Joyce E Chaplin, Subject matter: technology, the body, and science on the Anglo-American frontier, 1500–1676, Cambridge, MA, and London, Harvard University Press, 2001, pp. xiii, 411, £30.95 (hardback 0-674-00453-1).

Joyce Chaplin’s learned and deeply nuanced book deserves a more illuminating title. “Subject matter” is an indeterminate term, while “Anglo-American frontier” intimates a study more concerned with how peoples interacted across some boundary than with focusing on English minds, her major interest. Although conversant with and informed by post-structuralist as well as ethnohistorical treatments of encounters between Indians and English “invaders”, Chaplin critiques literary theorists (rightly) for exaggerating claims that European narratives about natives tell us only about their authors, and historians (perhaps not so rightly) for too often accepting Indian voices as authentic rather than ventriloquized. She weeds out quotations from natives if they parrot English depictions of nature while crediting remarks that writers, thinking them “absurd” (p. 28), included without comment, a likely sign, she avers, that the statements were in fact true. These methodological strategies inform a cultural history of how sixteenth- and seventeenth-century English conceptualizations of their colonial project emerged from scientific thinking about human corporeality and artifice: “Early modern science provides the intellectual context that shows why the inhabitants of colonial America dwelled so obsessively and, ultimately, so divisively on bodies and technology” (p. 3). More than any other scholar, she locates English conceptions of empire within their discourse about Indians and the natural world.

Between 1500 and 1676, Chaplin maintains, the English overcame anxiety about their capacity to occupy the western hemisphere and match their European rivals’ success, devaluing Indians to proclaim themselves the “natural” inhabitants of North America. This attitudinal transformation occurred in three stages. Worried about their own technological backwardness, the English initially assessed Indians as substantially similar beings whose technical expertise they might glean. That judgement ebbed as settlers became more sanguine they could survive without natives’ assistance. Confidence in their ultimate mastery of the land derived critically from increasing appreciation of their own bodies, the instrumentalities by which they could out-populate all comers and the “springboard[s]” from which they “launched arguments” about the Indians’ “technical” and “intellectual” inferiority (p. 322). Once experience proved that climate did not determine character to the extent earlier authorities had contended, colonists decided that they were better suited to life in America than were the Indians, a conclusion buttressed by the natives’ escalating mortality rates. By the mid-seventeenth century, the scientific division of the world into animate and inanimate realms rendered native religions—earlier deemed spiritually cogent, albeit diabolical—into mere superstition, while shamans’ failure to repel smallpox manifested the bankruptcy of their healing regimens. Virtually incapable of grasping European knowledge, medically helpless—their very bodies disproving their fitness for the environment—Indians could only cede North America to Albion’s seeds, who had proved themselves far better adapted to denizen it.

Two themes, evocative but not entirely realized, course through the book. The first concerns race. The English landed on the Western Atlantic littoral neither predestined to regard natives as inferior to themselves nor ready to assume their full equality. By the late 1600s they had cobbled together what Chaplin calls a racial “idiom” (p. 276) that was not yet systematic racism. She convinces that colonists’ location of Indians and themselves in the natural world contributed to this “idiom,” but it is difficult to accord it primacy, especially since—disclaimers notwithstanding—she is really dealing with an educated élite rather than
with ordinary settlers whose greatest concern with Indian bodies often ran no farther than whether or not they still moved after having been shot. Moreover, any discussion of racism must include a thorough treatment of Africans, a topic necessarily beyond the book’s scope. Her tale about race is at best half-told.

A second theme concerns the “transatlantic argument on the connection between the natural and imperial worlds” (p. 3). Colonists’ sense of who they were within the empire took shape, as Chaplin documents, in conversation with metropolitans as well as aborigines, yet she never fully limns that identity, perhaps because her colonists correspond only with scientists and never with courtiers, bureaucrats, or merchants. We learn how seventeenth-century creoles imagined themselves inhabiting North America with (and over against) the Indians but not how they may have accepted (or, in some precincts, chafed over) Whitehall’s definition of their “liberties”. An English colonist had always to think of the king’s two bodies as well as his own.

Charles L Cohen, University of Wisconsin-Madison

Jordan Goodman, Anthony McElligott, Lara Marks (eds), Useful bodies: humans in the service of medical science in the twentieth century, Baltimore and London, Johns Hopkins University Press, 2003, pp. vii, 217, £31.00 (hardback 0-8018-7342-8).

Over the past fifteen years, the topic of research on human subjects has attracted considerable interest among medical historians. Following on from earlier work on the notorious human experiments of doctors in Nazi Germany, historians have turned to the practices and ethics of human research in other periods and countries. Among others, we have now such studies on the USA before the Second World War (Susan E Lederer, Subjected to science, 1995), on nineteenth-century Germany (Barbara Eikeles, Der moralische Diskurs über das medizinische Menschenexperiment, 1996), and on France after 1945 (Giovanni Maio, Ethik der Forschung am Menschen, 2002). Much of this work focused on the professional and public discourses on human experimentation, with a view to the issues of information and consent. The present volume takes a somewhat different perspective. Providing seven case studies of British, Australian and US American human trials from the 1930s to the 1970s, this book’s focus lies on the legitimating factors, especially the role of government committees initiating or overseeing such research. Moreover, there is an emphasis on the attitudes and justifications of individual experimenters. In the aftermath of the 1995 Final report of the President’s Advisory Committee on Human Radiation Experiments, three case studies examine radiation research (uranium injections, radioisotope studies, atomic weapons tests), while the remaining four discuss experiments on malaria, jaundice and hepatitis, and germ warfare.

It is nowadays undisputed that any serious evaluation of past human experimentation must derive from its specific historical, ideological and social contexts. As the essays of this volume make very clear, however, there is no simple recourse to an earlier lack of risk perception or of ethical awareness. This is illustrated on several levels. As Margaret Humphreys shows in her study of Mark Boyd’s research in the 1930s on malaria therapy in neurosyphilis patients in a Florida mental hospital, there was an obvious tension between his role as a physician and as a scientist. Jenny Stanton, in her contribution on the work of the British MRC Jaundice Committee during the 1940s, highlights concerns about risk, expressed by medical staff involved in hepatitis studies on experimentally infected patients suffering from rheumatoid arthritis (who were believed to benefit from attacks of jaundice). Or, Glenn Michell, in his study of the “Indoctrinee Force”, a large group of senior officers that was made to watch atomic blasts at Maralinga, Australia, in the 1950s, emphasizes curious differences between the assessments of safety given by scientific advisors in public and in private. Finally, Brian Balmer, discussing British large-area spray trials with non-pathogenic bacteria as part of a defensive
policy on biological warfare in the 1960s and 1970s, points out that the secrecy surrounding the tests was not only due to obvious security reasons, but also to fear of potential political embarrassment.

Such evidence of the perceived moral ambiguity of human experimentation could have been supported by paying more attention to the historical debates on the subject or to the development of ethical guidelines on human research after the Nuremberg Code of 1947. While Henry Beecher’s whistle-blowing article of 1966 on the ethics of clinical research is repeatedly mentioned in this volume, there is no sustained discussion of his efforts, nor of the similar criticisms voiced about the same time by Maurice Pappworth in Britain. Also, there is no detailed discussion of the Helsinki Declaration of 1964, or, for example, of the guidelines of the British Medical Association and the Medical Research Council of 1963.

However, the strength of this collection consists in discussing the forces that legitimated human trials in various contexts: potential therapeutic improvements (for example, in malaria and venereal disease treatment), development of new medical technologies and specialties (such as radiation therapy and medical physics), the contribution to the war effort and national security (Second World War and Cold War), occupational and public health. The underlying utilitarianism of human research transformed human subjects into “useful bodies”, so that risks, information and consent appeared less important. Therefore, this volume can be recommended to anyone interested in the dynamics and motivations of human research in the twentieth century.

Andreas-Holger Maehle, University of Durham

Vincent J Cirillo, Bullets and bacilli: the Spanish-American war and military medicine, New Brunswick, Rutgers University Press, 2004, pp. xiv, 241, illus., US$55.00 (hardback 0-8135-3339-2).

The Spanish-American war of 1898 broke out after a period of deteriorating relations between the United States and Spain, following the brutal suppression of a nationalist insurgency in the Spanish colony of Cuba. The conflict, which lasted from April to August, ranged from the Caribbean to the Pacific, with US forces deployed as far afield as the Philippines. By the end of the war, the United States had sustained 385 combat deaths and 2,061 from disease, in addition to considerable financial costs. But as the victorious power, the USA annexed Puerto Rico, Guam and the Philippines, and Cuba became nominally independent.

As Vincent J Cirillo shows in Bullets and bacilli, the medical significance of this “splendid little war”, as it was sometimes called in the USA, has been largely overlooked. The war may have been small but it had an impact on military medicine that belied its proportions, resulting in significant reforms in military hygiene and medicine, as well as improved training in these areas for combatant officers.

For much of the nineteenth century, the status of medicine in the US army had been low. Most line officers had little confidence in their medical counterparts because they had little success in preventing and treating disease. The Civil War, which saw major losses from disease and widespread infection of wounds, was a case in point. Over thirty years later, this “Civil-War mind-set” was still dominant among American officers, and many were indifferent or hostile to medical recommendations. As medical officers were permitted only to advise (as in the armed forces of most other countries), this gulf between medical and combatant officers could have disastrous consequences. In 1898 there were 1,590 deaths in the US army from typhoid alone, most occurring when soldiers were concentrated prior to deployment overseas. Typhoid was also a problem during the campaign in Cuba, in addition to malaria, dysentery, and yellow fever. The entire 5th Corps had to be withdrawn from combat owing to sickness after just forty days in the field.

The public outcry caused by what many perceived as “unnecessary” or “preventable” deaths culminated in some important reforms which included the establishment of the US
army’s Yellow Fever Board, which subsequently became famous for its work in Cuba, a Typhoid Board, and a Tropical Diseases Board. The Typhoid Board highlighted the need to educate combatant officers in the rudiments of hygiene, concluding that their lax approach to sanitary discipline had been the main reason for the outbreaks afflicting the army during the war. Indeed, many saw sanitation as beneath their dignity. As a result, medical education became part of the training of officers at the military academy at West Point.

Other important reforms took place in the fields of army nursing, allowing the admission of qualified female nurses into the Army Hospital Corps. There were also improvements in rations following scandals over the prevalence of canned or refrigerated, as opposed to fresh, meat.

The one real success of the war, from a medical viewpoint, was surgery. The use of the recently invented X-ray to locate projectiles, together with antiseptic and aseptic surgery, kept wound infection to remarkably low levels. As in the South African War, fought by Britain and the Boer Republics during 1899–1902, these innovations permitted methods of surgery far more conservative than in previous conflicts such as the US Civil War or the Crimean War, which became notorious for the number of amputations. However, there were problems with the use of early X-ray equipment, and some soldiers suffered and died from severe radiation burns.

Cirillo has provided a very good account of this war and its significance for medicine. His book is well researched and considers military operations in the light of public opinion, which turned out to have a significant role in producing reforms of American military medicine. Also welcome is the extended comparison with Britain’s experience in the near contemporaneous South African War, where similar scandals over typhoid and the breakdown of medical provisions led to important reforms. Rather more consideration of the public reaction to the losses from yellow fever would have been welcome, as would some more comparative material on the Spanish forces, but overall this is a very useful volume, and nicely produced.

Mark Harrison, University of Oxford

Anna Rogers, While you’re away: New Zealand nurses at war 1899–1948, Auckland University Press, 2003, pp. x, 352, illus., NZ$39.99 (paperback 1-86940-301-0).

In 1899 Britain’s army nursing service had fewer than eighty staff but when the Anglo-Boer War ended in 1902 there were around 1,700 British, Australian and New Zealand nurses in South Africa. New Zealand contributed approximately thirty nurses to this endeavour, a number small enough to permit Anna Rogers to profile each individual. This attention to detail is one of the strengths of While you’re away.

Following the outbreak of the First World War, the recently constituted Dominion sent six nurses to the former German colony of Samoa as a prelude to the formation of the New Zealand Army Nursing Service. In April 1915 the first dozen nurses sailed for Egypt; others served on hospital ships, at the Western Front and in New Zealand’s war hospitals in England. Each of these spheres is allocated a separate chapter, as is the work of the 100 or so New Zealand girls who served the Red Cross or other British and French organizations.

One recurring theme in the sections dealing with conflicts to 1918 is the struggle of the more relaxed and informal New Zealand and Australian nurses to come to terms with British class distinctions, anti-colonial prejudice, and “hide-bound British military tradition” (p. 151). This discomfort also affected the colonial soldier patients, many of whom were delighted to be under the care of their own countrywomen.

Two chapters are devoted to the interwar years. The first explores the problems faced by these military nurses in the aftermath of the the First World War and the second summarizes the efforts of the handful of New Zealanders who nurses in the Spanish Civil War. The last seven chapters are devoted to New Zealand nurses during the Second World War, arranged...
according to the different spheres where New Zealand troops played a significant part—North Africa, Greece and Crete, Italy, the Pacific and Japan. There are also case studies of nursing aboard hospital ships, and of the voluntary aids who complemented the fully trained staff. ‘Faraway Places’ recounts the experiences of nurses and voluntary aids serving with British units, including some who had the misfortune to become prisoners of war.

One of the strengths of this book is the liberal use of diaries, personal correspondence and interviews conducted by the author and others. These vividly illuminate the hopes and fears of three generations of military nurses, and the arduous conditions under which many of them worked. Some of these vignettes are poignant in the extreme while others reveal a rich vein of humour; I especially liked the account of the shrinking uniforms of the first group of voluntary aids sent overseas in 1941. Rogers is also to be commended for her use of primary sources when retelling relatively familiar events, such as the 1915 sinking of the Marquette in which ten New Zealand nurses perished.

One disappointing feature is the failure at times to locate nursing in the wider historical context. Isobel Dodds, for example, who tended International Brigade members during the Spanish Civil War, is described as the daughter of a “politically active pacifist father who was a friend of Peter Fraser and knew Bob Semple and Paddy Webb” (p. 189). We are not told, however, that all three were MPs in New Zealand’s first Labour government of 1935–49. By the same token, the text would have been enriched by a fuller explanation of the tantalizing references to the introduction of penicillin (pp. 222, 246, 306).

Overall, however, this is a valuable addition to the story of New Zealand nursing, and to the historiography of the changing relationship between Mother England and its colonial offspring. As Rogers notes in her final paragraph, those New Zealanders who served overseas learned “what it meant not to be British”.

**Derek A Dow**, University of Auckland

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Peter Razzell, *The conquest of smallpox: the impact of inoculation on smallpox mortality in eighteenth century Britain*, London, Caliban Books, 2003, rev. 2nd ed., pp. xxvii, 253, £40.00 (hardback 1-85066-045-X).

For those who follow the work of University of Essex research fellow Peter Razzell, the re-release of his 1977 *The conquest of smallpox* provides only a modest addition to his classic work on population growth in Britain during the eighteenth and nineteenth centuries. The largely unaltered main text is preceded by a brief new introduction that adds some recently compiled data and a more nuanced thesis concerning the ultimate impact of inoculation and vaccination on overall mortality in the period. In the new introduction Razzell reviews novel modes of analysing mortality based on parish data sets and the larger debates in the field of population demography. However, these are better treated in his numerous articles published on the subject. While this re-release intends to inform current debates in demography, this is still an important work for any medical historian interested in smallpox inoculation or vaccination. Historians new to the field should be encouraged to read this oft-cited text in full.

As in the original publication, Razzell concludes by stating that without inoculation and vaccination between one quarter and one third of the population would have died from smallpox in the post-civil registration period. Additionally, survivors of smallpox would be more at risk for opportunistic infections and impaired fertility. “It is not exaggeration to say that inoculation and vaccination prevented the decimation of the population of the kind that Europe suffered in the fourteenth century onwards, and instead of the rapidly expanding economy of the nineteenth century which we label the Industrial Revolution, there would have been a very prolonged period of decline and stagnation” (p. 210).

However, in the new introduction, Razzell admits that the major fall in infant, child, and adult mortality began before the implementation of inoculation. Thus, while not the single cause of the decline in mortality, Razzell continues to argue that inoculation and vaccination, “made a
highly significant contribution and were part of a general process of medical innovation and improvement that brought about the fall in mortality” (p. xxvii). Razzell identifies, but does not discuss other factors implicated in mortality decline including a range of environmental and domestic improvements such as the replacement of dirt floors with brick, improved personal hygiene, and the use of cinchona bark.

The original work effectively challenged Thomas McKeown’s thesis that medical intervention played little or no role in the decline of mortality rates in the eighteenth and nineteenth centuries. Razzell’s work also challenged a standard historical narrative that drew sharp and anachronistic distinctions between inoculation with smallpox, inoculation, and inoculation with cowpox, vaccination. This text remains one of the best sources detailing the actual practices and efficacy of inoculation in Britain prior to the introduction of vaccination. Inoculation, taken up first by the aristocracy, became a widespread and highly successful prophylactic by the 1770s except in the major cities. Razzell also presents a viral attenuation theory using pre-molecular experimental evidence to support historical accounts that describe inoculation as a relatively benign and non-contagious procedure. Finally, Razzell concludes that inoculation had a profound impact on mortality from smallpox, although the localization or extent and nature of this impact is much more complex than Razzell’s earlier text allowed for.

In fact, it appears that the rural and urban experiences of both smallpox and, in turn, the usage of protective treatments like inoculation or vaccination, differed greatly from place to place. This somewhat overshadows Razzell’s attempts to generalize the extent and impact of inoculation on smallpox mortality in Britain. Even in Razzell’s careful hands, the analytic landscapes are shaped by somewhat incommensurable features such as parish boundaries. In turn, concepts of endemic disease versus epidemic disease are distorted by somewhat arbitrary notions of time and place. These categories are important because they are used as analytic tools to describe the disease experience.

For example, Razzell argues that there were specific north-south divisions in the use of inoculation reflecting fundamental differences in the experience of smallpox. In the north, smallpox was generally endemic, or nearly always present, striking young children rather than adults. Razzell argues that the constant presence of the disease generated a kind of fatalistic expectation that treatment was futile, leading to the slow adoption of inoculation. In the southern parishes, where smallpox occurred in epidemics, the disease struck adults and children alike creating a generalized fear and encouraged mass inoculation. However, Razzell’s cultural arguments regarding the diffusion of both technologies lack the nuances of recent social histories, and he rightly calls for more detailed local studies.

Razzell’s rescue of inoculation from its dusty, “black-boxed” role in the history of vaccination reiterates the importance of exploring anachronistic presumptions in the standard histories of medical technologies and practice. But, Razzell’s work also reiterates the pitfalls of trying to isolate and generalize the impact of a particular medical technology on a disease by wrenching it from the social and cultural variables that enliven it.

Jennifer Keelan,
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Urban Örneholm (ed. and transl.), Four eighteenth-century medical dissertations under the presidency of Nils Rosén, Acta Universitatis Upsaliensis, Uppsala Universitet, 2003, pp. 284 (ISSN 0526-2859, ISBN 91-554-5789-4).

Nils Rosén was one of the most prominent paediatricians in eighteenth-century Europe, and the author of an often cited textbook. Medical dissertations of the time were written in Latin, and are therefore not easily accessible for most modern researchers. In his linguistic PhD thesis Urban Örneholm has translated four dissertations completed under the direction of Nils Rosén that provide an improved opportunity to explore medical science and the understanding of diseases 250 years ago.
Orneholm deals with linguistic characteristics such as orthography, morphology, choice of words, and especially the medical word-stock. Of greatest value for medical historians are, however, the translated texts. De variolis praeavendis (Roland Martin, 1751) and De variolis curandis (Petrus Jonas Bergius, 1754) both deal with the most feared disease of the century, smallpox. Between 1750 and 1800, 300,000 Swedish children died from smallpox, in a population of two million people. The first text discusses the prevention of smallpox in dialogue with the medical elite of eighteenth-century Europe. With references to, for example, Herman Boerhaave and Thomas Sydenham, the conclusion is drawn that there are good possibilities to prevent the disease. It is interesting to note that inoculation is not mentioned at all. The method was not introduced into Sweden until a few years later, and it seems that mercury and anti-inflammatory remedies were regarded as more important at the time. Nils Rosen later became a great promoter of inoculation, despite the fact that he lost two daughters due to that preventive method.

The dissertations concerning smallpox are illustrative examples of the confusion concerning miasma and contagion. The conclusion is that they are both valid explanations of the disease; the former in the early stages of an epidemic, while the latter was preferred when understanding the infections that followed. Several cases are discussed where the different stages of the disease are described carefully. This provides a good insight into the working manners of an eighteenth-century physician, and his attitude towards the speckled monster.

In De epilepsia infantili (Petrus Sundius, 1754) seven different forms of infant epilepsy are defined. They are related to constipated bowels, colic, teething, scabies, exanthemtic fevers, and worms. Warm linen and bloodletting are suggested as the best cures for the disease. The fourth text, De morbis infantum (Johannes Schröder, 1752) is concerned with a very relevant topic, infant mortality. The infant mortality rate in Sweden during the 1750s was more than 200 per 1,000 live births, and in Stockholm it was almost twice as high. Contemporary physicians did not know much about the causes behind these deaths. Consequently the most common cause of death in the so-called Tabellverket (population statistics of Sweden beginning in 1749) was unknown childhood disease. In De morbis infantum it is stated that mothers, nurses and servants are those mostly to blame. The dissertation describes various methods of preventing or defeating such diseases. It should be seen as an interesting forerunner to the articles on the same topic that Nils Rosen published during the following years. They were later collected in his famous textbook, The diseases of children and their remedies, published in 1764 and translated into English in 1776.

Urban Orneholm has compiled and translated four medical dissertations that shed new light on the history of medicine, not only in the Swedish context but also in an international perspective. There is, however, no discussion or conclusions in the context of historical science, although an extensive list of commentaries is attached to each text. Hopefully the book will be used by those scrutinizing the medical world of the eighteenth century, and they should be able to find valuable references within these texts.

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Kim Sloan (ed.), Enlightenment: discovering the world in the eighteenth century. London, British Museum Press, 2003, pp. 304, colour plates 245, black and white illus. 25, £29.95 (hardback 0-7141-2765-5).

This is a very beautiful book, stylishly presented, lavishly illustrated and beautifully crafted. The editors and the Press need to be congratulated for producing such a work of art. The book was published at the end of 2003 to coincide with the opening of the newly restored King's Library at the British Museum, as the home of the permanent Enlightenment Gallery. It is not a guide to the gallery. The book has twenty-five chapters organized into five
parts, each of which considers the material component of the Enlightenment, roughly taken as the period from the late seventeenth to the early nineteenth century, as represented by the museum’s holdings. The museum’s curators, past and present, have written all of the contributions.

The first part, ‘The “Universal Museum”’, discusses the spatiality, design and contents of the original room, which now houses the Enlightenment Gallery. Readers are introduced to the museum’s greatest benefactors, Sir Hans Sloane and Sir Joseph Banks, as well as to other collectors whose donations and benefactions form the core of the holdings. This part not only provides a context for the later parts but it also, successfully, invites the reader to consider the meanings of museums and libraries in this period, to their owners as well as their guests.

Parts Two and Three concentrate on the private collections of the eighteenth century that eventually came to form the museum’s own. In common with the organization of enlightenment cabinets of curiosity, these respective parts consider first the natural world—natural history, medical botany and fossils—and then the artificial world—coins, engraved gems, vases, scientific instruments and maps.

These collections were the result of travel and this act, perhaps more than any other, was central to the idea of the Enlightenment. The travelled world, which in the eighteenth century became increasingly wider, confronted and challenged the collector with visual contact. Reliance on classical and religious texts, the source for much information about other cultures before the eighteenth century, could no longer be taken for granted. Antiquity, whether it be the classical world, Babylon, or Britain itself, was now being reinterpreted because of travel and its products. Part Four of the book discusses how a new and sometimes uncomfortable understanding of the ancient world began to emerge.

Part Five, the final section of the book, is the most dynamic in the sense that it examines the fruits of the kind of travel which is perhaps most emblematic of the Enlightenment: the organized, state- or institutional-supported maritime expeditions to other continents and seas. Cook’s three voyages are given prominence, not only because they are best known, but also because, thanks to Sir Joseph Banks, the collections made on these, and even later voyages, found their way directly to the museum. The Americas and the Pacific, regions where Cook spent a good deal of time and where extensive collections were made, are the subjects of two chapters. Notwithstanding Cook’s pre-eminence, it is important to remember that other parts of the world were being re-discovered by Europeans during this period, namely the Far East and Africa, both of which receive attention.

As stated, this is a beautiful book. Its aim is to explain to the reader the nature of the collectors and their collections in the period of the enlightenment, and this it does admirably. What caught their eyes is there for us to see. What is less certain is what twenty-first-century eyes make of all this.

Jordan Goodman,
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Alessandro Arcangeli, Recreation in the Renaissance: attitudes towards leisure and pastimes in European culture, c. 1425–1675, Early Modern History: Society and Culture, Basingstoke, Palgrave Macmillan, 2003, pp. xi, 188, illus., £45.00 (hardback 0-333-98453-6).

From at least the thirteenth century onwards, rest and exercise were classified by physicians and the learned public among the so-called six non-naturals, the crucial determinants of health and disease. In this elegant and wide-ranging book, Alessandro Arcangeli sets medical exercise among other types of recreation discussed by European writers during the long Renaissance. He rightly points out that, although in theory exercise for health applied equally to all social groups, medical writers almost exclusively aimed their recommendations at élite males. Even when Girolamo Mercuriale mentioned exercise for women in his De arte gymnastica (1569), it is different in kind and intensity from that for men. His muscular males indulge in wrestling and
vigorous athletics; his slight women take passive exercise on a swing.

This is an ambitious book, and some may find its chronological and geographical scope overambitious, for it is hard at times to follow the author as he moves from scholastic professors in medieval Paris via Counter-Reformation confessors to Robert Burton and even the French Enlightenment. There is great learning on display, as in the Appendix of European terms for “recreation”, but the argument becomes at times dangerously abstract. A discussion, for example, of the role of exercise in the consilia for individual patients, many easily available in print, would have clarified the extent to which general theoretical recommendations were applied in practice. Likewise, Richard Mulcaster’s takeover into English of Mercuriale’s views on gymnastics needs to be correlated with other evidence for the introduction of “games” into English schools from the late sixteenth century onwards.

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Konstantinos Kapparis, Abortion in the ancient world, London, Duckworth, 2002, pp. viii, 264, £40.00 (hardback 0-7156-3080-6).

Abortion is one of the most controversial subjects in contemporary society, demonstrably capable of generating the fiercest passions (arguments concerning stem-cell research are a reflection of part of the wider abortion debate). One of the merits of this book is to remind us that the arguments are not new, “but rather the latest manifestations of an old, inconclusive debate that started thousands of years ago and still continues today” (p. vii). Konstantinos Kapparis’ twofold intention, admirably fulfilled, is to examine the link between the ancient and modern views on abortion, and to show how the subject might “shed further light upon important legal, religious, political and cultural aspects of the ancient world” (p. vii). There are seven chapters and two useful appendices. The first is a translation and commentary of Pseudo-Galen’s An animal sit quod est in utero; the second, of the Philadelphia Inscription (LSA 20) and its relationship to the Hippocratic Oath. There is an index of ancient authors and of topics. The bibliography is unfortunately marred by mistakes in several authors’ names. Thus “Deichgräber” instead of Deichgräber; “R.T”. Hankinson, for R.J; “Minuli” instead of Manuli; “Murdy” for Mudry; “Priorschi” instead of Prioreschi (and Elizabeth Craik’s edition of Hippocrates’ Places in man was published by OUP in 1998, not “London 1988.”)

Abortion drew upon all aspects of Greek and Roman medical practices. Chapter 1 discusses the methods of abortion, including drugs, mechanical and surgical means, ancillary techniques (such as venesection, hot baths and strong emotional shock, all designed to weaken the physical condition of the mother and so induce labour), and the use of magic. When does human life begin? What is the status of the embryo? Do the unborn have rights? Chapter 2 examines these profound questions, which take us to the heart of the abortion debate. Kapparis shows that, as now, there were no settled answers to these questions in Antiquity, and notes that the notion of human life beginning from conception had its original in Pythagorean thought (pp. 39–41). On the other hand, many philosophers and learned doctors such as Galen propounded a more widespread view. They “might not even call it an ‘abortion’ if a termination had taken place in the very early stages of the pregnancy, while the foetus was still unformed. They would not recognise as human something which did not yet look human” (p. 47). As Kapparis goes on to point out, the distinction between an unformed and formed foetus is also to be found in Exodus 21: 22–4, a passage ignored, deliberately or otherwise, by most (but by no means all) of the Church Fathers.

Chapter 3 looks at the role of the doctor and the midwife, and if Kapparis perhaps attaches too much importance to the Hippocratic Oath in antiquity, he at least places the Oath’s injunctions in their social and cultural context. Chapters 4 and 5 examine the debate from, respectively, the female and male viewpoint. Chapter 6 offers an
excellent discussion on abortion and the law, concluding that the reason behind the Severus–
Caracalla rescript declaring abortion illegal (but
not a capital offence) was not due to a shift in
biological or ethical thinking but a matter of
demography. There was a perception that the
Roman way of life was under assault from the
alien cultures within and the barbarians without.
Increasing the number of Romans became a
priority. Chapter 7 offers a judicious conclusion,
reminding us that “in practice abortion has
been an act that has little to do with high
principles, and much to do with compelling
circumstance” (p. 199). Konstantinos
Kapparis has provided an excellent treatment
of an important subject, and has shown
clearly how the views of Antiquity both
define and continue to influence contemporary
debate. To anyone with even the slightest
interest about this subject, this book is
strongly recommended.

Julius Rocca,
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M S Valiathan, The legacy of Caraka,
Hyderabad, Orient Longman, 2003, pp. lxxxvi,
634, Rs 550.00 (hardback 81-250-2505-7).
Distributed in UK by Sangam Books Ltd, 57
London Fruit Exchange, Brushfield Street,
London E1 6EP.

The legacy of Caraka is an ambitious
“retelling” of the Caraka-samhitā, the earliest
extant Sanskrit medical manual dating from the
early to mid-second century CE. M S Valiathan, a
western-trained cardiologist, provides us
with a reorganized version of the text in which he
has rearranged and condensed the material
found in all eight śāhanas (“sections”) of the
Sanskrit original. He has organized the material
according to theme. In his introduction,
Valiathan properly highlights the philosophical
and religious eclecticism of the Caraka-samhitā,
emphasizing its non-dogmatic nature. The
text’s author, Caraka, most likely a physician
at the court of Devaputra Kaniṣṭha, a second-
century king of the Kushan empire, was, as
Valiathan writes, not a “passive borrower
of ideas, and in this case whatever was borrowed,
underwent a transformation in his mint” (p. ii).

Though generally a very useful book, the
introduction is marred by moralizing fabulations
(pp. xv–xvi). Valiathan also strains to establish a
continuity of tradition from the much older
Atharva-veda, which delineates a medicine that
is largely based on the deployment of mantras
and the bestowing of amulets, up through
Caraka’s text. He writes of Atharvan “echoes” in
the Caraka-samhitā, but “echoes” by nature are
interpretively suggestive. Valiathan also
states that the Atharva-veda “anticipates” the
tridoṣa (or “trihumoral”) system of Caraka, but
does not provide us with any textual evidence or
“proof” to enforce this point of view. But that
said, Valiathan includes in his introduction a
most useful discussion of diseases, and by
systematically plotting the recurrence of the
names of disorders in Caraka’s text, he attempts
to reconstruct the “epidemiologic scene . . . in
Caraka’s period through the mist of twenty
centuries” (p. xlvi). Fever, of course, wins.

The book is strewn with many observations—
some of them quite insightful—that speculate on
major āyurvedic theories (particularly on tridoṣa
and vega, or “urge”) and how they may be
thought about in terms of western medical
science. As long as we remain solidly in the realm
of analogy and do not wander into the
problematic realm of correspondence, such
speculations are useful, and can serve to deepen
a reader’s understanding of how these theories
“work” in a physiological sense.

Valiathan’s section on rasaś (“tastes”) is
particularly good, and the tables that he provides
are of great value (e.g. Table 16.1, pp. 107–8,
which lists food incompatibilities). He has also
chosen to condense the more unwieldy and
elaborate portions of the Caraka-samhitā, but he
never does so without alerting readers to the
fact. His “digests” are made with great care—
Valiathan never sacrifices the underlying logics
and principles prevailing in these portions; in
fact, they shine through a bit more clearly than in
the original text precisely because of his
condensations. The words of modern science and
medicine do creep in now and then—“ova”, for
instance—and translators as well as the new
redactors of Caraka such as Valiathan would do well to avoid making such equations whenever possible (but this is admittedly hard to avoid). Valiathan’s decision to provide digests for the lengthier chapters works especially well in his treatments of the Kalpa and Siddhi-sthānas (the sections on “pharmacology” and “cures” respectively), where literally hundreds of formulas for emetics and purgatives are listed.

The legacy of Caraka will prove useful as a reference book, and I can imagine assigning sections of it for use in general introductory courses on South Asian cultures and civilizations as well as in more specialized courses on medical anthropology and the history of medicine. Valiathan concludes his book with a list of botanical terms and an excellent glossary. Reading the entire book will help to attune the reader’s own intuitions and expectations about how the systems of āyurveda work.

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David E Allen and Gabrielle Hatfield, Medicinal plants in folk tradition: an ethnobotany of Britain and Ireland, Portland, OR, and Cambridge, Timber Press, 2004, pp. 431, illus., £22.50 (hardback 0-88192-638-8).

Anyone wanting to know the folkloric uses of a British plant would probably consult one of the standard herbals: John Gerard’s Herball or Generall historie of plantes (1597), John Parkinson’s Theatrum botanicum (1640), Nicholas Culpeper’s Complete herbal and English physician enlarged (1681), William Salmon’s Botanologia: the English herbal (1710), Elizabeth Blackwell’s Curious herbal (1737), William Withering’s Botanical arrangement of British plants (1787–92), or Mrs M Grieve’s Modern herbal (1931), my favourite. But they might be misled, for those herbalists generally derived their information from Greek and Latin herbals, such as those of Dioscorides and Apuleius Platonicus, ignoring information relevant to the British Isles; about a half of the plants included by Gerard, for example, are not native to Britain.

For the last seventeen years David Allen has been following a different path altogether, seeking out information about the uses of herbs in Britain and Ireland from purely local sources. And at last, with the help of Gabrielle Hatfield, he has produced the work of scholarship that his many years of labour promised.

The results confirm two views that I have long held: that folkloric medicinal uses of herbs do not reflect their true pharmacological properties, except occasionally by chance, and that the more indications a plant is said to have the less likely it is that any of them is actually beneficial. This does not bode well for ethnopharmacologists interested in finding new therapeutic uses for plants. For example, we find here ten remedies for gout, including Bryonia dioica (white bryony), Sambucus nigra (elder), Tanacetum vulgare (tansy), and Verbena officinalis ( vervain), none of which is efficacious, to my knowledge. But Colchicum autumnale, the source of colchicine, is listed for measles, jaundice, and the procurement of abortion, not gout. Herbs used to treat cancers include Chelidonium majus (greater celandine), Conium maculatum (hemlock), Rumex acetosa (sorrel), and Taraxacum officinale (dandelion), but not Vinca major, which contains powerful anti-cancer drugs. Vinca is listed, however, as being useful for cuts and bruises, nosebleeds and toothache, hysteria and nightmares, colic and cramp. Don’t try it at home, is my advice.

Now a pharmacologist, disappointed with the effects of these remedies, might not be tempted to investigate the list of nearly thirty plants supposedly useful for asthma, including Allium ursinum (ramson), Inula helenium (elecampane), and Verbascum thapsus (great mullein). But if so he would miss a gem. For the list includes Datura stramonium (thorn apple), the source of an anticholinergic drug that is beneficial in asthma. The remedies with real effects often stand out in having only one major recognized use. Consider Claviceps purpurea ( ergot), the rye-infecting fungus that causes smooth muscle contraction. It has only one credited action, a tonic effect on the uterus,
used, as its twentieth-century counterparts were, to procure abortions, to induce or speed the progress of labour, and to stop postpartum bleeding.

Occasionally, however, a real action is hidden among a gallimaufry of distracting indications. Dandelion, for example, or pissabed, is a diuretic, but its other uses, mostly in Ireland, are among the most diverse in the book, including coughs and colds, jaundice, stomach upsets, rheumatism, cuts and sprains, broken bones, thrush, headaches, diabetes, anaemia, and in Tipperary “every disease”.

The many alternative common names of these plants have been omitted, although to be fair this spares us some inordinately long lists. More important is the omission of maps showing how the uses of the plants vary from region to region, one of the major fascinations of this work. Perhaps there is another volume to come—an atlas of British and Irish herbs.

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James H Mills, Cannabis Britannica: empire, trade, and prohibition 1800–1928, Oxford University Press, 2003, pp. xii, 239, £25.00 (hardback 0-19-924938-5).

Myths and conspiracies have littered cannabis’s past and a good history of the plant has long been needed. Focusing on the British empire’s relationship with cannabis, this account stretches from 1800 to 1928, tantalizingly leaving us to await the second volume for the years up to the present.

Writings on the cannabis plant generally consider its medicinal and euphoriant properties, but Mills examines all aspects, including its use as a source of fibre for rope dating back to at least the sixteenth century. We learn that, unlike opium, cannabis was not widely consumed by eighteenth- and nineteenth-century Britons. From the 1700s British medical publications showed an awareness of the plant’s properties as a medicine and intoxicant but it was not until the mid-nineteenth century that William Brooke O’Shaughnessy, a pioneer of telegraph technology in India, wrote the definitive account of cannabis based in part on his human and animal experiments. Meanwhile in India cannabis preparations were popular as tonics, medicines and for recreation.

This book contains a great deal of interesting information, such as the description of how cannabis cultivation fitted into a nineteenth-century Indian village’s ecological, social and economic systems. A range of crops were grown but it was the hemp harvest that paid the land’s rent and even influenced the timing of weddings and festivals. Before the hemp was trampled to make hashish, an 1889 commentator recorded that “the persons to be so employed salute the ganja before placing their feet on it”. Much original material is quoted, which is entertaining to read, but at times the path of argument can be difficult to discern amid the dense forest of fact and anecdote.

Mills is rather dismissive of other works on cannabis and their authors, on the grounds that they have failed to consider the history of its regulation, whether or not that was part of their brief or might be of interest to their readership. This cannabis history is intended not only for its own value but because “It may be directly relevant to contemporary debates about laws and policies relating to cannabis in Britain today.” Today’s politicians, Mills contends, defend the UK cannabis laws on the assumption that the judgements of their predecessors “were based on solid ground” and have since been reinforced by reference back to an unknown past. If the reality of this past were known, he suggests, the case for the current laws would be weakened. While such research can be valuable in informing current debates, the claims that this book makes for its powers are exaggerated and some opportunities for comparisons with the present are missed.

The author seems to imply that had cannabis not been controlled in the 1920s, it could still be legal today, but the intervening years have seen many psychoactive substances, including some with therapeutic pedigrees, come under even stricter controls. Are today’s politicians defending cannabis prohibition because they think their predecessors knew best
and should not be questioned, or because they have their own reasons and precedent is a useful tool for supporting them?

It is interesting to read about Indian methods of tax evasion and smuggling which developed to outwit colonial administrators, but more might have been extracted to inform current policy: what level and what methods of taxation prompted cultivators to start breaking the law? Tobacco smuggling in contemporary Britain has grown as duty has risen on cigarettes; what factors determine the point at which such subterfuge becomes worthwhile?

While this book leaves room for further histories of cannabis in the nineteenth and twentieth centuries, it is certainly an enjoyable and informative read, and I look forward to starting volume two.

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John Greenaway, Drink and British politics since 1830: a study in policy-making,
Basingstoke, Palgrave Macmillan, 2003, pp. xii, 271, £50.00 (hardback 0-333-91782-0).

In Drink and British politics since 1830 John Greenaway presents in detail the history of British alcohol legislation. He traces it from the acknowledgement of drinking as an issue of national interest with the birth of a mass temperance organization and the Beer Act of 1830, to the discussions of policy on drink and driving in the 1960s. This study, based mainly on Public Record Office documents, certainly fills a gap in scholarship, especially for the period after 1870.

In his concluding chapter, Greenaway briefly compares the British legislation on drink with that of other European countries. The differences in policy are remarkable. Countries that historically have most problems with excessive drinking, such as Britain and Sweden, are as a rule nations with more extensive alcohol legislation. Or, one wonders, was it that an enhanced interest shed a brighter light on a problem that was not acknowledged elsewhere?

One of the questions Greenaway sets out to answer in this study of British policies is exactly how and why an issue like drink came and went on the national political agenda. He discusses the shifts of power between different pressure groups, most particularly how trade and private enterprise on the one hand, and the powerful temperance movements on the other, influenced policy making. The work questions the ways in which the issue of drink as a moral problem addressed by individual MPs became a party-political issue of the greatest importance in the late nineteenth century, and how it then developed into a topic to be discussed with matters of broader social concern after the First World War.

Greenaway identifies five main episodes in the history of drink and politics before the Second World War. During the early Victorian period the market ruled, counteracted by an ever more powerful temperance movement, a social, political and moral force, transforming the drink question into a central political theme. Then, in the last half of the nineteenth century, the focal point of the discussions shifted to the control of local authorities, as politicians disagreed on the issue of local control and licensing. Subsequently, in the period before the First World War, the abstinence pressure groups gained momentous impact, and massive rallies brought pressure to bear upon politicians discussing the possibility of a state regulated industry and licensing reduction schemes. The outbreak of the First World War is considered a turning point in the history of alcohol legislation. What Greenaway calls “a moral panic” about drink and national efficiency and the rationing of raw materials led to a major reduction in alcohol consumption, regulated by the Central Control Board on Liquor Traffic. Finally, during the interwar period the controlled sale of alcohol and restricted opening hours of the public house became further endorsed.

For Greenaway it is precisely the changeable nature of the question of drink that renders it interesting in the history of policy making. Indeed, when and why drinking became a matter deemed fit for discussion in the upper
regions of politics depended on many more factors than just the amount of alcohol consumed in a given period. His main argument is that the history of alcohol legislation reflects the complexity of the political process in this particular period, as a dialogue between new and growing pressures of collectivism and a long-established persuasive strain of liberalism.

This book is an analysis of Whitehall elites discussing a social problem. The social aspect of drinking, however, or the politics of drink at the grassroots, would be the subject of a completely different study. John Greenaway admits that as a political scholar his main concern is with power at the level of high politics and this results in a rather dry history of drink.

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Signhild Vallgårda, Folkesundhed som politik. Danmark og Sverige fra 1930 til i dag, Aarhus Universitetsforlag, 2003, pp. 299, kr 298.00 (paperback 87-7934-065-2).

What counts most in public health policy ideology and economy of a specific period or national characteristics? This is one of the questions asked by the Swedish-Danish historian Signhild Vallgårda in her book on public health policies in Denmark and Sweden during the 1930s and 1940s, and from 1970 to the present. Through nearly 300 pages she analyses campaigns to promote a healthy population, health legislation (primarily mother and child) and measures taken to prevent contagious diseases such as tuberculosis and AIDS. Her sources are public documents, i.e. committee reports, legislative proposals, parliamentary debates, etc. One of her key questions is: what kind of arguments were used by politicians and the bureaucracy (supported by experts) to legitimize public health policy? Her theoretical framework is first and foremost Michel Foucault’s notion of governmentality—the kind of power imposed upon people to obtain recognition and self-discipline—and the notion of empowerment—to impose power by motivating and inspiring people to act in the interest of the authorities. The book also forms part of the big Danish research project on Democracy and Power which was launched by the Danish Parliament in 1994. The purpose of the project was to carry out an analysis of the state of Danish democracy at the beginning of the twenty-first century, and Signhild Vallgårda was a member of this project’s Steering Committee.

Vallgårda’s book, which is a thorough and well documented investigation, contains some interesting findings. As to the question of what is most influential in forming public health policy, prevailing political culture, or specific national traits, she definitely concludes from her comparison of Denmark and Sweden that political culture is more influential than nationality. For example, the population decline, which was a severe problem in both countries in the 1930s, produced similar responses. Sweden had the lowest birth rate in Europe at the time. Denmark had a relatively high infant mortality rate (no. 13 in the European table), which threatened its self-image as a civilized country. Low birth rate and high infant mortality both resulted in a decline in population. In both Denmark and Sweden political and expert rhetoric referred constantly to the need for a solid population of civilized citizens. The aim was not just to be on the same level as other “nations of culture”, but to surpass them.

An overriding theme throughout these periods was the unending discussion about individual freedom versus the protection of the society, or liberalism versus the authorities’ obligation to protect the citizens from such dangers as contagious disease. Here the author has found differences between the two countries but also similarities hitherto unrecognized. The Danes see themselves as liking pragmatic policies and viewing all regulations as violations of individual rights. The Swedes, on the other hand, are looked upon, by themselves and others, as restrictive and rationalistic, accepting regulations which would not be tolerated in Denmark. Vallgårda’s analysis shows that this is only partly true. Danish public health policy has certainly been restrictive, especially
towards individuals on the lower rungs of the social ladder. On the other hand, the Swedish authorities have always been more willing than the Danes to regard health, disease and social problems as the results of structural conditions rather than of individual choices. Accordingly their respective politics have partly developed in different directions. Yet the differences between the two countries are rather small and far from the general national images.

Other interesting conclusions are that political initiatives increasingly have been based on scientific findings and recommendations and that the politicians’ willingness to intervene has risen considerably between the 1930s and 2000. According to Vallgårda, there have never been more restrictions and regulations intruding on the individual than today, and never have the politicians been more anxious to “educate” a “clean” and healthy population. This is a paradox at a time when individual freedom is set high, if not extremely high.

Signhild Vallgårda says that she limits herself solely to an analysis of health promotion which is initiated and sanctioned by politicians. This means that she says very little about the users, about how the many regulations and control measures were received. This is a weakness in the book. What about the question of compliance? What about opposition and resistance? There must have been protests and discussions among the public. And in the event of protest and public debate, were policies revised? You can hardly talk about the exertion of power if you consider only one of the parties and ignore the other. The failure to consider the practical outcomes of policy is a serious omission. An analysis of the way in which these many measures were received might have given another picture, or a revised picture, of the growth of public health policy and the differences between the countries. And, not least, it might have given a more rounded and interesting account. I found part of the book rather “dry” and the central theme difficult to follow. There are quite a number of repetitions, and the author has perhaps kept too rigidly to her theoretical framework. However, this is a solid presentation of public health policies in two of the Scandinavian countries in the twentieth century.

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A Grieco, D Fano, T Carter, and S Iavicoli (eds), Origins of occupational health associations in the world, Amsterdam and Boston, Elsevier, 2003, pp. x, 291, illus., €100.00, US$100.00 (hardback 0-444-51301-9).

This volume looks at associations in twenty-three countries spread across four continents and rarely can any study in any branch of history claim such worldly breadth. Both the earliest and the latest industrialized countries are included. Unsurprisingly we see that the establishment of occupational health associations is in most countries dependent upon, and so usually lags behind, industrialization. The stark and curious exception to this is Singapore, which established an occupational medical society in 1966 simultaneously with the onset of rapid industrialization. One would expect those countries in which organized labour and capital have been around since the beginnings of industrialization to be those where trade unions and employer associations compete for, and have influence over, the framing and jurisdiction of occupational health institutes and legalization. In some cases, organized capital tends to comply only minimally with health and safety laws as in Ecuador; in others trade unions are a real partner in health legislation as in Norway. Occupational institutes and laws are located within the wider state tradition. A notable incongruity is France, with its strong state and bureaucratic tradition, which saw an impressive array of institutes established in the twentieth century to deal with the problems of industrialized work, but the law regulating them is and was very liberal. It was the big cities, Lyons, Lille, and Paris, which saw the first occupational institutes, the earliest was established in 1930 in Lyons. In another detailed and contextual chapter, Germany, like France is also shown to have a lineage of
occupational health related initiatives trailing back into the nineteenth century. What disrupted the development of occupational health severely in Germany, as it did to a lesser extent in other countries, was the Second World War. After which one may say from reading this volume that it is only then that occupational medicine fully comes into its own with the onset of capitalism’s “long boom”.

It is also interesting to note the way in which institutes and organizations dealing with occupational health interact with existing medical disciplines, schools, and establishments. In many cases, the relationship is an unequal one with occupational health appearing as the Cinderella subject. In many of the chapters we see the driving individuals who have pushed forward the boundaries of medicine into the workplace, but this is not a story of “great heroic men”, for in most chapters they are nicely woven into the overall story. This volume also interestingly reveals the way in which the state places itself between labour and capital or in some cases sides with one vis-à-vis the other. All these issues are dealt with to varying degrees in the country studies. Although the task would have been difficult, it would have been nice to have seen a chapter drawing out comparisons and contradistinctions between all the countries. Some of the chapters are much richer in medical historical background than others, and it would have been better to have tried for a more even balance between them in this respect. Nevertheless, this volume is excellent in its breadth of coverage and wide sweep and, in conjunction with the companion volume Contributions to the history of occupational and environmental prevention also partially edited by Antonio Grieco and Sergio Iavicoli, makes excellent reading. The country comparative approach to medical history is too infrequent and the effort of Grieco and Iavicoli in bringing together so many different scholars from around the world is therefore to be highly commended.

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Claude E Dolman and Richard J Wolfe, Suppressing the diseases of animals and man: Theobald Smith, microbiologist, London, Harvard University Press, 2003, pp. xii, 691, illus., £29.95 (hardback 0-674-01220-8).

Microbiologists of the second generation stand somewhat in the shade of the founding fathers. Pasteur and Koch might nearly be household names but “Theobald Smith—who?” may be a somewhat unkind cut but it catches the flavour of the difference in reputation of the two ages. This is not to say it is an accurate mirror of historical significance or scientific worth. Amongst bacteriologists, parasitologists and especially comparative pathologists Smith ranks as a gigantic figure. Historians, however, have given him relatively little attention.

Smith, the son of German emigrants called Schmitt (Theobald seems to have changed his name slowly around 1876), was born in Albany, New York in 1859. He was educated at Cornell and Albany Medical School from which he graduated in 1883. The young Smith had all the credentials on paper for a distinguished career. Academically gifted with a flair for science and a German speaker who entered research when Koch’s bacteriology had become rampant, he did indeed make the most of nature and nurture. With the aid of the microscopist Simon H Gage he was appointed in 1883 to a position at the US Department of Agriculture. Here he worked in the Veterinary Division under Daniel Elmer Salmon. Within six months, Smith was made inspector of the recently established Bureau of Animal Husbandry. Salmon was made its Chief.

It is arguable that much of the success of Koch’s bacteriology lay in the ways in which its techniques and technologies were easily exportable. Smith taught himself Koch’s culture methods. He was soon recognized as a “pioneer American instructor” (p. 54). In these years he worked on hog cholera and swine plague. Salmon also worked on the former and problems of collaboration and priority smouldered between them, which are
well catalogued here. When Smith is remembered outside the scientific disciplines in which he worked it is for his studies of Texas (Southern) cattle fever. Salmon also worked on this. Smith, however, it is (in the US) who is accorded the honour of discovering the protozoan parasite, Babesia, named after the Romanian Victor Babes, with whom priority questions also arose. Smith also described the role of ticks in the fever’s transmission. After Washington, Smith gained (and declined) a number of illustrious positions. He was Professor of Comparative Pathology at Harvard and turned down the directorship of the Rockefeller Institute in 1901.

What makes Smith’s academic career so interesting is that he lived through and contributed to bacteriology’s “golden age”, roughly 1880–1900. But then he did the same for the later period (he died in 1934) when bacteriologists began to doubt whether identification of seemingly immutable pathogenic agents was all there was to their subject. In the early twentieth century problems of host immunity began to be investigated. The soil, as it was said, was as important as the seed. The chemical constitution of bacteria also began to be investigated.

These and other shifts can be seen simply by scanning Smith’s massive chronological bibliography, meticulously compiled here. This whole volume, with its impeccable footnoting, is a monument to thorough scholarship. It chronicles in detail not only Smith’s scientific life but also his domestic one. Any criticism seems churlish but I was a little “Smithed out” by the detail at times. I could have become a tree expert without much knowledge of woods. Even deep in the arboretum, however, strange species suddenly appeared. On a trip to Britain, Smith recorded: “Englishmen! About half resemble Col. Hopkins [who?] and the rest are an indescribable mixture. The women seem to dress very dowdily” (p.163).

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Katherine Angel, Edgar Jones and Michael Neve (eds), European psychiatry on the eve of war: Aubrey Lewis, the Maudsley Hospital and the Rockefeller Foundation in the 1930s, Medical History, Supplement No 22, London, Wellcome Trust Centre for the History of Medicine at University College London, 2003, pp. 195, illus, £32.00, US$50.00 (hardback 0-85484-092-3).

This book is a real treat, a rare opportunity to grasp the realities of psychiatry in Europe between the two world wars, a period which according to the editors deserves far more attention than it actually receives. And indeed this journey in the European medical world is quite telling. In addition it provides the reader with the concrete illustration of what historians have suspected: the fundamental role played by the Rockefeller Foundation in support of psychiatric institutions and research projects in the field of mental health, which could be seen as something comparable to a “Marshall plan”.

The “plat de resistance” is an archive jewel, Aubrey Lewis’s report on his visit to psychiatric centres in Europe in 1937. The famous Australian born psychiatrist is a good read. His text mixes serious considerations and funny anecdotes, thorough descriptions and stern judgements.

But the asset of this publication lies in its valuable historical contextualization. Edgar Jones’s essay provides a precise and pertinent background to an understanding of the complex situation of psychiatry where no major theories dominate but where prominent figures are none the less influential sometimes outside their borders. His detailed rendering of the main protagonists’ careers—Edward Mapother (1881–1940) and Aubrey Lewis (1900–1975)—their institution—the Maudsley Hospital—and the networks they established, is essential.

Katherine Angel’s paper contributes to the elucidation of the motivation behind the Maudsley–Rockefeller initiative. She brilliantly demonstrates that the drive for the European tour was not just simply intellectual curiosity but that it served a double
purpose: first, to come up with a united
definition of psychiatry and its practices;
second, to appraise British psychiatry and the
role of the Maudsley as compared to its
continental counterparts, notably the German
model which was still a reference in the 1930s.

Both contributors display a genuine sense of
history in their analysis of Lewis’s report, and their
comments open up a number of new perspectives.
One of them is the dissemination of ideas and
the constitution of networks of individuals as one
means of power. This was achieved by way of
comparative historical analysis, an approach
which needs to be developed among historians of
psychiatry and the value of which is plainly
illuminated in this publication.

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Liborio Dibattista, Jean Martin Charcot e la
lingua della neurologia, with CD ROM, Collana
di storia della scienza, Bari, Cacucci, pp. 320,
€28.00 (paperback 88-8422-256-7).

This work studies the birth of clinical
neurology as a medical specialization in relation
to Jean Martin Charcot (1825–93). Charcot is
presented as the founder of French neurology,
and not as the Charcot popularized for his
work on hypnotism and hysteria—work which
inspired and characterized even the literary
fiction of his time. The study of the language
used by Charcot holds a privileged place in
Dibattista’s book. Liborio Dibattista, a clinical
pathologist with a second degree in philosophy
and a PhD in history of science, aims—with the
support of computational linguistics—to
demonstrate how crucial Charcot’s work was
to the formation of neurology.

In particular, Dibattista analyses a technical
and specific language in the neurological
domain, using computational and linguistic tools
applied to Charcot’s Oeuvres complètes, (1873,
1877, 1887); G B A Duchenne de Boulogne’s
(1806–75), L’électrisation localisée et de son
application a la pathologie et à la thérapeutique
(1855), and Jules Dejerine’s (1849–1917)
Sémiologie des affections du système nerveux
(1899). Dibattista uses INTEX, a
software package produced by LADL
(Laboratoire d’Automatique Documentaire
et Linguistique) at the Université de Marne-la-
Vallée. Most interesting is his analysis of
“ambiguous terms” not recognized by INTEX.
These lexical items are not acknowledged
in the neurology specific lexicon, because they
refer to certain syndromes and diseases later
rejected by modern medicine. These terms
can be presented as an example of “l’histoire
périmée” of Charcot’s work—as demonstrated
by, for instance, the lifetime of attention he
devoted to the ovaries doctrine, which is
characterized by its rich linguistic vocabulary
and then discarded by neurology. Despite
the use of computational technologies,
Dibattista’s work is driven by a historian’s
approach rather than a lexicographer’s. In fact,
he pays particular attention to chronology and
background, and provides a context of French
neurology.

Dibattista’s intention is to illustrate the value
of a computational and linguistic approach for
scientific “corpora” to show and study
originality and linguistic “emergences” in
relation to fundamental and conceptual “nuclei”
in Charcot’s work. However, by applying his
medical knowledge rigorously to the history of
medicine, Dibattista produces better results than
by using computational linguistics. More
interesting than his use of computational
linguistics is, indeed, how he analyses the
growth of Charcot’s neurological studies—his
method and the subsequent changes in the
concepts of French clinical neurology. When
Dibattista uses his medical background to
clarify these changes in the history of medical
ideas, we can appreciate his expert analysis.
In this sense a computational linguistic
approach is useful for Dibattista because he
knows how to interpret data in a specialized
medical language. In the case of this
experimental and original book, technological
tools tell us something about the history of
medicine, because Dibattista makes them speak.
At the end, technological devices are just an
additional support for his studies and cannot be
objective in the hands of any historian.
Thus, Dibattista manages better in his analysis of how much Charcot’s work was a determinant in the formation of a neurological taxonomy. The act of denomination—the creation of a concept—is the first and definitive operation of a science. Therefore, the study of the appearance and transformation of fundamental terms of a science is a major moment in its evolution. Without doubt, a history of medical ideas is the most fruitful approach for a historian trained firstly as a medical doctor. Dibattista astutely chose to privilege this stance rather than a biographical or sociological one, though all these approaches are used to some extent in this work.

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John M S Pearce, *Fragments of neurological history*, London, Imperial College Press, 2003, pp. xvii, 633, illus., £46.00 (hardback 1-86094-338-1).

Neurologists, neurosurgeons and neuroscientists rank high by numbers among medical historians. They have not lacked quality either. Harvey Cushing’s biography of Osler is a great book and J F Fulton’s omnivorous historical studies pay revisiting. The neurologically inclined have obviously been at the forefront of chronicling the investigation of the nervous system and its disorders. In this respect they have often favoured anthologies and Edwin Clarke (a former neurologist) and Charles O’Malley’s *The human brain and spinal cord* (1968) is a milestone for such enquiries. John M S Pearce has travelled Clarke and O’Malley’s route although he (or his publisher) has not learned as much as might be gleaned from such a meticulous example.

Pearce served on the editorial board of the *Journal of Neurology, Neurosurgery and Psychiatry*, which had a “space-fillers” device to pack incomplete columns. This work is an extension of those “idiosyncratic” entries (p. xiii). The volume has 135 sections in which lengthy extracts from neurological texts are woven into a positivist text (positivist as in the sense of being concerned with identifying the true discoverer of such and such a fact—insulin for example, p. 510). For the historically unaware but hungry neurologist the readings from Hippocrates, Vesalius and Hughlings Jackson may catch the imagination. For the student of the obscure, the book’s merits are its introduction to the background of a cornucopia of neurological arcana including heterochromia iridis or Hoffmann and Tinel’s sign of formication (good opportunity here for the mischievous typesetter). From the connoisseur of referencing and the footnote this book is best kept hidden. The punctiliousness associated with neurologists cannot be found in titles which, for example, are sometimes italicized sometimes not, sometime capitalized sometimes not. At times the referencing system has the challenge of a crossword. For those who consider immaculate footnoting to be the bibliographical equivalent of a neurological sign, beware what the text might hold. The publisher has a long way to go to live up to the name of the distinguished college in whose name this book is printed.

Christopher Lawrence,
The Wellcome Trust Centre for the History of Medicine at UCL

Nicholas L Tilney, *Transplant: from myth to reality*, New Haven and London, Yale University Press, 2003, pp. xii, 320, illus., £19.95 (hardback 0-300-09963-0).

The transplantation of organs came close to being one of medicine’s cruelest and most spectacular failures. Throughout the ten “Black Years” that followed the first and famed transplant between the Herrick twins in 1954 at Boston’s Brigham Hospital, there was no realistic prospect of extending its scope beyond the genetically identical by deceiving the recipient’s immune system into accepting the transplanted organ. Indeed during this period the average survival of several hundred experimentally transplanted dogs was a mere eighteen days—so it beggars belief that anyone should have even contemplated the procedure in humans. But they did, and the patient died. The
physician in charge of the transplant ward at the Brigham Hospital eventually resigned on the grounds that he had “officiated at enough murders”.

Nicholas Tilney portrays these ethically dubious origins of transplantation as intrinsic to the whole enterprise rather than some regrettable prelude to later success. The same callousness in pursuit of experimental therapies is to be found in the surgical machismo and circus trappings of the first heart transplant that *Time* magazine correctly described as being “more or less equivalent to a death sentence”. It is apparent in the “ethical conundrum” of the first cross-species transplant in 1984 where Baby Fae, born prematurely and weighing just over a pound, was given a baboon’s heart—only to die inevitably a week later. And so on.

Tilney is himself a distinguished transplant surgeon and is thus uniquely well placed to observe this Janus-faced nature of transplantation. He first became involved at the time of the, in retrospect, defining moment of the specialty in 1963 (of which more in a moment). His career prospered and for twenty years he ran the transplant research unit at the Brigham Hospital. Now in retirement he has written *Transplant*, the first (I was surprised to realize) comprehensive history of his specialty. His intention, he says, is to “reach a general audience interested in scientific ideas and how theoretical concepts are translated into practical reality”.

It is certainly a grand story, one of the grandest in the history of medicine in which, like some Wagnerian opera the action is a disconnected series of subplots that become gradually more intertwined. It opens in 1894 with the assassin’s knife that severed the French President’s hepatic vein, inspiring the surgical polymath Alexis Carrell to develop the ingenious blood vessel anastomosis that would make transplantation technically possible. Then almost simultaneously but quite unaware of each other’s existence, the master inventor Willem Kolff in Nazi-occupied Holland and the exotic Peter Medawar in war-torn England provided two further essentials of dialysis and an understanding of the immunology of rejection respectively. Surgeon Joseph Murray draws these threads together in performing the Herrick twins transplant and the subsequent Black decade is only brought to a close by yet another subplot—the miracle workers of post-war medicinal chemistry George Hitchings and Gertrude Elion with their discovery of azathioprine.

The first act closes with the historic meeting in Washington in 1963 when transplant “new boy” Thomas Starzl announced—to the audience’s “utter incredulity”—that he had transplanted thirty-three kidneys in the previous year and that twenty-seven were still alive. The second act sees the extension of the principle of transplantation to the heart, liver, lung and bowel with the vicissitudes already mentioned. Tilney draws on his personal experience to provide many useful insights that are not necessarily formally documented—such as Norman Shumway’s visceral loathing of Christiaan Barnard for so impudently relegating him to second place in the race to perform the first heart transplant.

Finally, Tilney tells us in the third and final act “what happened next”, how and why the intellectual challenge of the pioneering years has come to be replaced by a mood “tempered by overwork, over regulation, micromanagement and dullness of routine”. This closing coda I suspect will be of particular interest to future historians of medicine—a specific example of the more generalized disillusionment that has come to pervade medicine over the last twenty years. Tilney identifies the many factors that might be responsible and is particularly critical of the unhealthy dominating influence of the pharmaceutical industry and the institutional obsession with increased revenues that he claims has provided almost “universal professional discouragement”.

Tilney’s own life encompasses virtually the whole trajectory of this opera from his inauspicious beginnings to closing disillusionment and is thus able, uniquely, to bring the wisdom of personal experience to the interpretation of the events he describes.

James Le Fanu,
London
John Walker-Smith, *Enduring memories: a paediatric gastroenterologist remembers. A tale of London and Sydney*, Spennymoor, The Memoir Club, 2003, pp. xv, 304, £17.50 (hardback 1-84104-052-5).

*Enduring memories* is both an autobiography and an evocation, or more correctly a celebration, of a largely vanished world. John Walker-Smith, an accomplished paediatric gastroenterologist, charts his career from his early education in a privileged and Anglophile public school in Sydney, Australia, through his years of medical training, his decision to become a medical scientist, and the long career of research and specialist practice that followed in Sydney and London. This is a candid and sincere portrait of a life devoted to improving the health of children with serious and debilitating conditions in a field that, if already in existence in the 1950s, had yet to be consolidated. Walker-Smith has been intimately involved in the development and advancement of this field and his story is a valuable one for historians of paediatric medicine.

Walker-Smith’s book also sheds rich light on two key episodes in the history of modern British medicine. First, he describes in detail the (ultimately unsuccessful) attempts made by the Conservative government of the early 1990s to close the ancient institution of St Bartholomew’s Hospital, with regrettable repercussions for the morale of the hospital staff (not least for Walker-Smith himself) and many of their patients. Second, he explores the ongoing controversy concerning the claim that there might be a link between the MMR jab and the putative increase in the incidence of children suffering from autism. Walker-Smith, who was involved in the research and writing of the paper that caused such massive press interest, describes some of the disparities between the media representation of the argument and the claims actually made by Wakefield et al. He expresses regret that the press was so rapidly involved in the issue, but defends the integrity of Wakefield and his colleagues as scientists and insists that it remains entirely valid to explore the possibility of a link between the MMR jab and a small number of cases where gastroenterological disorders are associated with autistic-like symptoms. It is an engaging discussion of a too often polarized issue.

This book is not just a survey of a life in medicine. Walker-Smith devotes large sections to broader reflections: on the relations between Britain and Australia, the role and significance of the monarchy, on tradition, poetry, literature and art. Walker-Smith is an ardent monarchist and a believer in the desirability of close Anglo-Australian ties. To a growing extent (as the author appreciates), such views put him out of step with the times. And some readers might find the values expressed not to their taste. Paying homage to such poets as Housman and Kipling, Walker-Smith sees much to admire in a past where deference to royalty, institutions and the traditions they were meant to embody seemed to come more readily. But there is no crude flag-waving here. In a rather moving passage, he recalls the words Viscount Slim addressed to himself and the other boys at his Sydney public school: “You boys are having a very privileged education. You, yourselves, have done nothing to deserve it. You need to spend the rest of your life paying back the debt you have incurred.” Walker-Smith’s book shows how these values of civic duty and public service conditioned his enthusiasm for and approach to caring for sick children.

*Enduring memories* will be of considerable interest to Walker-Smith’s friends, family and colleagues. But it will also be of value to any historian wishing to understand the development in Britain and Australia of the speciality of paediatric gastroenterology as well as the debates over NHS restructuring in the 1990s.

John C Waller, University of Melbourne

Peter O Williams, *The exotic fruits of my life*, Bletchingdon, Rana, 2003, pp. ix, 158, illus., £20.00 (hardback 0-9538092-1-8). Orders to: Rana, Courtyard House, Church End, Bletchingdon, Oxfordshire OX5 3DL.
The frontispiece of The exotic fruits of my life is a portrait of the author of this beautifully produced book. Peter Williams looks out upon the world with an expression of amused satisfaction. But there is no complacency. In the later chapters political correctness means nothing to him. Brought up in a British colony, he does not hesitate to praise the old colonial system for its contributions to the welfare of those whom it ruled, in contrast to the chaos that reigns in so many former colonial territories today.

Peter Williams may well feel satisfaction in his achievements. A highly successful Director of the Wellcome Trust for twenty-six years, he is a Commander of the British Empire and has received honorary degrees from the Universities of Birmingham, Glasgow, the West Indies and Nottingham. In addition he achieved an academic award denied to Margaret Thatcher, an honorary degree from the University of Oxford.

The story of his family is one of upward mobility. Williams’ grandfather was a Dorset lobster fisherman, a bearded patriarch portrayed in one of the plentiful illustrations. His father became a gardener in a local country house, then went on to Kew, from where he joined the Colonial Service, becoming Curator of the Botanic Gardens at Port-of-Spain in Trinidad. There Peter Williams was born in 1925. He describes in lyric detail life in a British Colony before the Second World War, the gardens that he knew and the plants and fruits that so enchanted his father, his brother and himself. The family were transferred later to posts in Palestine, where civil unrest was a new experience. Soon they returned to Trinidad and from there Peter Williams went to St John’s College, Cambridge, to study medicine. There he met his wife Billie who came to mean so much to him and who so devotedly supported him in his career. He studied medicine at St Mary’s Hospital, served for a while in the Army Medical Corps, and then joined the staff of the Wellcome Trust in 1960. At once he was thrown into the company of Trustees such as Sir Henry Dale, and he has since enjoyed fruitful relationships with a succession of Trustees who have included Sir John McMichael, Professor Robert Thompson, Sir Stanley Peart and Sir David Weatherall. He became Director in 1965, serving for twenty-six years. It was a period during which a relatively small Trust, with an income of no more than £1 million pounds a year, became at the time of his retirement, thanks to the efforts of individual chairmen such as Sir Roger Gibbs, the largest medical charity in the world.

His major interest during that time was the support of medical research in Britain. With John McMichael as one of his Trustees, he gave strong support to research at the bedside, pioneering research fellowships for clinical academic staff in the Universities. But the tropics were in his blood and he played a major role in developing important research programmes in Africa, the Caribbean and the Far East. He was also influential in encouraging gastrointestinal studies in Vellore, South India. His accounts of travel in countries where facilities were limited to say the least provides entertaining reading. More than one distinguished Trustee, courageous and uncomplaining, had to endure dodgy hotels, vehicle breakdowns and the maladies of travel, usually intestinal, in African countries such as Kenya or Nigeria in Peter Williams’ company.

There is an all too brief chapter on ‘The development of medical history as an academic subject’. In fact, it was Peter Williams who ensured that the terms of Henry Wellcome’s Will, which demanded of his Trustees that they should support his Museum and the remarkable Library that he had amassed during his lifetime, would be honoured. The Museum was very rightly transferred to the Science Museum where it prospers. The Library too has been maintained, but in addition the Trust created, during Williams’ time as Director, an Institute for the History of Medicine where medical history was wrenched from the arthritic clutches of retired members of the medical profession and placed firmly in the hands of a new core of professional historians—Roy Porter, Vivian Nutton, Bill Bynum, Christopher Lawrence to give a few examples. For this he deserves the eternal thanks of all those who read Medical History. The Institute prospers today as
the Centre for the History of Medicine at University College London.

The author’s deep affection for his wife Billie is attested by his inclusion of three short stories from her pen. In a chapter entitled ‘A fruitful interaction’, he describes with affection his life with Billie and the family that they created together.

This is, as one might expect from Peter Williams, a book that has its idiosyncrasies. Sadly there is no index, nor are there full references to the works quoted. But for all that, it is an entertaining book which should engage the attention of all those who have followed the remarkable fortunes of the Wellcome Trust and its one-time Director.

Christopher Booth,
The Wellcome Trust Centre for the History of Medicine at UCL

Eduard Seidler, Karl-Heinz Leven,
Geschichte der Medizin und der Krankenpflege, seventh revised and extended edition, Stuttgart, W Kohlhammer, 2003, pp. 333, €18.90, (paperback 3-17-017624-2).

The forerunner of this textbook for students of medicine and the healthcare professions was first published by Eduard Seidler in 1966 with the title Geschichte der Pflege des kranken Menschen (History of the Care for the Sick). Several editions of the textbook focused mainly on the history of care, in accordance with the strict division between care and medicine in Germany. In 1993, Eduard Seidler, this time together with Karl-Heinz Leven, aimed at combining the history of medicine and healthcare in the sixth edition. The authors thereby tried to connect the developments of both professions without neglecting the many tensions between the two fields. Now, ten years later, in the introduction to the seventh edition, Seidler and Leven emphasize that they have retained the approach of 1993 and have tried to integrate new research from various fields of the history of medicine.

As a textbook aiming to provide an overview of the history of medicine and care throughout the centuries, it is necessarily a tour de force. The first chapter on the beginnings of care—which has undergone few changes since the editions of the 1960s—as well as the subsequent synopsis of medicine and care in early cultures remain quite laconic and sketchy. The section on Graeco-Roman medicine as the root of modern western medicine, however, provides the reader with a well structured narrative: the development of Hippocratic medicine and care as well as Galen’s concepts are convincingly depicted. Then, before focusing on medieval traditions, the authors make a short excursus into Byzantine medicine—strongly influenced by the Greek tradition—and they hint at the poor western reception of classical medicine in early medieval times. The authors then show how the development of monastic care under the Benedictine order was crucial for the development of a Christian European tradition of healthcare. In the case of medicine, they emphasize the high standard of Arab medicine during the Middle Ages and chronicle how Greek medical knowledge flowed back to the Christian west via medical texts in Arabic, where it was disseminated in the newly established European universities. Seidler and Leven stress that these developments fostered the division between medicine and care, since the two fields were hardly ever connected afterwards. The following chapters on humanism and the Enlightenment point to transformations in medical knowledge, in parallel with the gradual integration of the exact sciences into medicine. The authors also show that healthcare remained relatively unconcerned by this development. It was only in the course of the eighteenth century that the integration of medicine into the everyday life of hospitals slowly began to affect the practice of healthcare. In the fifty-page chapter on the nineteenth century, Seidler and Leven only have the space to brush over the numerous developments in the fields of medicine and care. They try to include the development of medicine as a natural science, the splitting up of medical studies into several curricula, the emergence of social hygiene, as well as the beginnings of communal health services and insurance systems. In the
field of care, the authors focus on war developments, including a section on the Red Cross. They also discuss the influence of the women’s movement on the emergence of professional healthcare. The twentieth century, rife with complex developments, is also endowed with very little space; here the textbook mainly concentrates on the First World War and the Third Reich. In the section on medicine and National Socialism especially, the authors succeed in providing a short critical synopsis of the most important developments.

An appendix consisting of several printed sources and a bibliography, including a selection of standard works as well as new research, affords readers the possibility of exploring their own areas of interest.

On the whole, the book provides quite a good survey of developments in the history of medicine and care. However, contrary to the intent outlined in the introduction, many chapters deal with the history of care and medicine in two separate sections and the tensions between the two fields remain mostly latent. Finally, some sections are so ambitious in their scope that they must necessarily remain imprecise.

Ulrike Lindner,
University of the Bundeswehr, Munich

Lesley Richmond, Julie Stevenson and Alison Turton (eds), The pharmaceutical industry: a guide to historical records, Aldershot, Ashgate, 2003, pp. vii, 561, £55.00 (hardback 0-7546-3352-7).

Archive surveys are not easy. It is hard tracking down the material, summarizing what there is in the absence of finding aids, and conveying the information succinctly and clearly so that it can form an essential starting point for research. A survey of the archives of the pharmaceutical industry carries heavier difficulties. A great many of the records of such businesses have been disturbed and lost with the rapid growth of the industry and multiple mergers. Where records do survive there is often ignorance about them: comparatively little cataloguing work has been done on records of the larger firms. Finally there remains a major problem about gaining access for research; such is the industry’s concern to protect information about the development of its drugs.

With these caveats in mind it is particularly pleasing to see the publication by the Business Archives Council of such a well thought out and executed guide. It is greatly to the credit of the BAC that it has already published a fine series of surveys covering brewing, shipbuilding, accountancy and banking. A sixth, on veterinary medicine is currently being published. The last two surveys had financial assistance from the Wellcome Trust. Conducted between 1995 and 2000, the scope of this guide covers “any business which manufactured, dispersed, distributed or sold ethical pharmaceuticals, patent medicines, drugs or galenicals between 1750–1968 as well as trade associations, trade unions and employers’ organisations allied to the industry.” Mostly it covers pharmaceuticals for human use although there are references to veterinary pharmaceutical products. In order to obtain information an arrangement was made with some of the companies that the database would be made available at the Wellcome Library only. It is to be hoped that further negotiations will change this to give access to a far wider audience via distribution of the CD Rom or mounting it on the web.

In the meantime, those who cannot visit the Wellcome Library will have to make do with this hard copy publication. The researcher’s task has been made infinitely easier by the model way the data has been set out; it is sensibly indexed and backed up with invaluable supporting information. A description of the scope and use of these archives by Geoffrey Tweedale is followed by a select chronology of pharmaceutical legislation, a bibliography and a glossary of helpful terms. A guide to public records, name, place and subject indexes, and a list of archive repositories all give the researcher multiple access points to the information. J Burnby’s chapter on the early years of the pharmaceutical industry notes the manufacturing of certain medicinal substances on a relatively large scale in the seventeenth century and goes on to discuss the activities
of various manufacturers including Thomas Corbyn, Allen and Hanbury, May and Baker, and the London Society of Apothecaries. T Corley in his essay discusses the British pharmaceutical industry since 1851, bringing the story up to 2000 with the impact of genome research, new developments in biotechnology, and the mergers of companies to create massive international corporations, the latest, at the time the guide went to press, being Glaxo SmithKline.

The core of the work consists of guides to the records of business, trade organisations and pharmacy schools, and to minor collections (the latter alphabetically described within counties). There is a massive amount to digest. Records range from advertisements, ailment lists and apprenticeship indentures to prescription lists, photographs and poison registers. The background material puts this into context and is valuably supplemented by short histories of each firm with further reading suggestions.

A company’s records can be found in several locations. Take Howard & Sons of Ilford for example. Started by Luke Howard in the 1790 in Fleet Street, Howard entered into partnership with William Allen. Had the partnership not dissolved in 1807 we might have had Allen & Howard rather than Allen & Hanbury. The Howard records are to be found in six locations: the London Metropolitan Archives, Redbridge Central Library, Laporte plc, Manchester Central Library, the Society of Friends and the Royal Pharmaceutical Society. Allen & Hanbury’s records are scattered between five locations including the Royal Botanical Gardens Kew and the Museum of the History of Science Oxford: the main holding is now the Wellcome Library and not Glaxo Wellcome as it was in 2000.

Inevitably some details such as this have changed since the survey closed. Until such time as an update can be undertaken the onus is on the user to double check contact details and note the clear advice that there should be no expectation of automatic access to business records still held by the business, since these are private. The address of the BAC has also changed since publication; contact details are now: The Hon Secretary Fiona Maccoll, Records Manager, Rio Tinto plc, 6 St James’s Square, London SW1 4LD.

At £55 this guide is excellent value and will assist as well as generate ideas for research in this area. Congratulations to the surveyors and editors whose efforts have provided such an invaluable work.

Julia Sheppard,
Wellcome Library

Iain Bamforth (ed.), *The body in the library: a literary anthology of modern medicine*, London and New York, Verso 2003, pp. xxx, 418, £20.00 (hardback 1-859874-534-7).

Medicine and literature criss-cross one another many times over and in many forms in western history. Iain Bamforth’s anthology, *The body in the library*, offers a rich selection of such moments. Drawing upon examples of poems, stories, journal entries, Socratic dialogue, table-talk, clinical vignettes and aphorisms, Bamforth demonstrates how medicine and literature of various forms come together to produce telling, humorous and sometimes painful accounts of what it is to be human.

The bringing together of two disciplines calls into question how each is defined. Judging by the variety of literary styles included, Bamforth considers modern western literature in its broadest sense. Democratic in his selection, canonical works sit next to lesser-known writers in a manner which is both provocative and refreshing. There is, one could argue, a geographical bias to Bamforth’s choices, with the greatest proportion of authors included being English, French, German, American and Russian, in that order. It is also notable that the female voice is scarce, with only six of the seventy-one excerpts written by women.

Bamforth is much more specific in his definition of modern medicine. He understands the French Revolution to be the political and geographical moment of modern medicine’s inception, and thus all the passages included date from after this event. In his introduction he argues that 1800 marked a turning point in the history of medicine, where for the first time, state
intervention saw that medical services were introduced on a grand scale and humoral medicine gave way to a “dual between doctor and disease”.

Bamforth also makes explicit his avoidance of what he refers to as “literatorture”, the language of patients describing their illnesses. This then accounts for an emphasis on doctor as opposed to patient perspective accounts of medicine. Nevertheless, he includes Fanny Burney’s excruciating 1812 description of her mastectomy without anaesthetic, which leaves one reeling with empathic agony and astonishment at what the body and mind can endure. Bamforth argues that the majority of doctor-writers in the book are “writers who just happen to have been doctors”. This assertion perhaps oversimplifies what can certainly be considered an intriguing genre in modern western literature. The many famous examples of doctor-writer literature in the nineteenth and twentieth centuries are specific to the period and deserve further exploration.

It is all too easy when reviewing an anthology to discuss what has been left out, and indeed, Bamforth makes explicit in his introduction the difficult choices he has had to make in his final selection. Lacking from his compilation however are some examples from literature that address medical themes other than doctor centred scenarios, such as science fiction writing, which offers up utopic and dystopic visions of medicine. Also missing are the myriad examples of insanity and asylum related narratives and the many instances in literature that deal with public health issues such as venereal disease, from syphilis to AIDS.

Nevertheless, these absences do not detract from the riches that have been included. An impressive amount of research and thought is evident in the making of this book, and the diversity of writings within it should ensure its appeal to a wide audience. Aided by Bamforth’s sharp and pithy introductions to each extract, the reader can for example discover how Laennec’s ability as a flautist led to his revolutionizing invention of the stethoscope; then dip into the poetry of W H Auden and enjoy his wonderful description of a physician, “that white-coated sage, never to be imagined naked or married”; or read a letter from Chekhov to his sister, written on his life-changing journey across Siberia to the penal colony of Sakhalin. If that does not appeal, there is a passage from Camus’ metaphorical La Peste or the daily record of Gael Turnbull’s dealings as a GP in Worcestershire in 1980, which reads like surrealist verse.

Not many books can boast such eclecticism and offer the reader such a varied diet. The body in the library successfully threads together unexpected and disparate texts with the protean cord that is medicine.

Helga Powell,
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