Nelly Tsouyopoulos, *Asklepios und die Philosophen: Paradigmawechsel in der Medizin im 19. Jahrhundert*, ed. Claudia Wiesemann, Barbara Bröker and Sabine Rogge, Medizin und Philosophie, Band 2, Stuttgart-Bad Cannstatt, frommann-holzboog, 2008, pp. 272, €48.00 (paperback 978-3-7728-1635-2).

This posthumously edited monograph of the Münster philosopher and historian of medicine Nelly Tsouyopoulos (1930–2005) examines one of the key developments in western medicine: the change in the early nineteenth century from humoral theory to the cell theory of the human body. Tsouyopoulos conceptualizes this important change as a paradigm shift in the sense of Thomas Kuhn and also draws upon Michel Foucault’s notion of discontinuities in history and upon Ludwik Fleck’s “thought collectives” and their different “thought styles”.

Building on her earlier studies on Brunonianism and Romantic medicine, in particular on the influence of the Brownian physician Andreas Röschlaub (1768–1835), the author argues that John Brown’s system in the late eighteenth century seriously shook the old paradigm by defining life as an organism’s power to defend itself against stimuli from the outside. Brunonianism thus overcame the traditional mind-body dualism that had characterized Galenist humoral pathology as well as the medical systems of the Enlightenment period, such as Herman Boerhaave’s iatromechanism and Georg Ernst Stahl’s animism. Crucial (in the author’s view) for the acceptance of the new Brownian understanding of the body, especially in Germany, were Immanuel Kant’s criticisms of Cartesian dualism and Friedrich Wilhelm Joseph Schelling’s distinction between the defensive and the self-reproductive powers of the living organism. Another key factor in bringing about the paradigm shift was the so-called “identity principle”, i.e. the view, forcefully argued by the Paris clinician François Joseph Victor Broussais and the philosopher Auguste Comte, that there was no ontological difference between life processes in health and disease, or between physiology and pathology. This became the credo of the new Physiological Medicine, which inspired Rudolf Virchow in the 1850s to postulate that cells were the loci and smallest units of life in the body. Moreover, following on from Schelling’s interpretation of the humours as a second, inner environment (in addition to the outer environment of Brunonianism), Claude Bernard developed in the late 1850s and 1860s his concept of the “milieu intérieur” as a regulating mediator between the outside world and the organism’s cells. This concept, according to Tsouyopoulos, completed the new paradigm.

With her final work Tsouyopoulos has given us an impressive history of ideas, a synthesis of history of medicine and philosophy that has become all too rare nowadays. In the light of some recent secondary literature that has not been considered in this work, such as Hubert Steinke’s *Irritating experiments: Haller’s concept and the European controversy on irritability and sensibility, 1750–90* (Rodopi, 2005) and this reviewer’s *Drugs on trial: experimental pharmacology and therapeutic innovation in the eighteenth century* (Rodopi, 1999), readers might now be inclined to see incipient changes towards modern medicine somewhat earlier in the eighteenth century than Tsouyopoulos did. Nevertheless, she has bequeathed a powerful narrative and historical interpretation that deserves attention beyond a German readership. It should inspire today’s historians of medicine to exploit fully the potential of intellectual history and to pay close attention
to the philosophical underpinnings of medical change.

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L S Jacyna, Medicine and modernism: a biography of Sir Henry Head, Science and Culture in the Nineteenth Century Series, London, Pickering & Chatto, 2008, pp. viii, 353, £60.00, $99.00 (hardback 978-1-85196-907-4).

This is a most interesting and meticulously told biography of the eminent late Victorian and Edwardian English neurologist, Henry Head (1861–1940). Head was a fascinating and in some ways provocative character in the promotion of scientific medicine, but there has been no previous biography or, indeed, proper appreciation of the full range of his life, which was devoted to literature as well as medicine and to a moving relationship with the woman, Ruth Mayhew, who was to be his wife. It is indeed possible, as Stephen Jacyna suggests, that Head’s biography gives us more insight than any other comparable “life” into the personal relationship between devotion to science, a medical career and the private world of love of beauty and idealization of a partner who sustained and enriched the latter while, it scarcely needs saying, she eased the arrangements for the former. The biography will, I think, captivate doctors, medical historians and anyone interested in the shift from Victorian to twentieth-century British intellectual culture.

At the centre of the work is the exceptional archive of letters and “Rag Books”, or personal books for literary quotations and reflections on all manner of subjects, which Jacyna has drawn on. He has self-consciously shaped what he has to say as a close and veridical narrative derived from the archive and other sources of letters. He has very well organized the material, choosing not to tell a strictly chronological story (though he gradually unfolds the life before the reader) but arranging chapters thematically, beginning with childhood, then proceeding through “the making of a neurologist” (with significant periods in the universities of Halle and Prague), the establishment of a career as both Harley Street consultant and doctor in “the London”, the London Hospital in the city’s East End, and his constant struggle to sustain a research interest in nervous physiology, driven by an almost religious ideal of science (“fire from heaven”, in Head’s words, quoted p. 101). The account of Head’s notorious experiment on himself, assisted by W H R Rivers, to study the functional basis of sensation, is extremely clear. Only then do chapters turn to his very extended friendship with Ruth Mayhew, their marriage, the world war and the European world of literature, the theatre and the arts, including Head’s own poetry, which was utterly central to their individual lives and to the intimacy of the couple. Finally, the biography has to conclude with Head’s Parkinson’s disease which touched and rapidly came to dominate the last twenty years of their life together. Head completed his magnum opus, Aphasia and kindred disorders (1926) just before the disease made such work, and indeed any work, impossible. Jacyna’s style of writing and scholarship, which shapes the biography closely around the factual record, works well as this record is so rich and evocative of its authors’ personal world. His manner deals with emotive matters like Head’s anti-Semitism (in some contexts) and his illness with considered calmness. Head appears a brilliant and enormously dedicated scientist, a tenacious modernizer in medicine, an unquestioning elitist in social life, a maker of both professional friends and enemies; and we see a private man enormously informed about the arts and devoted to their cultivation, humanized through a remarkable relationship. All the complexities and contradictions of an engrossing if in ways difficult and arrogant Englishman emerge.

If I have reservations, they are these. Firstly, the biographer is reluctant to make judgments which would help situate Head in
relation to the development of neurology as a medical specialty and to knowledge of the brain. (This in part perhaps reflects the lack of archival material on Head’s scientific work.) In particular, Head’s career as a theorist draws on the work of John Hughlings Jackson, work which, so Head claimed, had been almost totally ignored. Had it? What reception did Head’s theory of sensation have? The biography does not enable us to judge Head’s originality. (For Jackson, one should turn, perhaps the message is, to Jacyna’s earlier fine study, *Lost words: narratives of language and the brain*, 2000.) Head’s functionalist way of thinking encouraged him to mix physiological and psychological languages and therapies. How special was this? Secondly, the book does look “outwards” from the archive, as opposed to using the archive to illumine the man, in two regards. The first of these, naturally, is to use the individual career to illustrate contemporary medical practice. In addition, however, Jacyna proposes a large thesis, which gives the book its title, that Head’s manner of life and work makes him an exemplary “modernist”. That he was “modern” is well shown: he vehemently supported a scientific basis for medical education, he was a rationalist in ethics and an unbeliever in religion, and he responded with warmth to the innovations of modern literature—to Flaubert, Ibsen, and, influenced by Ruth Mayhew, to Henry James and, later, Virginia Woolf. He also had a deep appreciation of Shakespeare, Goethe, Wagner and so on. He certainly thought that it was the privilege of the individual and special mind to judge and to appreciate the arts. He was prone to believe that he had great personal insight into individual psychology and he thought about people in psychological terms. He had an anti-modernist’s revulsion to urban life. Thus, I would have welcomed a more systematic discussion of the senses in which he could be described as “modernist”. If, as Head’s theories supposed, “the mind was an *artificer* that actively created the world with which it interacted” (p. 150), in what sense was this “modernist” in a way which the arguments of Kant or Goethe, or indeed Alexander Bain, were not?

This “life” will give great pleasure and interest to many readers, perhaps most of all to those who, like Head himself, find both the sciences and the arts personally indispensable.

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**Roy Church** and **E M Tansey**, *Burroughs Wellcome & Co.: knowledge, trust, profit and the transformation of the British pharmaceutical industry, 1880–1940*, Lancaster, Crucible Books, 2007, pp. xxvii, 564, illus. £19.99, $39.99 (paperback 97801-905472-07-9).

This work, based on detailed research of the firm’s archives, aims to tell the history of Burroughs Wellcome, founded by Silas Burroughs and Henry Wellcome in 1880, which eventually became the largest British pharmaceutical manufacturer. The authors focus on how Burroughs Wellcome applied new methods to the marketing side of the business, paying attention to product development, branding, advertising, salesmanship and market research, and how the company invested in and promoted innovative medical research. It discusses the tension between the commercial and scientific side, the establishment of major laboratories, and the legal and regulatory challenges, such as obtaining permission to perform animal experiments.

The first part of the book, covering the years 1878–1914, starts by discussing the firm’s founding and early days, the introduction of American business methods, management and organization, tensions in the partnership, the difficult relation with the retail trade, the creation of the major research laboratories from 1894 onwards, the production of vaccines and sera (important before antibiotics became available), and the transformation of Burroughs Wellcome into a
multinational company. The second part, covering 1914–1940, studies the war’s impact, showing how the firm presented itself as a major supporter of the war effort through providing or developing medicines (such as Salvarsan substitute against syphilis or a serum against gas gangrene), the post-war organization of R&D, vaccine and sera production for humans and animals, competition in over-the-counter medicines, the American side of the business, and the relative decline in the interwar period. The book ends with an assessment of Wellcome’s influence on pharmaceutical and medical research in Britain.

This is a meticulous work. It is at the crossroads of business history and medical history. It is based on detailed research of the firm’s (now part of GlaxoSmithKline) pre-1940 records, and on the personal papers of Silas Burroughs and Henry Wellcome at the Wellcome Trust and Library. Many other archival materials have been consulted, such as records from the Royal Pharmaceutical Society, the National Archives and the Medical Research Council. Lavishly illustrated with photographs, advertisements and reproduced sources, it is a joy to own and read. Especially useful are the many tables with sales, profits and other business information, performance of overseas subsidiaries and comparative data of British competitors such as Allen & Hanbury and May & Baker, which put Burroughs Wellcome’s achievements in perspective. The tables sometimes serve to back up the qualitative sources—they lend support, for example, to the company’s claim that in the early years of sera and vaccines production, it did not make money on it.

There is a special insight into how Burroughs Wellcome imported American sales practices, establishing a highly disciplined sales force that had very clear instructions on how to sell (they asked doctors for only three minutes of their time and promoted only one product per sales call). The sales organization also functioned as an information system to alert Burroughs Wellcome to the demand for certain products (thus maximizing the marginal social benefits of its investments) and to effects and side-effects that could help in developing new medicines or improving quality. This suggests that marketing may not always have been so bad as some want us to believe nowadays. These methods were not only new in Britain for the pharmaceutical industry, but probably for many other industries as well.

A central concept that runs through the book is trust. Within the firm, management and scientists needed to trust each other, and the firm also needed to win the trust of doctors, pharmacists, government departments, professional associations, patients, and the general public. Many actions helped to gain this trust. The book notes, for example, that the tropical disease laboratory in Khartoum gave Burroughs Wellcome a good reputation in this area and in the colonies and may have helped to win large government contracts.

This is an essential addition to the existing histories of GlaxoSmithKline and its predecessors, such as those of Glaxo and Allen & Hanbury’s. A minor quibble is that the book is rather long and detailed, at times tending to the encyclopaedic—but, on the other hand, it is so well-written and structured, and the lavish illustrations so clearly support specific points made in the text, that it will be hard to put aside for anyone interested in the pharmaceutical industry, even if there are some detours here and there.

This is an outstanding contribution to British economic and business history, to the history of the British pharmaceutical industry and to British medical history. In addition it provides fresh glimpses of the life of Sir Henry Wellcome. That the book is at the cross-roads of several fields makes it all the more interesting. This is a monumental achievement that deserves to be widely read.

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Hormoz Ebrahimnejad (ed.), *The development of modern medicine in non-western countries: historical perspectives*, Royal Asiatic Society Books, London and New York, Routledge, 2009, pp. xiv, 241, £80.00 (hardback 978-0-415-44742-3).

Hormoz Ebrahimnejad states his intellectual aspirations clearly in the introduction to this bright new collection of essays. Rather than see a stark gulf between “western” medicine and “non-western” medicine as essentially conflictual traditions, this book endeavours to explore the various ways western medicine was manipulated and appropriated in non-western contexts. In so doing, the volume investigates the non-western acceptance and adaptation of western medicine as part of constant redefinitions of medical pluralism, and also as part of broader programmes towards social and political modernization more generally. Furthermore, what “modern” medicine came to mean in different contexts is stressed by Ebrahimnejad as having an internal dynamism of its own, one which relied as much (or more) on complex local forces as it did on the perceived ascendancy of the western medical model *per se*. This rethinking moves away from diffusionist models of western thought, transplanted in its entirety from the centre to the periphery, and instead highlights the importance of embracing hybrid models on their own terms in their own (vigorously adaptive) contexts.

Despite Ebrahimnejad’s insightful introduction, one is left after reading the collection with the nagging concern that local medical systems are never fully celebrated for their incorporation of the “western”. Several of the chapters (Feza Güngürün and Seref Etker, Margaret Jones, and Laurence Monnais) suitably show the way that local communities, individuals and governments reinterpreted and diversified imported medical practices, but ultimately local appropriation never seems fêted for its multiplicity and ingenuity—rather it is mostly described in relative, reactive, essentially lesser, terms than the hegemonic system it appropriates. Indeed, one might argue that referring to western medicine as hegemonic itself contributes to the maintenance of this position. The ideal symmetry would be, surely, to acknowledge that both “western” and “local” medicines (pre- and post-contact with each other) are historically heterogeneous, multi-originated and dynamic. This problem is particularly highlighted in Margaret Jones’s engaging essay on the reconfiguration of Ayurveda in Ceylon, which implicitly laments the influences of western medicine (which is treated as largely homogeneous and fully formed), and which therefore seems to minimize the value of the initiative of local medical systems to borrow and remould as they see fit. To understand this process, a model of cultural interactions (deriving from, say, Marshall Sahlins) is necessary.

In general, however, the collection hangs together well and the geographical remit covered is satisfyingly diverse, with case studies from Japan, Iran and Turkey as well as India and Africa. Particular highlights include the studies presented by Mark Harrison and Anne-Marie Moulin, both of whom show how conventional dichotomies of “centre” and “periphery” can be constructively fragmented. In Harrison’s case we have a peculiar story of the way the India-based research of the little-known Dr Helenus Scott—on nitric acid as a remedy to syphilis—came to influence, through a series of unexpected informal networks, research in the same vein back in the UK. Moulin presents another case of the subversion of expected norms, where it was the Pasha, Muhammad ‘Ali, who publicly espoused the more progressive public health approaches in the modernization of Egypt. In contrast, the French colonial medical advisor, and ostensible symbol of progress, Antoine Clot maintained a more cautious approach to “modern” western models of controlling plague.

Finally, the chapters by John Manton and Akihito Suzuki and Mika Suzuki offer important broader interpretations of the impact of western medical discourses in non-western
contexts. The Suzukis provide an engaging piece on the endurance of older treatments and theories of cholera after the (mythical) medical modernization of Japan in 1872. The continued existence of older emphases on dietary regimen in the treatment and prevention of cholera alongside newly imported modern western theories were, the Suzukis argue, directly related to wider politics of consumerism in Japan. Similarly, John Manton’s chapter, although based upon an extremely specific study of the Roman Catholic Leprosy Mission at Ogoja in Nigeria, makes an interesting larger interpretative point about the role of medical modernizing dialogues on the reconfiguration of other (fiscal, political, social, religious, ethnic) policies within Nigeria. Both chapters clearly show the power of medicine beyond the medical in configuring the wider local landscape and as such are important contributions to the field.

This is a thought-provoking and timely collection that provides an opportunity to revaluate our western-dominated assumptions. While I did not feel that all the chapters completely embraced a post-colonial vision of non-western interaction with western medicine, such as Ebrahimnejad presents in his introduction, many of the case studies still say something fresh and interesting about the temporal and geographic heterogeneity of moving medical knowledge.

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Margaret Marsh and Wanda Ronner, The fertility doctor: John Rock and the reproductive revolution, Baltimore, Johns Hopkins University Press, 2008, pp. 374, £16.00, $29.95 (hardback 978-0-8018-9001-7).

Today reproductive medicine has the potential to help whether it be in the form of in vitro fertilization or an oral contraceptive pill. The power of medicine to aid these women, however, is relatively recent. As this engaging and methodically researched biographical book by Marsh and Ronner points out, many of the reproductive tools available today stem from the work of one individual: John Rock. Rock’s work was not confined to women. He had a deep interest in male infertility, setting up one of the earliest separate infertility clinics for men in 1949, and was one of the first to explore the possibilities of developing a male contraceptive pill.

Using the previously unavailable personal papers of John Rock, Marsh and Ronner provide a goldmine of information about a man whose life and work not only touched the lives of thousands of people but helped to transform social, political and religious attitudes to fertility and contraception. Starting at a time when reproductive medicine was barely recognized as a specialism, this biography provides an important reminder of the personal challenges pioneers face in developing new medical fields. While inundated with patients, Rock struggled to raise money and recognition for his work and his clinics, and was frequently penniless himself.

The son of second-generation Catholic Irish American parents, Rock started his working life as a timekeeper on a banana plantation for the United Fruit Company in Guatemala. Sent originally to the country by his businessman father, Rock’s experiences there had a profound impact on his future career. Moved by the awful conditions which he witnessed among the fruit cutters, and miserable about his overall inability to change their dire circumstances, Rock realized his true vocation lay not in business, as his father had hoped, but in medicine. His interest in medicine was sparked by the friendship he had begun in Guatemala with Neil McPhail, a medical expert in tropical diseases.

What stands out in this biography is the profound empathy Rock showed for the plight
of his patients and his desire to provide the best medical care possible. This is a far cry from the unethical practice many feminist writers ascribed to Rock during the 1970s and 1980s. When treating infertile women with new drugs, for example, Rock would check for adverse reactions by first trying the compounds on himself. Initially fearful about possible side effects of the contraceptive pill, Rock also took great precautions when launching its first clinical trials, determined that his patients should not be exploited. Strikingly, Rock’s meticulous monitoring of participants in the first oral contraceptive clinical trials infuriated and frustrated Katharine McCormick, the chief feminist funder of the development of the pill, who viewed such steps as unnecessarily laborious and time-consuming. Only once the pill had passed many hurdles of safety and trial would Rock become an enthusiastic supporter, and indeed promoter, of the contraceptive.

This biography of Rock provides detailed insight into the difficult challenges a doctor faced in pushing at the boundaries of reproductive health on the medical front as well as on the wider cultural, social and religious front. As both a Catholic and a doctor, Rock played a significant role in trying to change the Catholic Church’s stand on contraception. While failing to win the Pope’s approval of the contraceptive pill, Rock’s work helped millions of Catholic couples around the world to justify the use of contraception to their consciences and to each other, and paved the way for new meanings of sexuality and parenthood.

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Interest in the history of tuberculosis has been apparent for many years, although the history of childhood tuberculosis has rather lagged behind. Books on this area have concentrated on pre-tubercular children rather than those in sanatoria with active tuberculosis. Reeves and Shaw are therefore part of a small group that considers the tubercular child, and their work is a very welcome addition. The size of the project alone is noteworthy, with the book including interviews and photographs from over ninety people who were patients or staff at Craig-y-nos.

The book is organized chronologically with an introduction by Reeves and Shaw for each decade and then oral history accounts and photographs portraying life in Craig-y-nos sanatorium. This places the institution and the oral history interviews in the context of the history of tuberculosis nationally. The concentration on one sanatorium and four decades allows great detail, with interviewees describing the minutiae of institutional life. Topics covered include relationships between patients, staff and their families. Punishment, hospital food, treatment and entertainment also loom large.

Because this work began as a community project it may have led to each named interview being printed whole and not split thematically. This has both a positive and a negative impact on the finished work. On the positive side the voice of the interviewee comes across strongly and, together with the photographs, the reader can really imagine the experience. Presumably, it also led to increased satisfaction for the interviewees who could easily recognize their own contribution. However, some thematic study of the interviews would also have been useful. The present format makes it difficult to compare, for example, the response of a number of the interviewees about topics such as hospital schooling, punishment, or the advent of streptomycin.

The use of a “blog” format at the start of the project influences the work in a number of ways. It means that many interviewees had the
opportunity to read about the experience of other past patients before their own interview. This may have led to a gentle modification of stories to fit in with the general view expressed. The “blog” also meant that names were in the public domain from the start. Therefore Welsh interviewees did not ask for anonymity. Reeves and Shaw comment that in Wales tuberculosis was “the disease never spoken about except in hushed whispers” (p. 5), but interviewees were self selected and knew there would be a book and media stories. The openness resulted in reunions attended by both ex-staff and ex-patients, which had two results. Some anger apparent in early conversations was defused, but this resulted in memories about ex-staff becoming moderated. This was revealed as revised stories appeared on the blog. Reeves commented, “which are the ‘real’ ones? Who can tell?” (p. 8). The interviews used in the book were, however, recorded before most of the reunions.

In conclusion, this is a satisfying book that will be enjoyed by historians of medicine but also the general public because of the lively human interest. The photographs alone are a wonderful record of sanatorium life. They show the wealth of material held in many local communities, which should be collected and saved before it is lost for ever. All in all, this reviewer believes that the Craig-y-nos project is a significant historical work, and that the book, in particular, is a very good read.

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### Gretchen Krueger, Hope and suffering: children, cancer, and the paradox of experimental medicine, Baltimore, Johns Hopkins University Press, 2008, pp. x, 216, £23.50, $35.00 (hardback 978-0-8018-8831-1).

Between the 1930s and the 1980s, the expectations of families facing cancer in a child changed so remarkably that the disease changed its meaning—from a time when cancer was believed to be exceptionally rare in children, it came to be seen in the developed world as the second largest killer of children after accidents, and the likely outcome shifted from being a rapid decline and inescapable death to a complete recovery with a normal life thereafter. Over these five decades, billions of dollars were poured into research by the American government and by charities with aggressive advertising campaigns, and the treatments offered diversified and intensified into today’s multiple and cutting-edge protocols.

Krueger’s account of childhood cancer during these middle years of the twentieth century shows that one cannot tell this history without simultaneously tracing stories of personal heartache and uncertainty, and of clinical stumbling blocks and breakthroughs. That childhood cancer has these twin realities should come as no surprise, but this book tells both stories deftly, and weaves them together, presenting rich evidence in a highly readable style that will see it reach wide audiences. It is a very particular story, focusing only on the United States, and thus lays down a challenge to scholars elsewhere to present their own archival treasures in ways that connect with and illuminate this history. International histories of the development of cancer services and research have shown that there are marked differences between countries in how services are prioritized, funded, allocated, and accepted—see for example, David Cantor (ed.), Death in the twentieth century (Baltimore, 2008).

Hope and suffering centres around the memoir Death be not proud written by John and Frances Gunther in 1949; it recounts the battle of their son Johnny, who died from a brain tumour the same year. Krueger makes wonderful use of a large archive of letters written by other families to the Gunthers, and the Gunthers’ replies, to paint a careful picture of how parents and children responded to this level of suffering in their own families and in one another’s.
Earlier chapters similarly foreground the experience of one sick child, one family, allowing Krueger to probe deeply public reactions to cancer through newspaper and court reactions, as well as private correspondence. The closing chapters move further into the clinical history, following researchers into the lab and presenting families' accounts of how they felt about their children being experimental subjects. The conclusion explores why childhood cancer has been such a popular topic for the American media since the 1930s, and why it is seen as a disease of common interest, worth state funding and close press attention, a disease of the community and not just the private family.

Throughout the book, then, Krueger sets close textual analyses of private experiences alongside accounts of the available clinical options, and shows that until the major breakthroughs of the 1960s, the ultimate responsibility for a child’s health, or death, was seen to lie firmly with the mother: the widespread belief that cancer could be treated most successfully if only it was treated hard and at its first appearance, translated to an understanding—shared by parents and clinicians—that mothers should be more watchful of their offsprings’ health. Only with the advent of curative treatments did the burden to rescue these sick children fall on scientific medicine itself.

The Gunthers’ memoir was frequently set as a text in American high schools in the 1950s to encourage teenagers to broaden their powers of empathy. As Krueger shows, fictional and fictionalized accounts of death from childhood or adolescent cancer remained popular through to at least the 1970s, and a quick search through any library or bookshop in the United Kingdom will show that the topic still draws a large readership here; cancer story-lines in soap operas and films also attract a substantial viewer share. The belief that the drama of childhood cancer is somehow of interest or value to us all persists. Krueger’s book takes us back stage and shows the painful and brave complexity behind each battle. It would be of value in any medical humanities course.

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Kenton Krocker, Jennifer Keelan and Pauline M H Mazumdar (eds), Crafting immunity: working histories of clinical immunology, The History of Medicine in Context, Aldershot, Ashgate, 2008, pp. x, 308, £60.00 (hardback 978-0-7546-5759-0).

Of all medical sciences, immunology has long enjoyed a reputation of being one of the least medical. The historiography has fostered this view by focusing on theory-laden concepts such as Ehrlich’s side-chain theory. Studying the immune system seemed to entail both medical questions and those posed by biochemistry. Immunologists appeared to be people who laid rather more accent on generalized, systematic and abstract knowledge than, for instance, clinicians.

More recently such notions have been challenged by authors who placed the discipline more “between bench and bedside” (Ilana Löwy). Crafting immunity develops this into a systematic argument. In the introduction, the editors forcefully make the point that the history of immunology can be understood as one that is informed by clinical expertise and clinical concerns, as, for example, when clinical concerns in the diagnosis and treatment of cancer informed the recent development of immunology as a field. Given this approach, it is hardly surprising that the thirteen papers that make up the volume are all case studies. Divided into four parts, the chapters are arranged in a loosely chronological order that covers a period from 1800 to our immediate present.

The two initial papers by Andrea Rusnock and Kenton Krocker on the history of the smallpox vaccination testify to the charms of this approach. They refrain from squeezing this practice into the unsatisfactory frame of a prehistory where there was a handling of
immunities but no immunology. Jenner’s ideas about the efficacy of his vaccine are shown to be informed by contemporary ideas about the natural history of diseases and their taxonomy. It was changes in the practical handling of the vaccine in societies that supplied new perspectives. Towards 1900, these created a fascinating immunological field of study by pushing the issue of minimizing the risk of the vaccine’s application in relation to the so-called serum sickness into the centre of interest. Moving on in time, two most interesting papers by Mark Jackson and Carla Keirns elaborate the extent to which one of the popular research objects in immunology at the time of the First World War, namely allergy, was shaped by clinical concerns to interpret and treat such conditions. Departing from bacteriological ways of thinking, immunologists focused on bacteria-analogous objects such as pollen as a cause of hay fever, which they subsequently tried to target with therapies. In fact, those who researched hay fever frequently had a patient history of their own to offer. If we add contemporary serology to this, an interesting picture arises. Immunology in the early twentieth century responded to a current in the medicine of these days that was critical of the reductionism of classical bacteriology. Serology, vaccinology and allergology thereby appeared to be driven by concerns to fill in the gap between the abstractions of classical “bacterio-centrist” (Kochian) bacteriology and clinical practice. It was, as Ilana Löwy argues in her paper, a field that was aiming to overcome the division of “physician versus bacteriologist” that was so popular amongst fin-de-siècle doctors.

Dialogues of that sort also played a role in virus research which is the focus of Michael Bresalier and Kenton Kroker. In this case some more indirect connections become visible. While serological diagnosis of a viral disease like flu exerted little clinical relevance before the Second World War, the concept of flu as a viral infection resonated well with clinical dissatisfaction with the established (yet disputed) bacterial aetiology of the disease. This illustrates “how the construction of viruses and virus diseases as immunological problems facilitated the translation of esoteric virus work into medical problems, and how these problems were redefined in the process” (p. 135). In the closing chapter of this section Pauline Mazumdar examines the League of Nations’ hygiene commissions’ attempts at serum standardization. Such standards could easily be considered a showcase for a history of immunology as theory-driven discipline. Yet, as Mazumdar shows, success was rarely seen in the pursuit of such projects. Standards still existed, but their enforcement was difficult. Instead they served as boundary objects to facilitate communication between differing localized national cultures of serology. The final four papers of the volume take us beyond the Second World War and to the histories of radioimmunology, HIV-Aids, the immunology of pregnancy and finally the history of smallpox vaccines. For this reviewer, it was Angela Creager’s paper that was most interesting here. It shows how a popular diagnostic technology—radio-immunoassays—influenced the development of the field in the period in question.

What the volume convincingly shows is that the history of immunology can be assessed as one of a dialogue between bench and bedside. Yet a different picture arises. From a history of closely connected theories, it is transformed into one of sometimes loosely connected objects and practices: therapeutic vaccines, allergies, sera, radio-immunoassays and so forth. Sometimes, as in the case of allergies, the link to the other fields may even be fairly loose. The delimitation of what actually counts as immunology may not be easy at times if one follows such an approach. However, its virtues are that it provides us with a broader and more nuanced picture of historical processes.

All in all, the book is a very welcome addition to the historiography of immunology. With well edited papers, illustrations and an index, it is also very usable. It reminds us that in studying the history of medicine it is often quite rewarding to focus on what people do rather than on what they write. It is this
point that the serologist Ludwik Fleck made when he opened his *Genesis and development of a scientific fact* (first German edition, 1935) with observations on the history of a serological diagnosis, i.e. with observations on immunology as a science of the clinic.

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**L A Reynolds and E M Tansey** (eds), *Clinical pharmacology in the UK, c.1950–2000: influences and institutions*, Wellcome Witnesses to Twentieth Century Medicine, vol. 33, London, Wellcome Trust Centre for the History of Medicine at UCL, 2008, pp. xxiv, 139 (paperback 978-085484-117-2).

**L A Reynolds and E M Tansey** (eds), *Clinical pharmacology in the UK, c.1950–2000: industry and regulation*, Wellcome Witnesses to Twentieth Century Medicine, vol. 34, London, Wellcome Trust Centre for the History of Medicine at UCL, 2008, pp. xxvi, 120 (paperback 978-085484-118-9). Books in this series are freely available online following the links to Publications from www.ucl.ac/histmed; hard copies, £6.00, $10.00 from www.bertrams.com; www.gardners.com; www.amazon.co.uk; www.amazon.com

I suspect that most of us have been touched, perhaps unknowingly, by the mysteries of clinical pharmacology at some stage in our lives, whether as patients swallowing pills to reduce cholesterol, relieve a headache or treat a perennial bout of hay fever, or as doctors thumbing anxiously through the *British National Formulary* in search of enlightened knowledge about the exact dosage or frequency of prescribed medication. In each case, we place our personal health or that of our patients in the hands of those clinicians and scientists whose job it is to determine the precise pharmacodynamics and pharmacokinetics of an increasing range of active drugs, and to moderate or eliminate the risk of adverse reactions, particularly from a fashionable tendency to polypharmacy.

In spite of the critical manner in which pharmacological knowledge underpins much clinical practice (and indeed self-medication), we know little about the history of clinical pharmacology or about the nature of its often contentious relationships with the pharmaceutical industry, doctors and academic researchers, and with government (and increasingly European) regulations. These two Witness Seminars were organized to address such issues and, in many ways, they largely succeed in opening up and exploring interesting disciplinary and political questions. Drawing on personal memories of individual and collective career pathways, volume 33 focuses on the early pioneers of the specialty, on the evolution of research and training centres in the United Kingdom, and on the emergence of specialist societies and publications during the decades following the Second World War. Although the story that emerges from the reminiscences of contributors is largely London-centred, there are constructive accounts of developments elsewhere, including Scotland and Wales. Broader international links, and particularly the role of the World Health Organization, are only briefly mentioned (although they deserve greater historical scrutiny), but there are challenging accounts of the obstacles to professional recognition, especially within clinical settings, and of the enduring (and laudable) concern amongst British clinical pharmacologists to improve the safety of prescribing amongst newly qualified junior doctors.

Focusing on relations with the pharmaceutical industry and on the growing regulation of medicines following the thalidomide tragedy, volume 34 contains material which is perhaps more directly useful to historians of medicine. The picture of the industrial contours of clinical pharmacology
that emerges from the first half of the discussion offers constructive insights not only into the heterogeneity, and alleged “social blindness”, of the pharmaceutical industry, but also into the manner in which innovative training schemes often required, and clearly benefited from, close financial and intellectual engagement between pharmaceutical companies and academic departments. The second half of the Witness Seminar focuses largely on the growing regulation of medicines in the post-war years by the Committee on Safety of Drugs (later the Committee on Safety of Medicines), the Medicines Act of 1968, the Medicines Commission, and, more recently, the Commission on Human Medicines. The transcript is illuminating, effectively revealing the personal and political determinants of decision-making, the persistent under-resourcing of regulatory authorities, the on-going tensions between laboratory and clinical experience, and the gradual encroachment of European regulations on the control of drugs.

Given the complexity of the history, it is not surprising perhaps that the discussions failed to resolve certain issues. It remains unclear, for example, precisely which social, political, professional and cultural factors drove the emergence of clinical pharmacology during the post-war years, or indeed precisely what clinical pharmacology was during that period. Equally, it will be a project for future historians to determine whether the recent move towards “translational medicine” manages to improve the sometimes strained relationships between academia, the pharmaceutical industry, the National Health Service, and patients.

The parameters for the debates covered during these two Witness Seminars are clear, the discussions are open and challenging throughout, and the contributors are expertly (and humorously) managed by the chair on each occasion, Professor Rod Flower. In conjunction with the excellent editing, the constructive bibliographies and the biographical snippets of key actors, these two volumes offer an intimate and effective introduction to critical aspects of modern medicine.

Mark Jackson,
University of Exeter

Charles Burnett (ed.), Ibn Baklarish’s book of simples: medical remedies between three faiths in twelfth-century Spain, Studies in the Arcadian Library, No. 3, Oxford, The Arcadian Library in association with Oxford University Press, 2008, pp. 217, illus., £85.00 (hardback 978-0-19-954306-9).

This book contains the proceedings of a symposium held in response to the Arcadian Library’s acquisition of a copy of Ibn Baklarish’s Kitāb al-adwiya al-mufrada li-l-Isrā’īlī (The Book of Simple Medicines by al-Isra’īlī), which is commonly referred to as the Kitāb al-Musta’inī, in honour of the author’s patron, al-Musta’in bi-llāh Abū Ja’far Ahmad, who ruled in Saragossa from 1085 to 1110 CE. As Charles Burnett explains in the preface, the Arcadian Library manuscript is dated to 1130 CE, not long after the text’s composition, and is in remarkable condition.

In the first paper, Ana Labarta opens with a discussion of the Arcadian manuscript, references to Ibn Baklarish and his Kitāb al-Musta’inī in the Arabic bibliographical sources, and a summary of modern scholarship concerning both book and author. She then comments on the author’s full name and the few details we have about him, namely that he flourished in Saragossa at the end of the eleventh century and during the early twelfth century CE. Little more is known about the historical context in which the book was composed. The Kitāb al-Musta’inī is a learned, yet practical, medical reference work based upon a great number of earlier sources. It lists about 700 simple drugs, in alphabetical order, providing the following information in tabular form: drug name, nature and degree, synonyms, substitutes, uses, properties and methods of use. It is a remarkable introduction to critical aspects of modern medicine.
achievement, both as regards the scope of substances and sources consulted and the number of synonymous terms given in other languages (Syriac, Persian, Greek, Latin, Berber, various dialects of Arabic, Romance and even Coptic and Nabataean). Labarta states, with good reason, that the Arcadian manuscript is the best textual witness to the Kitāb al-Musta‘īnī, and should be used as the basis for the planned critical edition.

This is taken up by Joëlle Ricordel in the next chapter, in which she presents a survey of the various manuscripts in both European libraries and those in the Maghreb. The Arcadian Library manuscript is then analysed in more detail and compared with the others. Ricordel is currently preparing a critical edition, and this is very much reflected in her contribution, which displays an admirable intimacy with the primary sources.

Juan Carlos Villaverde Amieva’s essay is the longest contribution. It focuses on the Romance terms that occur both in the Arabic transcription and in the glosses in Latin script. These vary from manuscript to manuscript, which allows the author to analyse the various textual witnesses and to present a stemma codicum. He then analyses the Romance terms in Arabic script, and concludes that they are drawn from other, earlier sources that Ibn Baklarish (or his sources) consulted. Thus, contrary to what has been assumed in the past, they are not derived from the Romance language that Ibn Baklarish would have encountered in his own day. This contrasts with the marginal glosses, added by generations of copyists and readers, which shed further light on the various Romance dialects of the Iberian peninsular.

The fourth contribution, by Jan Just Witkam, should probably have been the third in this volume, thus placing the essays that deal with manuscripts together, followed by the two that deal with more philological matters. Witkam discusses the copy of the Kitāb al-Musta‘īnī which Leiden University Library has housed since the early seventeenth century in the light of two early seventeenth-century letters that help to prove that this manuscript was produced with the aid of two earlier ones. Following this, the author provides a description of the Leiden manuscript and a comparison with that in the Arcadian Library.

Geoffrey Khan then discusses the 31 Syriac terms that occur in the Arcadian Library manuscript, concluding that they are not all from literary Syriac, but reflect a range of dialects. Indeed, two are actually post-classical Hebrew terms, suggesting that one of Ibn Baklarish’s sources, or the author himself, probably consulted a Jewish text and failed to distinguish between Aramaic and Hebrew. Those that are Syriac, in the sense that modern scholars understand the term, are realized according to the Nestorian vocalization.

In the next paper, David J Wasserstein studies the Baklarish and al-Isra‘ili parts of Ibn Baklarish’s name. Noting that the latter appellation is required only in a non-Jewish context, he argues that Ibn Baklarish is not really very Jewish, and offers other evidence to reinforce this, such as the absence of Hebrew in the Kitāb al-Musta‘īnī, the lack of any mention of Ibn Baklarish in any Jewish source, the apparent non-use of any earlier Jewish source such as the Talmud, and the use of Arabic script in the Kitāb al-Musta‘īnī. He concludes that Ibn Baklarish was completely integrated into the pervading Islamic culture of the day and, but for the use of the term al-Isra‘ili, his Jewish identity would be lost on modern readers. This is extremely problematic and based, for the most part, on arguments from silence. For instance, we move from observing the lack of Hebrew in the Kitāb al-Musta‘īnī to concluding that “he shows no knowledge of Hebrew” (p. 111). In this respect, Wasserstein should consider Khan’s remarks in the previous chapter and also those of Emilie Savage-Smith in the penultimate chapter.

Savage-Smith analyses the synoptic tables in which Ibn Baklarish arranged and presented data on 704 medicinal substances, comparing them with those of Ibn Butlan’s Kitāb Taqwīm al-šiḥha with specific regard to the entry for

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Book Reviews

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myrtle. Ibn Butlan composed his text in Baghdad, a generation before Ibn Baklarish produced his in Spain, so we have a near contemporary comparison between two geographically remote sources. Both texts share some structural features, but have little in common when it comes to details. Similar comparisons are then made, again with reference to myrtle, with al-ʿAlaʾiʾs Kitāb Taqwim al-adwiya al-mufrada and al-Tiflisiʾs Kitāb Taqwim al-adwiya al-mufrada wa-l-aghdhiya. The most interesting results, however, come from the final comparison with Maimonidesʾs Sharḥ Asmāʾ al-ʿuqqār, where a closer relationship is apparent, suggesting that Maimonides made use of Ibn Baklarishʾs earlier work or that they both shared a common source. Savage-Smith asks whether it is a coincidence that the only clear evidence for Ibn Baklarishʾs influence on later writers occurs in the work of another Jewish scholar. Was his work primarily circulating within the Jewish community?

In the final chapter, Anna Contadini asks how the medicines derived from animals that occur in the Kitāb al-Mustaʾnī compare with those in contemporary literature, specifically the Kitāb Manāfīʾ al-hayawān of Ibn Bakhtishuʾ. After discussing the structural differences between the two works, she moves on to more specific issues such as whether the animal parts are said to have the same properties, methods of preparation, uses, etc. In the specifics, there is a striking degree of difference, once again, between the two works. Finally, the sources used by Ibn Bakhtishuʾ and Ibn Baklarish are compared, and, not surprisingly, the only common sources are Aristotle, Galen and Dioscorides. Caution is advised by Contadini, however, against concluding that the differences between the two works are due to the existence of two geographically distinct schools or traditions, as there is sufficient evidence for mobility among physicians in this period.

The book ends with a useful bibliography, an index, and fifty-two excellently reproduced colour plates of the manuscript (in addition to the numerous colour plates that occur throughout the volume).

Inevitably in a multi-authored work such as this, there are some apparent points of contention. For example, will readers agree with Labarta, who states that “Ibn Baklarish was both original and comparatively modern in the way in which he collected the material . . . and arranged it in tables that facilitate quick consultation” (p. 23)? Or, in the light of Savage-Smithʾs reference to the probable earlier use of tables in the ‘Alexandrian Summaries’, will they think that Labarta slightly overstates the case? Perhaps more importantly, will Savage-Smithʾs intriguing conclusion regarding the influence of Ibn Baklarish within the Jewish community prove to be more persuasive than Wassersteinʾs attempt to diminish Ibn Baklarishʾs Jewish identity? In both cases, I find myself inclined to agree with Savage-Smith.

As each article is self-contained, there is a fair bit of repetition, especially in the introductory sections (compare, for example, pp. 15, 27, 43 and 95) but sometimes in other respects as well (see pp. 27–31 and 47–9). Overall, however, this is a delightfully well-produced and informative volume that will bring great pleasure to the present reviewer for many years to come. It serves as a paradigm for how such manuscripts should be brought to the attention of both the wider scholarly community and the general public and, for this, the publishers are to be congratulated.

Siam Bhayro,
University of Exeter

Bronwen L Wickkiser, Asklepios, medicine, and the politics of healing in fifth-century Greece: between craft and cult, Baltimore, Johns Hopkins University Press, 2008, pp. xiii, 178, £29.00, $55.00 (hardback 978-0-8018-8978-3).

The cult of the healing god Asklepios was immensely successful in antiquity. Wickkiser
here examines the rapid development of his
cult in the fifth century BC. At the centre of her
reflection is a rejection of dichotomies such as
rational versus irrational, church versus state,
and public versus private, which have
dominated scholarship since the publication of
the monumental work of Emma and Ludwig
Edelstein (Asclepius, Baltimore, 1945).
The first section (chapters 1 to 3) tackles
the rational–irrational dichotomy. The cult of
Asklepios has often been considered as
“irrational” when compared to contemporary,
“Hippocratic” medicine. Wickkiser maintains
that “medical healing” (healing whose efficacy
was explained without reference to divine
intention) existed in Greece since at least the
Bronze Age, but that in the fifth century it
became more clearly defined as *iatrike*, a skill
(*techne*) acquired through training. Central to
the definition of *iatrike* was the recognition of
its limits, by which doctors had to abide: there
were ailments physicians could not treat. The
rapid expansion of Asklepios’ cult seems to be
directly related to the written recognition of
the limits of *iatrike*. Asklepios’ healing
methods were very similar to those of mortal
physicians (drugs, diet and surgery), but the
god specialized in the treatment of those
“chronic” ailments judged untreatable by
mortal physicians. Thus, the cult of Asklepios
and medicine complemented each other in a
spirit of collaboration rather than competition.

In the second section (chapters 4 to 6),
Wickkiser disputes the idea whereby the cult
of Asklepios was a private affair, functioning
apart from politics. She centres her argument
on the importation of Asklepios to Athens
from Epidaurus (420 BC). She suggests that
beyond the plague at Athens (430–426 BC),
there were other important reasons for this
importation—reasons related to the Athenian
state and its imperialism. Asklepios at Athens
found himself linked to two other gods:
Eleusinian Demeter and Dionysus
Eleutherus, both topographically (the temple
of Asklepios was situated next to that of
Dionysus on the slope of the Acropolis) and
by cult. Indeed, the festivals in honour of
Asklepios (the Asclepeia and Epidauria)
coincided with the City Dionysia and the
Eleusinian Mysteries—two major Athenian
festivals that celebrated Athens’ position at the
centre of a vast empire. Moreover, Asklepios’
cult was imported in the context of the
Peloponnesian War from Epidaurus, a place of
significant strategic importance in the
Peloponnesian. By doing so Athens may have
attempted to bring Epidaurus under its
political control. There was clear civic interest
in the cult.

I have enjoyed reading this work
enormously, and would recommend it to
anyone seeking a short introduction to
Asklepios, or to anyone teaching a course on
ancient medicine or ancient “religion”. The
range of material examined by Wickkiser is
most impressive; her style is concise and fluid;
her argument convincing. I do, however,
object to her use of the word “epilepsy” to
designate the ancient “sacred disease”, and
question her designation of the ailments
treated by Asklepios as “chronic” (the
adjective *chronikos*, used to qualify diseases,
appears quite late in ancient medical
literature). I also wonder whether patients
consulted Asklepios after a long period of time
(p. 59) not only because they had sought the
help of other healers, but also because they felt
shame in their condition (the authors of the
Hippocratic gynaecological treatises deplore
the feelings of shame of their female patients).
Nevertheless, these minor criticisms only
distract me from my conclusion: do read this
book!

Laurence Totelin,
University of Cardiff

R J Hankinson (ed.), The Cambridge
companion to Galen, Cambridge University
Press, 2008, pp. xxi, 450, £45.00, $85.00
(hardback 978-0-521-81954-1), £17.99, $29.99
(paperback 978-0-521-52558-9)

This volume is among the most important,
not to say useful, volumes that Cambridge
University Press has produced. Galen is a
sleeping giant among ancient authors, taught to few students in Classics departments; distinguished with great difficulty from the Galenic tradition by medical historians; and largely off the radar of the general public, who might recognize the name but go to Ayurvedic or Chinese medicine if in search of an alternative system to biomedicine. Vivian Nutton observes: “To describe the fortunes of Galen over the centuries is almost to write the history of medicine since his death” (p. 355). Thanks to library and online resources “a scholar is now in a far better position to understand Galen, and Galen’s opinions, than at any time since Galen’s own day” (p. 358).

So what can a reader do? I mentioned the volume’s utility, a key idea in Galen’s own thought world. First, Appendix 1 sets out the works of Galen in Kühn’s vulgate edition (with Latin translation) and beyond, with their conventional Latin titles, abbreviations and editions. A second appendix lists English titles and translations into vernacular languages. Once we know what Galen wrote, whether there is a translation from the Greek, Latin and/or Arabic and what the basic bibliography is (pp. 405–33), we can turn to the contributors for summary guidance. Julius Rocca explains how Galen used anatomy as “the hallmark of the complete physician”; but “even at its peak, anatomy did not invariably lead either to a better understanding of the function of the body nor to improvements in medical practice” (p. 257). On physiology, Armelle Debru concludes that Galen prefers to base claims on anatomy rather than cosmic and spiritual considerations, which are difficult to prove (for example, the soul exists but its substance is uncertain). “The accounts thus become nuanced, complex and plausible only, with shades of meaning which the subsequent tradition of a rigid, dogmatic Galenism has served to erase” (p. 281). Galen’s therapeutics, Philip van der Eijk observes, has “never received anything remotely aspiring to a comprehensive scholarly treatment” (p. 283). Yet Galen brings to patient care “systematicity ... comprehensiveness, [and] ... theoretical and conceptual sophistication” (p. 300).}

Again, further research for the reader. On more invasive treatment, Sabine Vogt reviews Galen’s pharmacology, which tried to identify a drug’s impact on humoral balance “with no exact method to measure simple biological facts [such] as temperature, much less any biochemical analysis” (p. 317). In the face of contradictory evidence, Galen developed his trademark system of logical argument based on empirical evidence: Teun Tieleman reviews his ambiguous relationship with the rival medical theories of the Empiricists and others. Similarly, Geoffrey Lloyd shows that Galen’s arguments with his contemporaries are sometimes dismissive (43 Atomists), but at other times indicate partial (sometimes silent) assimilation of the work of others. On psychology, Pierluigi Donini takes on PHP and QAM (two of those enigmatic abbreviations of Latin titles), concluding that Galen is not as clear as he might be on the implications of following a Platonic model of the soul (against the Stoics); and that Galen does not fully engage with what his predecessors had established. Jim Hankinson, the editor, takes on the key matters of Galen himself, his bibliobiographies, his epistemology and his theory of nature. These are given masterly treatment: Galen is perhaps too confident about what can be known empirically but at least concedes that much is unknowable. On nature, everything from bread to the humours and the cosmos is discussed concisely and authoritatively. Ben Morison and Rebecca Flemming lucidly discuss his logic, language and scholarly commentaries, areas as integral to Galen’s work as his empirical studies.

John Wilkins,
University of Exeter

Christopher S Mackay. The hammer of witches: a complete translation of the Malleus maleficarum, Cambridge University Press, 2009, pp. 657, £17.99, $29.99 (paperback 978-0-521-74787-5).
When Christopher S Mackay’s acclaimed and monumental bilingual edition of Malleus maleficarum appeared in 2006, a common criticism was that the price for this two-volume set placed both the original work and its modern translation beyond the means of the average university student. The hammer of witches: a complete translation of the ‘Malleus maleficarum’ removes this imperfection. This reasonably priced paperback edition reproduces with minor amendments the English translation that appeared as the second volume of Mackay’s 2006 edition. Readers are offered a full and reliable translation of the 1486 first edition of a text that soon became a most influential tool in conceptualizing and combating witchcraft.

From his original and exhaustive introduction, Mackay has created a lucid shortened introductory chapter, which sets out for the neophytes the general intellectual and cultural background of the Malleus. It also includes a concise guide for further reading and helpful maps. Some infelicities were inherited from the first edition (for example, the “Fuggers family” on p. 4, and the (literally correct though utterly unconventional and hence misleading) identification of commentaries on Peter Lombard’s Sentences as “Commentary on Pronouncements”). But the translation is generally excellent, and the clear identification of the sources employed by the Dominican authors (Henricus Institoris and Heinrich Kramer with the possible collaboration of the theologian Jacobus Sprenger), as well as Mackay’s detailed explanatory notes make this volume a wonderful tool for students of fifteenth-century Europe. Missing is the reproduction of a folio from the first Latin edition, which could better link the reader to the original book and its layout. The introduction contains a detailed outline of the work which is a major gateway for every student of the history of witchcraft and the witch-craze.

However it is regrettable that no analytical index was added to this edition. Such a subject-index would have clearly revealed the vast number of topics and themes related to the history of the body and medicine that render this volume invaluable for readers of this journal as well. It would have immensely enhanced this book’s usefulness as a teaching aid and as a stimulating trigger for research. The missing index would have started with entries such as: abortions, abortive births, and amulets (as well as incantations, ligatures, and talismans). The category “body” would refer the reader to sub-categories such as the constructions of the witch’s body, change and (animal) metamorphosis of bodies, bodily deformities, the body of Christ, and the nature of aerial bodies. The letter C would include subjects such as cannibalism, castration, churching, complexion as a cause for revelation and determining factor in character formation, and the afterlife of corpses. This would be followed by demonological explanations for physical disease and irregular passions (hatred or love), as well as demons which possess or assume bodies.

The category of disease would include sub-categories such as disease and sorcery, epilepsy, headaches, heroic love, hysteria, leprosy, mania, and melancholy either caused by nature or by demonic agents. Dreams and dream theory, natural and demonological theories of embryology, visual experience (experientia) as cause of certainty would then follow. The eye as an instrument of vision, theories of vision, the evil eye, tears and crying as indication for sorcery, hair (specifically pubic hair, which the authors repeatedly discuss) removed by shaving as necessary preparation for torture are just some of the bodily members and functions that would appear in such an index. Impotence as a medical condition or caused by sorcery, incubus and succubus, imagery and metaphors of disease and medicine, magical versus natural medicine, spiritual medicine, would all acquire detailed references. A major category would be devoted to midwives and their presumed involvement in sorcery when they intentionally or unwillingly murder newborns at the insistence of demons or offer them to the devil. Immunity to pain, magical painkillers, physicians who compete with
witches for predicting the hour of death or
doctors who participate in the legal procedure leading
to the identification and conviction of
sorcerers, nocturnal pollution, natural
proneness to and medical conditions for
possession, impediments to procreation, and
purity and purification would be some of the
subjects included in the letter P. “Sex” would
direct the curious reader to dysfunctional sex,
sex with demons, and to sex differences (how
is it that women are found to be tainted with
this heresy more often than men and why are
women sorcerers greater in number than men
while men are more often affected by sorcery?
was a central theme which intrigued the
authors). Sterility, harmful touch (of the witch)
and torture would close such an imaginary
index.

All this was just a suggestive and partial
selection indicating the richness of medical
and bodily themes in this book, which should
become a standard text for anyone teaching or
interested in the history of the human body in
pre-modern Europe and in the wild fantasies
associated with it.

Joseph Ziegler,
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Lluís Alcanyís, Regiment preservatiu
e curatiu de la pestilència, ed. Jon
Arrizabalaga, Els Nostres Clàssics,
Barcelona, Editorial Barcino, 2008, pp. 161, no
price given (paperback 978-84-7226-733-6).

From the middle of the sixteenth century
and well into the seventeenth one of the most
popular genres of medical literature was what
were known as pestilence treatises. These were
a large and heterogeneous group of works in
which doctors recorded their perceptions and
reactions when faced with the paradigm of
infectious and contagious diseases of the late
Middle Ages and the early modern era. The
majority of these treatises are characterized by
a markedly practical approach and their
publication often coincided with the onset of
plague. They offered prophylactic advice and
medicinal remedies in the face of plague
onslaughts that, again and again, devastated
villages and towns throughout the length and
breadth of Europe. Such is the case of the book
being reviewed, the Regiment preservatiu e
curatiu de la pestilència, an incunabula printed
in Valencia in 1490 and written by the
Valencian doctor Lluís Alcanyís
(c.1440–1506). The Regiment is no exception
to the rule characterizing medical literature on
pestilence that locates the creation of these
texts during times of plague. Its publication
coincided with the plague outbreak that
ravaged Valencia from 1489 to 1490. The book
consists of fourteen quarto folios typeset in
Gothic and was written by one of the most
prominent medical personalities in Valencia in
the late Middle Ages. In fact, during the last
third of the fifteenth century and the first years
of the sixteenth, Alcanyís occupied the highest
posts within the education and regulation
hierarchy of the Valencian medical and
surgical profession. Despite this high social
and professional standing, Alcanyís was
accused by the Inquisition of being a Judiazer,
banned from his profession, imprisoned,
brought to trial, and burned at the stake in
1506. It is precisely the Inquisitorial records of
his trial that have been used to document his
personal life and family ties.

Jon Arrizabalaga, editor of this critical
edition, has dedicated over twenty-five years
to the study of Alcanyís and his works. A
methodical and thorough researcher,
Arrizabalaga complements the edition with an
interesting introductory synthesis in two
extensive sections: one dedicated to the
analysis of pestilence treatises within the
literature of the late Middle Ages; and another
to the study of the Regiment and the biography
of its author. Indeed, Alcanyís’s text is simply
one of many that appeared after the advent of
the printing press. Its re-edition is only
relevant if it is framed within the context of
Catalan literature, given that the principal
merit of the Regiment preservatiu e curatiu de
la pestilència is that it is the first medical text
originally written in Catalan and printed by the
crown of Aragon. Only three copies survive of
this rare text (one in the Biblioteca Valenciana, another in the Biblioteca de Catalunya and a third in the National Library of Medicine in Bethesda). It has been transcribed and published on several occasions since the mid-nineteenth century. The present edition has the advantage of having been the object of an in-depth study by one of the most knowledgeable investigators of the plague in the Europe of the late Middle Ages and the early modern era.

Mar Rey Bueno,
Sociedad Española de Historia de la Alquimia

Elaine Hobby (ed.), The birth of mankind: otherwise named, The woman’s book, Literary and Scientific Cultures of Early Modernity, Farnham and Burlington, VT, Ashgate, 2009, pp. xxxix, 310, £55.00 (hardback 978-0-7546-3818-6).

Elaine Hobby’s critical edition of the earliest English translation of The birth of mankind, written (at least ostensibly) by Eucharius Rösslin, is a most welcome addition to several other recent volumes on childbirth and gynaecology that have appeared in this series. The phenomenal success of the volume, from the publication of the original German (1513) and its Latin translation, to the versions in many other European vernaculars, including English, alone justifies Hobby’s undertaking; in addition, she brings impeccable scholarship and some fresh insights to her task. In a relatively short but incisive introduction, she recognizes that her volume will be used by both specialist and general readers—just as Rösslin’s sixteenth-century English translators sought to appeal not only to the midwives for whom Rösslin originally wrote, but also to lay readers (of both sexes) with a broader interest in the subject of reproduction and sexuality. Thus, on the one hand, she engages with detailed critical debates (reassessing debts to Vesalian anatomy in the 1545 edition, and arguing strongly that Richard Jonas, the original translator, was probably the same Jonas who was Highmaster of St Paul’s school), and, on the other, she does not neglect to provide a clear overview of Renaissance understandings of reproductive physiology and humoral medicine.

Since there is already a very good modern English translation of Rösslin’s German text (by Wendy Arons), readers may ask why we need Hobby’s edition of the early English version. The answer is that from the viewpoint of historians of both medicine and of the book, The birth of mankind is particularly rich and complex. The first translation (1540) was undertaken by a layman, who added to Rösslin’s text a final section, drawn (without acknowledgement) from the Hippocratic corpus, and treating the conception of mankind. This version was revised in 1545 by a physician, Thomas Raynalde, who also added a new first part, setting out in English the very recent anatomical discoveries of Vesalius, as well as reproducing the latter’s anatomical illustrations.

Given that the work remained in print until 1654, going through many editions, Hobby faced a difficult choice as to the base text. She settled on the 1560 version for the reason that it underwent relatively little further change, and thus represents the version which circulated most widely for nearly a century. The decision reflects her wish to make her edition as accessible as possible to less specialist readers. Accordingly, only major differences from one edition to another are signalled in the footnotes, which—apart from useful indications of flagrant mistranslations, unacknowledged borrowings from classical sources or key historical references—are largely given over to translating less familiar sixteenth-century usage into modern English. In addition, the reader is provided with a generous medical glossary at the end of the volume. The illustrations, probably a key to the work’s early success, are reproduced satisfactorily, with the exception of the reversed images on p. 88. Specialist readers have to turn to the appendices (of which there are no fewer than fourteen) to track down both
portions of text which had been excised by 1560 and tables of changes introduced between one edition and another. Hobby has painstakingly collated some fifteen different editions, but leaves it to others, should they wish, to draw their own conclusions as to the significance of the numerous small changes.

Hobby’s (and/or Ashgate’s) decision to organize the volume primarily so that the general reader can peruse it comfortably and conveniently may occasionally frustrate those of who work closely in this field, but on balance I think it is justified, for this is a work which made a major contribution to the circulation of knowledge about sexuality and reproductive medicine from the mid-sixteenth to the mid-seventeenth century, and thus deserves as wide a readership as possible. And it is important to stress that Hobby has certainly not compromised the quality of her scholarly research. This volume has surely set the agenda—and a very high standard—for a pan-European study of the reception of Rösslin’s Rose Garden.

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G M P Loots, Epilepsie in de zestiende eeuw. De Observationes van Pieter van Foreest, Rotterdam, Erasmus Publishing, 2007, pp. 219, €27.50 (paperback 978-90-5235-189-6).

Pieter van Foreest (Petrus Forestus) has been called the “Dutch Hippocrates”. He studied in Bologna, Padua and Paris, and practised in the Netherlands from 1546 until his death in 1597. During these turbulent years, he was consulted for the health of the leader of the Dutch revolt, Prince William of Orange, and performed his autopsy after he was murdered. His Observationes contain over 1,350 case studies and were published between 1584 and 1597. In the past fifteen years, some thorough studies have appeared on Foreest, notably those of Henriette Bosman-Jelgersma. The present translation of the Observationes on epilepsy by the classicist and psychologist G M P Loots makes a welcome addition.

The introduction to Foreest’s life relies primarily on earlier studies by Bosman-Jelgersma. The Observationes themselves are an absolute joy to read. There are patients from all classes of society: a shoemaker, a sailor, a monk, a noble woman, and a relatively large number of young adults and children. A few of the patients are related to Foreest. Some are described as socially isolated, “melancholic”, some do not take his therapy, others respond well, leaving the public amazed at their cure and giving Foreest a sense of satisfaction. Of special interest is ‘Observation 60’ in which Foreest is consulted by his colleague Nanno, to which Nanno’s reply is also added.

Each case study is followed by a theoretical “Scholium”. Foreest mentions several “risk factors” for epilepsy such as having had an alcoholic mother, or living in the province “where the wines are damp”. A teacher suffered epilepsy from intense teaching, a student from eating excessive amounts of eel. Symptoms are described as convulsions, frothing at the mouth, etc; but also as pain between the shoulder blades and vomiting, seeing flashes of light, and having bloody urine. In many cases, patients describe a sensation rising up from the extremities towards the brain. This is interpreted as confirming classical pathology, where a bad humour rises up from some place in the body towards the brain. Foreest distinguishes epilepsy from drowsiness, obsession by the devil and stroke.

The Observationes show Foreest as having a sympathetic, independent mind. A high point is ‘Observation 62’, where he calls in a second doctor “to be safe against false charges” from the family of the patient. In his language, Foreest is more careful than, for example, Vesalius (whom he met in Padua and later consulted about a patient), but is not afraid to criticize Galen and the Paracelsists among others. He makes some witty allusions to the frustrations of religious clerics. Cauterization, although proved to be effective
in Italy, is inappropriate in the Netherlands according to Foreest because the local people find the treatment “abominabile”. He mostly quotes from Greek sources, but is quite neutral in quoting Arabic sources such as Rhazes.

The publication is accessible in price, design, structure and use of language. The decision to edit the punctuation of the Latin has proved successful. The book has a useful index of Latin terms translated into Dutch, although a larger general index would have been helpful.

Almost half of Loots’s introduction is devoted to a comparison of Foreest’s work with that of three Dutch contemporaries, Pratensis, Lemnius and Heurnius. The results are, however, not very exciting. The space taken up by this comparison could have been used to give a better analysis of the text itself, and more background on the social and intellectual environment in which Foreest worked. Some more insight could have also been offered into Foreest’s prescriptions, which take up a large part of the Observationes but remain incomprehensible. Loots is successful in correcting the opinion that Foreest wrote the Observationes without didactical intentions, but the discussion itself could have been explained more adequately.

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Reid Barbour and Claire Preston (eds), Sir Thomas Browne: the world proposed, Oxford University Press, 2008, pp. xii, 368, £60.00 (hardback 978-0-19-923621-3).

Reid Barbour and Claire Preston consider the seventeenth-century physician, linguist and natural historian Sir Thomas Browne (1605–1682) to have written probably the most remarkable prose in the English language. In this volume, Browne is celebrated as both a literary and an intellectual figure across sixteen chapters by British and American scholars engaging with his imaginative and eloquent meditations upon a number of wide-ranging themes including memory, authority, classicism, disease, witchcraft and historiography.

In her chapter, Preston explores the medical, anatomical, natural-historical, spiritual, antiquarian and literary aspects of Browne’s A letter to a friend. For Preston, this advice to a fellow knight dying of the wasting disease phthisis comprised a profound ars morendi wherein the specifics of an individual case history gave way to a consideration of general truths. That is, for Preston, Browne was ultimately concerned with providing impersonal sententiae addressed to public patterns rather than a consilium addressed to private virtue. Reid Barbour’s contribution considers Browne’s fascination with skin as a site for decipherment of the hieroglyphics of nature, rather than merely as a physiological object of medical knowledge. For Barbour, we are to regard Browne’s explorations of artistic, moral, theological and racial implications as “larger meanings of skin” than his concerns with anatomy, healthy function and disease. Browne is presented here as ultimately having regarded the skin as holding more secrets about the human decipherer than about the divine geometer. In Barbour’s reading of Christian morals, God had ensured that “pocked and scarred” humans loved one another not by obscuring the signs inscribed upon the surface of bodies but by ensuring “that the reader [was] short-sighted” (p. 292).

The volume’s historiographical approach is set out in the introduction, where Barbour and Preston casually dismiss what they choose to call a “neo-historicist focus upon subversion and the structures of power” without exemplifying it beyond a 1987 essay by the Australia-based novelist Michael Wilding. Barbour and Preston do not engage with Wilding’s argument but merely report that it is “reductive” and that he sees oppressive conservatism where they see coherent, orderly and co-operative “social and moral advancement” (pp. 2, 4). The editors signal an intention to use Quentin Skinner’s perspective of “language as action”, and the volume indeed pursues a hermeneutic reading of
Browne. There is a concomitant concern with symbolism and meaning (rather than practical and material technologies) across ten of the sixteen chapters, with some employment of Wittgensteinian notions of language (chapters 6 and 8). Only the last two of the sixteen chapters in this volume offer an argument for how their literary and intellectual descriptions of Browne might serve as reflection upon twenty-first-century notions of sickness, mortality, memory, authority and identity. That is, most of the contributors do not demonstrate how their readings of Browne are important critiques of certain aspects of current practices that constitute our selfhood. Browne’s medical arguments are presented in such a way as to leave the present somewhat unchallenged. Presumably, we are not to question current medical beliefs, but instead to use them to assess those of the past. This is unfortunate given that this volume is precisely an engagement with ethical and aesthetic truth together with related subjectivities. Notwithstanding this, the contributors provide a wide-ranging, finely-detailed, lucid and highly readable account of the writings of Sir Thomas Browne in relation to the pressing spiritual and political problems of seventeenth-century England.

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Jan Frans van Dijkhuizen and Karl A E Enenkel (eds), The sense of suffering: constructions of physical pain in early modern culture, Intersections, Yearbook for Early Modern Studies, Leiden and Boston, Brill, 2009, pp. xxiii, 501, €99.00, $148.00 (hardback 978-90-04-17247-0).

The sense of suffering is a fascinating study of the perception and experience of physical pain in early modern England and Europe. It contains seventeen chapters written by scholars from a range of academic backgrounds, including history, art history, literary criticism, philosophy, psychology, and law.

The book is groundbreaking in four respects. Firstly, it focuses specifically on early modern pain. Previous histories of pain, such as Roselyn Rey’s The history of pain (1993), have tended to take broad sweeps of history from ancient times to the present day. Secondly, the book does not confine itself to just one or two contexts in which pain was present, such as torture or surgery, but instead examines suffering in a variety of arenas, including politics, law, art, literature, medicine, religion, philosophy, and education. Thirdly, whereas many scholars have explored the history of emotional pain, including grief, fear, and jealousy, very few have concentrated on the subject of physical pain. The editors of The sense of suffering believe that this is a consequence of today’s preoccupation with mental suffering, and assert that “Early modern perceptions of pain frequently work in precisely the opposite direction: they invoke the physicality of pain to invest other, non-bodily categories of experience with the authority and palpable reality of bodily sensation” (p. 6). Finally, the volume focuses on the experiences of sufferers as well as the views of those inflicting pain or debating the meanings of pain. Consequently, The sense of suffering is perhaps the most ambitious of all existing studies of pain: its authors believe that it is possible to access the experience as well as the meanings of pain.

A central theme throughout the book is the intimate relationship between the early modern mind and body, and between physical and emotional suffering. As the editors state in the introduction, “Pain . . . confronts us with basic questions about the relation between body and mind, and challenges common-sense dualist assumptions about the nature of physical and mental experience” (p. 1). This thesis is upheld by many of the authors. Michael Schoenfeldt, in his chapter on pain management in medicine, states that early modern people “did not make a hard and fast distinction between physical and emotional pain”, as demonstrated by the fact that “the vocabularies of suffering continue to migrate
between these two realms that for us designate quite separate phenomena” (p. 29).

The authors of The sense of suffering argue that during the early modern period, physical pain was viewed in strikingly ambivalent terms. Unlike today, suffering could be “profitable in itself” (p. 191) as well as an unpleasant, undesirable experience. In the context of law and torture, Jetze Touber shows that pain was thought to be a useful means through which the truth could be accessed. Similarly, in medicine, painful treatments were considered helpful for distracting the patient from “the primary pain” of the illness itself (p. 32). Pain could also be positive in the context of religion: Jan Frans van Dijkhuizen and Jenny Mayhew both assert that godly Protestants hoped that pain and illness would improve the health of their souls by inspiring them to repent of their sins, and empathize with the sufferings of Christ on the cross. Likewise, in the field of education, Anita Traninger suggests that pain was regarded as a “helpmeet to learning and memorising”: the blow of the cane embossed the abstract subject matter on the pupil’s memory (p. 53).

One feels that the editors of The sense of suffering could have been more forthright about the originality of the volume and its contribution to the historiography of pain, medicine and other historical fields. It would have been helpful to the reader if the introduction had included a review of the existing literature on pain. The book would also have benefited from having a conclusion, to draw out the key arguments and themes of the contributions. These shortcomings, however, are minor when one considers the ambition, breadth, and erudition embodied in The sense of suffering.

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Angela Ki Che Leung, Leprosy in China: a history, New York, Columbia University Press, 2009, pp. xi, 373, £35.00, $50.00 (hardback 978-0-231-12300-6).

Leprosy has been a subject of great scholarly interest among historians of medicine in Europe and in colonized geobodies, but it has attracted little attention from East Asian scholars. Leprosy in China is an important contribution in this regard, as the first study of its kind detailing the social, cultural, and intellectual dimensions of a single disease in Chinese history. The book revises the influential theses of Michel Foucault and, more recently, Rod Edmund from a China-centred perspective. If the disappearance or continuing presence of leprosy marked the transformation of European modernity for these scholars, Angela Leung reveals both the relevance and irrelevance of similar debates for understanding the significance of the disease in China’s past.

Similar to its historical status in Judeo-Christian civilization, leprosy has important social and epistemological roots in China’s long religious and medical traditions. In the early imperial period (fourth century BC to eleventh century AD), there were two terms associated with what we might call leprosy in the modern era: dafeng or efeng, which refers to the aetiological pattern of the intrusion of Wind, and li or lai, which describes the symptom of sores on the skin. The ambiguous distinction between the two medical categories of dafeng/efeng and li/lai began to disappear around the tenth century, and, from that point on, experts in northern China continued to use the broad configurationist aetiological pattern of the intrusion of Wind to combine them into a single disease group, whereas southern experts voiced growing suspicion of this approach.

By the late imperial period (from the fourteenth century AD onward), with the gradual maturation of waike (or external medicine), the disease was perceived less and less to be Wind-induced, and was understood more and more as a skin disease belonging to the waike category, which was more commonly associated with the hot and damp regions of the south, including Fujian, Jiangxi, Guangdong, and Guangxi provinces. This
reflects the cultural-geographic boundaries in late imperial China between the “semi-civilized” south—open to global currents—and the more self-contained north, the regional core of Confucian civilization. Moreover, whereas most victims of li/lai in traditional Buddhist, Daoist, and Confucian texts were men situated in mainstream society, the sufferer of li/lai became typically female after the Southern Song, especially during the Ming-Qing period, when leprosy was sometimes confused with the emergent “Guangdong sores” (syphilis), and sexual intercourse became an viable explanation of transmission.

During China’s transition from empire to nation, the symbolic meaning of the Chinese leper broadened. The new era of nation states ushered in a transformation in China’s body politic from one associating the disease with women in miasmatic regions of the south to one that viewed the entire Chinese race as inferior and the leper’s crippled body as an expression of the physical and moral weakness of the Chinese people writ large. Since the mid-nineteenth century, “both Chinese and Western conceptions of the disease reinforced the idea of leprosy being hereditary and specific to peoples of particular regions and constitutions. For the Chinese, southerners were the main victims; for the Westerners, all Chinese were southerners” (p. 141).

Such an interpretation of the re-expression of cultural boundaries in the history of Chinese civilization is a major strength of the book: making the question of Chinese agency relevant to the historiography of medicine. With respect to the predominant racist discourse of leprosy in the modern world, the author shows that it did not purely result from Western imperialist ideas; the Chinese epidemiological view of the disease in the late imperial period unquestionably contributed to the shaping of such a discourse. In fact, Leung goes so far as to remind the reader that any attempt to show the occurrences of true leprosy in ancient China actually represents an effort to forget rather than remember “the rich history of old Chinese disease categories on their own terms” (p. 18). By equating certain early terms with Hansen’s disease, modern scholars become passive agents of naturalizing the geopolitical forces surrounding the discourse of Chinese leprosy without questioning the historicity of its modern biomedical lexicon.

The narrative of the book ends with a chapter on the period of the People’s Republic of China (PRC), 1949 to the present. Here, the argument seems to parallel the conventional view of twentieth-century Chinese political history: that the PRC regime represents a state “stronger” than the previous Nanjing government. Most of the discussion, for instance, revolves around the increasing local implementation of national governmental policy. This analytical trajectory tends to avoid the possibility of evaluating the role of the Republican regime in Chinese history as both a “modernizing” and a “traditionalizing” geopolitical entity. Given the author’s observation that contemporary claims about the success of the fight against leprosy in the PRC feature a national emphasis on the return to traditional drugs/therapies, the most significant aspect of the history of leprosy in Republican China may not have been how successfully the nationalists segregated lepers through the development of modern asylums. Instead, the Republican regime’s most profound contribution to the history of leprosy in China may be seen as the sustainer or carrier of traditional attitudes toward the social and epistemological dimensions of the disease.

Still, Leung’s complex work stands among the most important books on Chinese medical history. It recovers the chronological depth of the broader context of Chinese leprosy and uncovers the neglected roots of its modern presence. Full of refreshing and surprising insights, Leprosy in China is a solid piece of scholarship that re-orient the historiography of East Asian medicine in sophisticated ways.

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Julie Parle, *States of mind: searching for mental health in Natal and Zululand, 1868–1918*, Scottsville, University of Kwa-Zulu-Natal Press, 2007, pp. xv, 334, illus., R190.00 (paperback 978-1-86914-098-4).

In this impressive monograph Julie Parle provides a meticulous and perceptive assessment of the many ways inhabitants of the Colony of Natal responded to, and sought relief from, mental illness from the mid-nineteenth century until the end of the First World War. Natal was the site of southern Africa’s first asylum dedicated to institutionalizing mentally ill people, the Natal Government Lunatic Asylum, opened in 1880. *States of mind* is the first detailed analysis of the asylum’s patients and practices, and of the establishment and expansion of professional psychiatry in the colony. However, the study is concerned with more than institutional and professional developments. It also tells a complex story of dynamic medical pluralism in which psychiatrists constituted only one of a wide range of healers, from diviners to hawkers of mail-order medicines, representing three contesting and interacting healing systems—indigenous African, Western and Indian—to which sufferers of mental illness or their families turned for relief. Indeed, a major argument of *States of mind* is that for much of the period under study colonial psychiatry was the least significant system on offer.

Parle’s work begins in 1868, the year the government of the Colony of Natal passed the first piece of legislation in all of southern Africa requiring the detention of the “dangerously insane”. In turn, the legislation sparked the opening of the Government Lunatic Asylum, which differed significantly from asylums subsequently opened in the Cape Colony in that the former did not produce psychiatric theory and practices based on putative racial difference. In Natal, blacks as well as whites were accommodated, a policy, according to Parle, that reflected the dominance of liberal humanism in guiding (and justifying) British imperial practices in the nineteenth century. Chapters one and two place the passage of the Natal Custody of Lunatics Act (1868) in the context of evolving ideas about the treatment of the insane in the metropole and their transmission to the colony at the instigation of officials in the Colonial Office in London. They also analyse the management of the Natal Government Asylum under the leadership of Dr James Hyslop, who was physician superintendent from 1882 to 1914 and a highly influential figure in South African psychiatry generally.

The subsequent three chapters de-center the role of the asylum in the treatment of the mad of Natal. Together they constitute the most ambitious and significant aspect of the study, namely an account of the efforts of ordinary people from all ethnic backgrounds—Africans, Afrikaners, British colonists, and Indian indentured labourers—to regain mental health “beyond the walls of the asylum” (p. 131). Parle is one of the growing number of historians who are moving away from the preoccupation with the mental hospital in studies of insanity, a trend inspired largely by Michel Foucault’s argument that asylums were sites designed to maintain social control. Like Megan Vaughan, a key figure in the turning away from Foucauldian theory in the study of insanity in Africa, Parle acknowledges the “resilience of indigenous epistemologies” (p. 15) as well as the limited reach of the colonial state relative to that of European states in attempts to contain the mad. Her study also extends a renewed concern of historians with continuities in family and community care of the insane to colonial Natal: ‘In Their Own Hands’, chapter four, reveals myriad, previously under-examined healing practices that took place outside the asylum. They include taking mentally ill family members to Christian churches for faith healing, *inyangas* (African herbalists), and *izangomas* (African diviners). Only after these and other options had failed to bring relief did many families, black and white, turn to the asylum for assistance; colonial psychiatry, in other words, was often the last resort of the extremely desperate.
A fascinating and complex example of indigenous ideas and therapeutic responses to insanity is explored in chapter three, ‘Witches, Spirits and Hysteria’. This was the widespread outbreak of mental suffering called indiki (possession by evil spirits) among women in Zululand from 1894 to 1914. Parle draws on ethnographic and anthropological theory to conclude that indiki was “a socially acceptable form of articulating personal and wider pressures” (p. 158) by women at a time of great socio-economic upheaval and stress. Methods used to rid themselves of the spirits included ritualized forms of healing and the taking of herbal medications; notably, the role of colonial psychiatry in this dramatic episode was irrelevant. The “colonial position” was confused and contradictory, and ultimately psychiatric authorities left those afflicted to turn to indigenous medicine or Christianity for solace.

Chapter five, ‘Death in Black and White’, examines the high rate of suicide during this period among the population of indentured Indians brought to Natal as agricultural labourers. It is only through a focus on suicide, Parle explains, that the large Indian community can be included in a study of mental illness in the colony. This is because the Indian population was significantly under-represented in the number of asylum patients, not least because of the colonial government’s practice of simply shipping back to India labourers deemed unfit for work because of insanity. Given the brutal conditions under which Indians were forced to live and work, and the callous disregard of the colonial authorities for their well-being, Parle calls suicide an “understandable reaction” (p. 207) to extreme mental anguish.

*States of mind* is a compassionate social history of madness that seeks, when sources permit, to make visible individuals from a variety of cultures that suffered from insanity and attempted to regain mental health. It is also an informative history of the relationship between the colonial state, psychiatry and the insane. This study is an important contribution to the historiography of medicine and madness in Africa.

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Daniel R Wilson and Gerald A Cory, Jr.
*The evolutionary epidemiology of mania and depression: a theoretical and empirical interpretation of mood disorders*, Lampeter, Edwin Mellen Press, 2007, pp. v, 396, $129.95 (hardback 978-0-7734-5209-1).

We should never judge books by their covers or indeed their typesetting. Were we to do so, then this unglamorous-looking book would be found wanting on both counts and, in the process, we would end up ignoring an interesting set of questions, arguments and hypotheses that claim to announce the new field of evolutionary epidemiology. Yet, just as the cover and typesetting imply little concern for the aesthetic sensibilities of audiences, so too is it unclear to whom the authors direct this manifesto. Although spotted with occasional references to arguments by Aristotle, Bacon, Nietzsche, Darwin, Tuke, and other figures of historical and scientific import, this cannot be a book intended for historians of science or medicine. It seems equally unlikely that most psychiatrists, ethologists, neuroscientists, or geneticists will have the time to dedicate to it—it is long but possesses a rather short message that the authors could have condensed into a review article. Nevertheless, this book would appeal to any scientist or clinician with a passion for big pictures, synoptic arguments and theoretically ambitious syntheses. Its primary audience is probably one that does not yet exist—a new generation of scientists and clinicians who may become enamoured with its ideas (if they ever get around to reading the book).

In this work, Daniel Wilson and Gerald Cory ask a very large question. They wish to know how and why it is that certain psychiatric disorders (presumed now to be at
least partially genetic in origin) should appear with a population frequency far greater than evolutionary theories would permit for conditions so seemingly mal-adaptive (see pp. 130–1). In a subsequent argument that ranges across contemporary theories on the evolution of human sociality and its normal limits, through to discussions of psychopathology, population genetics, game theory, anthropology, sociology and, ultimately psychiatry, Wilson and Cory arrive at the startling conclusion that “neuropathologies of talent” probably possess evolutionary advantages that promote their survival in the population. While these neuropathologies appear, the authors claim, to be (and often are) mismatched to their industrial and post-industrial societies, the advantages conditions like mania or bipolar disorders bring in terms of innovation, creativity, intensity, imagination, ambition and even sexual desire, offset the destructive tendencies that accompany these conditions, such as: self-medication with alcohol and drugs, paranoia, megalomania, and domestic instability. They thus pithily summarize the implications for psychiatry in their penultimate chapter: “It is important that any genetic therapies [should] not assume disease is simply disease. Certain polymorphisms of at least utility are at risk of misguided therapy. Surely other gene systems now notable only as causes of individual disease will come to be seen, in the light of evolutionary epidemiological analysis, as fundamentally salubrious characteristics” (p. 295).

Wilson and Cory’s argument is elegant in its simplicity. If their theory is correct, moreover, then it is also easy to see that clinical and cultural perceptions of certain psychiatric diseases would necessarily have to change. The strength of their work is that it does not sink into an unending search for neural structures that might circumscribe normal behaviour and thus explain pathological disorder. Instead, the authors search for genetic aetiologies: hence long and short discussions of Hamilton’s Rule, Hardy-Weinberg equilibriums, quasi-Mendelian genetics, and Hawk/Dove strategies appear with greater frequency than do discussions of the brain and nervous system. This strength, however, also reveals the central weaknesses of the text. Often the links between the many different areas of scientific knowledge are asserted rather than revealed, necessary constructs become black boxes (i.e. reptilian neo-cortex), hypothetical species (i.e. Hawks and Doves) supplement for hard examples, affective states (i.e. ego and empathy) become reified, and the relationship between reductive biological structures (neurotransmitters) and correlative behaviours (affection) assumed obvious and demonstrated. In consequence, like many clinical and scientific works that attempt a general statement, Wilson and Cory’s theoretical and empirical treatment, while rich and thoughtful, cannot fully deliver. Thus this work, which, nevertheless, represents a fine attempt at synthesis, may not get the attention it deserves.

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David Boyd Haycock, Mortal coil: a short history of living longer, New Haven and London, Yale University Press, 2008, pp. xii, 308, illus., £18.99, $30.00 (hardback 978-0-300-11778-3).

Four centuries ago in western Europe more people died in infancy than at any other age. Those who survived childhood could be expected to live to about today’s age of retirement, and a few to eighty or a bit more. Since then death before the age of sixty has become uncommon. The number of centenarians has surged; this year Japan deemed bonuses formerly paid to centenarians no longer affordable. We appear to be on the way to having significant numbers of people live to be 100, even 110, but probably not 120. Judged by an ability to perform physical and mental tasks, old age has receded. This past, projected forward, gives us hope of mentally
and physically active years pushing through the eighties for most people.

In every age some branch of learning has imagined much longer lives. Today geneticists and geriatric researchers, and scholars from other fields impressed by their findings, are fashioning their own version of exceedingly long lives, ending at age 150 or even 200. Childhood will remain the same; old age measured by physical capabilities will be compressed; the physical and intellectual attributes of the middle years will be stretched out by decades, even by more than a century.

David Boyd Haycock gives us a history of prolongevity thinking during the last 400 years and of the sources of inspiration for such hopes. Deliberately, without irony, he links the modern expression of this idea, based on science, to past expressions based on the Old Testament and the belief that the patriarchs lived hundreds of years; on hope in the perfectibility of humankind, not just in morality but also in immortality; on the supposed long lives of some individuals who understood secrets about ageing; on the belief that disease would be conquered, leaving people to discover how long their natural lives could be.

Scholars and the curious among the general public will be delighted by this book. Haycock writes engagingly about an intriguing topic, and is always ready to re-seize the reader’s attention with a digression or an apt illustration. Indeed historians of science may want to use this book as a text. Haycock knows how to introduce scientists from Bacon, Boyle, Descartes, and Condorcet to Hayflick, Kirkwood, and Walford in ways that fix them in the mind. He knows how to present the serious and still today important parts of their thought even when it is embedded in language that seems merely fantastic, spiritual, credulous, or impenetrable. Undergraduates will discover useful things about how science proceeds when, armed by little more than curiosity, scientists probe the unknown.

In the early parts of this account, prolongevists experimented mostly on themselves. In the twentieth century they began to experiment on volunteers, some from their laboratories and some from the credulous public. To date, their work has had no specifiable effect on human longevity, except for maiming some lives and cutting others short. All the while prolongevists went ahead, always, it seems, lacking any sense of the history of the idea. Until now, when an historian sympathetic to these ideas has arrived.

Major steps forward in knowledge engender confidence that ageing can be understood and manipulated. Most of the time science demands that we sacrifice for these longer lives, for example, not just watching our diet but eating only a fraction of the recommended intake. The persuasive sign that something is afoot will probably lie in steps that extend cancer treatment from management to reversal, cure, or prevention. Haycock is not a sceptic; for him super long lives of perhaps 200 years are a plausible expectation that will be delivered by science now in progress.

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Christopher E Forth and Ana Carden-Coyne (eds), *Cultures of the abdomen: diet, digestion, and fat in the modern world*, Basingstoke and New York, Palgrave Macmillan, 2005, pp. vi, 264, £40.00 (hardback 1-4039-6521-8).

Christopher E Forth and Ana Carden-Coyne rightly assert in their introduction to this edited edition that the abdomen is an area of the body left relatively unexplored by historians of medicine. We have little in the way of a full historiography of matters related to digestion, diet and gastric illness. Yet, as the editors argue, this gap in the literature does not reflect the historical importance placed upon that particular region of the body and its component organs, as well as the significance of the complex relationship between the digestive system and far wider social, cultural and medical discourse. It is
correctly stressed throughout that diet and nutrition in fact play critical roles in the development of our sense of self, and that historical analysis of this is necessary for understanding the deep historical meanings that underscore modern obsessions with conditions such as obesity. Yet, it is suggested, these themes are not just concerned with the medical alone. Tellingly, issues such as fat are also persistently discussed through moral frameworks, acting as an expression of personal character as well as ill health.

Spanning the entire modern period, the volume contains thirteen chapters detailing a varied array of themes ranging from the physiology of hypochondria in the eighteenth century, historical attitudes towards fat in twentieth-century America, as well as in-depth analysis of the responses of prominent historical individuals to the problems of their gut. In one particularly notable chapter, for instance, George Rousseau explores Samuel Taylor Coleridge’s obsession with his gastric problems and the subsequent development of his dream theories generated by the poor state of his digestion at night. Further contributions analyse linkage between the development of chocolate as a commodity and the introduction of efficient sewerage in nineteenth-century Europe, while Ronald L LeBlanc explores Leo Tolstoy’s use of bodily imagery stressing themes of diet, desire and denial. Ana Carden-Coyne, meanwhile, successfully argues that during the First World War, the abdomen acquired a meaningful status in America which confirmed the guts as the locus of masculinity, with military manhood from then on requiring particularly stronger inner resolve.

Inevitably, some of the pieces are more convincing than others. For instance, Joyce Huff’s analysis of the interest in the elimination of bodily fat that resulted in the employment of scientists in the public relief system in the 1860s is particularly credible. But are we really to believe that the modern obsession with chocolate stems from its apparent historical associations with oral contact with excrement (coprophagia), as Alison Moore provocatively argues? Overall what is most surprising about this volume is the number of topics left unexplored, although this is perhaps more the fault of historians generally, than that of the editors. We hear little on the role of the stomach in the development of the history of medicine. Nothing is said on, say, the significance of abdominal operations within the wider development of surgery, or shifting understandings of various prominent diseases of the digestive tract such as peptic ulcer. Ultimately, we are still left with no firm narrative about this which would complement our understandings of health, disease and the chronic conditions of the digestive tract, although it is fair to say that many pieces of the jigsaw have been slotted neatly into place. This is a minor criticism, however, and *Cultures of the abdomen* is a useful contribution to a heavily neglected area of medical and social history. In fact, what is presented here is a variety of highly complex, yet significant, themes with outstanding potential for further, fuller historical analysis.

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**Eluned Summers-Bremner,** *Insomnia: a cultural history,* London, Reaktion Books, 2008, pp. 176, £19.95 (hardback 978-1-86189-317-8).

In *Insomnia: a cultural history,* Eluned Summers-Bremner seeks to explore attitudes toward sleeplessness from ancient times to the present. Because her sources are drawn primarily from literature, the book makes little effort to probe popular beliefs, much less how people across time and space actually grappled with insomnia. Also slighted are the causes of sleeplessness and its consequences upon the cadences of daily life.

Summers-Bremner initially draws upon modern medicine to define insomnia “as the habitual inability to fall asleep or remain asleep when one wishes or needs to do so”
(p. 7). So far, so good. But within several pages, we are off on a disjointed, at times perplexing tour that takes us, in the ensuing chapters, from *Gilgamesh* and the *Odyssey* to Charles Dickens and Gabriel García Márquez. Nor are references wanting to East Asian authors. In short, the author brings little rigour or discipline to her narrative. Making matters worse is that the topic of insomnia all but disappears amid metaphors and digressions that are at best tangential, involving such diverse matters as the European colonization of indigenous cultures, the prevalence of boredom in eighteenth-century England, and the Atlantic slave trade (“like insomnia, the slave trade was an actively dark state—dark because unseen, often distant from the site of investment and dealing—as well as a lack: the inability to see how to run an economy without it” [p. 12]).

Not that the narrative is devoid of interesting insights, particularly in its discussion of modern sleep research; but these are obscured by prose that is often impenetrable, a grab-bag of jargon that undercuts the book’s appeal to either non-specialists or historians of medicine. What are we to make of the following: “To wake from sleep is to be found in the world and to have been remade by it, and to experience insomnia is to be kept from seeing, most often by means of excessive thoughts, how the productions of consciousness forestall the arrival of an unconscious state” (p. 12)?

The principal thesis seems to be that insomnia has become a growing problem given the decreasing amount of sleep enjoyed by industrialized societies—what Summers-Bremner refers to as the increasing demands of a “wired world” that rarely pauses for rest or relaxation (p. 131). This, in turn, presumably fuels over-stimulation and anxiety that render sleep both troubled and brief. Fair enough; but in actuality, we have probably never slept so well, due to the problems that typically afflicted our forebears. Had Summers-Bremner relied less on literature and sought instead to incorporate a larger number of empirical sources, such as diaries, memoirs, legal records, and newspapers, she might have given greater credence to the impact of disease, hunger, frigid temperatures, noise, and lice, among myriad other sources of disturbed slumber—hence the chronic sleep deprivation that plagued labouring classes in pre-industrial western societies.

Such is the importance of the history of insomnia that it deserves systematic study in its own right rather than to serve as a device by which to reflect upon a disparate body of imaginative literature. An index might also have helped.

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Andrew Knox and Christopher Gardner-Thorpe, *The Royal Devon and Exeter Hospital 1741–2006*, Exeter, Andrew Knox and Christopher Gardner-Thorpe, 2008, pp. xiii, 222. £16.99 (hardback 978-0-9561700-1-9), £8.99 (paperback 978-0-956170-0-2).

This book has its origins in a series of Devon and Exeter Medical Society lectures in 2006–7. It successfully combines a scholarly approach with a very readable and accessible narrative that covers not just the Royal Devon and Exeter Hospital (RDE) but the delivery of health care in the large area between Plymouth and Bristol. The surprisingly affordable price, with all profits going to the Medical Society for the promotion of medical research, combined with the carefully arranged text and the lovely images on the dust-jacket will ensure its appeal to a wide audience. The authors are both retired RDE consultants and they offer a warm insider view of the development of the institution. Building on past histories of the Hospital, this new work concentrates on the National Health Service era.

While many publications marking the sixtieth anniversary of the NHS have grappled with its problems and analysed its organizational structures, financial pressures and persistent inequalities, Andrew Knox and
Christopher Gardner-Thorpe provide an optimistic view of the past, present and future of health care at the Royal Devon and Exeter. They argue that after 1948 more doctors and other specialist staff were employed, and they innovatively developed new services, brought in the latest surgical and medical techniques, and treated more patients with better outcomes than ever before. The sense of progress, driven by key personalities and a sense of collective endeavour amongst the local medical community, is highlighted by the way chapters 3 to 10 are organized to facilitate description of each of the medical specialities. This structure places the work within the medical history rather than the social history of medicine tradition but the authors locate their analysis within current policy as well as historiographical debates.

One of the main themes in the book is the importance all communities place on having a good local hospital. For Knox and Gardner-Thorpe the ability to recruit and retain highly qualified medical and other staff is the key to this. They identify three significant phases in the history of the Hospital and associate them with the delivery of medical education. From the 1740s, the RDE had an enviable reputation as a centre of excellence but lost national prominence after the 1858 Medical Act, before rediscovering something of its former glory within the structures of the NHS, despite concern about an apparent financial bias towards regional rivals in Plymouth and Bristol. Staff at the Hospital helped pioneer new surgical and other treatments, and the authors provide a very interesting explanation about their ability to do so and the attraction a city like Exeter had for leading clinicians and researchers.

Despite a clear commitment to objectivity, this celebration of medical achievements at the Royal Devon and Exeter at times lacks a critical edge, and I, personally, would have liked to see a little more attention given to both the role of the other staff, particularly nurses, and the patient experience. This is however a unique record, offering insights not just into the history of one hospital but health care in provincial areas more generally. It is fortunate that the authors were able to capture the memories of so many colleagues who experienced most of the changes after 1948 first hand. It is a sad fact that the first half of the twentieth century already eludes this type of study. There remains something of a question about why doctors in Exeter, a city with conservative views, were so quick and keen to embrace what we would now recognize as the principles of the NHS. Knox and Gardner-Thorpe offer only tentative suggestions, but the wartime blitz and the somewhat problematic involvement of RDE consultants with pre-1948 local authority medical services seem to merit further investigation. In fact the whole project seems designed to encourage and facilitate further work on the history of various aspects of the Royal Devon and Exeter Hospital. Future scholars will owe a considerable debt to this publication.

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Thomas F Baskett, *On the shoulders of giants: eponyms and names in obstetrics and gynaecology*, 2nd ed., London, Royal College of Obstetricians and Gynaecologists, 2008, pp. xxii, 440, illus., £75.00 (£67.50 to Fellows, Members and Trainees of the RCOG), (hardback 978-1-904752-64-6).

What defines a “pioneer” in any field of medicine (or, for that matter, in any aspect of life)? Pioneers—the older the better—are so often central to constructions of professional identities, reflecting the potent appeal of seeing present practice standing, as in the title of Thomas Baskett’s new book, “on the shoulders of giants”. Baskett was born and educated in Northern Ireland, but spent his working life as an obstetrician and gynaecologist in Canada. In recent years he has turned to the history of medicine, taking the Worshipful Society of Apothecaries’ diploma course, and in *On the shoulders of*
He offers an encyclopaedia of 365 “pioneers” in the field of obstetrics and gynaecology, from Soranus via Louise Bourgeois and Nicholas Culpeper to Ian Donald and Dugald Baird. Each entry consists of a two- to five-hundred-word essay on their life and the techniques or ideas with which they are associated, accompanied by portraits or illustrations and a short bibliography of their most influential publications. Baskett throws a few curveballs—Thomas Malthus, Marie Stopes, Margaret Sanger—but for the most part he is content to minimize controversies, sketching a (relatively) smooth path to contemporary practice.

Like many books in this genre, On the shoulders of giants may be most useful to future generations of historians as a snapshot of the way in which clinicians of the early twenty-first century chose to interpret their past. Judging by the press release, the RCOG Press see Baskett’s work in this way, framing the future in terms of past achievements by “perpetuat[ing] the names and provid[ing] an introductory profile of some of the more significant and fascinating characters in whose steps we follow”. Whatever else this past might be, it is overwhelmingly a male preserve: only fourteen of Baskett’s heroes—less than 5 per cent of the total—are women. Though their voices break through in some places, mothers and babies appear most frequently as body parts or organs, and generally defective ones at that: narrowed pelves, recalcitrant ovaries, distressed foetal hearts, incompetent cervixes. In a book which makes such a show of celebrating and perpetuating great names, it is ironic to find the recipients of all this progress given so few opportunities to speak for themselves.

For this reason, it is perhaps more enlightening to read On the shoulders of giants against the grain. With page after page of formal portraits and photographs this is, amongst other things, a fascinating gallery of medical haircuts through the ages. Most sitters present themselves as sober and respectable medical gentlemen, all starched collars and gold-rimmed spectacles, but a few break this rule: Naguib Mahfouz’s jaunty fez, Grantly Dick Read’s unimpressed-looking cat, Albert Neisser’s luxuriant beard (which looks, as Billy Connolly used to say, as if he had eaten a bear and left its bottom hanging out). Readers might also pause to enjoy the index and contents page, where such oddities as the Braun decapitation hook, Brenner’s tumour and the Burch colposuspension are jumbled together to create a strange and brutal musique concrète.

On the shoulders of giants is not a book which will sharpen or revolutionize our understanding of the history of obstetrics, nor is it intended to be. But for retired clinicians reflecting on the changes they have witnessed through their careers, for historically inclined house officers who want to pass ten minutes in the staff room, for medical students seeking an anecdote that will break the ice with their consultants, this might be just the ticket.

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