agricultural reasons. Thus little meat was eaten in spring, because of Lent; in summer, when cows and chickens were producing well, the consumption of milk and eggs went up, and pork consumption, thought to be unhealthy in summer, went down. Many special foods were reserved for religious celebrations, especially Christmas and Easter. Despite, or perhaps because of, these seasonal variations, medieval nutrition does not seem to have been as poor as the common canard would have it. At any rate, palaeopathology has not been able to document much vitamin deficiency or disease: medieval skeletons are no shorter than pre-twentieth century European skeletons, nor are they commonly iron-deficient, scorbutic or tuberculous.

It was a pleasure to examine such careful documentation of medieval life, and to find conclusions at odds with the fixed idea that life in the medieval period was poor, brutish and short. I recommend that a variety of scholars take the time to read and assimilate the conclusions of this volume. Perhaps then we can lay to rest, and even inter (for future research) the attractive but, apparently, wrong-headed idea of a premodern population hungry for the invention of industrial farming.

Victoria Sweet

University of California, San Francisco

Jean A Givens, Karen M Reeds, and Alain Touwaide (eds), Visualizing medieval medicine and natural history, 1200–1550, AVISTA Studies in the History of Medieval Technology, Science and Art, vol. 5, Aldershot, Ashgate, 2006, pp. xx, 278, illus., £55.00 (hardback 978-0-7546-5296-0).

The essays contained within this collection derive from sessions sponsored by AVISTA and the History of Science Society at the 2003 International Congress for Medieval Studies in Kalamazoo, and by the International Congress of Medieval Art at the 2003 Annual Meeting of the College Art Association. The volume brings together research stemming from a current vibrant interest in the history of medical and scientific illustration. The editors introduce the collection as, “a conversation among scholars in fields at the intersection of the history of art, science, and medicine” (p. xvii),
and indeed it is rare to come across a collected volume which sustains such consistent quality and coherent discussion within such breadth of theme. This is in part because of two recurrent topics in the book, the representation of plants (whether in herbal or botanical compilations) in the chapters by Alain Touwaide, Jean Givens, Karen Reeds and Claudia Swan, and the contribution of Leonardo da Vinci, in a trio of essays by Monica Azzolini, Piers Britton and Karen Reeds. This sense of an ongoing conversation is enhanced by the recurrence of certain manuscripts, the reiteration of shared historical concerns throughout the book, and the successful evocation of continuities which extend from the medieval to the early modern period.

This is a beautiful, intriguing and thought-provoking collection of essays. Every one has been written elegantly and with clarity, an impressive feat given the complex nature of many of the manuscript transmissions discussed. The book is also generously illustrated (though it is a shame not to have colour illustrations at some pertinent points, references are given, wherever possible, to help the reader access colour reproductions). All the essays weave together their pictorial evidence carefully in order to reach some important new conclusions. I would highlight in particular the contributions of Alain Touwaide—who suggests possibilities for the exchange of learning between Byzantines and Latins during the thirteenth-century occupation of Constantinople—and Monica Azzolini—who counters the traditional image of Leonardo da Vinci as an isolated genius by situating him firmly in the context of a vibrant Milanese medical community.

If the first strength of this collection lies in the detail of each case study, the second is in its constant engagement with a set of theoretical and methodological problems critical to this interdisciplinary study of the scientific image. The tone is set by Peter Murray Jones’s opening essay, which demands that we, “consider the relationship of image, word, and medicine afresh” (p. 1). Common themes and questions which span the book include the practical utility or function of these images; their transmission, adaptation and creation in different contexts and for different audiences; the relationship between the textual and the visual, the image and reality. Above all the collection causes the reader to ask how these manuscripts and images would have been made and how they might have been read. In Karen Reeds’s words: “For any given image, we always have to ask: utility to whom? Fidelity to what end?” (p. 236). Claudia Swan’s final essay acts neatly as an epilogue, returning to the questions raised at the start by Peter Murray Jones, and in turn posing a fundamental question: why were these images produced at all?

The book will of course attract scholars of medieval and early modern medicine and natural history. In the broader questions raised by this collection, however, there lies significance for a much wider readership, for those interested in the history of the book as much as those concerned with the history of the image.

Caroline Proctor,
University of Warwick

Donatella Bartolini, Medici e comunità: esempi dalla terraferma veneta dei secoli XVI e XVII, Miscellanea di Studi e Memorie, XXXVII, Venezia, Deputazione di Storia Patria per le Venezie, 2006, pp. xii, 279, €25.00 (paperback).

This is the most complete study to date of “the town physician” (medico condotto), the medical practitioner paid by the municipality to treat free of charge the citizens of the locality, who was a key figure in the provision of medical services of many Italian and European communities in the late medieval and early modern period.

Drawing on an impressive range of sources, the author reconstructs the development of the medico condotto in the north-eastern part of the Venetian state, an area which stretches from the lagoon (Mestre) to the Prealps (Belluno, Feltre) and therefore includes both mountain and lowland regions. The position
of town physician appeared in the middle ages but, by the early modern period, it had disappeared from the major urban centres, superseded by the development of hospitals and confraternities (which often employed doctors “for the poor”), and, more generally, by the expansion of the medical profession. In contrast, the post became increasingly common in small and medium sized localities and, by the beginning of the sixteenth century, most communities in the area under consideration boasted one or more condotte.

The book highlights the power of initiative of local governments, which sent councillors to recruit physicians and surgeons in Venice and Padua, levied taxes to provide the community with essential services (the schoolteacher, the lawyer, the organist, as well as the condotto) and paid grants to the local young people wishing to undertake medical studies. Thus the common assumption that small, mountainous communities lagged far behind urban centres in their provision of medical services appears misconceived. Far from being isolated and economically marginal, these highlands were part of the trade routes between Venice and the empire; moreover they were socially stratified and actively engaged in timber and woollen-cloth production. Not only were these small communities willing to pay their doctors stipends equivalent to those offered by provincial towns, they also often chose the more expensive “foreign” candidate over a local man in order to boost the honour of the commune. Far from being simply determined by financial considerations, the selection of candidates was influenced by political motivations and by reasons of civic pride.

Payment of the medico condotto was not standard but negotiated on an individual basis, and the fame of the candidate was often capable of securing him a good income. Indeed, another unexpected finding of this study is the appeal that the position of condotto exercised upon distinguished practitioners—court physicians for example, or those with prestigious jobs in the Venetian colonies. The possibility of having a private practice in parallel with public duties was another attraction of the post: nothing prevented the community doctor from treating private patients for part of the day and in nearby villages. Hence the professional activities of condotto covered a rather wide geographical area. This shows that it can be misleading to take the number of resident practitioners as evidence of the availability of medical services in a given locality. Even the smallest communities appear much better equipped with licensed and learned practitioners than is often assumed.

A community doctor, therefore, was not just employed to guarantee the stable presence of a practitioner in remote, unattractive locations. A condotto was above all a sort of sanitary official, who was expected to act informally as local Protophysician, checking the ingredients used by pharmacists and the quality of spring waters, authorizing other practitioners to practise locally, and performing autopsies if a death was suspicious. He acted as a legal expert in court and could proclaim the state of contagion.

At times the book is loosely structured and encumbered with excessive detail. A conclusive section, bringing together the various strands of the argument, would have been welcome. These are minor blemishes, however, in a study that provides a mine of material and new perspectives to advance our understanding of the complex figure of the town physician.

Sandra Cavallo.
Royal Holloway, University of London

Martin Stuber, Stefan Hächler and Luc Lienhard (eds), HAllers Netz. Ein europäischer Gelehrtenbriefwechsel zur Zeit der Aufklärung, Studia Halleriana, vol. 9, Basel, Schwabe 2005, pp. x, 592, illus., SFr 98.00, €68.50 (hardback 3-7965-1327-1).

Almost 400 illustrations make this 600-page study look like a catalogue. However, the pictures provide additional material, some as illustrations, depicting
people with whom Swiss super-scholar Albrecht von Haller (1708–1777) exchanged letters, some charting the network Haller was putting in place first in Göttingen and later in Switzerland. More than thirty schematic maps merit special attention, even if they all show Europe in an identical frame. Dots in different shapes and shades tell us about the quantity and the quality of the correspondence, not only of Haller, but also of contemporary scientists, in order to enable comparison.

Haller was, by any standard, a very prolific writer, not only of letters. He published 24 books in 50 volumes, many of which he reworked for second editions; he wrote 450 essays, 9000 book reviews, and edited another 52 volumes. Of his letters exchanged with 1139 male and 50 female correspondents, close to 17,000 have survived. He was a professor of anatomy, botany and surgery at Göttingen University from 1736 to 1753, and later had different political functions in his native town of Bern where he returned in 1753. His work includes studies in natural philosophy, physiology, medicine, botany, and also poetry—all of which are discussed in his correspondence. The fact that, today, we know so much about Haller is due to the work of Swiss researchers who, with the present book, are completing their ninth volume of the series ‘Studia Halleriana’.

The previously published volumes of this series were devoted to individual correspondences (vols. 1, 3–5), Haller’s Paris diary (vol. 2), and one of his books (vol. 6). Other volumes give a complete bibliography of Haller’s works (vol. 8) and a repertory of his correspondence between 1724 and 1777 (vol. 7). Volume 9 is a study of several aspects of this correspondence including a bird’s eye view of it all. This “general analysis” of Haller’s correspondence fills the first 200 pages (chapters 1 to 10, written by the three editors). The second part (chapters 11 to 19) provides 300 pages of case studies with a wide variety of topics, for example, the definition of illness, the use of different languages, problems of economy, cataloguing Swiss flora, tele-diagnostics. In this second part, every chapter has its own author including, in addition to the editors, Urs Boschung, Barbara Braun-Bucher, David Krebs, Claudia Profus, and Hubert Steinke. The extensive bibliography and the annotated index of names make this book very useful indeed.

Haller was very keen on establishing contacts through the exchange of letters, especially in his capacity as a medical doctor. When he was only twenty-one, he wrote a note saying that new inventions and publications depended upon extensive correspondence among experts, and he added that it was also most interesting to see the personality and talent of the writers revealed in letters (p. 49). Within Haller’s net there were 286 medical doctors of whom over 4000 letters from 200 different places have survived. We learn from the book (pp. 127ff.) that this correspondence was not entirely professional, but touched many themes, such as when Antoine de Haen from Vienna discussed an imminent penury with Haller. Some fellow doctors needed letters of introduction, others sought advice for their patients (who also sometimes wrote directly to Haller). Most doctors who stuck to medical topics lived in Switzerland; contacts farther away often had less thematic restrictions.

An essay by Stefan Hächler in the second part investigates the practice of “tele-medicine” in the eighteenth century. If, for instance, the treatment of an eye-illness took a long time (doctors waiting for one eye to heal before the other underwent surgery), this time was filled with consultations by letter. When in 1761 in Paris a new method of cataract surgery was practised, Haller participated directly via letters exchanged before and immediately after the operation with a doctor he had suggested in the first place. In this, as in other cases, surgeons and doctors quite often included a detailed account of an illness when writing to Haller, asking for a consultation.

What Hächler adds to those observations is somewhat typical of this volume as a whole: he completes the analysis of the content of the letters with a statistical survey, enriching his essay by diagrams answering the following questions: how many first consultations did Haller give, and how many on average? What
profession did those have who asked for his medical opinion? What country did they come from? The database established for the Swiss project (which is also online: http://www.haller.unibe.ch, but in German only) has been prepared for this kind of search. Even if, in the case of the medical correspondents, the sample comprises only 152 letters (70 of which were from doctors or university professors of medicine; 75 of which came from outside Switzerland, etc.), the insight provided by quantitative evaluation is telling. It helps one understand the eighteenth-century culture of producing and exchanging information via letters, which is often overlooked because its traces are hidden away in archives. With the steady progress of the Swiss researchers, at least Haller’s net can no longer be overlooked.

Ulrich Johannes Schneider, Leipzig University

Philip M Soergel (ed.), Sexuality and culture in medieval and renaissance Europe. Studies in Medieval and Renaissance History, 3rd series, vol. II, New York, AMS Press, 2005, pp xv, 287, $89.50 (hardback: ISSN 0081-8244, ISBN 0-404-64552-6).

In this thoughtfully edited volume, Philip Soergel brings together an international group of nine scholars, all historians of pre-modern society and culture. Their essays range from micro-studies of rural and urban women to broad statements about the nature and transmission of the Hippocratic corpus. All provide a fresh perspective on an often misunderstood topic: the history of human sexuality. Here, the topic is taken seriously and addressed with confidence and skill.

Sexuality and culture opens with an engaging survey of medieval women’s medicine. Monica Green reviews and discusses recent scholarship on technologies of the body, sexual difference, and the history of childbirth. There are also references to edited texts and on-line databases, the latter allowing for what Green aptly calls the democratization of knowledge. Her concern to elucidate theories of human sexuality is shared by Helen King in an essay that explains how ancient Greek texts re-entered the medical mainstream in the sixteenth century. This Hippocratic revival enhanced the perception that the female body required discrete and distinctive therapies. No longer was it commonplace to infer that women, with genitalia supposedly shrunk inward, were hardly different from men. The scientific thinking of the sixteenth century was more expansive and measured than this.

Of course, people in earlier centuries were no less interested in acquiring knowledge and testing traditional norms. This is evident in three essays on the medieval world. In the first, ‘A medieval territory for touch’, Fernando Salmond reviews Latin commentaries on the five senses. He argues that touch represented a complex of sensations, surrounding the body like a net, and gradually becoming the locus of self and experience. What ultimately mattered were not simply the sexual overtones associated with touch, but the role it had in forming personal identity. Medieval constructions of personality reflected an interest in natural philosophy and admittedly had a part in Latin physiognomy. This was the art of discerning character and sexual nature by studying genitalia. Rather than dismiss physiognomy as little better than pseudo-science, Joseph Ziegler uses the scholastic commentaries it generated to document alternative ways of perceiving the body. More detailed as to practice is Carol Lansing’s essay reconstructing a civic inquiry into female sodomy in 1295. Her story of Guercia of Bologna is so artfully told that it deepens our understanding of an aspect of sexuality seldom glimpsed in medieval texts.

Equally informative are four essays that address the sixteenth and seventeenth centuries. Using Christian tradition as her starting point, Merry Weisner-Hanks places Martin Luther centre stage, deftly highlighting his ideas about the male libido and how they figured in Reformation theology and social thought. Joel Harrington discusses German society as well. Exploring the plight of an unwed mother
in Nuremberg, he helps us to see that a story such as hers is at the very heart of social history. Mindful of a mother’s life, Charlene Villaseñor Black argues on behalf of utilizing images of the Madonna and Child to measure changes in breastfeeding and maternity in early modern Spain. Hers is an eloquent argument, illustrated by reproductions of Spanish painting and altar art. Retha Warnicke’s meditation on marriage and female rulers in Britain concludes this volume, leaving no doubt that sexual nature influenced destiny in the arena of politics and power.

The essays collected here obviously differ in method and approach. Yet all are distinguished by rigorous scholarship and historical insight. To read them together is to see that the story of human sexuality was as complex and compelling in medieval and renaissance Europe as it is today.

Elaine Clark, University of Michigan, Dearborn

Katharine Hodgkin, *Madness in seventeenth-century autobiography*, Early Modern History: Society and Culture Series, Basingstoke, Palgrave Macmillan, 2007, pp. vi, 266, £50.00 (hardback 978-1-4039-1765-2).

This study on madness in seventeenth-century England is based on three autobiographical accounts. Katherine Hodgkin starts with an exposé of madness in a historical context including a useful discussion of ideas that have developed during the last decades. She stresses not only how blurred the border is between madness and its opposite, but also how closely madness and religious inspiration were connected in the seventeenth century. The discussion on autobiographical writing in the past is less elaborate. This subject is elusive because of changing definitions and blurred borders with other genres, in particular between fiction and described realities. Tales of madness and religious autobiography seem to overlap to a great extent.

Three texts are analysed. The first was written by Dionys Fitzherbert, daughter of an Oxfordshire landowner. Her tale of recovery from mental disorder was written around 1610. Besides the surviving autograph, there are fair copies still kept in libraries. She described a delirious condition lasting several months which is, however, not presented as madness but as spiritual affliction. The second author is Hannah Allen, daughter of a Presbyterian merchant family living in Derbyshire and London. She descended into melancholy in the 1660s, after she was widowed and left with a child. Her life story was published in 1683. She tells her readers about her conviction that she was damned, worthless and monstrous, and how at one point she refused to eat. This is all a familiar part of a conversion story, but her sufferings are not presented as a punishment by God, but as an illness from which she recovered. George Trosse, the third author, also had a mercantile background, and after his spell of madness became a nonconformist minister in Exeter. He wrote his *Life* in 1693, which was published after his death in 1713. He describes his hallucinations, deliriums and violent behaviour, which in this case are all seen as God’s punishment for his sinful nature. This text even more resembles a conversion story, especially with the happy outcome.

Besides belonging to the same genre, the three stories have another thing in common: all the authors were cured of their madness. They give some information about the physical and spiritual help they received. In the end, guidance was more important than medicines. Fitzherbert thanks the wife of her doctor for her counsel, without even mentioning his medicines. Hannah Allen was cured by an unnamed minister. A kinsman also proposed to bring her into contact with the nonconformist divine, Richard Baxter. Trosse was cured by a lay woman, maybe also a doctor’s wife. The escape from madness was in all three cases through conversation.

How the process of healing should be phrased, is a point of discussion. Hodgkin stresses the metaphor of travel as well as, in
the case of Trosse, actual travelling through Europe. Writing down this experience was perhaps of help too. Unfortunately, little is said about the authors themselves and their texts. Is it important that the first has survived only in manuscript and the two other texts were published in print? In fact the existence of fair copies of a manuscript point to a form of manuscript publishing still common in the seventeenth century. In the other two cases, the possible role of an editor or publisher is not even mentioned. The text of Trosse is obviously studied only from a modern edition. The important work by Michael Mascuch in this field is mentioned, but not really used. However, the next publication by Katharine Hodgkin will be an edition of the manuscripts of Dionys Fitzherbert, which will offer an opportunity to return to this aspect of madness and autobiographical writing.

Rudolf Dekker,
Erasmus University Rotterdam

Lucia di Palo, *Le Recherches physiologiques sur la vie et la mort di Francois Xavier Bichat: un lessico fisiologico*, Bari, Cacucci Editore, 2005, pp. 224, €25.00 (paperback and DVD 88-8422-398-9).

The situation of the history of science and, in particular, of the history of medicine in Italy reflects some contradictions that are typical of the discipline. Researchers from a variety of fields work in the history of medicine. Doctors, biologists, historians, sociologists, philosophers and philologists are the main actors in the discipline. Very often in Italy the different methodologies are not harmonized into an interdisciplinary approach, with the result that there are various strands to the history of medicine that have not yet come together. On one side there are the histories written by doctors, which focus mainly on medical ideas, theories and technical concepts; on another there is a more general approach to the history of ideas, in which medical theories are studied in relation to philosophy and culture; and on yet another there are some historians—still rare in Italy—that concentrate on sociology or philology. In general these three approaches, of the technical and the more general history of ideas, and the history of the conditions of the production of such ideas—that is, the history of society and language—have not yet converged.

The University of Bari is one of two institutions in Italy that offers a PhD in history of science (the other is Florence and there are also some possibilities at Bologna and Naples). As a consequence, Bari has the advantage of appealing to many researchers from a variety of fields, and of supporting an interdisciplinary approach in history of science and medicine. Over the last few years, the Interdepartmental Centre of History of Science in Bari has promoted a computational analysis of scientific languages for historical purposes. Researchers at the Centre have created software that allows users to take a document converted into an electronic format (txt) and scan it for exact word position and frequency.

The first two significant publications resulting from the application of this type of software are: *Jean-Martin Charcot e la lingua della neurologia* by Liborio Dibattista (Cacucci, Bari 2003), and *Le Recherches physiologiques sur la vie et la mort di Francois Xavier Bichat*, the text reviewed here, which studies Bichat’s physiology. Charcot and Bichat are considered the founders of two disciplines: neurology and physiology respectively. The basic hypothesis of both texts is that the creation of a new discipline corresponds to the creation of a new language, the analysis of which can give us further indications of the processes by which the new discipline has arisen.

The software that Lucia di Palo has used is INTEX (created specifically for the French language), by which it is possible to find, for each word, the more frequent correspondences with other words, verbs or constructions. By analysing the words *function, organ*, and *ownership*, which appear very frequently in Bichat’s *Recherches physiologiques sur la vie et la mort*, di Palo tries to analyse how Bichat built a new physiology. This physiology
is based upon the concepts of animal and natural vital functions and upon the experimental analysis of the ownership of these functions. The organs, built by specific tissues, are the seats of these functions and through experimental analysis it is possible to understand how each function is put to use, that is, the nature of the ownership of each organ. The experimental analysis is lead by the selective suppression of the function of an organ in a given animal and by the observation of the functions that as a result are suppressed. Di Palo analyses also the experimental language of Bichat, in which we find a new relationship between observation and experimentation. Experimentation and observation are no longer in contrast, as in previous French natural philosophy, because Bichat presents the experiment as a more wide ranging form of observation.

The most valuable aspects of di Palo’s book are, first, that it gives quantitative proof concerning the way in which this new physiology emerges, based on a computational analysis of the language (the book is sold with a DVD containing the results), and, second, this analysis is placed in a classical historical perspective, offering some excellent chapters on the culture, medicine and philosophy of Bichat’s epoch. The only drawback to this focus on linguistic analysis is that the complete conceptual explanation of Bichat’s text is not given due consideration.

Fabio Zampieri, Université de Genève

A catalogue of printed books in the Wellcome library, vol. 5: Books printed from 1641 to 1850, S–Z, London, The Wellcome Trust, 2006, pp. x, 532, £80.00 (+ £5 p&p) (hardback 1-84129-061-0). (Orders to: The Wellcome Library, 183 Euston Road, London NW1 2BE, UK.)

The publication of this volume completes the five-volume catalogue of printed books 1641–1850 in the Wellcome Library, begun in 1962. The scope and size of the Wellcome’s collection ensures that its catalogue also functions as an essential bibliography of the history of medicine. The completion of the fifth volume finally removes the difficulties always experienced in using an incomplete published catalogue. At last the user can follow up the cross-references to Sir James Young Simpson, and other authors, from volumes 1–4. The richness of the Wellcome’s collections is now fully displayed with the incorporation of Thomas Sydenham, the many entries for G E Stahl and G W Wedel, and others. The range of material is illustrated by six editions of Eliza Smith’s Compleat housewife, twelve entries for Joanna Southcott, the prophetess, and numerous works of travel and botany.

For the user there is both pleasure and utility in the presentation of an author catalogue. One of the principal benefits of a printed catalogue is in the layout, giving the opportunity to see all the works of the chosen author in a single sequence. The ubiquitous online catalogue does not do this; indeed it can be difficult to obtain a full list of an author’s works in a comprehensible order. From this point of view the completion of the catalogue in printed form is all the more welcome.

However, this volume relies on being used alongside the online version, lacking as it does added entries and translators. It also lacks shelfmarks, which were sometimes noted in previous volumes: these too must be sought in the online catalogue.

The introduction recognizes that a number of compromises have been necessary in order to complete this catalogue. Some of these lead to incompatibilities and inconsistencies. The lack of added entries and cross-references has been mentioned. Title entries and institutional entries appear at the end of the volume. The arrangement of entries under author is alphabetical by title, while in previous volumes it was chronological—a potential trap for the unwary. The forms of names now follow AACR2 and are not necessarily consistent with those found in the earlier volumes.

To illustrate further how changes in practice over a period of time have created
inconsistencies, Eliza Smith’s Compleat housewife, mentioned above, has a cross-reference in volume 1, from the heading COMPLETE, to Smith, E., The compleat housewife, by E.S. [c. 1726, etc]. This leads the reader to the correct heading in volume 4, but there is no undated or 1726 edition. Another cross-reference from COMPLETE to Wolley, H. leads nowhere since the author is now entered as Woolley, Hannah.

Nevertheless, the present volume, despite all its compromises, offers the best available solution at a time when the cost of production of large printed catalogues is virtually prohibitive. It continues and echoes the changing aspirations, intentions and achievements of the outstanding scholar–librarians who have worked to complete this catalogue over so many years. The particular contribution of John Symons, the former curator of early printed books, to the completion of the Wellcome catalogue cannot be overestimated.

Alison Walker,
British Library

George K York and David A Steinberg. An introduction to the life and work of John Hughlings Jackson with a catalogue raisonné of his works, Medical History, Supplement No. 26, London, The Wellcome Trust Centre for the History of Medicine at UCL, 2006, pp. viii, 157, £35.00, €52.00, $68.00 (hardback 978-0-85484-109-7).

John Hughlings Jackson (1835–1911) was the most influential clinical neurologist of the nineteenth, and probably also the twentieth, century, certainly in the English-speaking world. When he died in 1911 eight of his colleagues at the National and London hospitals eulogized him in the British Medical Journal and the word “genius” appears several times. William Gowers, a neurological giant himself, elsewhere referred to him as “the master”. The Second International Neurological Congress, which was held in London in 1935, coincided with the centenary of his birth and was therefore dedicated to Hughlings Jackson. In their 1998 biography the Critchleys refer to him as “the father of English neurology”.

The key to Jackson’s achievements was his great capacity for detailed clinical observation combined with a remarkable power of scientific and philosophical generalization. He was always searching for general principles: the brain as a sensory-motor machine, the concept of cerebral localization of function and the representation of movements in the motor cortex; the relationship of simple unilateral “epileptiform” convulsions to generalized epilepsy (now acknowledged in modern classifications as Jacksonian epilepsy); the evolution and dissolution of the nervous system and the concept of positive and negative symptoms; and the relationship of brain to mind, which led to his doctrine of concomitance. Unlike Robert Bentley Todd, Jackson was not an anatomist, physiologist or pathologist, and never did an experiment. He studied the experiments of disease on the nervous system in his patients. Unlike Gowers he never applied numbers or collected statistics. Unlike S A Kinnier Wilson, perhaps the nearest to him in career-long dedication to his field and enquiring outlook, he never wrote a textbook, and he was not a good lecturer.

Influenced himself by Thomas Laycock and Herbert Spencer, Jackson left a deep impression on his peers and a generation of younger neurologists, first, by his grave, upright and modest personality, not without a tinge of humour, which elicited great respect, even awe, and, second, by his prodigious literary output. His widespread neurological publications, however, have never been easy to read and there has never been a complete catalogue of his writings. Although Jackson strove for accuracy and truth, his frequent qualifications, repetitions and footnotes more often obscured than clarified his ideas. Thomas Buzzard, who knew him well, thought he lacked artistic perception, which undermined lucidity.

In this scholarly introduction to Jackson’s life and work, York and Steinberg devote 115 out of 157 pages to a detailed catalogue
raisonné of his writings tabulated on an annual basis from 1861 to 1909. The authors have identified 545 papers, including 392 articles, and the rest are made up of case reports, chapters, letters, pamphlets and third person commentaries. Eighty-four of the papers are new, previously unlisted. Nineteen per cent of his output was about epilepsy, 17 per cent on cerebral localization or clinical neurophysiology, 13 per cent on neuro-ophthalmology, 10 per cent on paralysis, and 5 per cent on aphasia.

Just as valuable are the thirty-one pages describing Jackson’s life, neurological methods, philosophy and ideas about common neurological diseases, cerebral localization, evolutionary neurophysiology and mind/brain relationships. The authors have succeeded in doing something Jackson could never have done, producing a short and lucid summary of his ideas and publications. They have provided a very important service for scholars of Jackson and of the history of neurology and psychiatry. In so doing, they have clarified and confirmed Jackson’s seminal role in establishing a theoretical framework for the development of scientific neurology. Anyone wanting an introduction to Jackson’s life and work should begin here, an achievement for which the authors should be congratulated.

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Thierry Lefèbvre, La Chair et le celluloïd: le cinéma chirurgical du docteur Doyen,
Brionne, Jean Doyen, 2004, pp. 143, illus., €20 (paperback 2-9522431-0-7). (Orders to: Jean Doyen, 33–35 Valleville, 27800 Brionne, France.)

Eugène Louis Doyen (1859–1916) was a French surgeon renowned for his hysterectomies, amputations, and trepanations. He also was well known for a maverick temperament, a penchant for duelling, and for unorthodox methods and technologies. As

Thierry Lefebvre emphasizes in his preface, this book is not a biography of a figure who led a “rich, protean, and, to be frank, somewhat confused existence”. Instead, Lefebvre’s aim is “to question the relationship between Doyen and images and, indirectly, to investigate the conditions that presided over the beginnings of scientific cinematography” (p. 24).

La Chair et le celluloïd deserves credit for at least two admirable accomplishments: on the one hand it thoroughly details Doyen’s involvement with a variety of imaging media—most prominently cinema, but also microphotography, topographical photography, colour photography, and stereoscopic photography—utilizing a rich assortment of primary materials. As Lefebvre argues, Doyen’s interest in images was multifaceted, and, indeed, to use a currently fashionable idiom, interdisciplinary. He utilized existing technologies to supplement and record his surgical practice, but he was also an inventor of optical devices, with a particular interest in three domains of technical representation: stereoscopy, the preservation of movement (cinema), and technologies for the representation of colour.

Lefebvre’s historical work is especially good in the chapters devoted to Doyen’s attempts to create a collection of surgery films for teaching. On 29 July 1898 Doyen showed three films to the British Medical Association meeting in Edinburgh, and from 1898 to 1906 he and his camera operator Clément-Maurice made over sixty films. Doyen’s ambitious plans for his surgical film collection were never realized, however, and the film that epitomizes the vicissitudes of this collection is the infamous Séparation des soeurs xiphopages Doodica et Radica (1902). As a visual record preserving fleeting details of a rare surgical procedure to separate conjoined twins, the film was an excellent example of Doyen’s vision of cinema as an educational device.

However, since Doodica and Radica were part of Barnum and Bailey’s touring cabinet of curiosities, their surgery became the subject of intense media attention. Adding to the aura of impropriety was the fact that
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Ambroise-François Parnaland, a second camera operator employed by Doyen to film the operation, distributed illicit copies. Although Doyen was eventually vindicated in court, the damage had been done; the proximity of this film to the world of sideshow exhibitions crystallized a pre-existing suspicion about cinema held by many members of the medical community.

This film’s complex history demonstrates how the tendency of medical images to drift into spaces and contexts neither envisioned nor sanctioned by their creators would come to haunt Doyen (and others). Along this line, Lefebvre also discusses a number of parodies of Doyen that demonstrate how scientific images provoke a range of associations among viewers from outside the profession. An instance of this associative drift is a wonderful 1902 newspaper cartoon depicting a gigantic Doyen performing surgery to create the Panama Canal, separating the “conjoined twins” of North and South America.

The book’s other major achievement is how it situates Doyen’s work between the history of medicine and cinema and media studies, which enriches both fields. Lefebvre points out that the issue of authorship, which cinema historians tend to see originating with the film d’art movement of the late 1900s, actually is present almost a decade earlier with Doyen’s copyright lawsuit. He also uncovers fascinating evidence that women were prominent consumers of surgical films, supplementing previous information about how boxing matches afforded female spectators a measure of visual pleasure during the cinema’s first decades.

La Chair et le celluloïd, appropriately, contains a multitude of outstanding images, ranging from finely reproduced black-and-white photographs to images of ephemera such as caricatures of Doyen and advertisements for his patent medicine. Hopefully, the book’s private publication will not affect its circulation, since it deserves a wide audience among historians of medicine and media alike.

Kirstie Blair, Victorian poetry and the culture of the heart, Oxford English Monographs, Oxford, Clarendon Press, 2006, pp. ix, 273, £50.00 (hardback 978-0-19-927394-2).

The cultural history of the heart and its diseases is a subject of growing historiographical relevance and research. This book represents an important and scholarly contribution to that historiography by shedding new light on the cultural meanings and languages of heart disease in Victorian literature. It begins by acknowledging the richness of the heart as a “vital literary image” (p. 4) since the medieval period. Much of the Victorian rhetoric of the heart as the repository of truth, authenticity and desire, Blair demonstrates, originates from this earlier time. Yet, in this detailed study of literature c.1800–c.1860, she identifies a “renewed concentration of interest in heart-centred imagery and, crucially, a shift in focus towards the pathological” (p. 6).

Blair roots this perceived shift in broader historiographical debates over the “rapid rise of physiological and medical explanations of bodily processes” in nineteenth-century medical culture (p. 2). There are some problems with this emphasis, partly because it is couched within a relatively outmoded narrative of progress in which a series of “great discoveries” gave medicine “ever more accurate diagnoses” of bodily processes (p. 17). Nevertheless, there is a notable increase in nineteenth-century medical treatises on the heart as an organ subject to a variety of pathologies, and this is where Blair begins her analysis of nineteenth-century poetic forms. Tracing links between literary and medical languages of the heart, she shows that, as concepts of heart disease grew more complex, traditional and figurative uses of the heart acquired medical implications. Conversely, “actual heart disease” became “read as a metaphor for cultural and social problems” (p. 2). Moreover, this was not purely a literary agenda: “both poets and doctors were engaged in a mutual exchange of ideas about the heart which helped to shape a ‘culture of the heart’ specific to Victorian Britain” (p. 18).
This analysis lends further weight to a growing body of material concerned with the links between the medical and the literary realms. In the diagnosis of disease, and in the language used to describe it, literary scholars and doctors participated in a shared system of meanings. By approaching heart disease through perceived conjunctions of the metaphysical and the literal, Blair incidentally raises pertinent questions about the relationship between feeling and representation. Of “heartache”, she asks, does the loss of love manifest itself in the breast because the metaphor of heartbreak has taken on some materiality, or does the metaphor itself stem from the bodily location of such pain?

Such philosophical speculations aside, this is primarily a literary work, explicitly focused on how writings on the heart were shaped, “in form and metre”, by broader cultural assumptions about the role of the organ (p. 3). As such, it provides invaluable insights into the narrative treatment of the heart by selected writers—most notably by Elizabeth Barrett Browning, Matthew Arnold, and Alfred Tennyson. Yet the sophistication with which Blair tackles her subject means that what could have been a narrowly literary analysis also becomes an important reference point for historians of medicine, gender, religion and literature. There are some points where I might disagree with Blair on detail, including her analysis of the feminization of heart disease throughout the nineteenth century, and the lack of specificity with which she addresses concepts of “functional” as opposed to “structural” disorders. There are also some question marks over Blair’s analysis of medical developments more generally. But these criticisms are outweighed by the strengths of the book. This is a rich and detailed analysis of the language of the heart and its disorders at a particular moment in Victorian literary history. As such, it is a well-written and learned book, which makes an important contribution to many aspects of nineteenth-century studies.

Fay Bound Alberti,
University of Lancaster

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Solomon Posen, *The doctor in literature. Vol. 1: Satisfaction or resentment?*, Oxford and Seattle, Radcliffe Publishing, 2005, pp. xv, 298, £29.95, $55.00 (paperback 1-85755-609-6).

Solomon Posen, *The doctor in literature. Vol. 2: Private life*, Oxford and Seattle, Radcliffe Publishing, 2006, pp. xv, 298, £35.00, $59.95 (paperback 1-85755-779-3).

Most medical schools now provide undergraduate modules on the eclectic discipline known as “medical humanities”, and there is a definite gap in the market for an engaging, rigorous textbook on the subject of medicine in literature. Unfortunately for Solomon Posen, *The doctor in literature* is not it. Posen—a retired professor of general medicine at Sydney University—studied English before taking his medical degree, and has maintained an interest in literature throughout his career. In *The doctor in literature* he aims to expand on his series of articles on ‘The portrayal of the physician in non-medical literature’, published in the *Journal of the Royal Society of Medicine* in the early 1990s. These volumes are conceived as a reference work, one which brings together “some 1500 passages from approximately 600 works of literature describing physicians, their attitudes and their activities” (vol. 1, p. 1). Most of these works are British or American in origin, and the majority were written in the last two centuries. The first volume examines literary representations of medical practice, and the second addresses the private lives of fictional physicians. A third volume, ‘Career choices’, is scheduled for publication later this year. Posen seeks to identify broad themes in literary portrayals of physicians, and in doing so to provide both “source material for courses in medical ethics and sociology” and a browsable volume for the general reader (vol. 1, p. 3).

In this sense, *The doctor in literature* follows a familiar strand of antiquarianism in the history of western medicine, one which seeks to draw guidance for modern medical practice.
from the literary and philosophical canon. In his foreword to volume 1, Edward Huth, editor of *Annals of Internal Medicine*, sets out the book’s explicitly didactic topos: “If we know how we are seen by the rest of the world, we may be less prone to conduct ourselves in ways at odds with our professional values . . . Dr Posen’s book will not purge our profession of scoundrels, professional cripples [sic] and incompetents. But those of us who keep an open mind about what we are and what we might do to be worthy of a place in our profession may profit” (vol. 1, p. viii). Huth suggests that *The doctor in literature* “might be seen as an informal social history of medicine from the past to the present” (vol. 1, p. ix). Posen’s own views on the history of medicine are unreconstructed, to say the least: “the basic relationship between patients and trained expert helpers” has, he claims, “remained essentially unchanged over two and a half millennia” (vol. 1, p. 8).

Posen’s approach to literary sources is equally problematic. He seeks to disregard “unanswerable questions like whether works of fiction create or reflect attitudes” (vol. 1, p. 12). But such questions are central to the success of his enterprise. Can one really claim that George Eliot’s Edward Casaubon, for example, embodies a moral lesson for present-day practitioners, when treated in effective isolation from the fact that he is a central character in *Middlemarch*, that most celebrated and complex of Victorian novels? Can an account of Virginia Woolf’s Sir William Bradshaw ignore Woolf’s own experiences at the hands of Sir George Savage and others? Can one draw any useful conclusions on ‘The wayward wife’ from the disparate works of Giovanni Boccaccio, Arthur Conan Doyle, Anton Chekhov, Arthur Schnitzler, Somerset Maugham and Tennessee Williams?

This analytical naïveté is also reflected in Posen’s self-imposed limitations. He excludes “overt medical autobiographies”; “fictional physicians whose medical qualifications are relevant only as a plot device” (so no Dr Watson or Dr Jekyll); “medical clowns and caricatures”; “fictional physicians who engage in criminal activities”; and “bizarre medical behaviour” (so William Burroughs’ Dr Benway is out on three counts). He also seeks to exclude discussion of “hidden meanings, symbolism [and] allegories” (vol. 1, p. 7) in representations of medical practitioners. With so many dimensions of literature left out, one is tempted to ask, “What remains?”

What remains is a repetitious and loosely disciplined parade of gobbets, deprived of their literary and historical context and hence shorn of their value and interest. Posen’s analyses and conclusions are conservative, trite, judgemental in tone, scarcely meriting the hundreds of pages and thousands of citations invoked in support. *The doctor in literature* can claim some value as a bibliography of “mainstream” representations of physicians in modern western literature, but readers may care to think twice before paying £65 for information already widely available online. This fascinating subject deserves, and will receive, better treatment than Posen has administered.

Richard Barnett.

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