Barbara Zipser, *John the Physician's Therapeutics: A Medical Handbook in Vernacular Greek*, Studies in Ancient Medicine, Vol. 37 (Leiden: Brill, 2009), pp. x + 377, €125.00/$185.00, hardback, ISBN: 978-90-04-17723-9.

It is not often that a Byzantinist can experience the joy of reviewing the publication of a new and hitherto almost completely unknown work. Barbara Zipser’s book delivers exactly that: the edition of two versions of a late Byzantine medical work attributed to an otherwise obscure John the Physician. The task of editing this text, or rather texts, has been a complex and thorny one, and Zipser has managed to break down the problem in a lucid way in her Introduction (pp. 1–44). Contrary to common editorial practice, we are not facing a single text, whose original form a philologist can hope to reconstruct. Rather, it is the case of a working manual of fairly unsophisticated medicine, which has been preserved in a number of manuscripts, each preserving a basic form that is close enough to allow us to see it as part of the same text, but with sufficient variants and additions to make the incorporation of all the material in a single text impossible. To begin with, there are two main versions, one in a somewhat more elevated form of Medieval Greek (Zipser’s Ν, preserved in a single fifteenth-century manuscript), and another, a kind of commentary of the former, written in decidedly more vernacular Greek (ω, preserved in a number of manuscripts dating from the fourteenth century to the sixteenth). There are also excerpts and additional versions that sprang from the ω family of manuscripts. Zipser has edited the two main versions, providing a translation for Ν as well as some basic commentary. The translation of Ν will ensure that the text can be used by those historians of medicine who are not fluent in Greek. It is a very important task, if only for the identification of myriads of plant names, substances, techniques and ailments in their often obscure and dialectical medieval Greek guise. I have found only one instance of disagreement with Zipser: Ν 124 / ω 151 ἐψύγηται/ἐψύγεται should be translated as ‘belch’, not ‘vomit’ (see the entry in Liddell, Scott, Jones, *Greek-English Lexicon with a revised Supplement* [9th edition, Oxford 1996] 686).

The texts themselves offer very little material that would help to date them and establish the milieu in which they were produced. Zipser dates them tentatively to the thirteenth to fourteenth century (pp. 33–7), but it is near impossible to locate their place of origin. Perhaps dialectologists of Greek will be able to shed light on the matter in the future by examining the vernacular version ω more closely.

As Zipser makes clear the text(s) are intricately connected to the tenth-century medical author Theophanes Nonnos. However, while they follow quite closely Theophanes’ suggested remedies, they are not direct copies of the earlier work. The challenge for those studying these texts in the future lies in establishing further sources, independent of Nonnos. For example, Ν 212 (with material not included in ω) provides a recipe for pills against gout. Some of the ingredients have more or less direct analogies to those provided by Nonnos, but the source is clearly a different one. Moreover, the author of Ν states that he received this recipe from a Markianos stratelates. The office of stratelates (originally the Greek translation of magister militum) was from the tenth century onwards a modest and at times honorific title. I have not been able to identify this particular person, but it is interesting that the *Prosography of the Byzantine Empire I, 641–867* (ed. J Martindale, CD ROM, Aldershot, 2001)
preserves thirty-nine people with this title (including one Markianos and one Maurianos), while the online *Prosopography of the Byzantine World* <http://www.pbw.kcl.ac.uk/> preserves four *stratelatai* from 1050–1200. It is important to note that the title was no longer in use in the Palaiologan period, the supposed time of the texts’ production.

The texts themselves are fairly straightforward: humoral pathology is alluded to but not explained or explored in depth. It is, however, quite remarkable that the remedies very often suggest phlebotomy, a procedure that is absent from comparable texts, the so-called *Xenonika* (manuals connected to Byzantine hospitals; see D. Bennett, *Xenonika*, PhD thesis, University of London 2003), and the medical and agricultural ‘best seller’ of the later Greek world, Agapios Landos’ *Geoponika* (Venice, 1680).

As the texts have now become available to scholars, I expect that, taking the lead from Zipser’s editorial suggestions, future researchers will strive to publish more such practical texts. They will no doubt explore and map the connections between such texts and earlier (both ancient and medieval) medical authorities. The result will place our knowledge of Byzantine medical knowledge and practice on a much more secure footing. The pioneer work of Zipser will play an important role in this process.

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Alessandro Arcangeli and Vivian Nutton (eds), *Girolamo Mercuriale: Medicina e Cultura nell’Europa del Cinquecento* (Florence: Leo S. Olschki, 2008), pp. vii + 356, €37.00, paperback, ISBN: 978-88-222-5740-6.

The present volume demonstrates that the past decade has been a fertile one for studies of Girolamo Mercuriale, and that, over and above the important recent additions to the bibliography on *De Arte Gymnastica*, scholars in various fields have increasingly examined Mercuriale’s works on subjects from paediatrics and gynaecology to epidemiology, dermatology and toxicology.

This volume, about which the editors rightly remark that it will provide an important foundation for future study, brings together twenty papers presented at the international symposium commemorating the four-hundredth anniversary of Mercuriale’s death, held in Forli in 2006. In spite of the disparate subjects and methodologies of the essays, Alessandro Arcangeli and Vivian Nutton have organised them such that the book opens with broad contextual studies and moves to a consideration of single treatises in the order of their publication. A core group examine *De Arte Gymnastica*, raising questions regarding Mercuriale’s methods (Alessandro Arcangeli), revisiting the question of the forgeries of Pirro Ligorio, Mercuriale’s collaborator (Ginette Vagenheim), and assessing the treatise’s impact upon seventeenth-century Roman culture, preoccupied as it was with health and classical exempla of valour and virtue (Susan Russell). In a stimulating essay that also accompanies Nutton’s 2008 English translation of *De Arte Gymnastica*, Jean-Michel Agasse considers, among other questions, Mercuriale’s conception of the relationship of body and soul, and his post-Tridentine perspective on the *voluptas* of antiquity. Agasse argues that the massive architectural remains of the ancient baths, which suggested that Roman culture was excessively devoted to hedonistic bodily pleasures, did not square with the sixteenth-century perception of the Romans as virtuous. Compelled to justify the enormous expense on these structures, Mercuriale made the claim that they housed schools of philosophy. Mercuriale was no neutral player in the Renaissance quarrel of ancients and moderns, yet, as recent research has demonstrated, he was not wrong in identifying these structures as multifaceted spaces. Indeed the imperial baths included ‘meeting halls, lecture rooms, libraries’ among their other spaces for instruction, see Fikret Yegül, *Baths and
Bathing in Classical Antiquity (Cambridge, MA: MIT Press, 1992), 130.

Gregorio Paia adumbrates the shifting world of late sixteenth-century Europe at a moment when medical and philosophical inquiry was characterised by a plurality of approaches: a strict dependence upon ancient authorities, an experimental method, and a reliance upon the 'magico-hermetic tradition' (p. 5). Like other medical humanists, Mercuriale made a practice, Arcangeli notes, of constructing his books 'from other books' (p. 115). He drew upon a stunning array of ancient, medieval, Arab and Renaissance authorities; his learning secured him the admiration of many, even though history shows him at times to have been greatly in error. One such instance, as brought to light in Richard Palmer’s essay, occurred in 1576, when Mercuriale and his colleagues denied that Venice was victim, once again, to an epidemic of plague. Negotiating for privileged access to the sick, his team unwittingly spread the disease. But even after Mercuriale was forced to acknowledge his mistake, he maintained that the symptoms observed did not reflect the definition of plague established by the ancients. Paradoxically, with that formidable learning, Palmer concludes, he 'substantially recovered his standing and reputation within the academic community' (p. 64). Only exceptionally, as in his De Venenis (1584), do there emerge indications, as Alessandro Pastore demonstrates, that Mercuriale truly relied upon direct observation.

This volume sheds new light on the little-studied treatises Nomothelasmus (1552), Variae Lectiones (1571) and De Decoratione (1585), the last of which addressed the relationship between health and beauty, branching off to consider cosmetics. The essays by Enrico Peruzzi and Francesca Lazzarin on this treatise will undoubtedly spur further work in this fascinating and productive area.

Sought after by sovereigns, princes, and prelates, Mercuriale maintained an extensive intellectual network on both sides of the Alps, which Nancy Siraisi sets forth, and he openly sought out books that had been placed on the Index (Jean-Michel Agasse). Here again, his learning apparently elevated him above any suspicion. Not all physicians at this moment of history were so fortunate.

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Victor Mallia-Milanes (ed.), The Military Orders: Volume 3 – History and Heritage (Aldershot: Ashgate, 2008), pp. xvii + 306, £55.00, hardback, ISBN: 978-0-7546-6209-7.

This volume records the proceedings of the third international conference on the military orders held on 7–10 September 2000 at the Museum of the Order of St John, Clerkenwell, London. Once again the organising London Centre for the Study of the Crusades, the Military Orders and the East Mediterranean Region in the Middle Ages succeeded in uniting no less than thirty well-known experts who focused their discussion on the general theme of ‘History and Heritage’. The thirty papers published in this collection reveal the continuing scholarly interest in the Military Orders as well as the large variety of topics that still demand further research. Eighteen articles concentrate on the Order of St John, six on the Temple and three on the Teutonic Order. Like the two volumes comprising the contributions of the previous conferences in 1992 and 1996, ‘History and Heritage’ will certainly be highly appreciated by medievalists specialised in the history of the crusades because of the outstanding quality of the assembled papers. They all cover recent trends of research and offer a strong basis for continuing study of the subjects treated. For those interested in medical history, however, this third volume has much less to offer than its predecessors. These put a special emphasis on Fighting for the Faith and Caring for the Sick (Volume 1) as well as Warfare and Welfare (Volume 2). The present volume, as its title indicates, mainly deals with the

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Orders’ historiography, questions concerning liturgy and fiction, and heraldry and piety. Furthermore, the major part of the contributions concentrate on the settlement of the Orders in different regions of Europe and the Holy Land, or on special aspects regarding the history of a single commandery and its dignitaries. Most of the papers do not pay any attention to medicine, healthcare or the functioning of the Orders’ hospitals at all. It is, therefore, surprising that the book contains two studies of outstanding interest for medical historians.

Ann Williams’ article (pp. 55–62) examines the final illnesses of the Grand Masters of the Order of St John from Pierre de Aubusson (d. 1503) to Nicolas Cotoner (d. 1680) and the development of funerary rites surrounding the burial of the Order’s highest ranking dignitaries, who at the same time occupied the islands of Rhodes and Malta as ‘rulers in their own rights’ (p. 55). In some cases the accounts allow a detailed reconstruction of the Grand Masters’ last days, burial practice and the reaction of the public. The author is conscious of the fact that on the basis of Hippocratic/Galenic traditions the descriptions of the mortal illnesses of the Grand Masters cannot be clearly identified. Yet, it is interesting to see what the sources reveal about the symptoms and the roles of the medical practitioners. Moreover, Ann Williams reveals that the double function of the Order’s Grand Master as head of a religious community as well as head of state becomes particularly obvious in the way the burial ceremony is performed. The descriptions of the mourning inhabitants of Rhodes and Malta in the Order’s accounts do not differ from those in royal records.

A more than valuable complement to the written source is the erudite bioarchaeological analysis of latrine soil from the thirteenth-century hospital of St John at Acre (pp. 213–23) presented by Piers D. Mitchell, Jacqui P. Huntley and Eliezer Stern. The authors demonstrate that the examination of latrine soil not only proves what kind of foods people were eating, but also what kind of parasitic helminthes infested their intestines. In the special case of a hospital latrine such as that in Acre it is even possible to gain further information about the medical treatment of the patients. One of the remarkable results of the analysis is that the fish bones and scales present in the latrine soil confirm that the patients observed a diet. Fish tapeworm ova have been identified by the researchers in the same samples. A number of figures additionally exemplify the information given in the text. Among the altogether brilliant articles of the volume this one is really trend-setting.

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Louis Schwartz, Milton and Maternal Mortality (Cambridge: Cambridge University Press, 2009), pp. xi + 269, £50.00/$90.00, hardback, ISBN: 978-0-521-89638-2.

John Milton is not a poet well known for his kindness towards women. Despite his engaging, arguably feminist rendering of Eve in Paradise Lost, the historical Milton and his well-documented antagonisms with the women in his life have often clouded readers’ perceptions of this difficult, though brilliant, early modern writer. There is the fact that his first wife, Mary Powell, moved back in with her parents for three years after just two months of marriage with him; the long and bitter legal suit that he pursued with Mary’s mother concerning a debt between her late husband and his father; his unclear stance on women’s education (he taught his daughters to read several foreign languages, but not to understand them); and finally his famously vexed relationships with his surviving children, all women, each of whom he excluded from his will.

Given these much-discussed biographical issues, a book on Milton’s interest in female childbed suffering may come as somewhat of a surprise. Indeed, Louis Schwartz is careful at
the outset of his monograph to indicate that, while it is probably true that ‘Milton did not really care about women’s oppression’, he did care about women’s suffering’ (p. 2). This suffering, Schwartz claims, linked directly to Milton’s interest in theodicy, a subject that would preoccupy him for much of his writing life and become one of the central concerns of his great Christian epic, *Paradise Lost*. Though all forms of human suffering, Schwartz suggests, could be seen within Milton’s religious worldview as just punishment for mankind’s sins, he convincingly argues that childbirth suffering and its all too frequent result in maternal mortality particularly troubled Milton. That women suffered so much more than men in the fulfilment of God’s commandment to ‘be fruitful and multiply’, even considering Eve’s role in the Fall, was difficult for the writer to understand and accept.

Such unease, Schwartz claims, emerged both from Milton’s intellectual engagement with theological questions, as well as from his more personal experience of maternal death. Two of his wives, Mary Powell and Katherine Woodcock, died after complications in childbirth, with their children dying in quick succession after them (in the case of Katherine, the child to which she had just given birth died shortly after her, while Mary’s new baby survived, but her one-year-old son John did not, allegedly as a result of being placed with a negligent nurse; Schwartz suggests that John’s death would also have been seen as a consequence of his mother’s passing, albeit indirectly). Such experiences, Schwartz argues, exposed Milton to the sorrows of childbirth suffering as well as to the world of female medicine and obstetrics, all of which he maintains feature centrally in several key passages of Milton’s poetry.

Schwartz contends that Milton was unusual in making childbirth and maternal mortality a subject for poetry, and, in his analysis of this literature, he identifies a distinctive shift from Milton’s early writing to his later literary endeavours; while works like ‘On Shakespear’ and ‘An Epitaph on the Marchioness of Winchester’ in some ways idealise maternal suffering, reading it as powerful metaphor for the act of creativity and corporeal transcendence, later treatments, including Sonnet 23 and *Paradise Lost*, offer more ambiguous conclusions. Such works, Schwartz frequently emphasises, were written after the deaths of Milton’s wives, and he argues that grief as well as guilt shape the scope and vision of these later literary efforts. Here poetry and childbirth are not presented as quite so similar: though both are creative, generative activities, which may very well move the human subject towards the divine, the dangers associated with writing are understood to be far less immediate and persistent than those linked to maternity (a realisation that Schwartz argues resulted in ‘guilt-laden relief’ for Milton [p. 193]).

Such conclusions are of interest not only to Milton scholars, but also to those working more generally on early modern gender relations, reproduction, life cycles, and the relationship between literary, medical, and religious practices. Historians may find some of Schwartz’s close readings a bit ponderous (he is heavy on detailed philological analysis), but they should also find his integrated study of medical and religious beliefs highly informative and carefully argued. Though centrally interested in Milton and his literary output, Schwartz’s book highlights both the worldly and spiritual crises maternal mortality posed for all early modern families, helping readers understand how the presence of suffering in life both reinforced religious explanations as well as resisted them.

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Craig Ashley Hanson, *The English Virtuoso: Art, Medicine, and Antiquarianism in the Age of Empiricism* (Chicago: Chicago University Press, 2009), pp. xv + 316, $50.00/£34.50, hardback, ISBN: 978-0-226-31587-4.
Craig Hanson’s stimulating book tackles a range of historical issues that are both fascinating and challenging. All the nouns in his title refer to difficult concepts and highly charged ideas. His goal is to provide a new account of the ‘virtuoso’ in seventeenth- and early eighteenth-century England. These were ‘erudite individuals with solid grounding in the classics, deep appreciation for the arts, and sincere curiosity for the natural world’, according to the book’s cover. Many of them were medical men. Thus a range of individuals from William Harvey to Richard Mead are discussed in order to assess their ideas about, for example, the classics, antiquities, collecting, the visual arts both in theory and in practice, and the human body in health and disease.

There have been a number of studies of this broad terrain, but this one is distinctive in a number of respects. For instance, it covers a long period of time from the early Stuart court to the 1750s – Richard Mead died in 1754, and the last chapter is devoted to him. However, Hanson presents not one continuous narrative but three historical moments. It is true that the chapters and even the parts of chapters have an episodic character, but The English Virtuoso covers a lot of ground and mentions many of the key medical figures of the period. Yet, arguably the volume’s hero is the Royal Society, with its commitment to ‘empiricism’, and above all its History of Trades project. This project is a figure for questions and relationships that run through the book as a whole. They include attempts to think about the production of knowledge and artefacts, and those who make them. Hanson is particularly interested in what would now be called art theory: early accounts in English of how painting, engraving, drawing and so are done, how these activities relate to others, such as the practice of medicine, and the ways in which works of art are to be judged.

The serious attention he pays to authors on the visual arts such as William Aglionby and William Salmon, both medical practitioners, if of markedly different kinds, is extremely valuable. When Hanson examines Christopher Wren and John Evelyn, he traces their medical preoccupations. Although he necessarily spends a significant amount of time tracing biographical connections and teasing out the implications of acts of patronage, he also offers close textual readings. The section on ‘Medical Texts and Art Metaphors’ (pp. 121–5) is a case in point, as is chapter four, which concerns ‘Antiquarianism and the Empirical Legacy of Don Quixote’, where Hanson also considers English illustrations to the book. Yet, on the whole, there is surprisingly little close and sustained interpretation of visual materials. Not only would more have been useful for readers, demonstrating the value of a rigorous art-historical perspective to those in other fields, but it would also have been helpful to have the illustrations more fully integrated into the text. Thus, Alexander Pope is mentioned a few times, but his portrait by Charles Jervas, reproduced on page 14, is not made to earn its keep.

The English Virtuoso is a nicely produced book, good value for money, and containing some valuable materials and ideas. For example, Hanson usefully brings together a great deal of what is known about Richard Mead. But it does have some shortcomings. I am certainly persuaded that there is much to explore in the relationships between medical practitioners and artists, and between their respective domains of activity, which also drew in collectors, patrons and natural philosophers. But I wonder whether it is now important to consider, in a comparative spirit, the role of other domains, such as lawyers and law, in the hope of revealing what is, or perhaps is not, special about medics and medicine with respect to the visual arts. Furthermore, I am not convinced by the approach to ‘empiricism’ adopted here. On the final page, Joseph Wright’s paintings are invoked as ‘perhaps the most compelling examples of this virtuosic tradition in the second half of the [eighteenth] century’ (p. 197). The brief account that follows misleads in claiming that in Wright’s work ‘the natural philosopher and the antiquary are presented as heroes, and erudition is elevated

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to epic proportions’. This area of scholarship has recently been transformed by interdisciplinary work so it is disappointing to find Hanson repeating uncritically an unsatisfactory account of the relations between the visual arts and natural knowledge when his own work is striving to promote fresh perspectives.

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Arianne Baggerman and Rudolf Dekker, Child of the Enlightenment: Revolutionary Europe Reflected in a Boyhood Diary, Egodocuments and History Series (Leiden: Brill, 2009), pp. xii + 555, €99.00/$158.00, hardback, ISBN: 978-90-04-17269-2.

This book is by turns fascinating and frustrating. It offers a very extended analysis (484 pages of text) of a diary written by a boy between the ages of ten and sixteen, on a country estate near Delft. The fact that this child, Otto van Eck, was also the eldest son of a leading Dutch patriot who contributed both to the failed revolution of 1788 and to the 1790s Republican government adds historical relevance to the story; the fact that Otto died at the age of seventeen adds poignancy, but also throws doubt on the way his diary is presented here. The effects of revolution on Otto’s life were slight; the van Eck family, deeply embedded in the network of kinship and post-holding typical of Dutch Regents, continued to be thus embedded all through the political events of their time. Otto never reached an age to participate in political life, and died shortly after his father was imprisoned for his political views.

The main title more accurately describes the book. Baggerman and Dekker are at their strongest when discussing the didactic literature available to children in 1790s Holland. Through the lens of education, they address a series of themes, including reading, mapping, self-analysis, time, gardening, animal husbandry, and travel. Some interesting aperçus include accounts of a household map as a display of family power, and of the significance of Otto’s watch in inducting the child into enlightened forms of self-regulation. A good proportion of the book, however, addresses events in Revolutionary Paris and Amsterdam, in which only Otto’s father, not the boy himself, played any part. The book’s narrative thus moves between father and son in a manner which sometimes means that its ostensible subject is neglected for long periods.

Unlike the van Eck family, which embraced the literature and politics of a wider Europe, Baggerman and Dekker’s secondary references (there is no bibliography) primarily include work on the Netherlands. This means that some highly relevant studies have been overlooked, most notably Anke te Heesen’s The World in a Box (Chicago, 2002), but also a substantial secondary literature on agricultural and horticultural history and their political significance in this period, on the history and theory of reading, and more sophisticated analytical studies of biography as a genre. Even with a child author, the perils of reading diaries as expressions of one narrative voice are apparent here: while acknowledging that Otto’s diary was specifically written for his parents to read, Baggerman and Dekker still take his expressions of feeling (about his parents, siblings, friends and teachers) as unreconstructed displays of personal authenticity. The assumption of authorial integrity also serves as a device for evoking emotions in the reader, so that we are induced to sympathise with, rather than analyse, Otto’s peccadilloes, to regret his parents’ often cold treatment of him, and finally to mourn his untimely death.

The book is more successful in tackling the principles, assumptions and aids that a new educational movement across Europe, beginning in the 1760s, offered literate parents. The authors are prone to digress, sometimes extensively (an account of a Dutch landscape garden, completely unrelated to the van Eck family or to the diary, receives four
pages). By comparison, the question of how all this enlightenment was to convert Otto van Eck into the sort of politically engaged individual that his father viewed as the ideal citizen of his new state receives only slight attention. This problem is part of a curious juxtaposition throughout much of the work, with contemporary books used to provide context for the diary, but comparatively minimal analysis of one in light of the other. Occasionally this leads to absurdities, such as three and a half pages on Revolutionary catechisms followed by a comment that Otto van Eck never read one. Sometimes it allows platitudinous comments about scientific progress (in relation to inoculation). This compares unfavourably with te Heesen’s discussion of how the principle of order in contemporary didactic literature served to allocate children of the German Bürgertum to their proper station in life. Ultimately, we gain an understanding of Otto as a child of his time, but no new outlook on the period itself.

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Morten A. Skydsgaard, Ole Bang og en Brydningstid i Dansk Medicin (Aarhus: Aarhus Universitetsforlag, 2006), pp. 333, Kr348.00, paperback, ISBN: 87-7934-228-0.

Morten Skydsgaard’s biography of the Danish physician Ole Bang (1788–1877) is an informative and important book about a period of transition in nineteenth-century Danish medicine. Bang held several of the most significant posts available to physicians in Denmark. He was a professor at the university of Copenhagen, and he was the chief physician at the largest hospital in the capital, Frederik’s Hospital. Among the prominent patients in Bang’s lucrative private practice were the Danish and Russian royal families. Throughout his career he advocated a medicine grounded on careful observation at the bedside. He reformed medical education, putting clinical teaching into practice at the medical faculty. His methods of treatment became influential among Danish medical practitioners, and he was famous for his clinical skills. Bang was also engaged in health politics, and played an important role in the formation of a common curriculum for surgeons and physicians, thus putting an end to a long rivalry between the medical faculty and the surgical academy.

During his long and active professional life (he retired in 1874, aged eighty-six), Bang was respected and recognised as one of Denmark’s leading medical figures. However, soon after his death he was branded a reactionary and accused of opposing new ideas, thereby hampering progress in Danish medicine – a view which has been generally accepted in Danish historiography until now. In this carefully researched book a more complicated picture is painted. Skydsgaard confirms that Bang remained faithful throughout his life to the Hippocratic doctrine of vis medicatrix nature, or the healing powers of nature. He believed that the organism did not accept disease passively but counteracted it by trying to rectify the disturbed equilibrium. Nature was, therefore, the best physician, but the human physician could help nature to fulfil its goal by removing obstacles to its action, thus assisting in the organism’s own attempt to recover. Bang employed traditional remedies like purgatives, emetics, diapnoic drugs, sialagogues and bloodletting. However, as Skydsgaard shows, he also participated fully in the new medical debates, and, early in his career particularly, he was a proponent of change in many areas. He introduced the stethoscope to Denmark, and studied in the French style pathological changes of the bowels during typhoid fever. He also engaged in medical meteorology, trying to generate new knowledge about epidemics based on an analysis of meteorological data. Furthermore, he advocated the use of statistics in medicine, and regularly published data on morbidity and mortality from Frederik’s Hospital. Later in life, however, he became sceptical of the
increasing technicality of medicine, which, he held, distanced the physician from the patient. Consequently Bang found himself in opposition to younger colleagues, who emphasised the importance of autopsies, microscopy and animal experiments. For him, medicine was centred on the individual, carefully tailored to each patient, whereas for younger doctors objectivity and regularity took precedence over the individual.

The most interesting chapter is that in which Skydsgaard analyses this period of change in Danish medicine by looking at how various physicians worked with one single disease – typhoid. He demonstrates well that new and, in retrospect, ‘correct’ ideas do not spread without friction. Also, it allows him to compare treatment methods. Bang’s younger colleagues, more favourably received in Danish historiography due to their introduction of ‘modern’ methods such as microscopy and laboratory tests, basically treated typhoid fever no differently than did Bang himself.

Nevertheless, while overall this is a well-constructed and interesting piece of research work, it is not without its flaws. Perhaps most importantly, Skydsgaard’s selection of sources is too limited. He has studied published articles and books, as well as newspapers and letters from the period, but omitted hospital records. It is difficult to understand why this vital primary source of therapeutic data is ignored, and second- and third-hand descriptions of such treatment used instead. Additionally, Skydsgaard is not very comfortable or convincing when it comes to medical philosophy. His discussions of nosology and diagnostics are confusing, perhaps owing to insufficient knowledge of the important change from medical semiotics to medical diagnostics in the early nineteenth century. Finally, this is very much a book about Denmark, and, if more of Bang’s professional life had been placed in an international context, the work would have gained from a wider view.

But, despite these flaws, there is no doubt that Skydsgaard has written a well-researched book about this interesting period in Danish medicine.

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Iris Bruijn, Ship’s Surgeons of the Dutch East India Company: Commerce and the Progress of Medicine in the Eighteenth Century (Leiden: Leiden University Press, 2009), pp. 388, €39.50, paperback, ISBN: 978-90-87-28-0512.

In Ship’s Surgeons of the Dutch East India Company: Commerce and the Progress of Medicine in the Eighteenth Century, Iris Bruijn successfully condenses a vast amount of detailed research into an accessible and interesting account of her subjects. It is Bruijn’s stated aim to rescue these employees of the Dutch East India Company (VOC) from what she terms a prevailing historical ‘black legend’ that labels the ship’s surgeon a ‘mere village barber, a good-for-nothing and an illiterate’. In this, Bruijn possibly overlooks a significant volume of recent research that has gone a good way to demonstrating the fallacy of that image, certainly for the nineteenth century. However, the eighteenth century has received significantly less attention from other historians. The data she has collected for the VOC is impressive and significant in its own right, but also provides a very important source of comparison with other European seafaring nations, widening our understanding of the overall picture of medicine at sea during this period.

The opening chapters provide the reader with a useful summary of the medical system of the Dutch Republic in the eighteenth century, both on land and at sea, the avenues of medical education, and differences between urban and country practice. The picture of maritime health and medicine presented will be familiar to historians of this period, while also highlighting the unique features of the Dutch experience. Those hoping to find in this volume details of the day-to-day medical
practice of these surgeons, or indeed the prevailing diseases they encountered and treatments they employed, will be disappointed. This book is less a history of disease than an examination of the professional progress of the surgeons and the administrative arrangements of the VOC’s medical department. Bruijn examined a sample of three thousand surgeons (roughly one quarter of the total employed by the VOC over its two centuries of existence) taken from the financial books kept by each vessel to enable the company to keep track of all crew members’ rank and pay. These records were used to create an extensive database, and the identified surgeons then pursued through other government and VOC records principally held in Amsterdam and Jakarta. Through this painstaking work, Bruijn has been able to establish a comprehensive portrait of the typical VOC surgeon; his education, geographic origin, social status, period of service with the Company, subsequent career trajectory, wealth, and (miserable) life expectancy within the service.

These findings allow Bruijn to ask and answer some important questions about the motivations of those men who served with the Company, including their likely reasons for joining up and the wealth they could expect to accumulate. In direct contrast to the aforementioned ‘black legend’, Bruijn establishes that VOC surgeons were well educated, and more likely to join in times of financial security than out of desperation or necessity. Her important claims that the VOC developed a professionalised ‘fully fledged maritime medical service’ and that, in Batavia, the company established a centralised health service with modern hospitals are well supported, if not representative of developments as unique as she maintains. Her findings respecting the development of modern hospitals adds further weight to the growing evidence that hospital medicine originated on colonial and military ventures.

Ship’s Surgeons is a valuable resource for historians of maritime medicine, and provides a much needed fresh perspective on a field which has, to date, been dominated by investigation of the British experience.

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A.W. Bates, The Anatomy of Robert Knox: Murder, Mad Science and Medical Regulation in Nineteenth-Century Edinburgh (Brighton: Sussex Academic Press, 2010), pp. x + 228, £39.95, hardback, ISBN: 978-1-84519-381-2.

As in all other re-runs of Knox’s troubled life, this book relies, in large part, upon Henry Lonsdale’s 1870 biography. It is a pity, therefore, that one has to go to the secondary source bibliography to get its full title. However, in a way, Lonsdale has had the last laugh, albeit posthumously. Bates refers to a judgement by John Struther that A Sketch of the Life and Writings of Robert Knox, The Anatomist was ‘reliable as to facts’ (p. 9), thereby capturing the most likely critical judgement of this book by historians of medicine.

Struther, another anatomist, like Knox and Lonsdale, made his comment on a postcard now in the archives of the Royal College of Physicians of London. Although this and other manuscript material are footnoted in abbreviated form, the primary source bibliography is restricted to printed works only. This leads to difficulties for any reader wishing to follow up manuscript references. For example, census information about Knox’s household is referenced as ‘GROS 1841...’ (p. 193) but this acronym (General Register Office for Scotland) does not appear in the list of abbreviation for archives in the bibliography. Other references are inconsistent (GU and GUL for Glasgow University Library).

Small matters one might contend; however, they are symptomatic of a fairly widespread disregard for post-1970
Reading Bates on Knox, we do not know how scholars have characterised: medical culture in nineteenth-century Edinburgh, Paris and London; the market driven exigencies of city-based medical careers; the position of anatomy in the medical curriculum; the role of Royal Colleges in professionalising medicine; the relationship between medicine and science, etc. We know something about the background to transcendental anatomy and the arrangements for bodies following the Anatomy Act, but probably not enough. These are important omissions for a book that professes to deal primarily with Knox’s professional life and to ‘set his work as a scientist and teacher in context’ (p. 10). Without such historiographic engagement, all we are really left with are judgements about anatomists by anatomists, past and present. This phenomenon may well interest future historians of modern medicine but the absence of a historiographic perspective, combined with the well-known insufficiency of primary sources to shed new light upon Knox’s life, career and writings, make it unlikely that this book will ever replace Lonsdale’s.

The last chapter, ‘Science Run Mad’, discusses fictional representations of Knox in novels and on film from the 1830s to the early 1960s. This contains interesting material, but the author’s treatment falls well short of the book’s promising sub-title. We are told that representations of ‘Knox the villain’ continue to characterise public perceptions of anatomy (p. 161) and that there is still a ‘chasm’ today between professional and lay people in this respect (p. 173). The so-called chasm is actually far greater than the author imagines. As presented by him, it is an unbridgeable one between fact and myth, science and society, nature and culture. However, it is also entirely of his own making; and nowhere more so when Bates states that he has ‘particularly avoided any speculation on whether Knox knew or believed the bodies he purchased were those of murder victims’ (p. 10).

Michael Barfoot,
Lothian Health Services Archive,
Edinburgh University Library

Heather Wolffram, The Stepchildren of Science: Psychical Research and Parapsychology in Germany, c.1870–1939, Wellcome Series in the History of Medicine/Clio Medica 88, (Amsterdam: Rodopi, 2009), pp. v + 342, €70.00/$109.00, hardback, ISBN: 978-90-420-2728-2.

Whereas in France, the UK and the US a number of influential studies have been published over the past thirty years which analyse the emergence and impact of occult movements, spiritualism and parapsychology in western societies, these topics have received less scholarly attention in Germany. Until recently, the history of psychical research – although widely conducted in Germany during the late nineteenth and early twentieth centuries – had remained largely neglected. Heather Wolffram’s groundbreaking study, in which she investigates the emergence and decline of psychical studies from the Kaiserreich to the beginning of the Second World War, attempts to fill this research gap. Her analysis incorporates a wide range of sources, including theoretical writings, experimental protocols, correspondence, court records and photographs that had long remained untouched and shelved away in German archives.

The Stepchildren of Science embarks on an exploration into the history of psychical research that became known as parapsychology from the 1920s onwards in six illuminating chapters. The author’s objective is to examine the development of parapsychological endeavours embedded within a larger socio-cultural, political and scientific context. In contrast to earlier works by the historians of science Matthew Brower, Sofie Lachapelle and Alison Winter, in which
they deliberately avoided demarcating the territory between science and non-science terminologically, Wolffram discusses psychical research as a ‘border science’. The latter concept goes back to the American sociologist Thomas Gieryn, who argues that in academic discourse science operates as a cultural space, whose boundaries were combated and defined by various groups of intellectuals. As Wolffram illustrates convincingly throughout her study, psychologists and parapsychologists, indeed, used spatial metaphors to map out the contested territory between the two nascent disciplines and their scientific status.

In the first chapter, the reader finds an ambitious introduction to the formative years of psychical research in Germany. The author describes its pioneers, such as Carl du Prel and Albert von Schrenck-Notzing, in addition to societies and major publications that promoted paranormal studies. According to Wolffram, in this early period the boundaries of psychical research were continuously redrawn by a number of opposing groups of scholars and scientists. The representatives of the new psychology aimed at distinguishing sharply between the academic discipline of psychology and what they perceived as the inferior and illegitimate discipline of psychical research. Explorers into the world of paranormal phenomena, however, eagerly tried to cut the ties with spiritualists and occultists in order to promote their discipline as scientific.

In the second chapter, Wolffram assesses the ambiguous perception of hypnosis and suggestion among medical practitioners and psychical researchers. Whereas the latter often believed hypnosis and suggestion would promise insight into the dark corners of the human mind, new psychologists, most prominently Wilhelm Wundt, openly attacked both practices as unscientific. As a result, a number of early parapsychologists retreated from their scholarly endeavour, in fear of losing their scientific credibility. A notable exception was Schrenck-Notzing, whose work is featured in Chapter three. By establishing a laboratory in his palatial residence in Munich, he continued to conduct psychical experiments and thus dominated the field of parapsychology until his death in 1929.

After Schrenk-Notzing’s death parapsychology spread out in many directions as explored in the fourth chapter. While concentrating on the noted international philosopher Hans Driesch, Wolffram demonstrates that parapsychological studies could, indeed, be linked to a holistic and pacifistic Weltanschauung. This belief contributes to an understanding of why psychical research was finally outlawed by the National Socialists in 1937, bringing this scholarly endeavour to an end in Germany.

This fifth chapter studies the role of courtrooms during the time of the Weimar Republic, where adherents and enemies of psychical research disputed publicly the existence of paranormal phenomena. This fascinating journey in time concludes with a chapter that analyses the manner in which psychologists and parapsychologists of the same period tried to discredit each other, intending to claim scientific authority of paranormal phenomena.

With The Stepchildren of Science, Wolffram has produced a very knowledgeable and highly accessible study on parapsychology in Germany. Despite its occasional lapses with regard to German terminology it remains a landmark text that will hopefully inspire historians in Germany and elsewhere to explore this exciting research territory further.

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Cornelie Usborne, Cultures of Abortion in Weimar Germany, Monographs in German History, Vol. 17 (New York: Berghahn Books, 2007), pp. xi + 284, £45.00/$90.00, hardback, ISBN: 978-1-8454-389-3.

In 1924, in what the press quickly called a ‘monster case’, ninety-three people were tried for criminal abortion in Limburg in the province of Hesse-Nassau. The chief
defendant, Frau Kastner, a mother of four, received three years’ penal servitude with five years loss of civil rights for ‘performing abortions for monetary gain’. Her husband, as her accomplice, received three years’ prison with three years’ loss of civil rights. The aborting women, who came from seventeen surrounding villages, were tried for ‘attempted abortion’, given that pregnancy could not be established for certain. Most of them were found guilty, as were the husbands or lovers who had arranged abortions, although some of the sentences were commuted upon appeal.

A close analysis of this case is one of the many jewels of Cornelie Usborne’s Cultures of Abortion. According to Usborne, the history of Germany in the twentieth century can be read against the background of clause 218 of the penal code of 1871, which criminalised abortion. Changes to the abortion law constituted a ‘fine barometer of the social status of women, official family policy and views on sexual mores’ (p. 4). In the Weimar Republic, which Usborne focuses on, a decree of the Supreme Court, passed in 1927, which permitted therapeutic abortion, made the German law on abortion the most liberal in the world (the decree was quickly reversed during the Nazi regime). While Usborne examined the public discourses on birth control in her earlier The Politics of the Body in Weimar Germany (1992), in her most recent book she aims to ‘explore the history [of abortion] from below, to make visible the more hidden practices and private encounters between predominantly lower-class women and their helpers’ (p. 3).

Using a mixture of Alltagsgeschichte, micro-history, and discourse analysis, Usborne approaches her topic by increasingly narrowing her focus. After an introductory chapter, the first chapter thus explores representations of abortion in a number of popular culture sources, such as silent feature films, novels, plays and poetry. The next chapter examines two court cases from Bavaria to investigate the medical abortion practice of two doctors, the reactions of other doctors and law enforcement agencies, and the experiences of women patients. In Chapter four, ‘Abortion in the marketplace: lay practitioner and doctors compete’, Usborne reflects on the nature of medical and lay abortion in the Weimar Republic and argues that the perception of the dangers of lay abortion was to some extent a construction of medical discourse, and that women often preferred to use the services of lay abortionists, or ‘wise women’. Chapter five looks at women’s perception of abortion. Carefully unearthing the meanings of the women’s testimony in court records and police interviews, Usborne reconstructs lower-class women’s voices and experiences of abortion. While women were familiar with the medical discourse of the times, they often thought about early pregnancy and abortion in pre-modern ways that eschewed the scientific medical language. The sixth chapter explores the Limburg trial and builds up a picture in which in the seventeen villages that were involved in the trial, abortion was not considered a crime but a run-of-the-mill experience and a useful way to deal with an unwanted pregnancy. The final chapter goes on to reflect on the continuities and changes in abortion policy from Imperial Germany until the early years of the Nazi regime.

It all adds up to a richly textured analysis of medical and lay abortion discourses and practices, artistic representations of the procedure, and of women’s, particularly lower-class women’s, own perceptions and experiences of abortion. Skillfully using an impressive variety of sources, Usborne provides a meticulous, insightful, and lively study that questions some of the continuing assumptions about the Weimar Republic, such as the supposed divide between the countryside and towns when it comes to fertility control and the extent of the medicalisation of German society, and provides an exciting example of how to approach the history of the body.

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Anne Harrington, *The Cure Within: A History of Mind–Body Medicine* (New York: W.W. Norton, 2009), pp. 336, $25.95, hardback, ISBN: 978-0-393-06563-3; $16.95, paperback, ISBN: 978-0-393-33397-8.

Anne Harrington’s past scholarship has focused largely on the cultural history of science and medicine and usually with reference to the brain and nervous system. In *The Cure Within: A History of Mind–Body Medicine*, she explores several interlinked themes on mind-body illness and mind-body healing. Unlike her earlier books that were intended for academic audiences, Harrington has written this one for a wider if educated audience. In terms of that audience, the book invariably succeeds. Yet the book lacks a certain texture and quality that made her earlier works such models of historical scholarship and probably those readers who are familiar with her earlier works will walk away feeling a little teased, aware that there was more to be said and that somehow the author was holding back.

In short, Harrington addresses the subjective experiences of illness and healing, and the narratives that people use to describe those experiences. Her interests are two-fold: she is as interested in why people are as sceptical of these stories as they are willing to articulate and relate to them. To tell her story, Harrington begins by focusing on the healers who sometimes used the power of suggestion to elicit revival in their patients. The important lesson to be drawn from her quick study of demonologists, mesmerists, and hypnotists is that the medical profession has occasionally relied upon similar tricks – in the modern day we call this the placebo effect.

The power of suggestion, however, implies an important duality in suffering. If doctors could treat with suggestion, then why could they not create illness in the same manner? Enter the hysterical, the neuroasthenic, and the other psychosomatic patients that dominated Jean-Martin Charcot’s Paris clinic or later Freud’s practice in Vienna. Such patients and narratives spoke to a deeper transformation in society. It became conventional in the twentieth century to think that emotional outlook could change subjective bodily reality – the power of positive thinking. Ironically, with this modern understanding of science and emotions came a competing sense of gloom. For while modernity equipped everyone with the tools to survive, modern life also brought with it so many pressures – including the need to think positively – that normal individuals could be forgiven for succumbing to illnesses of modern life such as stress. Although Harrington never mentions it, the duality she sets up so forcefully was often played out with greatest effect in the satires of the age; in, for instance, the short films by the likes of Charlie Chaplin and Stan Laurel and Oliver Hardy. In any case, her story ends with the merger between East and West. Harrington writes that with narratives about eastward journeys ‘we seem to be saying that what modernity has wrought, ancient wisdom will heal’ (p. 208). Somehow the stress of modern living is supposed to be transformed with Zen.

Harrington’s book is a fun and quick read and her conclusions are thought provoking. Yet there are aspects of her argument that raise many questions, not the least about why historians suddenly discovered the importance of experience and the ways in which experiences changed over time. One cannot help but see larger material forces and pressures undergirding the turn to cultural history and experience. Harrington points out (hopes?) that these narratives of mind and body have a destabilising effect, one that might bring about an end to the two cultures approach that has so long dominated the academy. But for me that elides a more essential question. What is culture? If Harrington believes that culture exists largely intact and removed from the economic stratum of societies (and her book’s presentation suggests that she does not believe that), then the narratives of mind–body medicine might truly be transcendent in the way that her conclusions imply. Yet some might be forgiven for suspecting that these cultural
narratives have more to do with middle-class anxieties, pressures, and privilege, as well as with the shifting global conjunctures of industrial and financial production. My point is that whenever we elevate certain cultural narratives, we do so by ignoring alternative others. Or put differently, we lend our voice to our own cultural narrative, one that is perhaps much more coherent than we realise.

This is admittedly an old-fashioned even unfashionable critique of a currently fashionable historical approach. Harrington’s book is very good. It would be useful in the classroom, and it has already established its broad appeal. But perhaps the book can best serve to push younger historians to ask questions about our own storytelling strategies. Or, put more precisely, why we have adopted the cultural history approach.

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Christoph Gradmann, Laboratory Disease: Robert Koch’s Medical Bacteriology, Elborg Forster (trans.), (Baltimore: Johns Hopkins University Press, 2009), pp. viii + 318, £18.00/$35.00, hardback, ISBN: 978-0-8018-9313-1.

Most noteworthy biographical revisionism these days tends to remove the fig leaves of former hero worship from what Sigerist called the Great Doctors to reveal men and women as much of their times as anyone else. Yet I am hard put to think of any current work that strips any of these earlier superstars so naked that not an atom remains of genius, technical inventivity, moral leadership or whatever quality was deemed by their contemporaries to mark their greatness. So it is with Christoph Gradmann’s Robert Koch. In this excellent study, we see much more of the petty bourgeois, much more of the laboratory worker who arrived at and tested a ‘germ theory’, much more of the world out of which that theory came and into which it dissolved so as to make its truth obvious, yet in the end we are still left with that unique, enigmatic kernel, that composite of intellectual originality, practical creativity and amazing patience that made Koch an extraordinary medical innovator.

Gradmann’s study is divided into four parts. The first on ‘Lower Fungi and Diseases; Infectious Diseases between Botany and Pathological Anatomy, 1840–1878’ is one of the best introductions I know of to that world of disease aetiology that looks so hideously complicated in the light of modern germ theory. This section, besides synthesising the secondary literature, endorses Koch’s own claim that he was doing something new. He turned away from pathology – pyaemia, septicaemia, etc. – as the object of study and investigated the symptoms of infectious disease in experimental animals and the specific microorganism that supposedly caused them. Gradmann convincingly claims that Koch’s insistence on a constant one-to-one relation between bacterial species and symptoms was original – ‘the classification of disease, correlated with the classification of bacteria’ (p. 58). Quite where Koch got this from is not revealed. We await Andrew Mendelsohn’s study of Koch for more on this.

The second part of the book deals with ‘Tuberculosis and Tuberculin: History of a Research Program’ and part three, ‘Of Men and mice: Medical Bacteriology and Experimental Therapy, 1890–1908’ explores the relations between the germ theory as a laboratory science and clinical medicine. But since the focus of this latter part is mainly the clinical testing of tuberculin it continues the story begun in part two. That tuberculin, Koch’s cure for tuberculosis, was a failure and brought him some disgrace is well known. What Gradmann provides in these two sections is a better contextual understanding of this episode in terms of Koch’s character and the contemporary comprehension of and enthusiasm for germ theory. Most striking is that the very qualities that enabled Koch to provide substantial evidence for his germ theory abandoned him in his search for a TB
therapy. He seems to have been impatient and hasty in his endorsement of data. Gradmann also deals here with the development of an experimental therapy for sleeping sickness and once again a similar tale of rushed conclusions emerges. The bigger picture here seems to be that if, at this time, in the world of diagnosis it was difficult to move the laboratory into the clinic in the universe of therapeutics it was almost impossible.

The final section ‘Traveling: Robert Koch’s Research Expeditions as Private and Scientific Undertakings’ is both revealing as case study of the exportation of the medical laboratory as a colonising instrument and more so as an instance of the allure of Africa at this time and, personally, Koch’s love of hunting. Science in his later career seems rather like an excuse for bagging ‘everything that moved, from hippos and crocodiles, from herons to eagles’. Koch’s delight at having shot ‘a beautiful blue heron’ reminds us the past was a foreign country not very long ago (p. 223).

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Kathleen L. Hull, Pestilence and Persistence: Yosemite Indian Demography and Culture in Colonial California (Berkeley: University of California Press, 2009), pp. xiv + 374, £30.95/$45.00, hardback, ISBN: 978-0-520-25847-1.

What was the impact of introduced disease on Native American communities? This enduring question in American ethnohistorical studies provides the frame for Kathleen Hull’s Pestilence and Persistence: Yosemite Indian Demography and Culture in Colonial California. After outlining the scholarly debate surrounding the biological assaults of colonialism, she focuses on three issues: the timing, magnitude and cultural consequences of fatal epidemics. Hull distils the debate into three scenarios. One theory is that population collapse was early, catastrophic, preceded direct contact with newcomers, and resulted in devastating cultural consequences including the loss of traditional knowledge and the collapse of social structures. The second scenario posits that population decline due to introduced disease was certainly early and devastating, but the event was neither unique nor did it result in significant cultural change. Over the long term, shifts in population size were common in small-scale societies; colonial-era depopulation was but one, and not the most significant fluctuation, resulting in cultural continuity not collapse. The third theory suggests that demographic change from introduced disease was neither early nor significant. According to this argument, depopulation occurred well after initial contact and was caused by the destructive forces of colonialism, and the loss of land and access to resources. Cultural change and depopulation thus reflected the economic, military and political impact of newcomers, not their pathogens. Not surprisingly, given her title, Hull argues for the second scenario, that in the case of the Yosemite ‘Indians’ epidemic disease was not sufficient to force abandonment of region or culture. Relatively distant from newcomers and with about fifty years to recover from the initial demographic impact of infectious disease (probably in the late eighteenth and early nineteenth centuries), the Yosemite ‘were able to rebuild their traditional lives with continuity in tradition, story, and song’ (p. 30). Despite the clumsy use of ‘traditional’ that historians (at least) eschew for its woolly reference to some unchanging past, Hull concludes that Non-Native economic and military assaults, rather than introduced disease as such, spelled fundamental change.

Pestilence and Persistence is organised around sources – historical, anthropological, and archaeological – rather than chronologically, and leads the reader back in time. After the first chapter’s analysis of the theoretical approaches to the demographic and cultural consequences of introduced disease, the second chapter examines the interdisciplinary nature of the sources. Hull argues that ethnohistory with a long-term
(archaeological and ethnographic) approach counteracts the Eurocentric preoccupation with the arrival of newcomers and their artifacts. Thus the colonial encounter can be viewed as one of many events that affected the trajectory of Native American cultures and adaptation. Chapter three opens in 1851 with the Mariposa Battalion intent on removing the people from the Yosemite Valley. Increasingly violent conflict with Gold Rush miners and other Native groups led to the removal of the Yosemite from the valley into the growing Non-Native economy as wage labourers in the tourist industry. This is as close to a narrative as Pestilence and Persistence gets.

The next four chapters are the heart of the study and take us into deep time stretching back more than five thousand years. Much of the archaeological data is perforce tentative and to this historian seems a rather blunt instrument; indeed, one graph charts population fluctuations between 3625 BC and 1875 AD in half-century chunks. But Hull amasses considerable evidence to support her contention that demographic fluctuations were common enough in the people’s past, and that strategies of survival and adaptability were fundamental to their history and culture. Her conclusion, by now familiar, is that in the Yosemite case depopulation from disease occurred before face-to-face contact and thus would have been interpreted as another episode in a very long history of change and cultural adaptation. The penultimate chapter ponders whether the Yosemite case was exceptional by comparing the experience of ten diverse Native groups from the American south-east to the north-west in order to test her hypothesis about the timing, magnitude, and consequences of introduced disease. Her analysis argues against continent-wide pandemics and suggests a much more complicated interaction between disease, depopulation and cultural responses. She notes that, despite the diversity of cultures, a recurring theme emerges of Native American persistence and adaptability in the face of upheaval; introduced disease was not the portent of profound cultural change. Hull concludes by reiterating the point that cultural dynamism was the norm and that it is through a deep archaeological understanding of the unique history of groups such as the Yosemite that ethnohistory can finally move away from the Eurocentrism that privileges the agency of newcomers.

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Laila Williamson and Serinity Young (eds), Body and Spirit: Tibetan Medical Paintings (New York: American Museum of Natural History in association with University of Washington Press, 2009), pp. xiv + 234, £28.99/ $45.00, paperback, ISBN: 978-0-295-98869-6.

Body and Spirit: Tibetan Medical Paintings is a beautifully produced catalogue to accompany the identically named exhibition at the American Museum of Natural History to be held in New York in 2011. At its core are colour reproductions of the entire set of seventy-nine copies of Tibetan medical paintings crafted by the Nepalese artist Romeo Shrestha and his group in the early 1990s in Kathmandu.

The original set of thankas, or painted scrolls, were produced in late-seventeenth-century Lhasa, the newly established capital of the recently unified Tibetan state under the Fifth Dalai Lama. The Dalai Lama promoted scholarship in the healing arts, and invited to his court physicians from different parts of Tibet and from abroad so that they could teach and exchange knowledge with his own scholar-physicians and, not least, cure his ailments. Sangye Gyetso, his close disciple and later prime minister, who shared the Dalai Lama’s passion for the healing arts, became a medical scholar and continued state support for medicine after his death. He commissioned and oversaw the creation of the original set of seventy-nine medical paintings, which were to illustrate Sangye Gyetso’s new commentary, the Blue Beryl (Baidurya Ngo¨npo), on the twelfth-century fundamental Tibetan medical
Several copies of the paintings were created in subsequent centuries. At least three new sets were executed in the early twentieth century in Lhasa under the aegis of the Thirteenth Dalai Lama, one of which was brought to the Tibetan Buddhist region of Buryatia. Given the loss and destruction of much cultural heritage during Tibet’s history under communism, including the destruction of Chagpori Medical College in 1959, the fate of the original set is still unclear. The extant sets from Lhasa and the Buryat Republic have been reproduced in various academic publications and in multiple languages (see, for example, Yuri Parfinovitch, et al. (eds), Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyamtso (1653–1705) (1992), and Byams-pa ’Phrin-las, et al. (eds), Tibetan Medical Thanka of the Four Medical Tantras (1988). These formed the basis for the present series by Shrestha and his group.

In contrast to an earlier publication of parts of Shrestha’s set (Ian Baker, The Tibetan Art of Healing, 1997), Body and Spirit makes available all seventy-nine paintings, giving a well translated short summary on each of them and an English rendering of all medical terms, drawing on the original seventeenth-century descriptions. Gyatso’s erudite introduction adds greatly to the value of the book for academic and general readers alike. Having worked on and thought about the set for many years herself, she is not only fully aware of current debates in Tibetan Studies, history of medicine and art, but also shares new insights into the history and aim of the set not discussed in earlier academic publications. Body and Spirit will not only be of great use to teachers and students of Asian studies and global medical history but will also give much pleasure to anyone interested in Asian art.

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**Biswaamoy Pati and Mark Harrison** (eds), *The Social History of Health and Medicine in Colonial India*, Routledge Studies in Asian History (London: Routledge, 2009), pp. xiii + 242, £85.00, hardback, ISBN: 978-0-415-46231-0.

This book presents the latest research in the field of social history of medicine and health in colonial India. As the introduction makes clear, it seeks to intervene in long-standing debates on the nature and characteristic of public health/state medicine, the role played by institutions such as hospitals and asylums in implementing public health policies, discourses of race and medicine and the previously largely neglected connections between international diplomacy and British-Indian medical policy. The collection is eclectic; articles here range from a re-assessment of Ranald Martin, the nineteenth-century British physician who revised James Johnson’s text on tropical medicine, to quarantine policy in the Middle East and Central Asia, as well as accounts of the reinvention of Ayurveda in theory and advertising. The introduction effectively problematises the themes and therefore provides cohesiveness to the volume.

In his assessment of Ranald Martin’s *Medical Topography* (1837) Partho Datta traces the emergence of public health in Bengal, the first colonised province in India, to the reforming zeal and utilitarianism of nineteenth-century Britain, and argues that this reformism created the space for a public culture of hygiene and sanitation. It is an intriguing argument, although convincing only in parts. It would have been interesting to know how Martin’s undoubtedly important text was received by the Indian elite, the Bengalis, and to what extent it informed contemporary bhadralok culture in Bengal. A harder look at how the text was received by the state in colonial India would also have been helpful, because medical authorities in colonial India were often marginalised within official policy and practice. Mark Harrison’s chapter focuses on racial pathology and argues that while the study of morbid anatomy was restricted in Britain due to regulatory mechanisms, it flourished in the colonies and therefore provided opportunities for clinical pathology that were not available in Britain itself. He also argues persuasively that this encouraged networks of knowledge between Britain and the empire and that medical authorities such as James Johnson and William Twining’s works provided significant shifts in discourses of racial pathology.

Saurabh Mishra’s chapter on medical policies enforced on the Haj pilgrimage to Mecca and Sanchari Dutta’s on British-India’s sanitary policies in Central India provide a much-needed perspective on international diplomacy and quarantine policy. Both argue that political expediency determined the scale of medical intervention and the implementation of quarantine policy – an argument that has been made for medical policy within India itself. A similar argument is made by Amna Khalid whilst reviewing subordinate sanitary service that was primarily responsible for sanitation at the largest pilgrim site within India, the Kumbh Mela. Both Mishra and Khalid make pertinent points, but their arguments do not situate either the colonial state or the sanitary workers within a larger social and political history and the sites of conflict. It is evident that medical policy was informed by social and political constraints; the chapters, however, do not succeed in contextualising medical practices within the social history of colonial India. Paradoxically, it appears from the two papers that medical policy in British India functioned autonomously.

Waltraud Ernst, Biswaamoy Pati and Samiksha Sehrawat have explored the functioning of colonial medical institutions: asylums and hospitals for lunatics, leprosy patients and soldiers. Their conclusions are varied, but generally they seem to agree that while legislations were uniform, their implementation in different institutions was contingent and diverse.
Book Reviews

Projit Bihari Mukharji and Madhuri Sharma explore facets of indigenous medicine: specifically Ayurveda. Mukharji argues that indigenous knowledge of plants was reworked to marginalise ‘subaltern’ knowledge of medicinal herbs and therapeutics and privilege Sanskrit, élite forms of medical knowledge in the process. This argument about the marginalisation of the vernacular and the privileging of classical texts, language and culture in colonial India, has already been made, Mukharji extends this to Ayurvedic texts. Madhuri Sharma has provided a fascinating glimpse of Ayurvedic medicine and its re-invention in the form of medical advertisements in local newspapers in north India. She argues that while European medical companies created a consumer culture for the emergent medical marketplace, the loss of traditional networks of patronage prompted some Indian practitioners to produce Ayurvedic drugs for a wider market and compete with the European drug companies.

Overall, the strength of this volume is its broad range that demonstrates the enormous diversity of themes and subjects in the history of medicine of colonial India. Not all the articles are of the same quality and only some directly address social history. Most chapters are studies of medical and sanitary policy or textual analyses of key texts.

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Sloan Mahone and Megan Vaughan (eds), Psychiatry and Empire, Cambridge Imperial and Post-Colonial Studies (Basingstoke: Palgrave Macmillan, 2007), pp. ix + 243, £45.00, hardback, ISBN: 978-1-4039-4711-6.

This is not the first edited volume to gather historical essays on psychiatry and colonialism. It does, however, contain some very good new research. It also provides some helpful confirmation of observations in previous work. These include, for example, the opinion that colonial psychiatric institutions were more often reluctant and desultory responses to social problems than they were instruments of grand schemes for social control. And, while colonial psychiatrists may have given expert imprimatur to racist theories of ‘the native mind’, they reflected racist ideologies more than they were instrumental in creating them; this theme is not new to this volume, though there are some really remarkable examples in a number of the chapters of how colonial culture compromised the vision of psychiatric theory. A number of the authors also echo previous work in disavowing the utility of applying Foucault by noting, for example, the lack of ‘great confinements’ in colonies, an observation co-editor Megan Vaughan made in her pioneering original work on the subject.

There is some significant new ground broken in this volume. Shula Marks contributes a chapter on psychiatric nursing, a topic relatively neglected by historians of psychiatry, and not only in colonies. Marks’s chapter, titled ‘The microphysics of power’, actually illustrates how many of Foucault’s insights about the dynamics of knowledge and power may be relevant to colonial contexts, however much those contexts may differ from those in European metropoles – about which Foucault’s empirical foundation was always shaky, anyway. Richard Keller explores therapeutics in the Maghreb as a laboratory for French psychiatry, exploring the blurry line between therapy and control – themes developed further in his recent monograph. Shruti Kapila provides a nuanced exploration of the reception of Freud in India, showing how psychoanalytic ideas were selectively appropriated, not only as theories of the mind, but as reflections of varied orientations toward both religion and the Indian nation. And Hans Pols’s chapter on psychiatric constructions of the ‘native mind’ in the Dutch East Indies goes further than many previous treatments in exploring how colonised people responded to these ideologies.
For readers looking for an overview of the field, Psychiatry and Empire supplants previous edited collections. Taken together, the varied essays provide a good gauge of the state of the field.

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Matthew P. Romaniello and Tricia Starks (eds), Tobacco in Russian History and Culture from the Seventeenth Century to the Present, Routledge Studies in Cultural History, No. 10 (Abingdon: Routledge, 2009), pp. X + 295, £60.00, hardback, ISBN: 978-0-415-99655-6.

Tobacco in Russian History and Culture is an edited collection looking at the social, economic and cultural history of tobacco in Russia from the sixteenth century to the present day. The collection grew out of the editors’ shared interest in the history of tobacco in Russia and includes sixteen chapters from an international and interdisciplinary range of contributors (including historians and researchers in public health and marketing).

Although the focus here is on Russia, the story of the emergence of tobacco use from the fifteenth century onwards through to the development and consolidation of worldwide tobacco control policies in the late twentieth century is an international story, with national developments influenced and shaped by cross-cultural discourses as well as multi-national trade. One of the many fascinating aspects of this edited collection is the spotlight it throws on the role of Russia’s European neighbours in encouraging the spread of tobacco use within Russia from the early modern period through to the Soviet era. In the early seventeenth century, Dutch and English trading interests in particular were looking for new markets to exploit and Muscovy represented an untapped market. Similarly, in a very different context, rising Soviet tobacco consumption was met by cigarette production in Bulgaria in the post-Second World War decades.

Movements countering the spread of tobacco use can also be seen to have international dimensions, if not direct links. The long prohibition of tobacco use in seventeenth-century Muscovy had parallels in the bans imposed by James I of England (James VI of Scotland) in the early seventeenth century, and in various German states through the seventeenth and eighteenth centuries. The uniqueness of the Russian experience, the authors argue, was that the ban in Muscovy lasted seventy years, whereas in other countries such bans tended to last less than a decade. None the less, many of the anti-smoking arguments mixed medical, religious and moral sentiment in ways that were also apparent in the west. This is particularly true by the turn of the twentieth century, where concerns about health were augmented by fears about moral and physical degeneracy, an emphasis clearly seen in other European countries and in the United States. By the late twentieth century, it was the example of the west that promoted the largest cigarette producers in the USSR, the Iava factory, to gradually, and ineffectually, introduce similar warnings on their cigarette packets at the behest of the Soviet leadership.

Given the global dimensions of this story, it is surprising then that the editors do not do more to locate their collection within the already substantial literature on the history of tobacco use and to highlight the distinctiveness of the Russian case within that. The long-standing seventeenth-century ban on tobacco use provides the basis for an introductory discussion of emerging tensions and conflicting agendas between economic and cultural imperatives and gendered and medical discourses, which the book seeks to follow from the early seventeenth century through to the present day. What makes the Russian experience unique is the questions it raises about the route of many of these discourses from the western world to eastern Europe, the particular factors within Russia which shaped such discourses, and the singularity of Russian experiences (territorial expansion, dynastic agendas and schisms,
revolutions) which mean that Russia itself was geographically, politically and culturally a changing entity across the period. It is within this dynamic context that enduring arguments about tobacco’s economic dominance and cultural tensions retain their power.

The impressive scope of the book means that some areas are under-discussed – there is little on the eighteenth century, for example – but, as a whole, the book makes a substantial contribution to the cultural and economic history of Russia. Many of the chapters in the volume also give an insight into the enduring attraction of tobacco for its users, despite the best (or worst) efforts of the state. The collection includes an interview with the former director of the Iava tobacco factory, Leonid Iakovlevich Sinel’nikov. Sinel’nikov describes how he went with the chief of the Tobacco Committee of the Russian Food Ministry and the Instructor of the Central Committee of the Communist Party to observe how people responded to the health warnings on cigarette packets in 1978. After waiting in a long line, customers were just anxious to get their cigarettes without wasting any time on the health warning; they also feared that concerns over health would lead to price increases for cigarettes. This reaction illustrates experiences of the planned economy as much as a response to the health dangers of smoking – it is both particularly Soviet and universally human. In a similar way, this book contributes to the global story of tobacco use but offers an important new perspective.

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L.A.H. Hogenhuis, Cognition and Recognition: On the Origin of Movement: Rademacher (1887–1957), A Biography, History of Science and Medicine Library, Vol. 6 (Leiden: Brill, 2009), pp. xviii + 353, €99.00, $148.00, hardback, ISBN: 978-90-04-16836-7.

In this hagiographic work, Professor L.A.H. Hogenhuis offers a detailed biography of the Dutch surgeon-turned-physiologist-turned-neurologist Gysbertus Godefredius Johannes Rademaker. A little-known protagonist of the ‘golden age’ of Dutch physiology, Rademaker was a pupil of Rudolf Magnus who continued his experimental study of posture and movement.

The volume is divided into nine ‘books’ plus four short chapters and half a page of conclusions. It follows the life and career of Rademaker, providing some glimpses of the history of concepts and techniques (e.g. reflex action, stereotaxis) and of the contemporary developments of physiology and neurology of posture and movement. The first book provides an account of Rademaker’s family background and his early career as a general practitioner and horse-betting wizard in Java. Books II and III reconstruct his academic career first in Magnus’s department of pharmacology at Utrecht, then as a professor of physiology at Leiden, his studies on the control of standing and movement in animals and his concern for the ‘translation’ of the results into clinical terms. Books IV to IX are concerned with such diverse issues as the resistance movement in the Dutch academia during the Nazi occupation (IV); ‘Rademaker the man’ (V); a short recapitulation of the history of postural research with a (rather superficial) attempt at contextualising its sudden end in the 1930s (VI); Rademaker’s complete bibliography and list of academic honours (VII) and an appraisal of his views on standing and movement (VIII–IX).

Despite the numerous interesting facets of Rademaker’s scientific biography (his move from clinical practice to physiological experimentation, and back again to clinical neurology; his view of standing as ‘frozen energy’; the cybernetic and mathematical development of his physiology, not to mention the opportune call for attention to the history of postural research, very little considered by historians), this work is not a particularly valuable contribution to the literature. After three hundred-odd pages, one is left with a sense of dissatisfaction,
which increases when the author’s promises are considered.

At the beginning, in fact, we learn that this biography ‘is defined as a model of the dynamics of cognition leading to a dual account of the life and scientific endeavours’ of Rademaker (hence the reference to ‘cognition’ in the title). According to the author’s intentions, a careful reconstruction of all stages of Rademaker’s career through ‘the intuitive and experimental evidence’ of his work should lead to an understanding of his experience not only as a historical singularity, but also as a model of scientific reasoning and life. In this endeavour, the author has drawn inspiration from the Plutarchian model of the Vitae Parallelae, in that he resorts to various parallels in order to highlight the main features of Rademaker’s intellectual and moral development. None of these claims are actually met by the book. The dynamics of cognition are often referred to (not least in the very concise conclusion), but in an obscure way, without any real commitment to the theoretical issue. As for the reference to Plutarch, its validity is very doubtful.

This said, one can easily see how Hogenhuis’s work could have been a good (at times very informative) traditional biography if only it had undergone some real editing. The quantity of avoidable repetitions (a few times even entire paragraphs), misprints and sketchy digressions of dubious utility is far above the average. The interesting historical hints are diluted in a narrative overflow oscillating between extreme detail (for example, the summaries of all the PhD dissertations prepared in Rademaker’s institute, book IV) and excessive generality (for instance, the history of research on muscle tone in book VIII). Finally, the very outline of the chapters, with the partial exception of books II and III, is sketchy and the lines of argument often hard to follow. It is difficult to understand how such a sloppy editorial product can be sold for €99.

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**Peter Williams,** *The Story of the Wellcome Trust: Unlocking Sir Henry’s Legacy to Medical Research* (Hindringham: J.J.G. Publishing, 2010), pp. xvi + 118, £16.95, hardback, ISBN: 978-1-899163-92-2.

In this book, Peter Williams’ ‘personal broad brush approach’ offers us an ‘easily digestible’ (p. ix) account of the history of the Wellcome Trust. Williams is ideally suited to writing such an overview: employed by the Wellcome Trust in 1959, he served as its Director from 1965 to his retirement in 1991, during which time the Trust grew from a small operation to the global charity it is today.

On Williams’ retirement, he produced *The Wellcome Trust Story 1960–1991: Personal Recollections*. His new book is also based on ‘personal recollections’ and mirrors the structure of its predecessor in being a chronological account of the Trust’s development, interspersed with personal pen portraits of key figures. A good deal of the story will be familiar to readers. Sir Henry Wellcome’s rise to prosperity on the back of his pharmaceutical company is probably as well acknowledged now as ever before, but the oft-misremembered difference between the Wellcome Trust and Wellcome Foundation lingers on, and the untangling of the two is still necessary (the Trust was established in Henry Wellcome’s will as the sole shareholder of his drug company, the Wellcome Foundation, and charged with re-investing profits from the Foundation into research). Williams is also clear on the Trust’s problematic early years, when the near-bankruptcy of the Foundation after the Second World War almost strangled the Trust at birth.

The main focus of the book is, however, the period of Williams’ employment. When Williams joined the Trust, the charity was still
small both in size (it consisted of seven Trustees and four administrative staff) and stature (the ‘Annual’ Review in 1956 actually covered its first twenty years of existence). It funded buildings and equipment rather than researchers, and Williams describes in detail the change in Trust policy in 1966, which put the focus more on individuals’ personal grants and research expenses.

Given the seismic effect it had on the Trust, it is fitting that the longest – and most detailed – chapter is on the Trust’s sale of its shares in the Wellcome Foundation, which begun under the Chairmanship of Sir David Steel in the 1980s. This process – not without opposition from the Foundation – certainly benefited the Trust: reinvestment after the initial flotation in 1986 produced £211 million.

Williams cedes authorship of this chapter to the financial journalist Neil Collins and, given that Collins is a former City editor of both the Daily Telegraph and Sunday Times, it is perhaps not surprising that here the narrative quickens. This makes for a lively account of the sell-off of the Trust’s shares in the Foundation, but the change of style gives the book a somewhat uneven structure.

In summary, Williams offers a personal account of how much the Wellcome Trust changed from the 1960s to the 1990s, both in wealth and in policy. However, aside from some examples from the field of tropical medicine, what you will not find in this book is much on the concrete results – research undertaken, books published – of what the Trust funded during this period. As a result – and with this year being the seventy-fifth anniversary of the Trust’s creation – The Story of the Wellcome Trust not only reminds us of the at times complex nature of the Trust’s past, but also the areas of its history in which more detailed research is needed.

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Iris Borowy and Anne Hardy (eds), Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars (Frankfurt am Main: Peter Lang, 2008), pp. 224, £27.30, paperback, ISBN: 978-3-631-58044-8.

When a group of scholars from the Wellcome Institute in London and academics from public health education set up the Society for Social History of Medicine in 1970 their stated goal was to broaden a discipline in order to address the relationship of medicine and society. And that meant redefining an academic discipline that had been more or less practised by associations such as the Osler Society of London as the intellectual history of great men in medicine. For some decades subsequently the role of biography in the history of health and medicine was even more disparaged than intellectual and political biographies were by the broader world of academic historical scholarship. However, as Patrick Zyberman comments in a fascinating essay on ‘A Posthumous Audit’, the death of biography in the social and cultural history of health, medicine and science was much exaggerated with a ‘spectacular upsurge’ in biographical publications in the mid-1980s. As Iris Borowy points out in her introduction to this excellent volume, perhaps the continued value of biography as a means of excavating the past and as a heuristic for interpreting pivotal historical transformations is because it remained a genre that could communicate to audiences both within and beyond the world of academic scholarship. Because if, at its most axiomatic, history is the lives of socially interacting and organising individuals then all history is as much narrative as it is structural analysis. Zyberman emphasises, though, that contemporary biographical inquiry does not reproduce the eulogic trope of the great man. Instead biographies of individuals, involved, for example, in public health, are more likely nowadays to be accounts of what Zyberman persuasively refers to as ‘epistemic
communities’, and the role played by their interconnections and interactions in transformative historical junctures and disjunctures in which they significantly participated.

It would be hard to find a better example of what Zyberman is describing than this volume of essays on a group of actors between the wars who were critical figures in the development of public health internationalism as an interdisciplinary discourse and practice. Perhaps the most intriguing issue brought out by this book is that this group of health internationalists agreed intellectually about the political nature of improving population health while possessing a widely disparate range of ideological beliefs. As Borowy points out, they all linked population disease and health management to political action while their ideological beliefs, actions and associations varied hugely at a time of volatile national and international relations.

Those in continental Europe who were socialists or social democrats fell foul of fascism in Germany and Spain. One such was the Jewish public health expert, Franz Goldman, who escaped to save his life. The Minister of Public Health in Yugoslavia, a communist sympathiser and tireless champion of social justice, Andrija Stampar, was more or less exiled by his government as the result of pre-war political intrigue but during the war was imprisoned by the German occupying forces. While all the figures in the volume shared beliefs about the effects of inequality upon population health, some – such as the pathologist Bela Johan in Hungary, and the German social hygienist Otto Olsen – found it possible diplomatically to co-operate with wartime fascism. Others within Germany, such as Fritz Rott, became National Socialists embracing racial hygiene. The brilliant German statistician, Emile Roesele, a communist, remained alive because of his unique indispensability. In neutral Denmark, the eminent serologist, Thorvald Masdan, retreated from the fray to his laboratory. He was accused by some of possessing pro-Axis sentiments. At least one of the internationalists in the collection, Gustavo Pittaluga, was dismissed from his public health role by totalitarian and democratic governments in Spain becoming a refugee in Cuba following the Second World War. Melville Macenzie, the public health lecturer at the London School of Hygiene and tireless champion of the LNHO, became stuck in British imperialist philosophy.

As Borowy comments, despite these mixed fortunes, all collectively contributed to what Martin Dubin has termed ‘a biomedical/public health episteme’ that characterised international health co-operation between the wars. Perhaps the unifying element was that each of the public health campaigners was supported by funding from the Rockefeller Foundation and had links with a critical figure explored by Socrates Listios, Selskar ‘Mike’ Gunn. The Director of the Foundation’s Paris Office from 1922–32 facilitated the expanded visions of public health possessed by others explored in the volume but largely in contradiction to the limited strategic goals of the institution he represented.

While all these short biographies reflect intriguing contrasts in the relationship between political ideology and public health philosophy, all demonstrate what Iris Borowy compellingly argues has been the role that collective action undertaken in pursuit of population health played in contributing toward the mission to construct a global civil society.

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Georgina Ferry, Max Perutz and the Secret of Life (Woodbury, NY: Cold Spring Harbor Laboratory Press, 2007), pp. xii + 352, $39.00, hardback, ISBN: 978-087969785-3.

One by one the icons from the golden age of molecular biology have become the subject of biographies – Linus Pauling, James Watson, Francis Crick, Max Perutz, and soon to come, Sydney Brenner, and hopefully Fred Sanger too. Georgina Ferry, like most of the authors
of these biographers is a science writer. Perutz made a wise choice when he chose to invite her to write his life. The result is an engaging, beautifully written book deserving a place on the shelf of everyone who likes to read about science and scientists. It is a full biography that details his early life in Vienna, his move to England in 1936, his life in Cambridge, war experiences, the trials, tribulations and the successes of the post-war years leading to the first low-resolution structure of haemoglobin in 1959 – twenty-two years after he had begun work on the molecule. Ferry takes Perutz’s career through to the end of his life with his work on the amyloid associated with Alzheimer’s disease. Whether dealing with personal matters or explaining the science, Ferry handles the subject matter with ease and clarity.

Why should this book be of particular value to the historian? Because Perutz was the ‘anchor-person’ of molecular biology at Cambridge. The famous lab had begun modestly as an MRC Unit, its raison d’être being Perutz’s research on haemoglobin. He headed the Unit and saw it through difficult times. He handled the prima donnas around him with tact, protecting Francis Crick from the anger of the Cavendish Professor, Sir Lawrence Bragg. Perutz oversaw the relocation of the Unit and its transformation into the Laboratory of Molecular Biology in 1962 where he continued as Chairman until 1979.

Equally valuable to the historian is Ferry’s account of Perutz’s success in revealing the three dimensional structure of the haemoglobin molecule and his researches into the mechanism for its action in oxygen transport. As a result hemoglobin came to serve as a model for mechanisms of enzyme action, with the result that it has become an ‘honorary enzyme’.

For the historian of medicine, Perutz’s health problems offer a challenging topic for discussion. But the most interesting feature of the biography concerns Perutz’s early years in Austria and subsequently as an Austrian émigré in Cambridge, followed by internment and deportation to Canada in 1940. Ferry has been able to present his early years in some detail thanks to the miraculous preservation by the recipients of the letters he wrote to friends and relatives before and during the Second World War. Some have a journalistic quality as if written by a foreign reporter for the press back home. There lay the germ of the ambition to become a writer that he later achieved, becoming known for his forthright critiques. They form the subject of the chapter ‘Truth always wins’, where Ferry documents Perutz’s attacks on the misrepresentation of science and scientists. Karl Popper, Erwin Schrödinger and Gerald Geison all got a drubbing – rightly or wrongly – by this passionate seeker after truth. As the official biographer, Ferry has handled Perutz’s mix of vanity and self-deprecation, vicious critique and devoted admiration, diplomatically, reporting but not judging.

The early part of the book should be read in conjunction with What a Time I am Having, the selected letters of Max Perutz (Cold Spring Harbor, 2009), edited by Vivien Perutz, a jewel of a book to be sure. Many of Perutz’s essays mentioned in the biography can be consulted in Perutz’s I Wish I Had Made You Angry Earlier (New York: Cold Spring Harbor Laboratory Press, 2002).

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Imogen Goold and Catherine Kelly (eds), Lawyers’ Medicine: The Legislature, the Courts and medical Practice, 1760–2000 (Oxford: Hart Publishing, 2009), pp. xiv + 224, £30.00, paperback, ISBN: 978-1-84113-849-7.

Several decades ago, a British television series entitled The Expert was one of the first to offer forensic medicine as a suitable subject for popular entertainment. Nowadays, autopsies are prime-time viewing on several channels, together with detective dramas where the forensic ‘expert’s’ judgement is rarely questioned. This collection of essays is a useful corrective to one-sided interpretations of the ever-changing relations between
medicine and the law. The medical expert’s role has always been problematic, and this collection considers not only the criminal law but also the growing importance of medical expertise in the civil courts, public health, and current social debates. The editors explain that their subject falls into two broad categories: attempts by medical professionals to influence legislation, particularly in regulating medical practice; and the tensions between the medical and legal professions in pursuing sometimes incompatible aims. Although its chronology runs from the late eighteenth century, with Catherine Kelly’s account of the growth of government interest in medical matters, the collection is weighted towards the more modern period, with three essays on the nineteenth century and five on the twentieth. James Hanley carries forward the theme of lay participation in health policy through the complex process of by-law making before the major public health acts. Although local authorities are often seen as the problem rather than the solution, Hanley argues that by-laws laid the foundation for central legislation, and indeed made it inevitable, even though councillors usually bypassed medical views and relied on ‘the common judgment of the propertied citizenry’ (p. 55).

The editors note that when the medical profession was divided, the law could marginalise medical opinion, as Katherine Watson demonstrates in her essay on vitriol throwing. Under English criminal law, Ellenborough’s Act (1803) included ‘malicious wounding’ in its title, but specified only poisons, cutting and stabbing. Vitriol burns did not feature, leading to acquittals on this technicality. The medical profession was not helpful, A.S. Taylor noting in his medico-legal textbook, that there was no consensus over the meaning of ‘wound’. English legislators finally settled on an all-encompassing notion of ‘grievous bodily harm’ that neatly by-passed medical uncertainties. Joel Eigen’s analysis of the Old Bailey Session papers reveals the changing language of medical witnesses in criminal trials involving an insanity defence, and the sometimes-testy reaction of judges to changes in medical opinion. Angus Ferguson produces even more extreme examples of a conflict between law and medicine in the early twentieth century, with the very forcible reassertion by the Lord Chancellor of the doctor’s duty to give evidence in court, even if this negated professional secrecy. One example was the division between the Ministry of Health and the divorce courts: the former offering free public clinics for VD with confidentiality guaranteed, the latter demanding that clinicians disclose their patients’ veneral record as evidence of infidelity. In these cases, lawyers were inevitably the winners.

The twentieth-century themes addressed by Goold, Roger Davidson, Gayle Davis and Duncan Wilson relate to questions where medicine and the law were sometimes at odds, but subject to powerful currents of public opinion; namely, in-vitro fertilisation, homosexuality, abortion and the use of human tissue in medical research. Davidson and Davis use Scottish examples, benefited by an easier scholarly access to sensitive case materials north of the border, and emphasise that medical ‘experts’ are heavily conditioned by their social background and personal beliefs. Davidson’s description of the collusion between doctors and judges in attempting to ‘cure’ the more ‘amenable’ homosexual offenders of their perversion strikes with depressing force.

Collections of this kind sometimes suffer from failure to cohere around a theme, or from inequality of substance between the individual contributions. This very interesting collection does neither. The main themes are well sustained, and all essays reflect mature and well-presented research, revealing how often medicine bends to legal pressure and wider social forces.

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Linda Bryder, Women’s Bodies and Medical Science: An Inquiry into Cervical
Cancer, Science, Technology and Medicine in Modern History (Basingstoke: Palgrave Macmillan, 2010), pp. vi + 250, £55.00, hardback, ISBN: 978-0-230-23603-5.

The book Women’s Bodies and Medical Science: An Inquiry into Cervical Cancer, tells the story of a well-known ‘medical scandal’: the presumably unethical experimentation on women with abnormal cervical smears in the National Women’s Hospital, Auckland, New Zealand. A 1987 newspaper article drew attention to unorthodox treatment of cervical cancer and precancerous lesions at the Women’s Hospital that, the article claimed, resulted in the unnecessary deaths of several women. This publication led, in 1988 to the creation of an official investigation commission, the Cartwright Inquiry, which condemned physicians of the National Women’s Hospital, in particular the gynaecologist Herbert Green. The book, Women’s Bodies and Medical Science: An Inquiry into Cervical Cancer, is a fascinating unpacking of the complexities of this supposedly straightforward case. The book follows intersections between medical practices, politics the press and the law, studies the effects of the women’s health movement on the delivery of healthcare, and is a stimulating reflection on the management of therapeutic uncertainty and closure of medical controversies.

Green advocated a conservative treatment of cervical carcinoma in situ (CIS) and, in many cases, proposed a ‘wait and see’ attitude. The Cartwright Inquiry stated that Dr Green and his colleagues failed to conform to the accepted standards of treatment of CIS and conducted an unacceptable ‘experimentation’ on women. However, as Bryder’s careful research shows, in the 1950s and 1960s, treatment of CIS treatment was controversial. The majority of the experts proposed a more aggressive approach to the therapy of this lesion than Green did, but others advocated a conservative therapy. Both approaches were risky. An insufficiently aggressive treatment sometimes failed to prevent a malignancy, and an aggressive one carried a significant danger of unnecessary morbidity. In the absence of reliable, quantitative data on outcomes, doctors were only able to make educated guesses. Moreover, Bryder argues that the accusation that Green conducted an unauthorised experiment on women was groundless. The supposed ‘experiment’ never existed. Green did not aim to compare therapies, but merely attempted to provide his patients with the best standard of treatment as he understood it.

Women’s Bodies and Medical Science, makes visible the difficulties of dealing with prognostic and therapeutic uncertainty. It also shows the potentially negative consequences of militant activity grounded in a generalised and non-reflexive mistrust of the medical establishment. In New Zealand, an ad hoc alliance between muckraking journalists, a group of feminist activists, and politicians who aspired to demonstrate their interest in women’s problems, created a feverish and unhealthy climate that favoured exaggerated accusations. Journal articles described women treated at the National Women’s Hospital as being ‘like lambs to slaughter’ and compared the treatment of CIS by Greene to medical experiments in Auschwitz.

Bryder’s book provides an interesting and stimulating analysis of an exemplary case. It might have been further enriched by providing a broader context of feminist involvement in healthcare in the 1970s, 1980s and 1990s. Clearly annoyed by the way some segments of New Zealand women’s movement transformed the complexities of Green’s case into a simplistic accusation that male gynaecologists had an ‘anti-women’ attitude, her book may convey the impression (although, in all probability, this was not the author’s intention) that all consumers/activists’ interventions in medical controversies are dangerous, and that journalists’ critique of doctors’ activities may produce incalculable harm. The history of the Women’s Health Movement points to a different direction. Militant interventions may indeed produce dangerous simplifications and demagogical excess, but they may also help to
put an end to harmful and unethical practices. Activists in the US drawing attention to the harm caused by the intrauterine device Dakon Shield and by DES therapy to prevent premature childbirth, helped to limit excessive medical intervention in childbirth, promoted better governmental control of pharmaceuticals, and opened the way to more equal relationships between patients and physicians.

Bryder’s study provides a wealth of evidence to prove that Green’s treatment of cervical cancer, called an ‘unfortunate experiment’ by the New Zealand Press, was neither unfortunate, nor an experiment, and, in this specific case, critique of medical practices may have got out of hand. This does not mean, however, that such a critique is unnecessary or is bound to be flawed. Bryder’s own careful display of the complexities of the management of uncertainty in treatment of cervical malignancies points out possible directions of a constructive, responsible and well-informed critique of the medical establishment by healthcare users.

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Robert Tattersall, Diabetes: The Biography, Biographies of Disease Series (Oxford: Oxford University Press, 2009), pp. 223, £12.99/$24.95, hardback, ISBN: 978-0-19-954136-2.

Although diabetes is a disease marked mostly by excess – elevated blood glucose, superabundant calories, increasing prevalence in sedentary societies – the historical literature about diabetes is notably lean. Most welcome, then, is the addition of Robert Tattersall’s Diabetes: The Biography, which does a great job of compiling a formidable amount of information, clearly organised in mostly chronological order and written in an engaging manner, within the span of 200 pages. And unlike the few other historical books on diabetes, which tend to focus on one particular episode in the overall story line with the remainder sketched in only briefly, here attention is divided equally across the various plots and themes that make the history of diabetes so redolent of the modern medical enterprise.

The book is perhaps best appreciated as a blended biography of diabetes-the-disease and of the diabetologist-author, wherein the perspectives of past physicians and scientists are merged, sometimes in the compass of a single sentence, with the perspective of an adroit present day doctor who has devoted his career to the study of aspects of the disease and to the care of persons afflicted by it. The result is a narrative that is likely quite congenial to both thoughtful physicians who seek to historicise their clinical practice, and inquisitive patients who seek to augment their lived experience, searching for the origins of contemporary concepts and practices, and to deepen their understanding of the predicaments created by human disease and medical care.

In Tattersall’s account, particulars dominate: the book is crammed full of historical figures – mostly consisting of physicians and scientists, but also including occasional patients and fleeting mention of diabetes specialist nurses – and what they discovered or did. The result is a diabeto-copia of facts about the journey of discovery and diabetes disease transformation from initial descriptions in antiquity and the dietary treatments of the eighteenth and nineteenth centuries, across the drastic changes wrought by the introduction of insulin into clinical practice in the 1920s, through the era of reckoning with late onset diabetes complications, and into the present day with diabetes perceived as a looming epidemic. One learns, for instance, that a serendipitous observation in 1942 of patients with typhoid who were treated with a sulfa-based antimicrobial drug and suffered fits of hypoglycemia led to the development of oral drugs for Type II diabetes. And that a young girl whose life was saved first from diabetic ketoacidosis (DKA) by insulin and soon
thereafter by an iron lung breathing machine, which supported her through a period of respiratory failure due to a mysterious muscle weakness that so often was the cause of death following apparent recovery from DKA, was the first to be diagnosed with DKA associated hypokalemia and successfully treated with a dose of potassium. And even, spanning decades, how knowledge of diabetic nerve damage resulting in feet that could no longer feel pain was only gradually attributed as a primary cause of diabetic foot ulcers – and done so by a physician who took care of patients with leprosy, and who had come to understand that the ‘problem is really one of mechanics not medicine’ (p. 120).

While no particular historical argument or approach dominates the book, other than a broad sense of progress, Tattersall does put forward the notion of that diabetes care currently is aptly characterised as the ‘pharmaceutical era, because after 1980 treatment of diabetes came to be dominated by increasingly powerful drug companies’(p. 159) and he speaks against the clinical practices that dominated the diabetes landscape of the 1970s, when ‘patients’ views were not solicited, and the idea that they might have any input in designing their regimen was unthinkable’(p. 197). In a survey such as is offered in this book, though, which is not so much ‘the’ biography as ‘a’ biography, these and many other possible arguments and insights remain for future students of this protean disease to develop to full fruition.

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