Hsu avowed to bridge through this publication. This is perhaps most evident in the chapters written by botanists and physicians, whose arguments are often structured using the very same modernist dichotomies deconstructed by Hsu at the outset. Overall, however, this is an important volume containing several sophisticated and original contributions and case studies, with many interesting and lively accounts of the role of plants in health and health care. As such, the volume will be of great value to those interested in medicinal plants or in the use of plants in medicine, no matter their theoretical persuasion or disciplinary orientation.

Ian Miller, *A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800–1950*, London: Pickering & Chatto, 2011. Pp. vii + 195. £60/$99. ISBN 978 1 84893 181 7.

Ian Miller’s book aims to fill a gap in the literature, since, he argues, we lack accounts of the modern constructions of gastric disorders. It also aims to show that the stomach has been imbued with high emotional and cultural significance, acting as a rhetorical site of professional identity, rather than being ‘just’ a medical artefact.

The first chapter explores nineteenth-century holism, nervous theory and concepts of sympathetic relationship rendering the stomach a site of anxiety about modernity and industrialisation in a rapidly shifting British society. Further chapters explore the isolation, mid-nineteenth century, of gastric ulcer disease from a more all-encompassing terminology, (in particular, dyspepsia) a process related to the rise of pathological anatomy and of physiological investigation. Such modes sought to overturn traditional dietetic interventions, but met with controversy due to their perceived affinity with animal experimentation, increasingly framed as a form of torture. Miller then charts the rise of surgical interventions, with operations touted as diagnostic and therapeutic techniques—a ‘pathology of the living’—improving on clinical management that often came too late. There is a chapter on re-emerging psychosomatic and holistic understandings in relation to World War Two, in particular regarding apparently common wartime ulcers, and concluding remarks on recent bacterial understandings of ulcer aetiology.

Miller sometimes fascinatingly relates professional debates to wider social and cultural phenomena: for example, through concerns in the 1840s that symptoms of poisoning might be confused with those of a perforating ulcer, leading to false murder accusations and miscarriages of justice; or in resistance to physiological experimentation and investigative tools such as the stomach tube and the ‘stomach bucket’. Resistance was based on perceptions that clinicians were normalising deviant physiological processes rather than caring for a sick person, but also on the similarity of techniques with vivisection, opposition to which inhibited the adoption of technologies of physiological exploration, more so in the British clinic than elsewhere. These anxieties evoked familiar tensions between the laboratory and the clinic, but were also embedded within powerfully gendered dynamics, as in the force-feeding, with stomach tubes, of hunger-striking Suffragettes.

Such material could, however, do with further exploration. The book’s key rubric is the competing professional ambitions of physicians, physiologists and surgeons, and Miller is...
strong on professional rhetoric about technologies. However, the material occasionally veers into a technological determinism, and the wider social and cultural context of professional wranglings remains unevenly conveyed. For example, Miller argues that surgery was less problematically associated with the brutality of physiological experiments, on the grounds that surgery was more easily justified by the prospect of cure, but his account is a little threaddbare. Just how were such strong anxieties assuaged, given the sometimes brutal and dangerous nature of intervention?

In his focus on professional competition, Miller also takes somewhat at face value key terms and concepts (such as ‘scientific’ methods, or the distinction between ‘functional’ and ‘organic’ disorders) that are in fact at stake in the very processes of the professional claim-making he describes. He ascribes disciplinary orientations—such as ‘reductionistic’ or ‘holistic’—to individuals without exploring whether and how his protagonists used and understood these terms. Similarly, he writes about ‘psychiatric ideas’ and ‘psychological theories’ being incorporated into clinical management of gastric problems, when the identities of ‘medicine’ and ‘psychiatry’—not to mention Selye’s stress research, or Cannon’s physiology—are precisely what was being repeatedly reshaped in debates about mind, emotions, environment, and body during the twentieth century. By failing to engage with the historical emergence and contestation of the very disciplines that have coalesced under the terms ‘psychiatry’, ‘psychosomatic medicine’, or ‘physiology’, Miller’s account remains in thrall either to the disciplinary self-identification of protagonists, or to a wearily familiar pitting against one another of the categories of medical ‘reductionism’ and ‘holism.’

There is much fascinating material in this well-written book. But in his more historically engaged conclusion, Miller argues—against a retired surgeon prominent in debates about ulcer aetiology—that shifts in aetiological and diagnostic trends come out of changes in professional activity; that diagnostic categories, in other words, are not stable. This is convincing enough, but historians of medicine need, I think, more robust—and more nuanced—historiographical hypotheses to get their teeth into.

doi:10.1093/shm/hks053

Advance Access published 28 June 2012

Katherine Angel
University of Warwick
k.angel@warwick.ac.uk

© The Author 2012. Published by Oxford University Press on behalf of the Society for the Social History of Medicine. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/2.5), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.