Hildegard E Keller (ed.), Jakob Ruf: Leben, Werk und Studien, 5 vols, vol. 1: Mit der Arbeit seiner Hände: Leben und Werk des Zürcher Stadchtirurgen und Theatermachers Jakob Ruf (1505–1558), pp. 319, second edition, audio-CD; vol. 2: Jakob Ruf: Werke bis 1554, Kritische Gesamtausgabe, Teil 1, pp. 779; vol. 3: Jakob Ruf: Werke 1545–1549, Kritische Gesamtausgabe, Teil 2, pp. 707; vol. 4: Jakob Ruf: Werke 1550–1558, Kritische Gesamtausgabe, Teil 3, pp. 1019; vol. 5: Die Anfänge der Meschwerdung: Perspektiven zur Medien-, Medizin- und Theatergeschichte des 16. Jahrhunderts, pp. 723, and multimedia-CD; Zürich, Neue Zürcher Zeitung, 2008, total pp. 3550, 450 b/w illus., €184.00, SwFr 295.00 (boxed set 978-3-03823-415-9).

This impressively comprehensive five-volume series presents and analyses the life and work of Jakob Ruf (c.1505–1558), who rose to become the city surgeon of Zürich and for a time its unofficial pre-eminent physician, though he is thought to have been born into a family of bakers and lacked university training in medicine. Ruf—also known as Ruef, Rueff and other variants—wrote a series of successful plays and medical and astrological texts that drew upon and reflected his professional life, religious identity and humanist interests. He was close friends with humanist physicians including Christoph Klauser and Conrad Gessner, who formed part of his circle of acquaintances in Zürich. Ruf’s professional and social mobility was partly fostered by the turbulent changes that had taken place in the city following the Reformation under Huldrych Zwingli, and the Kappeler Kriegen, or inter-cantonal wars: Ruf first took up the position of Zürich’s Stadchtirurg after the previous incumbent had been killed in battle in 1531. His most successful and influential work was undoubtedly his Trostbüchlein of 1554, a book on human generation and birth. Yet despite Ruf’s wide-ranging and exceptional achievements, he has had a relatively low profile in modern scholarship. This series of five volumes prepared by Hildegard Elisabeth Keller and a group of accompanying specialists should go a considerable way towards overcoming that neglect.

The core of this large-scale project is to be found in volumes two, three and four, which comprise chronologically-ordered editions of Ruf’s work (the Latin works with parallel German translations), and with accompanying detailed essays. Many of Ruf’s publications were illustrated, and these volumes indicate where images were placed, although the reader must go to volume five to actually see the images. Ruf’s writing fits within a number of genres. His religious and folkloric plays will be of particular interest to literature specialists, and include Etter Heini, Weingarten, Adam und Eva, Wilhelm Tell and a Passion play (this last a very unusual genre for a Reformation author). The texts of the plays Zürcher Hiob and Zürcher Joseph are also included, as they have regularly been attributed to Ruf, though the attributions are here convincingly dispatched. Ruf also wrote two published songs, a poem on the best fish to eat in different months (an anonymous work firmly attributed here to Ruf), texts for several broadsheets, and various entries for annual calendars identifying the best time for various simple medical procedures amongst other activities; Ruf’s work in this genre also includes more extended discussions of planetary conjunctions.

A considerable number of Ruf’s publications and the accompanying essays will be of interest to historians of medicine. In one early example, medical and astrological themes were explicitly brought together in
Ruf’s 1543 broadsheet on conjoined twins born in Schaffhausen, near Zürich. Ruf’s broadsheet on this misbirth or monstrous birth was unusual in its use of Latin rather than the vernacular, its attention to the physical causes underlying the birth, its unusually realistic mode of illustration, and its focus on the astrological conjunctions that underpinned the birth. As such, Hubert Steinké argues, Ruf was using the publication to raise his own status amongst an elite audience, though he also used it to call for better training for midwives. Similarly, his 1544/45 Latin manuscript Ärzte- und Astrolagenverzeichnis is a list of significant doctors and astrologers from the course of history. The accompanying essay by Keller provides a fascinating window onto the genre, onto tensions in the medical publishing scene in Europe during this period, including Ruf’s critique of authors and physicians that he sees as incompetent or plagiarizing others’ work. In 1545/46 Ruf prepared a three-part broadsheet publication (the Astrolagentafel) listing, and in verse form praising, forty-eight figures from the history of astronomy and astrology, with accompanying illustrations by Heinrich Vogtherr the Elder. While Ruf’s medical work clearly reinforced his decision to take on this project, the cycle of broadsheets is most notable for Ruf’s clear placement of himself as a commentator on an intellectual tradition.

Historians of medicine will be most interested in Ruf’s range of medical treatises. These include the Latin Augenheilkunde of c.1545, a very early ophthalmological work reflecting Ruf’s interest in classical scholarship as well as his desire to affect the provision of useful information to practitioners. This Latin work is only known in manuscript form, although it seems that a printed edition was planned. Only two of the four books listed in the table of contents are now known, and these treat the anatomy of the eye, the instruments used and the care, handling, and various inflammations of the eye (more specialized eye problems were to be addressed in the missing two books). Certain sections are illustrated, following Vesalius to some extent, with anatomical images and images of various surgical instruments. Much better known, primarily thanks to earlier scholarship by Huldrych M Koelbing, is Ruf’s 1554 Trostbüchlein—the most important and influential of his medical texts. This new work on the Trostbüchlein is a welcome addition to earlier scholarship, not least because both the Latin and German editions are included, later editions and translations of the Trostbüchlein are considered in some detail, and there is a very useful appendix comprising several contemporary documents on the training and monitoring of midwives (including a fascinating question-and-answer model text).

Keller, Müller and Steinké stress that Ruf prepared the book in his capacity as overseer of the instruction and testing of Zürich’s midwives; a point that is developed in more detail in an additional essay in the final volume. Ruf’s book was intended not only for midwives, but also—as the dual language editions demonstrate and the essays discuss—for physicians and humanists interested in the generation of human life, the practicalities of birth, and more unusual topics including the occurrence of monstrous births and the potential capacity of the devil to engender children. Ruf’s other most significant medical publication in print was his 1556 Latin Tumorbüchlein, which concerned various medical conditions classifiable as “swellings”, including pustules, warts, gangrene, and other skin conditions. Ruf’s book classifies these conditions and includes recipes for treatment. Steinke and Müller argue that this work again brings Ruf’s interest in classical authors together with his desire to affect the daily practice of medicine; in particular the work done by the lower status barber-surgeons, amongst whom he counted himself.

Volumes one and five include supplementary materials and a range of essays that complement and extend the narrower contextual essays accompanying Ruf’s work in volumes two, three and four. A number of these additional essays will be of considerable interest to historians of medicine and examine
issues including the training and testing of midwives; the training and respective status of “stone-cutters”, surgeons, and physicians; and the connections between humanism and medical publishing during the sixteenth century (including a series of entries on Ruf’s contemporaries). Volume one—reflecting its slightly earlier publication in 2006 to accompany an exhibition on Ruf staged in Zürich—also contains a richly-illustrated, somewhat eccentric mini-dictionary of objects, events, people and concepts associated with Ruf, ranging from dramatic political and religious upheavals to colourful details about daily life in Zürich. The material in volume five includes several glossaries of terms used in Ruf’s medical recipes. The latter half of the volume is devoted to reproductions of images from the works edited in the previous three volumes. Volumes one and five are accompanied by CDs: the first an audio recording of readings of various texts by Ruf, and the second filled with visual material including documentation of the 2006 exhibition, colour reproductions of the images that appear in black and white in volume five (and some extra material, like the 1554 Latin edition of the Trostbüchlein), as well as an interactive map of sixteenth-century Zürich.

This complex, detailed and meticulously prepared project does suffer from some relatively minor drawbacks. While understandable in terms of expense, it is unfortunate that images appear only in the first and last volumes, particularly as some scholars will consult only individual volumes of the series. This divorces the images to a large extent from the texts with which they were intrinsically linked—a particular shame given that publications like the Trostbüchlein and the broadsheets so deliberately and strikingly combined text and image with graphic and conceptual impact. There is an extensive and very useful index in the last volume only, so scholars will need frequently to consult volume five for both index and images. However, the footnotes are careful and for the most part extensive, and each volume includes a bibliography of works cited.

The team of authors cumulatively and persuasively argue for Ruf as an important contemporary of better-known figures like Conrad Gessner, and they have succeeded in conveying the breadth of Ruf’s achievements: his integration of humanist interests into innovative medical (and other) publications, and—perhaps most significantly—the social and professional mobility that this work afforded him. While the strength of this publication lies in its extraordinarily detailed attention to the work and life of a single individual, many of the essays have much to tell the reader about important related topics, and above all sixteenth-century print culture, especially but not only in the medical sphere.

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Michael Hunter, Boyle: between God and science, New Haven and London, Yale University Press, 2009, pp. xiii, 366, illus., £25.00, $55.00 (hardback 978-0-300-12381-4).

Hunter has admirably accomplished his aim of providing “in a single volume a comprehensive view of Boyle’s life from his birth on 25 January 1627 to his death on the night of 30–1 December 1691” (p. 8). Insights gleaned from studies of Robert Boyle over the past twenty-five years, cited in an extensive bibliographical essay, have been brought together with additional new material from Hunter’s exhaustive work on the Boyle archive as well as from the letters, diaries, and manuscripts of many of Boyle’s family members and associates. By doing so, Hunter has been able to fill in many of the gaps and correct the mistakes found in the previous main sources for the details of Boyle’s life, Thomas Birch’s Life (London, 1744, 1772) and R E W Maddison’s The life of the Hon. Robert Boyle, F.R.S. (London, 1969). Boyle’s works in medicine, chemistry, the mechanical and experimental
philosophy, religion, and morality are woven together in a chronological narrative to show how they relate to the different phases of his life.

Chapters 1–4 cover Boyle’s childhood, including his father’s expectations and his mother’s death when he was only three. Hunter argues that while these circumstances contributed to Boyle’s diffidence and contemplative life, his lavish upbringing, as indicated by the expenses recorded for his clothing by his father, the great Earl of Cork, contributed to what Hunter finds to be Boyle’s sense of “innate superiority” (p. 27). After covering his early years in Ireland and at his future estate at Stalbridge, Hunter adds new details about Boyle’s grand tour, particularly concerning his lengthy stay in Geneva. Hunter notes that it was Boyle’s time in Geneva, as well as his subsequent reunion with his sister Katherine, Lady Ranelagh, upon his return to London, that were crucial for the formation of his moral and theological views.

Chapters 5–9 cover the start of Boyle’s scientific career that began in earnest during his twelve-year residence at Oxford. Influenced by his well-known associates there, as well as by the Baconian schemes of the London-based Hartlib Circle, Boyle began an extensive and eclectic experimentally based research programme that led to numerous draft manuscripts for the works that he published in the early 1660s, including histories of Colour and Cold, and his essays on the Usefulness of natural philosophy, and Certain physiological essays. It was here that he also composed Spring of the air wherein he recounted numerous experiments with his newly constructed air pump. Left unpublished from this period was the polemical ‘Doubts touching the vulgar method of physic’ that expressed his opposition to the Galenic regime (p. 162).

Chapters 10–14 cover Boyle’s London period that began in 1668. The first three chapters recount his involvement with the East India Company, the New England Company, and the Hudson’s Bay Company that was motivated in part by his desire for information from foreign lands and in part by his missionary zeal. Hunter also devotes a chapter to Boyle’s interests in magic, the mystical side of alchemy, and witchcraft that includes his unfortunate adventures with Georges Pierre, the self-proclaimed Patriarch of Antioch.

Readers of Medical History will be most interested in the final two chapters in this section that cover the period 1683–91, when Boyle returned to his manuscript on the ‘Vulgar method of physic’ and now argued that Galenic therapy was actually harmful (p. 209). Boyle continued to refrain from publishing this work, Hunter argues, because of the hostility that doctors expressed toward chemical medicine as well as the respect that he had for their bedside manner, which he knew well from his association with such medical practitioners as Thomas Sydenham. Instead of his polemic, Boyle published treatises showing how his experimental philosophy could be used to make improvements in medicine. These included his Natural history of the blood (1684), Reconciliation of specific medicines and the corpuscular philosophy (1685), and Medicina hydrostatic (1690). Boyle urged the Galenists to reform their practice by incorporating experimental techniques—using specific gravity, for example, to determine the purity of the ingredients in their medicinal remedies. Chapter 14 covers the last three years of Boyle’s life and provides details pertaining to the first volume of Boyle’s Medicinal experiments that included numerous medical recipes to be used by the colonists in New England. After Boyle’s death, John Locke saw the work through the final stages of publication and subsequently published two more volumes of his recipes over the next two years.

Although Hunter does not provide analyses of Boyle’s experimental works, his detailed timeline of Boyle’s life (that includes a table of his whereabouts in a helpful appendix) provides a valuable tool for situating the
social and intellectual contexts within which he produced his work. Hunter’s volume thus becomes a crucial text for all who wish to study Boyle’s contributions to seventeenth-century natural philosophy.

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Andrea Carlino and Michel Jeanneret (eds), Vulgariser la médecine: du style médical en France et en Italie, Cahiers d’Humanisme et Renaissance, vol. 89, Geneva, Droz, 2009, pp. 352, €37.95 (paperback 978-2-600-01263-8)

The popularization of medical texts in the early modern period has not hitherto attracted very much detailed investigation. It is certainly worthy of the attention it receives here from a group of scholars at all levels, from the very senior to the doctoral student. The case histories address a number of fascinating figures whose publications fall in the ambivalent area between the scholarly and the popular. These include writers of scientific poetry (Pierre Bailly), professional translators (Troilo Lancetta), poligrafi (Leonardo Fioravanti), university or court physicians (Pierre Tolet, Prospero Borgarucci, Laurent Joubert, André Du Laurens, Jacques Ferrand), and humanists (Barthélemy Aneau). Through these essays, we learn about the role of Italian academies in the development of the vernacular, the emergence in French and Italian of logical and medical treatises published to enhance the status of non-university practitioners of health (surgeons and apothecaries), and the uses of rhetorical strategies in medical discourse (the extended metaphor, preterition as a means of discussing taboo topics, poetry as mnemonic, and paradox in its early modern sense). Each of the essays brings new light to bear on its subject by close reading and stylistic analysis. One could have hoped in some cases for a wider cultural context. No mention is made of André du Laurens’s religious views and his discreet employment of the unpopular Ramist approach to learning through the via divisiva which set the Faculty of Medicine of Paris against him. The use of metaphor as an explicative device in Galen and Avicenna prior to the early modern period is not noted; nor is the use of anatomy as a proof of divine providence, which was made popular by Philip Melanchthon in his textbooks on natural philosophy. The translation of texts into the vernacular could, moreover, be seen not only as a movement towards the democratization of knowledge, but also as a contribution to the precise determination of the meaning of texts. It is striking that even the libraries of learned doctors at this time (for example, those of Caspar Peucer, Girolamo Mercuriale, and Jeremias Martius, all men with impeccable linguistic credentials) contain translations of standard texts. This is, I believe, to ensure that semantic ambiguity is removed as far as possible by a process of cross-checking: a strategy found also in the medieval collection of core pedagogical materials known as the Articella, which contained more than one Latin version of Hippocratic and Galenic treatises which could be read alongside each other.

Andrea Carlino’s introduction brings the threads of these essays together, and teases out common themes. He stresses the mission of the writers to bring dignity to their own vernacular and to expand the field of recipients of medical knowledge. He claims that in spite of their different motivations, socio-cultural positions, and targeted readerships, these writers all contribute to the re-alignment of the frontiers which divide popular and learned culture, medical theory and practice, and the various inherited disciplines or practices which deal with health. While placing all this in the context of humanist rhetoric, Carlino concedes that these writers present themselves as practising a “style nu”, the best to express their commitment to public utility and truth. I would also be inclined to say that they relate their enterprise not so much to “le magma
humaniste” as to the late medieval university discipline of medicine, and to the advances made in the fifteenth century by a group of Italian practitioners who wrote broadly about medical and surgical procedures, and who, as even medical hellenists such as Symphorien Champier and Otto Brunfels concede, had surpassed the ancients in their grasp of pathology, therapy and pharmacopoeia. The book ends with an essay on Théophraste Renaudot’s extraordinary medical initiative of 1642 entitled La présence des absens which is reproduced here in facsimile: a publication designed to bring health care to the illiterate and the poor through the exercise of diagnosis at distance. The essay which accompanies the text throws a powerful light on early modern institutions and attitudes, and is a fitting coda to a very interesting and well-presented volume.

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Sandra Cavallo and David Gentilcore (eds), Spaces, objects and identities in early modern Italian medicine, Oxford, Blackwell in collaboration with the Society for Renaissance Studies, 2008, pp. 123, illus., £19.99 (paperback 978-1-4051-8040-5).

This volume republishes a collection of essays that first appeared in print in Renaissance Studies, 2007, 21 (4). The essays exemplify the recent trend for the history of medicine to broaden its scope to encompass diverse aspects of social and cultural life. The essays focus on Italy in particular, but will be of interest to anyone studying the social history of early modern Europe.

The papers by Elizabeth S Cohen and Filippo de Vivo both study the commercial spaces of apothecary shops in the seventeenth century. Cohen’s essay is a superbly researched microhistory of a criminal trial from Rome. The apothecary alleged that an intrusive guild search for counterfeit confectionary had provoked his wife’s miscarriage and subsequent death. The case incidentally reveals much intriguing detail about the spatial and social organization of shop and home, the role of women in a family business, and the policing activities of guilds. It is a fascinating case that repays such close examination, casting light on many aspects of medicine, culture and society. De Vivo’s essay is a brilliant study showing how apothecary shops in Venice were not simply spaces for buying products, but also centres for socializing and exchange of information, constituting a “public sphere” before the better-known coffee-shops and salons of the eighteenth century. Such was the social importance of these spaces that the security council, particularly concerned that dangerous ideas might spread across social levels, set spies to keep a close eye on the flow of customers.

Other papers centre on the body, addressing the relation between science, society and religion. Gianna Pomata’s study of the role of doctors in canonization proceedings, looks at the case of the body of Saint Catherine in Bologna. This is a very interesting exploration of cooperation between religious and medical authorities in the scientific investigation of purportedly miraculous cures and instances of bodily “incorruption”, often flying in the face of popular cults. Related themes appear in Lucia Dacome’s essay on Anna Morandi, an unusual case of a female anatomist and maker of wax anatomical models in Bologna. The essay provides enthralling details of one of the lesser-studied aspects of empirical science in the eighteenth century, and the opportunities open to a woman in this field. It also contains interesting reflections on the particular qualities that made wax such an effective substitute for flesh, and its associations with religious practices, such as death masks. A similar emphasis on the socially embedded nature of scientific research and medical practice is found in Silvia De Renzi’s essay, a comparative study of the careers of two doctors in seventeenth-century Rome. She examines the various factors that determined
professional success, from anatomical research to hospital practice to dealing in art. Overall this is an excellent and consistently interesting collection of research papers, that reveals new aspects of the central importance of medicine in early modern society and culture.

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Andreas Vesalius, On the fabric of the human body. Book VI: The heart and associated organs. Book VII: The brain, a translation of De humani corporis fabrica libri septem by William Frank Richardson in collaboration with John Burd Carman, Novato, CA, Norman Publishing, 2009, pp. xx, 413, illus, $275 (hardback 978-0-930405-90-8).

The great work is now complete. After eleven years, the final volume of this monumental translation of Vesalius’ masterpiece has finally appeared. The last two books of the Fabrica concern the heart and its associated organs, and the brain, and end with Vesalius’ comments on vivisection. Neither is as familiar as it should be, and even those, like myself, who thought they were familiar with large sections of Vesalius, now find new observations and points of interest. The high standards set in the first volume have been maintained throughout. English readers now have both an accurate and an elegant guide to the Fabrica, and have no excuse for concentrating on its illustrations rather than its verbal message. Sadness at the death of the translator, Will Richardson, who was thus unable to see his achievement in print, is tempered only a little by the knowledge that he had effectively completed all that he set out to do.

But there are also others who deserve praise, as well as John Burd Carman, who provided an anatomical commentary throughout. The publisher took a big risk with so huge and prestigious a volume: at least one other publisher was certainly reluctant to commit to a similar project. The design team have produced a page lay-out that mirrors the clarity and elegance of the original, and a series of volumes that are a pleasure to handle. It is a pity that the opportunity was not fully taken to sharpen some of the original images, which are occasionally too dark to show clearly the identifying numbers.

Over a hundred pages of this final volume are taken up with a series of indexes, beginning with a complete translation of Vesalius’ own index, reordered according to English word order. This remains valuable because it often gives a context and the ideas that accompany a particular word. It is followed by an index of words, one of names, one of foreign words retained, one of passages cited from ancient authors, and one of topics and names and foreign words included in the translator’s notes. These relate only to the text of volume V, and are then followed by cumulative indexes to all the volumes. They will be of great assistance when trying to look up a particular passage even if, as I found, one may have to consult a variety of entries before alighting on the right one.

But this is a quibble, as is the wish that some of the notes had been fuller and had explained more of the context. It would also have been nice if Professor Carman had given us a retrospect of the changes that have taken place over the last decade or more in the understanding and interpretation of Vesalius and his book. When this book was begun, its authors were working in isolation, as much intellectual as physical, and O’Malley’s (not always accurate) interpretation held the field unchallenged. The last fifteen years have seen major advances in our understanding of dissection in the Renaissance and of Vesalius in particular. Scholars in England, France and the USA have challenged many of the central themes of the older historiography, and some of their findings could well have been incorporated in the notes. But this would have added to the work, and possibly delayed production even longer, so that the decision to present a slimmer Vesalius is understandable.
These criticisms are in no way intended to detract from what has been achieved. These volumes deserve all the praise that has been heaped upon them. They mark a major step in the rehabilitation of renaissance medicine, and add to the reputation of Vesalius as well as of all those involved in this memorable production.

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Peregrine Horden, Hospitals and healing from antiquity to the later Middle Ages, Variorum Collected Studies Series, Aldershot, Ashgate, 2008, pp. xii, 338, £65.00, online £58.50 (hardback 978-0-7546-6181-8).

The Variorum Collected Studies Series has a long-standing tradition of presenting the best articles by individual established scholars in an easily accessible and useful format, and this volume continues that tradition. The sixteen essays collected in this book highlight the impressive breadth of Peregrine Horden’s interests and abilities. The materials are largely focused on the early Middle Ages, mostly Byzantine and some western, but also include brief forays into the ancient Hippocratic and medieval Arab worlds. Documenting a quarter century of studies, the essays display a number of innovative approaches to the history of hospitals, as well as other subjects, by a major scholar in the field of early medieval medicine.

The volume is divided into two sections, the first entitled ‘Hospitals and institutions of care’ and the second ‘Sickness and healing’. In some ways, the book’s title and divisions do not do justice to the variety of subjects under discussion. Firstly, the term “hospitals” is problematic because too narrow; instead Horden deftly and appropriately connects hospitals with many types of social organization, including confraternities and families. In contrast, the terms used to categorize the second half of the volume, ‘Sickness and healing’, are too broad and vague to capture the specifics of each article, which range in topic from the Justinianic plague to late medieval and early modern music therapy.

Some of the more intriguing articles involve topics that had previously received little attention. Essays IV and XVI address the connections between music and medicine, essay IX deals with the issue of travel and medical treatment, and travel as medical treatment, essay XII analyses feigned insanity through the lives of early Byzantine saints, and essay VIII considers the meanings of pain in the Hippocratic corpus, a topic which has only recently begun to receive the attention it deserves. A theme common to many of the essays is the complex relation between the spiritual and the curative, whether it be, for example, saints healing the possessed (essay XI) or the importance of emotions, the “accidents of the soul”, as part of the non-naturals which influence both health and illness (essays IV and V).

When approaching a subject, Horden is concerned with the possible as much as the clearly demonstrable. He sometimes argues his points from conjecture, often in revealing, fruitful and entertaining ways. Most of the material here is not centred on archival research, but such an observation misses the point: these are essays in the sense of Montaigne’s works as explorations of a topic, its epistemology and (in this case) its historiography. This method can lead to kaleidoscopic snapshots across time and place, bound together by a theme, as in essay VI, ‘Family history and hospital history in the Middle Ages’, which manages to incorporate the thirteenth-century miracles of St Louis, Hellenistic Egyptian letters, imperial Roman oratory, and early modern Italian charity. While at times disconcerting and decontextualized, such an approach more often uncovers new avenues and new connections to be pursued.
Essay XIII, ‘Disease, dragons and saints in the Dark Ages’ is a good example: despite the fact that the sources for his primary narrative (the dragon that St Marcellus vanquished) are silent on this score, Horden creates a highly plausible and intriguing argument about dragons as markers of pestilence in the early medieval world. Here, as in essay III on ‘Ritual and public health in the early medieval city’, he uses cultural, medical and ethnographic anthropology to move beyond the earlier cultural historical analysis by Jacques Le Goff; Horden understands tales of dragons and their taming by holy men not only as Christian control of a pagan countryside but also as a reflection of fears over diseases and their ecology (marshes and riversides). The emphasis on ecology appears throughout the more recent essays in the volume, as part of Horden’s interest in material environment, whether it be the architectural layout of a Byzantine hospital, travel to saints’ shrines in search of a cure, or the geography of plague outbreaks.

Horden is expert at muddying the waters, seeking out the complexities of each topic and pushing beyond the limits of the sources. When asking “how medicalized were Byzantine hospitals?” (essay I), he acknowledges the hard task ahead of him: the term “medicalization” is difficult to historicize and define, few sources—both textual and archaeological—are extant and those that remain are not easy to interpret. Such problems are of course common when studying any aspect of Late Antiquity or the early Middle Ages, but are particularly acute when dealing with this subject. The essay provides a much-needed corrective to earlier views of the Byzantine hospital as approximate to a modern medical institution.

Peregrine Horden’s essays are insightful, valuable and a good read. Whether analysing a historiographic tradition (essay VII) or addressing a specific historical theme, the articles in this volume point us in new directions that will benefit scholars in fields as varied as the history of medicine, ecology, spirituality and medieval culture.

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Danielle Westerhof, *Death and the noble body in medieval England*, Woodbridge, Suffolk, Boydell Press, 2008, pp. xii, 190, £50.00 (hardback 978-1-84383-416-8).

Danielle Westerhof’s study examines the relationship between death and the aristocratic (male) body in England from the twelfth to the fourteenth century. Bringing together an unusually diverse collection of source material, including medical treatises, legal codes, and theological doctrines as well as romances, chronicles, and surviving material culture, Westerhof investigates how the concept of nobility came to be encapsulated in the aristocratic body and illustrates the consequences of this belief on aristocratic culture and funerary practices, and on the judicial punishment of aristocrats for treason. Religious teachings on the corruptibility of flesh and the unchanging nature of saints’ bodies were, as Westerhof demonstrates, fundamental to the formulation of practices associated with the preservation and burial of cadavers, while the liminality of death was reinforced by both religious doctrine and by the centrality of commemoration in elite medieval society.

Despite its title and with the exception of the final chapters, Westerhof’s study is more frequently concerned with “the dead” than with “death” itself. She only briefly introduces the socially regulated process of dying “a good death” before moving on to positioning the cadaver within medieval discourses on death and considering the role of putrefaction in contemporary understandings of cadavers. A chapter entitled ‘Embodying Nobility’ has very little
to do with death at all, but its argument that the concept of nobility was made physically manifest inside the body, or, more precisely, the heart of an aristocrat, provides a crucial foundation for much of the remainder of the book. The central chapters restate much that is already accepted about aristocratic burial patterns, including the factors that influenced aristocrats to choose particular types of burial institutions. However, the established view that family precedent most frequently determined where an aristocrat was buried and commemorated is lent further support by Westerhof’s new research into multiple burial, the separate interment of body and heart/viscera: her large dataset convincingly demonstrates that bodies were most frequently interred at ancestral foundations while hearts could be bestowed more independently. Analysis of the social function of multiple burial is preceded by a description of the practices of bodily separation, embalming, and the severe sounding mos teutonicus (which involves boiling the flesh from the skeleton), and their use in preserving bodies for transport as well as multiple burial.

Two chapters dealing with treason—a failure of nobility—seem incongruously attached to a study which otherwise examines the broad picture of death among the medieval nobility; much is made from relatively few judicial executions. However, Westerhof is able to relate these isolated instances to wider culture by returning to the idea of embodied nobility, which has, in the case of aristocratic traitors, become corrupted. Supporting her argument with examples derived from legal tracts and records of execution, she demonstrates that the punishment of aristocratic traitors was “a careful negotiation of common symbols and values between those in power and the rest of society” (p. 116). Westerhof describes the variable processes of execution and attributes the use of horrifying techniques such as evisceration and quartering to a social function: destroying the physical incarnation of moral corruption.

Death and the noble body has a few important weaknesses, including an occasionally over-literal acceptance of romance tropes and a failure appropriately to treat the argument that economic shifts played the most significant role in the creation of the concept of nobility in the thirteenth and fourteenth centuries—a failure which threatens to diminish Westerhof’s larger case. Moreover, many of the book’s arguments have previously been made in other studies of death in the Middle Ages. Nevertheless, the book offers valuable new information on multiple burials and a fresh perspective on the link between aristocratic burial and aristocratic execution in medieval England.

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Tony Waldron, Palaeoepidemiology: the measure of disease in the human past, Walnut Creek, CA, Left Coast Press, 2007, pp. 148, £27.99 (hardback 978-1-59874-252-7).

This book outlines the current methods used in epidemiological studies of modern clinical data and discusses their application to the study of disease in the past. The author states in the preface that Palaeoepidemiology aims to build upon his previous book Counting the dead (Chichester, 1994) to encourage the better “use of epidemiology ... than has generally been the case”. Waldron’s epidemiological training and clinical expertise have clearly been influential in his research, bringing a valuable perspective to his analysis of human remains from archaeological contexts. Counting the dead represented a significant discussion of the biases encountered when interpreting burial assemblages, as well as the appropriate statistical techniques of analysis and the use of proper terminology.

Palaeoepidemiology is a short book divided into ten chapters. Waldron has an
informal writing style, with many colourful analogies, which aims to make the subject matter accessible and entertaining. The book starts with a brief, though nevertheless interesting, history of epidemiology. Chapter 2 addresses the shortcomings and biases of burial assemblages that hinder palaeoepidemiological interpretations from archaeological remains: Waldron suggests that the phrase “study-base” should be used to describe such assemblages which are neither “samples” nor “populations” in the epidemiological sense. Chapter 3 focuses on “outcome variables” and emphasizes the importance of operational definitions in the diagnosis of disease, along with the importance of intra- and inter-observer error tests. Chapters 4 to 7 deal with the fundamentals of analysis, and Waldron explains the various epidemiological methods used in modern clinical practice before identifying which of these (sadly not that many) are of use for the study of archaeological human remains. These chapters include information on the recording and interpretation of disease prevalence within populations, how to deal with missing data, methods of comparing prevalence between two burial assemblages, and analytical palaeoepidemiology. Over all it is easy to read and the mathematical elements are not too imposing for the uninitiated, although a few areas are a little confusing and could have been explained more clearly. Chapter 9 on “planning a study” will be of particular use to undergraduate and postgraduate students when producing research designs for dissertations. It presents a useful summary and check-list of steps. Waldron also recommends contacting a statistician before starting research and, as so few students of archaeology now have any in-depth statistical training, this suggestion is a sensible one.

Most of the chapters are successful, but Chapter 8, which deals with the use and abuse of joint disease data for inferring occupation in the past feels incongruous and superfluous—this subject having been amply covered in numerous publications (e.g. Robert Jurmain, Stories from the skeleton, Amsterdam, 1998). Joint disease is obviously an area of expertise for Waldron and almost all the examples in the book relate to this subject. Given that Waldron clearly has a long career of skeletal analysis, it is disappointing that a greater variety of examples and case-studies were not used.

The discipline has moved on since the decade in which Counting the dead was published and this earlier book no doubt played a part in this. Waldron must be heartened to see an almost complete elimination of the use of “incidence” in place of “prevalence” in publications over the last decades. A number of issues that are raised in Palaeoepidemiology are currently addressed in most studies of disease published in international peer-reviewed journals. Nevertheless, Palaeoepidemiology provides an extremely useful synthesis of the appropriate methods with which to analyse human skeletal data, and the problems and pitfalls to watch out for, and as such should be a recommended read for students of osteoarchaeology.

Rebecca Gowland,
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Karol K Weaver, Medical revolutionaries: the enslaved healers of eighteenth-century Saint Domingue, Urbana and Chicago, University of Illinois Press, 2006, pp. xii, 164, £38.00, $50.00 (hardback 978-0-252-03085-7); £12.99, $20.00 (paperback 978-0-252-07321-2).

The French colony of Saint Domingue and the slave revolution that transformed it into Haiti have attracted an upsurge of scholarly attention in recent years. Historians increasingly recognize Saint Domingue’s salience in the Atlantic world and claim for the Haitian revolution a role in the making of
modernity. Karol Weaver’s compact and concisely written study takes an unusual approach to the topic by focusing on the colony’s medical practitioners. It includes brief chapters on colonial life, European medicine in Saint Domingue, sorcery, the impact of mesmerism, and three chapters on slaves as healers, herbalists, and veterinarians.

A revised PhD thesis, the project is well conceived and contains useful information, but the scholarship is lightweight and the tone jejune. Use of archival sources is rather limited and many endnote citations lack page references. A sprinkling of factual errors, undocumented statements, and minor mistranslations further detract from the book’s value, but its chief blemish is the author’s tendency to exaggerate various aspects of her topic. She writes of Saint Domingue’s “massive medical bureaucracy” and “massive medical establishment” (pp. 25, 40), yet it had only twenty-six licensed physicians and twenty-four apothecaries in a population of some 560,000. Enslaved nurses and midwives hardly occupied “the most respected positions within the slave hierarchy”, second only to slave drivers (pp. 3, 43). She cites the cash value assigned to one such woman, but a fuller acquaintance with plantation records would have shown that female domestic servants were often more highly priced and that drivers and male craftsmen were frequently worth twice as much. Such medical personnel, moreover, were common only on the large sugar estates where no more than one-third of the slave population lived. Their importance is also difficult to reconcile with the population’s extremely low birth rates and high mortality rates. When planters belatedly began to take population growth seriously, some blamed slave midwives for infant deaths and excluded them from practising.

Weaver claims her subjects were revolutionaries in two senses. They helped to create an enduring Afro-Caribbean medical system and, through varied acts of rebellion, to lay the foundations of the Haitian Revolution. The first thesis is stronger than the second. The participation in the revolution of magico-religious specialists in minor leadership roles is well known, as is the mobilizing use of amulets, but there is no attempt here to measure the importance of such factors against other ones, nor to consider how the pursuit of supernatural solutions might have diverted slaves away from political activity. The author’s definition of “resistance,” is generous enough to include “providing infant care to expectant mothers” (p. 59) and the meaning of “healers” is extended to sorcerers who traded in maleficent or beneficent amulets and spells. Most famous of these was Makandal, executed for poisoning and sacrilege in 1758. Weaver’s account of his career, like that of most historians, ignores the contemporary judicial investigation and relies on a novelette-like rendering published in a Paris newspaper thirty years after his death. The discussion of kaperlatas and related figures is similarly weakened by the fact that the author omitted to consult Drouin de Bercy’s De Saint-Domingue (1814), which attempted a crude sociology of such social types.

Nocturnal gatherings of slaves in Marmelade parish in the 1780s were confused by colonists with the mesmerist craze then sweeping the white population. Writing of “enslaved mesmerists”, Weaver perpetuates this confusion. She correctly links these events to Vodou’s Petro cult but, misdating the latter’s emergence, she mixes up cause and effect. She also gives credence to baseless claims regarding Amerindian influence on these activities and overlooks the evident Kongolese influence. It is unlikely they were “training grounds for revolution” (p. 112) since during the slave uprising Marmelade remained a bastion of white power.

David Geggus,
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Geoffrey L Hudson (ed.), British military and naval medicine, 1600–1830, Wellcome Series in the History of Medicine, Clio Medica 81, Amsterdam and New York, Rodopi, 2007, pp. 290, €60.00 (hardback 978-90-420-2272-0).

As Geoffrey Hudson demonstrates in his introduction to this volume of nine essays, recent interest in the history of military medicine has not redressed a lack of research on British military and naval medicine of the seventeenth and eighteenth centuries. Despite this, the handful of articles and books discussed by Hudson in his useful summary of the existing historiography is evidence that the work undertaken has produced a set of important hypotheses about the relationship of military medicine to the birth of the clinic and development of hospital medicine; the prevalence of experiment and innovation within the two services; and the operational imperatives which led to a focus on population and preventative approaches to the practice of medicine. The essays which follow this introduction build on those findings and highlight areas for future research.

The only chapter to provide an overview is Patricia Crimmin’s piece on the Navy’s Sick and Hurt Board from 1700–1800. This chapter is complemented by Margarette Lincoln’s thoughtful consideration of the ways in which medical publications affected public perceptions of the Navy. J D Alsop gives an interesting account of the development of ‘British imperial medicine 1600–1800’, concluding that the Royal Navy’s extensive engagement in the wars of this period created an imperial medicine which reflected the needs of the State, aimed at young, fit men, and which gave scant attention to broader themes of commerce, immigration, or population vitality. Within this analysis Alsop raises another theme also discussed in many of the essays in this volume—the effect of manpower crisis as a driver behind developments in military and naval medicine. Paul Kopperman considers the army medical department in North America and the West Indies, 1755–83 and reinforces the findings of historians of other theatres regarding the importance of sanitation and officer support for the maintenance of troop health. He concludes his essay with an attempt to assess the efficacy of the service. A similar evaluation is attempted by Eric Gruber von Arni in his detailed study of army nursing during the English Civil War. Mark Harrison discusses the emergence of tropical therapeutics in the British East India Company considering both the culture of innovation within military medicine and how military service produced a medicine similar to the “hospital medicine” of the later eighteenth century. Philip Mills also develops these themes in his examination of the treatment of inguinal hernias in military hospitals during the seventeenth century. His analysis of the interplay between medical experiment, military exigencies, and military and political patronage provides insight into how the emerging population medicine of the British Army functioned. Christine Stevenson gives a useful summary of her findings about medical theory and its effects on the architecture of the great military and naval hospitals both in Britain and in the empire during this period. In the final essay, Hudson makes excellent use of the previously unexamined minutes of the Greenwich Council which administered discipline at Greenwich Hospital. Hudson’s findings challenge accepted understandings of the purpose and operation of the hospital and also shed fascinating light onto the first-hand experiences of pensioners accommodated there.

It is neither the intention nor effect of the volume to give a comprehensive account of the development of military and naval medicine during the long eighteenth century. Its primary contribution lies in investigating the questions which have previously been raised about military and naval medicine. Hudson claims that the volume “highlights the value of challenging the inherited notion that military medicine was in all respects ‘a good thing’ for medicine and society” and demonstrates “that medicine and war were, indeed, components of a wider social, economic, cultural, and political framework” (p. 18). The latter of these two claims is well
Book Reviews

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Leo van Bergen, Before my helpless sight: suffering, dying and military medicine on the western front, 1914–1918, transl. Liz Walters, History of Medicine in Context, Franham, Surrey, and Burlington, VT, Ashgate, 2009, pp. ix, 528, £35.00 (hardback 978-0-7546-8553-5).

Before my helpless sight is “a book about soldiers as victims” (p. 215) rather than a military or medical history in any conventional sense. It tells us very little about generals or other senior officers, and the work of the military medical services is tangential to the main story, which is about the soldier as patient and invalid. From an historiographical point of view, this book has, therefore, much in common with a genre of literature on the First World War (primarily the Western Front) that focuses upon the experience of soldiers. This has encompassed studies of wartime literature and painting as well as the day-to-day trials of soldiers in the trenches or during battle, being typified by works such as Paul Fussell’s The Great War and modern memory (London, 1975), John Ellis’s Eye-deep in hell (London, 1976), and Stéphane Audoin-Rouzeau’s Men at war, 1914–1918 (Providence, 1992). From a specifically medical point of view, its closest stable-mates are Joanna Bourke’s Dismembering the male (Chicago, 1996) and some of the work on “shell shock” which has dwelt on the soldier’s experience of the condition and its treatment: for example, Peter Barham’s Forgotten lunatics of the Great War (New Haven, 2004). It shares with these histories great tenderness and sympathy towards the plight of the men who fought the war and of their civilian victims. As far as possible, it attempts to see the horrors of the Western Front through their own eyes. Readers may not be surprised by much of what they read here but some of the material—especially the book’s unusually graphic depictions of the casualties of war—still has the capacity to shock.

The book is, however, quite distinctive in the stance which the author takes against war of any kind. The conflict on the Western Front—the mud, the seemingly pointless assaults, and the first use of weapons such as gas—often stands as the epitome of senseless slaughter. Millions died for a cause which most of us now fail to understand or have little sympathy with. In this sense, our memory of the war of 1914–18 is very different to our memory of the war of 1939–45, which, despite its many victims, is often remembered as a great patriotic war or at least a cause worth fighting for. Van Bergen’s uncompromising pacifist stance gives this book an edge which other books covering similar subject matter lack. His theme is not so much the horror of the Western Front but of war in general. Before my helpless sight focuses exclusively upon the Western Front but it draws upon a wide range of literature in English, French, Dutch, Flemish and German. In this sense, it has few parallels among works which examine medicine and medically related topics, and is an extremely useful work of reference in consequence. Readers will gain an overview of how the “disposal” of casualties differed in the armies of the various combatant nations, even though it is not the author’s main intention to analyse this from a comparative perspective.

In view of the paucity of general accounts of medicine in the First World War, the advantages of the broad brush-stroke inevitably outweigh its disadvantages in this case. But the author tends to make generalizations on the basis of texts which are not necessarily representative. A certain amount of distortion and lack of nuance is the inevitable result,
although van Bergen generally tries to be evenhanded. For instance, the author asserts (p. 286) that “the medical profession was powerless” to do much for the enormous number of casualties that passed through medical units on the Western Front and that “no amount of organization could resolve all the problems that inevitably arose” (p. 288). This was, of course, true and the treatment provided was often inadequate. However, such statements ignore that fact that medical arrangements did not break down, as they did in previous conflicts such as the South African and Crimean Wars, and that specialized centres of treatment became increasingly adept at treating even complex injuries. Death rates in front-line medical units fell in the last two years of the war (despite the comment made to the contrary on p. 327) and an impressive percentage of men were returned to duty of some sort. Van Bergen does not pay sufficient attention to how medical arrangements evolved over the period of the campaign on the Western Front and how they coped, for example, with the resumption of more mobile warfare from the spring of 1918.

Another questionable assertion made in the book is that practising medicine under wartime conditions necessarily rendered doctors “numb” and “insensitive” (p. 291); the reality was often a good deal more complex and one would need to differentiate between doctors working with regiments (where they were “part of the family”, so to speak) and those at units some distance from the front. It is also problematic to write of the “motivation” of doctors (p. 361) for these and other reasons.

Yet, these quibbles ought not to detract from what is, by any standards, a major achievement and a landmark in the medical historiography of the Great War.

Mark Harrison, University of Oxford

Harry Oosterhuis and Marijke Gijswijt-Hofstras, Verward van geest en ander ongerief: psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005), 3 vols, Houten, Bohn Stafleu van Loghum, Nederlands Tijdschrift voor Geneeskunde, 2008, pp. xxvi, 1522, €135.00 (hardback 978-90-313-5238-8).

This study is the result of a collaborative research project funded by the Dutch Council for Scientific Research (NWO), which started in 1999. As well as this mammoth-size study, the research group published a series of comparative volumes and separate studies on more specific issues, which have brought the historiography of Dutch psychiatry to a level that is unsurpassed by that of other nations. The crowning glory of this work is this general overview of psychiatry in the Netherlands since 1870 by the project leaders, Harry Oosterhuis of the University of Maastricht, and Marijke Gijswijt-Hofstra, professor emeritus of the University of Amsterdam. Considering the strong international focus of the project, it is to be deplored that this final study is written in Dutch, also because an English or American university press might have been able to persuade the authors to write more concisely and more explicitly about the specifics of Dutch psychiatry in comparison with that of other western countries.

The history of Dutch psychiatry Oosterhuis and Gijswijt-Hofstra depict, seems to conform to the general pattern in western countries of a steady growth of patients, psychiatrists and institutions for mental health care. The strongest increase was between 1884 and 1914, when intramural care tripled from 5,000 to 14,000 intramural patients, and from 1.1 to 2.3 per thousand of the general population. The high point was reached in 1939, when 2.9 per thousand of the Dutch population was institutionalized; this number of around 30,000 patients started to decline after the 1960s, until it reached the current level of some 20,000 intramural patients, or 1.3 per thousand. Yet the de-institutionalization was not accompanied by a strong anti-psychiatric wave, since the number of professionals occupied with the mental
health of Netherlanders continued to increase, from some 1,350 professionals around 1,900 to the current 30,000 professionals. They are involved in the treatment of hundreds of thousands of people outside hospitals and asylums, the majority of whom suffer from minor psychic discomfort—and in many cases not even that, but are tested by forensic psychiatrists in the army, human resources departments, social security offices, or insurance companies.

The strong development of extramural care appears to be specific for the Netherlands. Even though this pattern is also present in other countries, it started in the Netherlands as early as the 1920s, as psychiatrists became involved in bureaus for family and marriage counselling, alcohol abuse treatment, and extramural psychotherapy. The reasons for this shift were partly financial—to reduce the burden on asylums of increasing numbers of patients—but also inspired by the psycho-hygienist movement, which aimed to broaden the impact of psychiatric interventions. An important impetus was also the Laws on Psychopaths of 1925, which gave psychiatrists an important role in the criminal justice system, among other things by introducing forced treatment as an alternative to imprisonment.

Unlike France and the UK, but more like Belgium and Germany, this whole mental health care complex was rather fragmented, due to the specifically Dutch phenomenon of denominational compartmentalization of social life (“pillarization”). Most asylums and bureaus for extramural care were administered by private parties within civil society, even though they generally received their funds from the state. The system became more centralized after the introduction of a system for public finance for special medical needs (AWBZ 1968) and the integration of a whole range of mental health care services in regional institutions for ambulant mental health care (Riagg’s, 1982).

The authors suggest that Dutch pillarization also is an explanation for the early public acceptance of psychological categories to approach moral and social problems. Non-biological, phenomenological and psychoanalytic theories were especially welcomed by denominational psychiatrists, who used them to develop a more liberal approach to morally contested behaviour. Psychiatry became a vehicle for self-development, as a result of which Dutch psychiatry made less use of forced or invasive forms of treatment, yet ironically much more use of separation as a final resort.

These and many other interesting observations are the result of the authors’ empirical and descriptive approach to the topic. They explicitly distance themselves from the critical histories of psychiatry inspired by Foucault, which, according to them, never took root in the Netherlands. Instead, they take their theoretical inspiration from the work of Norbert Elias and the Dutch sociologist Abram de Swaan, according to whom psychiatry is a culturally specific response to real inconveniences (ongerief), which are then translated into psychic problems.

In order to explain this translation, the authors introduce the rather unfortunate metaphor of a market for psychiatry, in which demand stimulates supply, but more importantly, supply creates demand. Since it is hard to identify a need or demand for psychiatry, the authors focus mainly on the supply side of psychiatry as a set of institutions and as a profession, which generate concepts and discourse to handle moral and social problems. This only shifts the problem: what counts as psychiatry or mental health care is almost as difficult to identify as psychic need or demand. Although the self-definition of psychiatrists and their professional organizations are some indication of what the practices of psychiatry entail, it is clear that over the years, the psychiatric profession has had a hard time warding off competition from other specialists, including neurobiologists and all kinds of alternative mental health care professionals. Moreover, growing supply as an explanation for the growth of psychiatric definitions of social problems
seems to beg the question, why there was a growth of the profession in the first place, and why so many people with “inconveniences” welcomed their expertise. This leads us back to the demand side. The authors explicitly argue that it is hard to measure demand, which they seem to restrict to the expression of psychic needs by potential patients. Yet pressure to create a supply of psychiatric professionals also seems to come from political, financial or bureaucratic expediency (as is the case in the expansion of extramural care), or from the competition between different groups of specialists for professional recognition. However, the authors in the end explain an increased need for psychiatric care by pointing to cultural developments, such as increased individualism, but also to the specifically Dutch appetite for post-materialist values and a “feminine” orientation towards mutuality and care, which require a “fine-tuned management of emotions” (pp. 1263–5). Maybe it is this phenomenologically inspired, mildly anti-modernist position that is most characteristic of Dutch psychiatry, as well as of some of its historiography.

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Andreas-Holger Maehle, *Doctors, honour and the law: medical ethics in imperial Germany*, Basingstoke, Palgrave Macmillan, 2009, pp. viii, 198, £50.00 (hardback 978-0-230-55330-9).

Research on the history of medical ethics in Germany has so far focused on the Third Reich and the Weimar period. Except for a few studies we hardly know how medical ethics developed and was shaped in the Kaiserreich. A new book by Holger Maehle provides for the first time a comprehensive overview on doctors’ professional ethics in Germany from the foundation of the German Empire in 1871 to the beginning of the First World War. In order to understand why there might have been a German *Sonderweg* (a unique way) in medical ethics, one has to remember that the professionalization of German doctors was more closely linked to state interventions than that of physicians in the United States or in Britain where a more liberal system prevailed. A special feature of the professionalization of medicine in Germany was the growing dependency of the medical profession due to the compulsory health insurance system which Chancellor Otto von Bismarck had introduced in the 1880s. “Medical professional ethics in Imperial Germany was”, according to Maehle, “as much about defusing competition among doctors as about enforcing solidarity vis-à-vis the health insurance boards” (p. 3). The Penal Code of 1871 also had an important influence on medical ethics in the Kaiserreich, especially those paragraphs dealing with physical injury and professional secrecy.

The first chapter of this book shows that German doctors sought the backing of the state in disciplining their colleagues. An interesting fact is that in Germany the direct model for professional courts of honour was the Lawyers’ Ordinance of 1878. In 1899, a disciplinary tribunal was introduced in each of the twelve Prussian medical chambers, while in Bavaria, for example, this was the case only thirty years later. Examining the activities of these medical courts of honour one discovers that a relatively small number of cases were in fact brought before these tribunals, dealing mostly with maltreatment or with patients’ complaints. The most frequent reason for disciplinary punishment was excessive advertising, which was regarded as dishonourable and quack-like by the medical profession. Likewise, it does not come as a surprise that a large number of accusations were made by other doctors, indicating the fierce competition in the medical market in the age of professionalization.

The second chapter discusses the codification of secrecy for medical staff in Germany, shedding light on the medico-legal
debate on the priority of public versus private interests in cases where doctors were asked to give evidence in court. A good example of the way in which the doctor’s duties to the general public ought to carry more weight than his duty to the individual patient and to confidentiality is the debate on the combat of venereal diseases in Imperial Germany, culminating in the decision of the Supreme Court in 1905.

One of the most fascinating and illuminating chapters in this book is that dealing with patients’ information and the right to self-determination. Germany can certainly be considered a pioneering state in this respect. In 1894, the German Supreme Court endorsed the legal view that medical interventions constituted physical injuries. This meant that any operation (except in medical emergencies) required the patient’s consent.

The fourth chapter deals with the ethical views that were expressed in late-nineteenth- and early-twentieth-century writings about doctors’ duties, considering especially the issues of truth-telling, euthanasia and abortion. The main focus lies on Albert Moll’s seminal book on medical ethics, published in 1902.

Maehle’s conclusion is convincing, although it does not come as a surprise for those who are familiar with the medical history of this period. Medical ethics in Imperial Germany were guided more by political considerations, notions of honour, and professional reputation than by any concern for patients’ interests.

Robert Jütte,
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James Gregory, Of Victorians and vegetarians: the vegetarian movement in nineteenth-century Britain, London and New York, Tauris Academic Studies, 2007, pp. xii, 313, £57.50 (hardback 978-1-84511-379-7).

Popular perceptions of vegetarianism often stipulate that its attractiveness as a dietary choice is essentially a recent phenomenon, with its recognition being mostly stimulated by the counter-cultural movements of the 1960s. Yet, as James Gregory rightly stresses, the complex interrelationships between abstinence from meat and modernity date much further back, especially in the British context. Gregory insists that the significance of the role in British vegetarian ideals and its organized activities throughout the nineteenth century was striking, paving the way for a movement that would ultimately attract thousands worldwide. Accordingly, one of the primary arguments of this book is that vegetarianism has not played such a marginal historical role as might be expected.

From the 1840s onwards, a well organized national network of meat abstainers developed whose members were often highly vocal in persuading the community at large to join their cause, promoting what they perceived to be the ethical, hygienic, moral and aesthetic benefits of a meat-free life. Notably, the Vegetarian Society formed branches throughout Britain and Ireland, organized campaign meetings, banquets and published a sophisticated series of publications, newspapers and pamphlets. Vegetarianism ultimately developed into a very vocal movement, attracting serious responses from various sectors of the community. This might take the form of the incorporation of vegetarian recipes in cookery books, support from scientific men and prominent adherents such as George Bernard Shaw and Annie Besant.

Yet Gregory is careful not to overplay the movement’s relevance. Certainly, the form of vegetarianism presented here is one that was never going to win over the public to a significant degree. In particular, the failure of the movement to attract much working-class support is noted. However, it is portrayed as holding a more successful function in helping to shape public education on dietary matters, a role that was not insignificant given the period’s obsession with issues such as food adulteration, digestion and food provision. It can also be seen to have provoked debate on
such questions as the importance of non-animal foods, the relationship between man and animal, and controversies related to animal cruelty even amongst non-adherents. Crucially, it was a movement with much to say on the subject of women, not least because it appealed to female sensibilities. It was also self-consciously associated with teetotalism, utopianism and spiritualism. Ultimately, this allows us to perceive the movement as one which formed part of wide concerns rather than being solely a fringe issue. As Gregory successfully shows, this enables a far broader view of British Victorian society and the numerous social movements that emerged.

Gregory skilfully explores the phenomenon as a movement as well as a lived experience. Whilst the movement’s organization is explored in substantial depth, his most interesting chapter analyses vegetarian practice. Within this, we hear of the socialist Samuel Bower living on grey peas alone whilst the large, public vegetarian banquet is explored as part of an attempt to counter popular opinion that condemned the diet as austere and unpleasant. Vegetarian restaurants are analysed, and it is with surprise that we learn of their growth in cities such as London. Gregory’s analysis of cultural representations of the vegetarian is based upon a vast array of sources exploring the movement’s connection to the literary world. He examines the treatment of the movement in newspapers and journals, outlines its presence in works by ethnologists, anthropologists and philosophers, and discusses the presentation of vegetarian characters in prose fiction and poetry. Overall, this is an important addition to the heavily neglected area of Victorian attitudes towards food, diet and digestion.

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Peter Cryle and Christopher E Forth, (eds), *Sexuality at the fin de siècle: the making of a “central problem”*, Newark, University of Delaware Press, 2008, pp. 201, illus., £42.50, $50.00 (hardback 9788-0-87413-037-9).

This volume takes as its agenda not the posited fundamental change in understanding sexuality during the later nineteenth century, but an attempt to understand the actual place of sexuality within culture and society at that time. The contributors shift the focus from the usual interest in the developing discourses around homosexuality and female hysteria, and the social anxieties around prostitution, reproduction, obscenity, and sexually transmitted diseases, to reveal a swirling penumbra of other concerns also related to the realm of the sexual which suggest the instability involved in endeavours to establish sexuality as the “central problem” and to define its terms, both at the period in question, and in more recent historiographical analyses.

A case is made for sexuality at the *fin de siècle* having been more manifest and visible, at least in the cases of certain kinds of bodies undergoing certain kinds of scrutiny, than the prevalent discourse of concealment/uncovering/definition would indicate. Several of these essays locate sexuality and its anomalies and problems within the arena of performance or spectacle, concurrent with and even overlapping the new medico-scientific view of “freakish” differences. Other essays usefully indicate the extent to which new modes of understanding anomaly and difference were being ventilated in non-elite forms such as the French middle-brow novel, as well as deployed in the popular culture venues of cabarets and sideshows.

In the first part—‘Displaying and examining the sexual body’—Elizabeth Stephens examines nineteenth-century anatomical museums, a phenomenon widespread through Europe and North America exploiting curiosity about forbidden bodily knowledge and anomalous or freakish bodies, arguing for a porosity of influence between these increasingly stigmatized institutions and the investigations of the medical establishment. Stephens cites the
photographic record of Charcot’s hysterics, who are also discussed by Jonathan Marshall using Butlerian notions of the performative. Gabrielle Houbre discusses changing perceptions of intersex conditions.

Part II discusses ‘Symptoms and problems’. Peter Cryle considers ‘The aesthetics of the spasm’. Heike Bauer examines the rather slippery usage of female sexuality in non-western societies within discourses of “civilisation” and “degeneration”. Michael Wilson looks at the depiction of same-sex desire in popular (French) novels of the turn of the century, with some examination of the handling by popular medical texts of the same topic.

Part II takes as its theme ‘Decentering sexuality’, with essays by Alison Moore and Christopher E Forth on other bodily functions which influenced emotions about and attitudes towards sexuality: excretion and eating, and Carolyn Dean’s exploration of the formulation of homosexuality as “an open secret” cognate with Jewishness, and the distinction between tolerance and acceptance.

The ‘Afterword’ by Vernon Rosario, demonstrates from his clinical practice the extent to which what might be considered long superseded concepts of sexuality and gender identity “persist in deep ways in medicine” as well as in popular and governmental mindsets.

The majority of the essays, though not all, deal fairly specifically with the French context and the extent to which the arguments made might be extended to other areas of Europe or North America and how culturally specific some of them were is thus somewhat problematic. We might also ask how particular to the fin de siècle was the confusion and blurring of categories which this volume examines, or whether something similar might be found at any particular historical epoch, with competing paradigms always in play. Rosario, indeed, draws specific attention to the persistence of attempts to establish a biological basis for “sexual deviancy” and the deployment of whatever is the privileged science of the period to make essentially similar cases for “born that way”. The volume, therefore, raises a number of interesting questions for further exploration.

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Christopher E Forth, Masculinity in the modern west: gender, civilization and the body, Basingstoke, Palgrave Macmillan, 2008, pp. xi, 285, £17.99 (paperback 978-1-4039-1241-1).

Claims that masculinity is “in crisis” have been a favoured trope of modernity and, in post-modernity, the rhetoric of crisis might even be part of an attempt to incite a sense of emergency. Women have been chipping away at male privileges. They curse men with impotence; they threaten to feminize them. The fragility of the male body is manifested everywhere.

Christopher Forth, a brilliant young historian from the University of Kansas, sets out to tell us how men came to be in this position. His book is a cultural history of the male body in the west since 1700. Although Forth does not pay enough attention to differences between western nations, his passionately argued prose and meticulous presentation of evidence are compelling.

Forth’s central argument is that modern civilization promotes the interests of men while simultaneously “eroding the corporeal foundations of male privilege”. He makes this argument by focusing on a vast array of themes, including the meaning of civilization, class, diet, degeneration, consumption, disease and health, violence, work and leisure—all refracted through the body-corporeal.

Masculinity in the modern west is a carefully structured book. It moves from the self-controlled yet deeply anxious gentleman of the eighteenth and early nineteenth century to the commercialization of primitiveness in the late twentieth century, which has created a generation of men with “body image problems”. Forth reminds us that, since the
1970s, the male centrefolds in Playgirl have gained 27 pounds worth of muscle. The “bulking up” of men, combined with the relentless attention to powerful performance (even if aided by drugs like Viagra), points to the insecurity at the heart of masculine identities.

Since 1700, the idea that civilization and masculinity are somehow in tension has been repeated. Warfare is one example of this tension. On the one hand, war was portrayed as a descent into barbarism, leading to the dismemberment of man and nation. On the other hand, it provided men with the opportunity to display true male bravery and honour, and was productive of strong bodies. The civilizing process also constructed and deconstructed national identities, based on a model drawn from representations of the male body. Just as the body-corporeal had to be defended against forces that threatened it, so too the body-politic had to be defended from “soft” and “corrupting” foreign cultures. In both cases, military-like drill and other processes of “hardening” could construct the body in a way that reinforced differences between male and female, national and foreign. As Forth convincingly shows, true men were “civilized”, but they simultaneously needed to be protected against the effeminizing qualities of that civilization.

Masculinity in the modern west is not an optimistic book. Forth is broadly sympathetic to the view that dominant forms of masculinity can be challenged, even completely deconstructed. However, Forth reminds readers not to underestimate the “entrenched and durable nature of certain dominant images of manhood in Western culture”. Traditional warrior-codes and conservative gendered identities are still loudly and powerfully articulated in twenty-first-century western cultures. Fears of women—with their allegedly “softening” and unmanning tendencies—still make many men and women nervous. Modernity seems to threaten men with literal extinction: industrial chemicals diminish sperm counts and girls are thriving in schools. Forth’s book is a fascinating meditation on the diverse ways that predictions about the collapse of masculinity have been narrated in the past.

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Birkbeck College

Dan Healey, Bolshevik sexual forensics: diagnosing disorder in the clinic and courtroom, 1917–1939, DeKalb, Northern Illinois University Press, 2009, pp. x, 252, $40.00 (hardback 978-0-87580-405-7).

There was a dream, and for some a nightmare, that the Russian Revolution would usher in sexual liberation. The reality, emphatically by the 1930s though embedded long before, was a State defining sex as a biological function, reinforcing stereotypes of gender, and seeking to eliminate the subjective and psychological dimensions of desire in order to claim the person for collective goals. A generation of social, medical and cultural historians, going to the archives, is now looking at this in considerable detail. Though marriage was secularized, and divorce made considerably more accessible, there was no radical “sexual revolution”, to be reversed by the Stalinists. Yet something significant happened with the reconstruction of medical administration and the new opportunities and responsibilities given to doctors. Dan Healey has pioneered the study of homosexuality in the Soviet Union, and he now turns his attention to the medico-legal record. His central interest remains sexual and gender identity, and this is especially evident in his inclusion of a chapter (‘Bodies in search of a sex’) on the sexual determination of hermaphrodites or intersexuals. There are difficulties both with handling the unsystematically preserved and not easy to access sources and with conceptualizing clear theses. Healey responds by weaving together two bodies of records, from
Petrograd/Leningrad and Ekaterinburg/Sverdlovsk, with its rural hinterland, supplemented by material from another regional centre, Saratov, contemporary medico-legal writing and the recent English-language historiography, tied as it is to an agenda to emancipate self-defined desire and identity.

Following the opening chapter, which debates the actuality of the “sexual revolution”, the book turns to describe legal medicine as a speciality before and after 1917. Many doctors welcomed the end of the tsarist system and looked forward to the creation of a modern, state system of medicine under an independent ministry and finally separate from “police” (in the eighteenth-century sense). It was the expectation of both physicians and the courts that this modernization would involve a medico-legal service. Here we have an account of how this worked out in practice, in circumstances where forensic expertise was thin on the ground, with some noteworthy individual exceptions (such as Dr Lia Borisovna Leitman in Saratov), outside the capitals of Leningrad and Moscow. Healey places considerable weight on a political decision to define the threshold of sexual autonomy, not as virtually everywhere by age of consent, but by the standard of “sexual maturity”. This ostensibly modernizing move, replacing custom by an empirical determination—a not inconsiderable step in a country with substantial social groups accustomed to child brides—turned out to be a medical nightmare. Debate about sexual maturity was almost entirely about women, and it was reduced in practice to the biological question of the onset of menstruation and secondary sexual characteristics, rendering psychological dimensions invisible. It was an important matter, of course, in the area of rape, since intercourse with a child was a statutory offence and with a woman not. As the chapter on rape demonstrates, in practice usually only physical, “objective” evidence was acceptable to support a woman’s claim. The sexually experienced woman’s subjective report attracted little legal sympathy. The result was an inappropriate amount of attention given to deciding whether a girl or woman was experienced or not, thus, in the medico-legal context, re-fetishising virginity. The Soviet courts also provided more opportunity to describe recurrent offenders and offenders against children in psychiatric terms, and this was important in bringing psychiatrists within the Soviet system of administration, in parity with other areas of medicine. The medical description appeared “objective” in contrast to Christian and bourgeois moralism.

People with sexually ambiguous status have, in numerical terms, never formed a large problem, but because their characteristics strike so fundamentally at almost all societies’ classifications, investigating them for what they reveal about sexual identity clearly complements Healey’s interests. Having located thirty-six cases in the first two decades of the Soviet period, he finds a shared interest in patients and doctors in searching for a modern, medical resolution, and there is evidence, in this area at least, that subjective preference—“the desiring subject”—was taken into account. Earlier than elsewhere, it seems, Russian doctors responded to the dilemma of intersexuality by rejecting determination of sex by the presence of ovaries or testes and offering to confirm patients in chosen identities.

The book combines archival detail with large-scale claims suggested by the wider body of historical work on sex and gender, and it will therefore interest readers other than specialists. It is, surely, very important to understand, as this book helps us to do, how the massive Soviet experiment in modernization actually worked out in the detail of the legal and medical administration of the most intimate and, often enough, painful events.

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Moscow
Tricia Starks, The body Soviet: propaganda, hygiene, and the revolutionary state, Madison, University of Wisconsin Press, 2009, pp. xiii, 313, illus., $26.95 (paperback 978-0-299-22964-1).

The cartoon-like picture of Lenin literally sweeping the earth of the unclean—priests, monarchs, and capitalists—has become a famous image of the Russian Revolution, its humour belying the violence of the projected transformation, both against so-called class enemies and the remnants of the past more generally—ignorance, filth, and disease. In The body Soviet: propaganda, hygiene, and the revolutionary state, Tricia Starks explores the centrality of health and hygiene to the early years of the revolutionary project, especially the era of the New Economic Policy (NEP) before Stalin’s rise to power.

Chapters are thematic, progressing from the macrocosm to the microcosm. The book opens with chapters on, firstly, the broad nexus between hygiene and the revolution, including Utopian and revolutionary thought, and, secondly, state policy, especially the role of the Commissariat of People’s Health (Narkomzdrav) under Nikolai Semashko. Subsequent chapters then move from the city (the promotion of rational and healthy leisure activities amidst the many vices and temptations there), the home (domestic labour and the household economy), the family (maternity and early childcare), and, finally, the body (nutrition, cleanliness, physical culture, campaigns against alcoholism and smoking). The conclusion, which is really an epilogue, briefly sketches the break in policy and personnel inaugurated by Stalin’s “Revolution from Above” and sets out the long-term trajectory of health and hygiene in the Soviet Union that culminates in today’s demographic crisis.

The central focus of this volume is propaganda. Starks thus describes a wide range of cultural-political artefacts—from posters and advice literature to film and agitational plays. These readings are supplemented by some personal accounts as well as records from governmental and local organizations, including regulations, policy statements, and statistical information (for example, on the number of sanatoriums established and patients served). It should be noted for readers of this journal that Starks is not particularly interested either in the medical or scientific ideas underpinning these campaigns of social hygiene or in their conduct or reception. Nevertheless, she does highlight comparative features, firmly placing the Bolshevik project into a pan-European context.

This book successfully demonstrates the literal and figurative importance of health and hygiene to what might be called Bolshevik ideology more broadly, its drive to enlighten, “healthify” and remake both everyday life and the human being. However, the relentless focus on the often Utopian visions of reformers (and their sometimes absurd interventions into people’s lives) does have its costs. Starks is well aware that the visions were not generally translated into reality, a failure which reflected the mammoth size of the task as much as any other single factor. She thus indicates the limited scope of many services and projects as well as the disjunctions between visions and realities: the campaigns for personal cleanliness, for example, occurred in an environment where modern sanitation and running water were very often not available. Similarly, she is aware of the challenges of analysing the reception of propaganda and generally refrains from making unsupported claims in this area. Yet precisely the disjunction between visions and everyday realities raises questions about ideology itself. While Starks provides often interesting readings of ideology from propaganda artefacts, she does so in isolation from this context, that is, without considering the implications of their Utopianism—their distance from the everyday lives of Soviet people—to our understanding of NEP culture more broadly, its downfall, or even the makings of Socialist Realism. Furthermore, she does not delineate
any kind of chronology or periodization, nor
does she identify distinctions (much less
actual conflict) among her protagonists. As a
result, the analysis seems pat in places, the
chapters sometimes a little repetitive and
predictable.

Nevertheless, this book is a welcome
contribution to a now extensive literature on the
New Economic Policy, building in particular on
existing scholarship on propaganda and posters,
sexuality, public health, and women. Starks’s
account is engaging (and sometimes humorous),
and the volume as a whole provides a vibrant
portrait of a wide range of propaganda sources
(including twenty-six illustrations and eight
plates on topics such as smoking, handwashing,
breastfeeding, and even nude sunbathing).
Chapters could easily and productively be
incorporated into undergraduate teaching.
While the focus upon visions and intentions can
be frustrating, this book successfully portrays
the Utopianism of the 1920s and the centrality
of health and hygiene to the Bolsheviks’
revolutionary project.

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Martin Edwards, Control and the
therapeutic trial: rhetoric and experimentation
in Britain, 1918–1948, Wellcome Series in
the History of Medicine, Clio Medica 82,
Amsterdam and New York, Rodopi,
2006, pp. 221, €46.00 (hardback
978-90-420-2273-7).

Featured on the cover of this book is an
advertising poster for Hale’s Life Tonic, “for
that ‘TIRED-OUT’ CONDITION” mounted behind a
painted image of a turn-of-the-century medical
laboratory, with its acutely attentive researchers
stationed at their instruments. Their life tonic is
“control”, not the reality but the word, and
bolstered by its enchantment they go boldly
forth to slay the dragon of traditionalism.
Therapeutic research in the three decades
covered by this book marched under its banner,
or so argues Martin Edwards, who brings an
analysis of rhetoric to the history of the clinical
trial in Britain. He is a bit ambivalent about the
function of rhetoric of science, for while he
understands well its legitimacy in any
endeavour to persuade, often it seems to be
accompanied by a tacit “mere”. The “control”
that was exalted had no specifiable meaning, he
argues, and a “‘controlled trial’ did not
designate a single methodology, but signified
approval for a trial conducted under the proper
supervision and regulation of the M[edical]
R[esearch] C[ouncil] and which should
therefore, by implication, be regarded as
trustworthy and reliable” (p. 176). Mere
practitioners of medicine, though they
sometimes experimented, were always
vulnerable to the charge of inadequate control.
Deprived of this tonic, they succumb to low
spirits and brain fag.

This book is based principally on five
episodes or case studies, sandwiched between
an introduction and conclusion. The narrative
template of the first four cases involves an
illegitimate victory of illusory or meaningless
“control” over alternative conceptions of
medical expertise. In the first two of these,
the MRC victory is won over faddish
therapies of the 1920s: the treatment of
diabetes by a diet of raw animal pancreas,
and medical deployment of the healing power
of light for a variety of ailments. The next
two chapters concern tests of new therapies
that were favoured by laboratory medicine:
first serum therapy for pneumonia, then
influenza immunization. Here Edwards is
better able to bring out ambiguities, since the
researchers themselves had to argue that
conditions were somehow never quite right to
make visible the effectiveness of their
potions. His final case is a struggle between
two versions of the medical experiment, one
advocated by Almroth Wright, sometime
opponent of statistics, and the other by
Austin Bradford Hill, patron saint of the
randomized clinical trial. Here Edwards
speaks rather of semantics than of rhetoric,
and interprets the triumph of statistics as a
victory of clear terminology based on familiar English words over Wright’s commitment to a technical vocabulary of teeming neologisms that seem as barbarous to us as to his contemporaries.

Edwards does not succeed in showing that “control” was meaningless, though he does illustrate a fundamental shift of sense over the three decades covered by this study. The MRC in the 1920s did not demand control groups, but rather wanted as much as possible to hold all variables constant apart from the one under investigation. His charge depends on their failure to articulate a definition in the (predominantly) very short articles that make up their side of the disputation, and he does not look for an explicit doctrine in other sources such as textbooks. Advocates of (controlled) randomized trials, especially Hill, were at pains to expound their methodology. Edwards draws on a generation of scholarship, including several well-known but unpublished dissertations, to show how much these rationales ignored, and how differently the “gold standard” methodology functions in real life from the ideal. He also gives many examples of incoherent journalistic invocations of “control”, offering little beyond admiration for those modern types who know how to take charge and leave nothing to chance but randomization itself.

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Mark Harrison, Margaret Jones, and Helen Sweet (eds), From western medicine to global medicine: the hospital beyond the west, Hyderabad, Orient BlackSwan, 2009, pp. x, 489, Rs 795.00 (hardback 978-81-250-3702-6).

In order to understand how western medicine “came to be the dominant form of medicine around the world”, Mark Harrison remarks in his introduction to this timely set of essays, it is necessary to examine “the institution which has, more than any other, come to symbolize Western medicine—the modern hospital” (p. 1). Although neither this observation nor Harrison’s remark that in most extra-European countries the hospital “has become the main focus for the dissemination of Western medicine” (ibid.) is strenuously put to the test (as by considering the relative impact of disease-eradication programmes), it is undeniable that hospitals were highly influential in the spread of western medical ideas and practices and in the creation of new medical institutions and structures around the globe. Nor is there reason to doubt that the neglected study of the hospital in Asia, Africa and beyond can provide fresh insight into how western medicine was propagated and perceived. Although Harrison’s introduction presents a wide overview, tracing the history of the western hospital back to the early phases of European expansion, the fourteen essays in this volume focus almost entirely on the period from the 1840s to the present. Among the region-specific studies, five—Julie Parle on a Natal mental institution, Walter Bruchhausen on missions in Tanzania, Anne Digby on Victoria Hospital, Lovedale, Helen Sweet on missionary medicine in Zululand and Simonne Horwitz on a Soweto hospital—relate to southern or eastern Africa, while one other, by Guillaume Lachenal, rather oddly looks not at a hospital but at the Pasteur Institute in the Cameroons after 1945. A similar number of essays encompass colonial and post-colonial South Asia—India, Ceylon, Nepal and Bangladesh (by Seán Lang, Margaret Jones, Ian Harper and Shahaduz Zaman respectively)—while David Hardiman’s widely ranging essay on mission hospitals draws extensively on Indian material. The three remaining pieces—Robert John Perrins on Manchuria, Hormoz Ebrahimnejad on nineteenth-century Iran, and Philippe Bourmaud on late Ottoman Palestine—further add to the regional mix.
Although the nature of the hospital is broadly understood—dispensaries, maternal and plantation hospitals and mental asylums all receive consideration—there are other kinds of hospitals, such as the lock-hospital and military hospital (critical to sustaining the imperial presence and the extension of western medical control), which might usefully have been included. Only Zaman’s anthropological take on a contemporary Bangladeshi hospital really gives insight into what happens in a hospital ward and offers illustrative evidence of the interconnectedness between life inside and outside the hospital (and more than any other contributor highlights the hospital’s gendered problematic). While the essays explore diverse sources and themes, two topics emerge as being of paramount interest. One is the trans-regional role of the missionary hospital as a pioneering site of medical intervention and of the “clinical Christianity” that inspired so much western medical endeavour, formed the frontline of interaction with indigenous healing practices and beliefs (a relationship, often explicitly confrontational, that could be tacitly accommodating too), and in some instances was instrumental in stimulating the creation of rival, non-Christian institutions. The fate of the mission hospital (and those who served it) in a post-colonial world is interestingly explored in several essays. The other major theme is race—most extensively examined in the African cases taken up by Digby, Horwitz, Parle and Sweet—where hospitals and asylums became the exemplars of racial difference and ideas of western superiority or articulated the gross inequalities and political paradoxes of the Apartheid years. But the volume as a whole brings out the complexity even of these seminal issues in showing how hospitals (again especially mission hospitals) might constitute the leading edge of rivalries between political powers (as in Palestine) or foreground the conflicts inherent within colonial regimes (as between planters and government in nineteenth-century Ceylon). The quality of the essays in this volume is uneven (the editing sadly still more so), but the overall impression created is that, while the empirical material is enormously rich and varied, and the mission hospital had a particularly influential and emblematic role, only an interim statement can be made as to what the extra-European history of the hospital might truly represent.

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Ayesha Nathoo, Hearts exposed: transplants and the media in 1960s Britain, Science, Technology and Medicine in Modern History Series, Basingstoke, Palgrave Macmillan, 2009, pp. xv, 262, illus., £52.00 (hardback 978-1-4039-8730-3).

This is a timely and well-crafted contribution to current media debates over the moral and ethical responsibilities of the medical profession. Given today’s furore over organ donation, it provides a much-needed historical dimension to the anxieties facing physicians, surgeons and patients about the limitations and responsibilities of medical know-how. Through analyses of much previously un-theorized newspaper and magazine articles, medical association records and correspondence, Nathoo has situated the transplanted heart not only in terms of practical expertise, but also in the context of what we would now term the “trial by media” debates of the 1960s: should we transplant organs, even if it is mechanically possible to do so? What is the exact point of death? What is the status (and responsibility) of the cardiac surgeon? This latter question was asked again and again as Christian Barnaard, the cardiac surgeon responsible for the first “successful” heart transplant, was alternately sanctified and vilified by the media, and by a public that was more informed (and judgemental) about the role of the medical profession than ever before.

Nathoo provides a rich account of a process of increasing public intervention in the practice of medicine in general, and
transplantation in particular. She acknowledges that part of the reason why the heart was so problematic was its historically spiritual and mythological status—indeed, its links to the emotional and psychological world of patients remains important today. Yet the first transplants were also controversial because they raised questions about privilege and knowledge, and reflected the possibility that doctors were becoming too egomaniacal in their desire to control nature—especially since the life expectancy of transplanted patients was so short as to be negligible. In the 1960s, then, transplantation was becoming a distinct clinical specialism at the same time as public hostility to the process was increasing.

Nathoo explains this apparent contradiction with reference to the fact that the first heart transplants—with all their godlike aspirations and their failings—were public events. Her context is one of transformed media communication in the UK—through the popularization of television from the 1950s, which coincided with the volatile world of reportage in the 1960s and greater demand by patients of their individual and collective “rights” (p. 33). “Public interest” became a contested notion and—given both the high cost (ethical and otherwise) of transplantation and the likelihood of failure—it was not at all certain that transplantations were in the public interest. Medical “advance” was greeted with ambivalence and even “dread” (p. 61). In this context, it would be interesting to see some analysis of the rhetoric and function of organ transplantation as a subject for horror movies—an interest that peaked in the 1960s with a shift from the realm of science fiction into psychological thriller.

Far from being assimilated into ordinary clinical practice, then, by the end of the 1960s (as was the promise at the beginning of the decade), heart transplantation stalled in the UK for a decade. It began again only in 1979 at Papworth hospital. It is a shame that Nathoo had not the space for an explanation of this resurgence—or the transition from that point to the present day. As she acknowledges, the shift in fortunes of the heart transplant as a cultural, as well as a medical, event cannot be explained purely in terms of improved retro-virals. On a broader level, we might ask how far the politicization and disputation that Nathoo identifies as a 1960s phenomenon represents a “new” phenomenon, rather than part of a much longer process by which a broad and undefined “public” debated and negotiated the rights and responsibilities of medical practitioners. What was perhaps distinct about the 1960s seems less the existence of debates about the limitations of medical influence, than the speed and proliferation of means by which these debates took place. At the end of the twentieth century, the Internet arguably served a similar function to the print and television in heightening the speed and quantity of information being produced about the medical profession and in inviting patients as consumers or participants in determining what was and was not “ethical”. Thus the international debates in 2005 that followed the first “face transplant”—when the French surgeon Bernard Devauchelle, grafted part of a woman’s face that had been mauled by her dog—tested out the public palatability of medical knowledge in much the same way as Barnaard’s defining act had done. Indeed, face transplants (and even more brain transplants) seem to invoke the kind of dread in the media that heart transplants once did. I wonder what this tells us about the shifting status of the heart and the head as organs linked to our emotions, our personalities and our selves?

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Atsuko Naono State of vaccination: the fight against smallpox in colonial Burma, New Perspectives in South Asian History Series, Hyderabad, Orient Blackswan, 2009, pp. xiii, 235, Rs 695.00 (hardback 978-81-250-3546-6).

The attempts to control and eradicate smallpox in a variety of non-western contexts has received much attention of late. Atsuko Naono’s study of the fight against smallpox in
colonial Burma is thus a very welcome and fascinating addition to this corpus of work. The medical history of colonial Burma is a virtual unknown and for that alone this volume should be read. Moreover, in this detailed study of the various initiatives by which the colonial power sought to encourage and impose smallpox vaccination it offers yet further evidence of the need for a highly nuanced and contextualised understanding of the interaction between the imperial and the local. As Naono argues, its distinctness from its neighbour “presents a useful countervailing example of medicine under the Raj, one that highlights incongruities between the colonial medicine practised on the subcontinent and on its periphery” (p. 1).

Burma was acquired by the British through gradual conquest, beginning with the coastal strip in 1824–6, followed by Rangoon and lower Burma in 1852, and Mandalay in 1885–6 when it formally became a province of British India. This resulted in a lack of administrative uniformity, particularly between upper and lower Burma, which Naono argues was one of the four major practical obstacles to the spread of vaccination, the other three being the poorly developed transport infrastructure, limited funding and a shortage of medical staff. These factors, especially, greatly accentuated a major difficulty, albeit not unique to Burma, that of cultivating, transporting and preserving sufficient and effective vaccine lymph, and to this subject Naono devotes the first three compelling chapters. The Burmese authorities’ solution was firstly to have a local distribution centre in Rangoon but as this did not solve the problem of getting lymph to upper Burma, a vaccine depot was established at Meitkula in central Burma in 1902. Meitkula subsequently extended its remit to become a research laboratory to find the most effective ways to cultivate and preserve lymph. The author details the various attempts to do this and states that these endeavours lead her to conclude that “colonial medicine represents another category of knowledge”; western science, she argues, “is modified and re-exported, sometimes even rejected, on the basis of data collection, observation, experience, and local experimentation” to yield a “colonial form of ‘local knowledge’” (p. 87).

The second half of the book shifts perspective to the more familiar terrain of persuading/compelling the local population to accept vaccination. Here she discusses the failure of propaganda efforts; the relationship between indigenous inoculation and vaccination; the ineffectiveness of the Vaccination Department (established in 1868); and the limited ability of legislation to effect compliance. Divisions between the various responsible agents, Burmese and British, poor communication with the local population and blindness to indigenous culture all contributed to the fact that the vaccination programme only started on the road to success in the 1920s. Throughout the study, however, Naono emphasizes the salience of the agency of the Burmese, and the concomitant failure of the authorities to enlist the co-operation of the indigenous population as being the significant factors which inhibited the vaccination programme.

For those unfamiliar with Burmese colonial history, it might have been helpful to have had a brief initial summary of the political, economic and social context, but this is a minor quibble. Overall, this is a vital addition to smallpox studies, area studies, and to the exploration of the relationship between the local and the global in the construction of medical knowledge.

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James L A Webb Jr. Humanity’s burden: a global history of malaria, Studies in Environment and History, Cambridge and New York, Cambridge University Press, 2009, pp. xii, 236, £14.99 (paperback 978-9-521-67012-8)

By the middle of the nineteenth century, the link between swamps (miasmas) and fevers
appeared to be well established. The study of malaria was thus based on typical malarial landscapes—the marshes—in North America and Western Europe and on the cycles and intensity of transmission characteristic of Plasmodium vivax (tertian fever). However, this model could not explain the history of infection in other regions of the world where mosquitoes reproduced, not in marshes, but in mountain streams, tidal floodplains or hoof-print size puddles.

The subject of this book resembles first of all a geo-history devoted to retracing the shifting distribution of malaria, a geo-history which borrows from these earlier authors on malaria. Secondly, it resembles an epidemiological history, retracing, over a very long period, the transformations in the nature and meaning of the infection in the course of its intercontinental migrations from Africa to Europe, then to the Americas, until the disappearance of malaria from the temperate zone.

It is an historical epidemiology which quite logically takes an ecological perspective. Here, the units of analysis are the three main zones of malarial infection. The first, dominated by P. falciparum, is geographically limited to Africa. Mortality there is essentially among children under five years old. In the zone where vivax predominated, attacks occurred primarily in the summer. Mortality was rarely above one per cent: “Vivax was the great debilitator, not the great killer.” The zone of mixed infections was located between the first two, from southern China to the Mediterranean basin, by way of the subcontinent. Although mortality and morbidity were lower than in the zone where falciparum predominated, they could none the less reach very high levels when populations had no acquired immunity.

Ecological history and cultural history are closely intertwined. Humanity’s burden identifies three main types of correlation between cultures and landscapes. The first was a pattern of avoidance (East Africa, the Balkans, Central and South America) where populations of the high plains avoided all contact with lowlands during the transmission season. More generally, in agricultural societies, the elites often stayed away from zones of malaria where workers of low social status were concentrated (slaves, serfs, untouchables). The second type was the opposition—disputed by some—between nomads and agriculturalists, the former keeping well away from the latter during the season when the mosquito bit. A third kind opposed agriculturalists and the forest people who remained unscathed by any contamination. By extending slash and burn cultivation (yams in tropical Africa, maize and manioc in the Brazilian forest), agriculturalists spread the infestation. Far from being isolated through disposition, “primitive” people were obliged to withdraw to the deepest forest because of the disease introduced by the agriculturalists. In all these cases, epidemiology and ethnicity were interwoven.

The book is divided into two main sections organized according to an eminently Braudelian plan. The first section covers a very long history of the infection on the three continents. The second, with much shorter undulations, retraces the successes, but more often the failures, of science and of malaria policy as played out in eradication campaigns—in reality the “control” of transmission—from the end of the nineteenth century. A final chapter concentrates on the efforts in Africa with which, for better or worse, the name of the WHO is associated. A long chapter on treatment (quinine, opium) and on the “accelerators” of the diffusion of infection in the nineteenth century (migrations, colonization, transportation, war, drought and famine) separates the two sections.

Humanity’s burden is testimony of a twofold success. The work offers a historico-epidemiological synthesis devoid of unnecessary technical language on a serious pathology of utmost importance in the world today. Epidemiologists, economists, anthropologists and students can draw on it with considerable benefit. It is also a very convincing essay on global history, both from
inside (explaining the persistence of the virulence of the infection by studying the connections between different local epidemiologies) and from outside (integrating the advances in the social and natural sciences). The book is enriched by an abundant bibliography.

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Lennard J Davis, *Obsession: a history*, Chicago and London, University of Chicago Press, 2008, pp. 290, £14.50, $27.50 (hardback 978-0-226-13782-7).

Lennard Davis advances two inter-related arguments in this thoughtful history of obsessive disorder. First, he argues that the obsessive-compulsive disorders have achieved a central place in the modern imagination: as the driven behaviour of its sufferers embodies the focused activity celebrated in modern capitalism. Second, and I think less convincingly, he claims that the scientific enterprise can itself be seen as a new particular form of obsessive activity that emerged in the nineteenth century. Davis’s first claim is difficult to resist. The language of obsession is deployed widely and loosely in contemporary society. Advertisements for perfumes or trousers feature writhing androgynous clones breathlessly whispering about the extent of their obsessions. Our everyday enthusiasms for, say, biscuits or Kate Winslet are now inflated in ordinary speech and media representations through the language of psychopathology. Modern novels, such as Ian McEwan’s *Enduring love* and tabloid stories like those surrounding the death of Jill Dando, exploit the erotic associations of criminal stalking. And indeed these illicit infatuations provide a benchmark for our own romances with anything less than obsessive involvement somehow demonstrating the banality of the relationship. At the same time, the reported incidence of diagnosed cases of obsessive-compulsive disorder (OCD) appears to be on the rise. Since the 1970s, it has moved from being one of the rarest mental disorders to one of the most common, afflicting almost 4 per cent of population.

How do we account for the epidemiological and cultural ascent of OCD? Davis is a leading proponent of the new “biocultures” programme, a methodological approach that has sought to overcome the theoretical failings associated with the medical humanities, and he develops an analysis that works to integrate insights from both social constructionism and biomedical investigation. For many historians, this approach may seem all too familiar: it provides a nuanced model that draws in equal parts upon the constructivist philosophies of Ian Hacking and the biologically driven narratives associated with René Dubos and Alfred Crosby. Davis describes the changing cultural, social and economic ecology of the illness, arguing that the presentation of this pathological behaviour cannot be disentangled from its broader context. He locates the emergence of OCD in the new diagnosis of “partial insanity” that appeared at the end of the eighteenth century. The notion of partial insanity, as developed by J C Prichard and Philippe Pinel, insisted that the sufferer maintained a certain level of insight into their condition. It was a form of mental alienation in which the patient became a helpless witness to their thoughts and actions. The new concept was framed through legal debates over personal responsibility and drew upon the imagery of faculty psychology to describe the internal contest and conflict that rent the personality.

Davis provides impressive readings of William Godwin’s *Caleb Williams* (1794) and Thomas Love Peacock’s *Nightmare Abbey* (1818) to illustrate the emergence of this new alienated sensibility, but curiously ignores James Hogg’s *Private memoirs and confessions of a justified sinner* (1824) with its combination of partial delusion and obsessive persecution. This minor oversight
forms part of a more substantial omission; that of the religious context of the developing category of OCD. Although Davis acknowledges the theological origins of the conceptual vocabulary and the linguistic roots of the word “obsession” in a spiritualized version of siege warfare, he uses the 1736 Witchcraft Act as kind of cordon sanitaire, arguing that the disappearance of demonological discourse creates the secular space for the new mental philosophy. However, the disruptive agency granted to obsessing ideas in nineteenth-century medico-psychological writings was predicated upon the older ideas of demonic enchantment and at the same time theological explanations of devilish obsessions began to be framed through new practices such as mesmerism and hypnotism. One way of looking at the progress of obsession is to see it as a process in which different aspects of our identity—our ideas, our flesh or our unconscious—are imagined as having agency: an agency that can conflict with our own personal socially acceptable goals. Davis provides an enlightening and fairly breakneck tour through these various versions of obsession. Occasionally he seems to strike a false note. His assertion that psychoanalysis originates in the investigation of obsession (rather than hysteria as claimed in more conventional accounts) is unconvincing and the idea that Freud’s career was bookended by discussions of obsession ignores the large literature on psychoanalysis and anthropology that he produced after Inhibitions, symptoms and anxiety in 1926. This fairly monomaniacal interpretation of Freud contrasts unhappily with the following chapter on ‘Obsessive sex and love’. Whilst sexological ideas are central to the contemporary understanding of obsession, Davis’s discussion drifts onto the familiar territory of sexual continence and excess whilst ignoring the literature on erotic fixation. It would have been useful to have had some discussion here of the distinction between erotomania and erotolepsy and the pathologization of infatuation in conditions such as de Clérambault’s syndrome. This chapter, which repeats material from the introduction, forms the most distracted section of Davis’s work.

The unevenness of the treatment in these middle chapters does help to bring home Davis’s central contention that judgements over obsessive-compulsion are purely conventional. It also opens up the author’s second argument regarding the obsessive nature of scientific and academic work. Although it may at first appear simply as a provocation, Davis’s illustration of the obsessive and repetitive nature of scientific methodology in his engaging case studies of Freud and Galton demonstrates the uneasy status of OCD as it is celebrated and pathologized in different contexts. It also highlights the most interesting aspect of Davis’s findings: the dependence of the illness upon the wider material environment. As he notes throughout this work, the ritualism and regularity that characterizes obsessive-compulsive behaviour is dependent upon a whole series of concrete innovations from modern home plumbing to the rise of personal time-keeping. Although Davis does not press home this aspect of his investigation, his attention to the cultural and material ecology of mental illnesses demonstrates the value of the biocultural approach to the history of psychiatry.

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David Herzberg. Happy pills in America: from Miltown to Prozac, Baltimore, Johns Hopkins University Press, 2009, pp. x, 279, £24.00, $45.00 (hardback 978-0-8018-9030-7)

The reader of almost any American magazine cannot help but be struck by the number of advertisements for branded pharmaceutical drugs that feature within its pages. Although direct to consumer advertising has only been permitted in the US
since the 1990s, this was a development, rather than a revolution, in the way in which pharmaceutical drugs were marketed. As David Herzberg reveals in his excellent book, promotional campaigns for “blockbuster” drugs like Miltown, Valium, and later Prozac, were always designed to leak out of the doctors’ surgery and into the waiting room. By promising to cure a vast range of conditions including fatigue, social unease, pre-exam nerves and sexual frigidity, psychotropic drugs were marketed as the solution to many of the problems confronting the anxious post-war consumer. Little wonder then, that by the 1970s, Valium was the most prescribed brand of medicine in the US, with 15 per cent of Americans using it within the previous year.

Yet the reason that Valium and other “happy pills” took such a hold of doctors and their patients was not just because these seemed to offer a panacea, but also because the promotion of these drugs tapped into a whole host of other concerns. Herzberg shows how anti-anxiety drugs were marketed as miracle products that could return men, and particularly women, to the good life. Advertisements which focused on tranquilisers’ supposed ability to make men more effective at work, and help women be more efficient in the home, simultaneously drew on and reinforced ideas about “traditional” gender roles. However, challenges to such assumptions in the late 1960s and early 1970s led to a backlash against Valium. Feminist groups argued that the drug operated as an agent of social control, medicating women into the acceptance of a subordinate position within society. At the same time, scientists began to assert that Valium could be addictive, an idea that called into question easy distinctions between the drugs found in the medicine cabinet and those found on the street. The potential harm that “happy pills” could cause eventually resulted in a reformulation of the Schedule of Controlled Substances, and though pharmaceutical companies managed to ensure that their drugs were subjected to the lowest levels of control, or excluded from the schedule entirely, the boundary between licit and illicit drugs was exposed as being culturally, rather than scientifically, defined.

Indeed, it is one of the great strengths of Herzberg’s book that pharmaceutical psychoactive drugs are considered in relation to their contraband cousins. The histories of legal and illegal drugs have often been analysed separately, when in reality these are frequently inter-related stories. Neatly sidestepping debates about whether or not “happy pills” actually work, Herzberg concludes that what matters is not the chemicals that make up these drugs, but the people that develop, sell, prescribe and use these. As a result, Happy pills offers much more than a study of the rise and fall of anti-anxiety and anti-depressant drugs: Herzberg shows how these substances provide a lens through which much wider changes in post-war America can be examined. The rise of commercial medicine and the consumer society, the remaking of the modern self, changing gender, race and class relations all form part of this complex picture. This extremely well-written and well-researched book thus demands, and deserves, a wide audience.

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