Marius Turda and Paul J Weindling (eds), *Blood and homeland: eugenics and racial nationalism in Central and Southeast Europe, 1900–1940*, Budapest and New York, Central European University Press, 2007, pp. ix, 467, £13.95 (paperback 978-963-7326-81-3).

Too little attention has been paid to the fact that the birth of scientific racism is contemporaneous with two other theories to which it is closely related: totemism and hysteria. All three follow the same themes and the same evolution. Hysteria moves man (woman in this case) closer to animality, in exactly the same way as totemism does. Racism dwells on external or internal accidents of fate (mental retardation, heredity, alcoholism) supposedly responsible for significant differences between social groups. As with hysteria, racism makes use of sexual determinism and, as with totemism, it is interested in physiological paternity.

It is this metaphor for nature, or this “parti de la nature”, as Claude Lévi-Strauss calls it, a veritable “touchstone enabling the segregation of the savage from the civilized within culture itself”, which is addressed by some twenty contributions to this pioneering volume, half emanating from Central and Eastern European researchers. The little-understood contribution of local eugenicists, their concept of the nation and their role as experts, are explored by these writers through the history of the sciences, medicine, the social sciences and through cultural and political history. And more importantly, they examine the particular way in which German, British or French eugenics, not to mention Italian biotypology, were “redesigned” in order to adapt them to new contexts.

The editors tell us that in Central and Eastern Europe, eugenics and national racism were the cornerstones used in building the nation and the state. Far from giving in to the siren call of the forces of reaction, this “parti de la nature” brought together two modern and highly toxic substances: eugenics and ultra nationalism. And doubtless the rise, in the wake of a Nazified Germany, of racist nationalisms during the 1930s in Hungary, Bulgaria and Romania, and the racist rantings of certain Croatian ideologues also broadcast the familiar and sinister message. But was this radicalism in speech really useful as ideological cement for the State? Herein lies one of the important issues addressed by this book. In Estonia for example, the ideological mountain inspired by Germany gave birth in fact to a mouse “in the Scandinavian model”. Everywhere, people were getting carried away: sterilization! legal castration! eugenic abortion! And what next? In Hungary before Horthy (1920), eugenics was merely a chapter in social medicine; in Bulgaria, where eugenicist extremism was inspired by the exterminating lunacy of a Binet-Sanglé, the State adopted a marriage law of Nazi inspiration but with only the prenuptial certificate surviving; in Poland, where eugenicists took over the Ministry of Health created in 1918 (abolished six years later), the church and indifference on the part of politicians aborted the adoption of the medical examination prior to marriage; again in Poland, the same Jewish physicians who were infatuated with social Darwinism (under the pretext that eugenics would have secured an excellent defense against assimilation) nevertheless lined up behind a proposal for a very moderate programme of preventive and positive eugenics. The conclusion is unavoidable: radical views produce modest achievements. The stilted method of examining countries individually runs the risk of simply finding repetitions. Yet, in this case, some good comes out of this shortcoming. Indeed, it is clear that everywhere and in each
case, “eugenics has been characterized by a discrepancy between the utopian character of its ambitions and the actual possibilities for the realization of its projects”.

Everywhere, except in Vienna. Of course, Vienna is Catholic; the Vienna of the Ständstaat could not have gone beyond the prenuptial certificate, “modest instrument for the relatively pain-free integration of eugenics in the ‘Catholic milieu’”. And neither could socialist Vienna, which would never have gone over to the other side of the mirror. Still, long ready for the worst, thanks in particular to its university chair in anthropology, Nazi Vienna would not have such scruples following the Anschluss. From 1938, the innovative creation of a Department for Policy on Heredity and Race marked the beginning of the large-scale implementation of Austrian racial policy. This included the register of heredity, bringing together 767,000 files in March 1944, 6000 sterilizations (an estimation) between 1940 and 1945, 3200 people transported and euthanized at the Steinhof (the largest psychiatric hospital in the city) in the summer of 1940, 1850 children incarcerated at the Spielgelgrund, 789 of whom were killed by poison, lack of care, hunger or infection. Nothing escaped the Viennese.

Bertrand Russell believed that “what stands in the way (of introducing eugenic measures) is democracy”. The author of Marriage and morals (1920) certainly did not know that in 1919, opposed to German racial hygiene, a democratic and progressive eugenics became the “official doctrine” of the newly formed Czechoslovakian Republic. And it was in Prague, starting in 1933, that the opposition of German-speaking biologists to Hitlerian racism was organized.

Patrick Zylberman,
CERMES, Paris

Leslie J Reagan, Nancy Tomes, and Paula A Treichler (eds), Medicine's moving pictures: medicine, health, and bodies in American film and television, Rochester Series in Medical History, University of Rochester Press, 2007, pp. ix, 343, £50.00, $85.00 (hardback 978-1-58046-234-1).

Somewhere between the journal issue with diverse contents and the specialist monograph lies the essay collection, usually born in a welter of enthusiasm that the concerns of a coterie of researchers are coming of age. Scholars often take the opportunity to develop interesting lines of research at the periphery of their principal concerns, or to publish an excerpt from a longer line of investigation. Both can individually be valuable. But such volumes often implicitly pose a question: do the contributions together denote a common concern, or is the volume’s title a flag of convenience? The editors’ argument for the unity of this particular volume is that medical films and television can and should be considered as a distinct genre.

Martin Pernick, who did so much to open the eyes of medical historians to the value of studying films with The black stork (1996), elegantly opens the volume with his reflections on the interrelations of these two subjects in the early twentieth century. This impressively compact contribution illustrates the ways in which medical films were products of their age, exemplifying “a highly technological romanticism”. Two further contributions focus on health education films. John Parascandola’s essay is about the tension between moral and medical discourse in US Public Health Service VD films, ostensibly from the Second World War, though ranging back to the Great War. This account, structured around extended summaries of half a dozen films, nicely illustrates the universal features of health education film production, and also what is specific to VD. Leslie Reagan’s contribution is an entirely successful fusion of medical and film history, built around a case study of Breast self-examination, a 1950 health education film, compared with a film for physicians, Breast cancer, the problem of early diagnosis (1949), both made by the American Cancer Society.
Here the films were integral parts of the medical ideology of personal responsibility for health.

Lisa Cartwright’s essay on Alexander Mackendrick’s 1952 Ealing Studios film *Mandy* strains at the edge of the volume’s concerns, belying the volume’s subtitle by discussing a British film, and taking us into the deep waters of psychoanalysis and feminist film theory. The Mandy of the title is a mute child who learns to speak; Cartwright interprets this as the “struggle to articulate ‘the word’ as a literal expression of the female subject’s emergence into the public sphere” (pp. 134–5).

Nancy Tomes explores the interwar “conscious recruitment and deployment of famous people to promote public awareness of specific diseases” (p. 36). But in none of her five examples was a major film crucial to the public’s understanding of the disease in question. In both of the cases where biopics were made—*Pride of the Yankees* (1942) about Lou Gehrig and *Rhapsody in Blue* (1945) about Gershwin—the disease was underplayed. If this rather undercuts the thrust of the essay, it demonstrates the need to look at media other than film to understand the cultural presence of disease. The RKO biopic *Sister Kenny* (1946) is the main subject of Naomi Rogers’ highly readable essay. This variant on the Hollywood heroic doctor movie, unlike the others in the cycle, featured a living female protagonist who was not only in conflict with the medical establishment, but also took part in the making of the film.

Vanessa Northington Gamble compares two films about black physicians made in a brief postwar fashion for “race problem” movies, *Lost boundaries* (1949) and *No way out* (1950). Certainly a sensitive study of the issues, this essay seems at times only incidentally to be concerned with medicine.

A comparison of the factors affecting the cinematic representation of animal and human experimentation is the focus of Susan Lederer’s essay. The impact of antivivisectionists was such that the depiction of animal experimentation was much more constrained than that of heroic humans. In the volume’s only excursion into science fiction, Valerie Hartouni’s essay, despite its opaque language, provides an interesting and well-contextualized discussion of the implications of the genetic technologies represented in *Gattaca* (1997). Notwithstanding the dystopian fears of such fantasies, she argues that social technologies of law and public policy really define personhood, not bioscience.

Joseph Turow and Rachel Gans-Boriskin’s chapter is an elegant discussion of the establishment and career of the dominant formula in medical television dramas in which heroic and authoritative doctors preside in high technology hospitals. They show how the politics of health care budgets have only latterly begun to be shown in their plotlines. Rather problematically in the midst of even-handed historical accounts, Paula Treichler’s contribution on an HIV/AIDS storyline in the soap opera *General Hospital* starts with a call to arms demanding “effective mass media education and intervention efforts in health and medicine” (p. 93). The essay ends with a question about whether the storyline succeeded. As her case study is largely descriptive of series episodes, I slightly missed a discussion of whether the storyline was designed to be educational.

The editors have created a book that acts as a sampler for a range of approaches to films and medicine. Not all types of medical and health film are considered, and a select range of approaches is exemplified, but this will be a valuable collection for scholars to take out of the library (its price is likely to deter student purchases). But does it establish the editors’ contention that medical films and television constitute a genre? I am not convinced; they are certainly not a genre in the sense established within film studies that westerns or Carry on films are. What the volume shows is that medicine is the subject of a wide variety of films of different genres. The chapters bear this out: *Sister Kenny*, for example, is a biopic, the VD films are health education films, and *General Hospital* is a soap opera. But there is
another way of looking at this; it is not so
significant that medical moving pictures are
not a genre as that those who write about them
are not yet a community with shared
approaches and concerns. At the moment this
diversity is a strength, but an edited volume is
a difficult type of publication to bring about
the rapprochements and focus that would tease
out the similarities and differences that would
enable secure generalizations to be made. In
that sense, the study of these image artefacts
has indeed come of age, but it has not yet
reached maturity.

Timothy Boon,
Science Museum, London

Corpus dei papiri filosofici greci e latini
(CPF): Testi e lessico nei papiri di cultura
greca e latina. Part 1.2 Cultura e filosofia
(Galenus–Isocrates), 2 vols, Florence, Leo S
Olschki on behalf of the Accademia toscana
di Scienze e Lettere “La Colombaria”, Union
Accadémique Internationale, Unione
Accademica Nazionale, 2008, total pp. 1005,
€175.00 (paperback ISBN 978-88-222-
5791-8, ISSN 1122-0872).

These two volumes constitute the second
part of a major international project to publish
a corpus of the (mainly Greek) papyri from
Graeco-Roman Egypt relating to philosophy.
The first part had concentrated on named
philosophers, whereas the second comprises
doctors, mathematicians, and political thinkers
as well as collections of oracles and
alchemical tracts. Given the wide-ranging
compass of ancient “philosophy”, this
inclusiveness is not surprising. The volumes
under review present the papyri of only eight
authors, in alphabetical order from Galen to
Isocrates, but they do include the two most
famous medical authors of Antiquity, Galen
and Hippocrates. Each papyrus is provided
with a full bibliography of earlier editions and
discussions, information on date and
provenance, and a detailed commentary, as
well as a discussion on the place of each
papyrus within the manuscript tradition of
each author. The level of scholarship
throughout is high, and anyone who is
involved with editing and interpreting these
texts will benefit greatly from having so much
information collected together in one place.
The texts of Hippocrates and Galen supersede
those published earlier by Marie-Hélène
Marganne in her Inventaire analytique,
Geneva, 1981: Olschki’s printing is also
superior in elegance and legibility to that of
Droz.

Particularly striking in these lists is the
absence of other famous physicians—no
Rufus, no Soranus, no Areteus. (A few papyri
of Dioscorides and Nicander have been
published elsewhere, but these have been
excluded as pharmacology.) This imbalance
may reflect the dominance of Galen and
Hippocrates in late Antiquity, although at least
one papyrus of Hippocrates comes from the
first century CE, and one Galen papyrus may
have been written within a couple of
generations of the latter’s death. The
celebrated Anonymus Londinensis papyrus,
with its important information on Hippocrates
and Hippocratism, is here tacitly redated to the
late first century, perhaps a half century earlier
than its traditional date.

Three Galen papyri represent actual
treatises, coming from De antidotis, De
compositione medicamentorum per genera
(the largest in extent), and, somewhat
surprisingly, De placitis Hippocratis et
Platonis, while four appear to be citations or
comments in otherwise anonymous tracts.
Unpublished Oxyrhynchus papyri will add
more Galen, from a greater variety of texts.
The Hippocratic material is far more
substantial: twenty-two papyri of texts (one
not edited here), and sixteen of citations and
references. Aphorisms and Epidemics
predominate, with five and six papyri
respectively, although there is only one
secondary papyrus of Epidemics. Nine other
Hippocratic texts are represented here, and
two more appear in secondary citations. This
variety may reflect also the ways in which
Hippocratic texts were interpreted in late
Editors of Galen and Hippocrates will be able to profit from these editions, for the papyri are often centuries earlier in date than the earliest surviving manuscript. But, as the example of one Hippocratic *Oath* papyrus shows, age does not guarantee accuracy, especially if, as seems likely here, the text was modified in the interests of greater intelligibility. For a general survey of manuscripts of Galen, the reader is referred to the first volume (2007) of the Budé *Galen*, but the survey of Hippocratic manuscripts is a useful summary of recent discoveries and arguments.

The information made accessible here may also help to resolve more historical questions. Although many medical papyri were found at Oxyrhynchus, the most important source of papyri in general, a considerable proportion come from Antinoopolis, which has suggested to some that, when the non-literary papyri recorded by Marganne are taken into consideration, the excavators had come across a medical library there. This is a fascinating possibility, linking with what Galen tells us in the recently discovered *On the avoidance of grief* about his personal library as well as medicine in public libraries in Rome and elsewhere.

Papyri of Galen and Hippocrates comfortably outnumber those of all the other authors included in these volumes, with one exception. The whole of the second volume and a good deal of the first are occupied by papyri of Isocrates, the orator and publicist of the fourth century BCE. But if Galen and Hippocrates cannot compete with this staple of education in Greek down to Late Antiquity, the numbers of their papyri show the extent of their influence.

**Vivian Nutton,**
The Wellcome Trust Centre for the History of Medicine at UCL

**Michelle T Moran,** *Colonizing leprosy: imperialism and the politics of public health in the United States,* Studies in Social Medicine, Chapel Hill, University of North Carolina Press, 2007, pp. xiii, 281, $21.95 (paperback 978-0-8078-5839-4).

Direct comparisons of medical institutions in metropolitan and colonial settings are all too uncommon, given the intensive traffic in personnel, practices, and ideas across the imperial twentieth century and recent increased scholarly concern with this traffic. With this book, Michelle Moran has successfully anatomized the roots, controversies and innovations at the centre of a pair of institutions of global significance in the rhetoric and practice of Hansen’s Disease (leprosy) control; the US National Leprosarium at Carville, Louisiana, and the Hawaii territorial leprosy settlement at Kalaupapa.

The book’s major strengths lie in its depiction of leprosy as a rhetorical resource deployed to varying and often contradictory effect by legislators, patients, and doctors, and in its presentation of the unfolding ironies of segregation policy from the early 1940s, an era when the mildly contagious nature of leprosy was more fully recognized, and the disease became curable with sulphone drugs. The unease with which the end to segregation was viewed by Louisiana communities keen to maintain an income stream based on the presence of a large federal institution, by doctors hoping to carry out groundbreaking research, and by territorial patients desperate to maintain a discernibly “Hawaiian” community and identity in the isolated confines of Kalaupapa, contrasted with Carville-based patient activism of global significance for therapeutic action and home therapy movements, as exemplified in the sixty-year plus publication history of *The Star*, with its express purpose of “radiating the light of truth on Hansen’s Disease”.

In these areas, the comparative aspect of the book’s presentation works very well indeed. In the more expressly “imperial” arena, a more extended consideration of the American-run colonial leprosarium at Culion in the Philippines, such as that provided in Warwick
Anderson’s *Colonial pathologies* (2006), would have advanced the argument on varieties of American imperialism in relation to public health. The Philippines is present in the text, but only as a source of contamination linked to United States’ military intervention in East Asia, whereas Culion, and American public health in the Philippines more broadly, was crucial in the elaboration of mainstream American medical and political thinking on race, health, the tropics, and the politics of empire. Culion was also highly significant in the development of chemotherapy in leprosy, particularly with regard to the refinement of chaulmoogra oil in the pre-sulphone era.

While it is difficult to determine the prevalence of leprosy from the accounts provided, the sense of the expense of leprosy control is very well communicated in the author’s consideration of legislation and medical politics surrounding segregation, monitoring and treatment of leprosy patients. The troublesome relation between Christian (and especially Catholic, in the case of Carville’s early history) medical workers and stigma is well described, if eventually unresolved. In this respect, the consideration of stigma as a remnant irony of out-patient treatment in the 1950s and 1960s is more completely convincing, painting a picture of leprosy as a medico-social syndrome comprising a discourse on national and imperial citizenship and exclusion alongside medical and institutional concerns.

This is an excellent and well-written contribution to the literature on public health and leprosy. It continually, clearly, and usefully reinforces its central thematic concerns with federal, territorial, medical, religious, and patient experiences with leprosy. From an editorial perspective, the extensive range of archival sources referenced would have been more approachable with an easily consulted list of abbreviations, and the index might have included some of the more prominently cited authors. These minor points aside, the high production values do justice to Michelle Moran’s careful restitution of reports from the margins of American empire, medical research, and public health to the centre of historical concern.

**John Manton,**
King’s College London

**Rod Edmond, *Leprosy and empire: a medical and cultural history***, Cambridge Social and Cultural Histories, Cambridge University Press, 2006, pp. x, 255, illus., £50.00 (hardback 978-0-521-86584-5).

In an ambitious work that seeks to bridge the disciplinary divide between cultural studies and medical history, Rod Edmond illuminates the connections between leprosy’s enduring metaphorical power and medical efforts to contain and cure the disease in the modern age of empire. Edmond seeks to avoid both the over-generalities in studies of disease produced by cultural theorists and the overly narrow focus of site-specific medical histories that fail to recognize continuities among various colonial settings.

Providing an innovative integration of both medical and literary texts, Edmond demonstrates that neither physicians nor writers in the nineteenth century consistently defined leprosy and those who suffered from the disease as infectious agents. Such disagreements about the nature of leprosy failed to produce a single isolationist model of treatment as previous scholars have claimed. When the germ theory gained predominance by the early twentieth century, however, so did more coercive policies of segregation, a result that reflected broader anxieties about the imperial project and the impulse to establish fixed boundaries between the colonizer and the colonized.

The recognition that such a boundary proved permeable only heightened European fears of contamination and helped shape calls for compulsory segregation that emerged in various colonial settings throughout the late nineteenth and early twentieth centuries. Edmond’s comparison of regulations in a distinctive array of geographic settings is a
welcome effort to illustrate that no common colonial policy toward leprosy emerged in these years. Differences in racial populations, national identity, and attitudes toward the intermingling of European and indigenous colonials shaped distinctive chronologies and regulations regarding the containment of those with leprosy. Yet these comparisons remain cursory, in part because they lack any in-depth exploration of the archival sources specific to each institution. Despite his stated intention to challenge the “top-down nature” (p. 177) of previous theoretical models, this archival absence means the voices of those with leprosy or family members intervening on their behalf are largely absent from Edmond’s account.

More impressive is Edmond’s effort to draw clear connections between domestic and imperial policies toward leprosy, addressing the call from such scholars as Ann Stoler to examine the ways in which metropole and colony are mutually constitutive. He effectively uses Paul Gilroy’s conception of the “camp” to examine the wide variety of institutions constructed by Europeans to isolate those viewed as contaminants. In Edmond’s conceptualization, such colonial sites as concentration camps and native reservations, and such domestic facilities as lock hospitals and tuberculosis asylums shared a common imperative to “enclose and isolate the primitive, the diseased, and the backward” (p. 216). His comparison provides a historical context for leprosy that demonstrates how segregationist impulses emerged within domestic settings and were not simply tools of empire.

Yet mapping the intersections among these various encampments, while valuable, ultimately does little to explain the particular power of leprosy to inspire a degree of revulsion disproportionate to its infectiousness, or to account for its hold on the literary imagination. In his concluding chapter, Edmond briefly examines a series of authors to illustrate how leprosy settlements served as a source of both fascination and fear from the 1860s to the 1960s. He attempts to link this literary study to the preceding chapters by demonstrating how each author transgressed and challenged established imperial boundaries; however, the connections between this cultural analysis and his medical context remain elusive. While one wishes that this work could draw more specific conclusions to bring together the composite parts of his interdisciplinary study, this book will prove rewarding to scholars interested in literary and medical accounts of disease and their complicated imperial genealogies.

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Priscilla Wald, Contagious: cultures, carriers, and the outbreak narrative, Durham, NC, and London, Duke University Press, 2008, pp. xi, 373, illus., £55.00 (hardback 978-0-8223-4128-4); £13.99 (paperback 978-0-8223-4153-6).

How should we understand the fear and fascination evoked by discussions of disease carriers and outbreaks—produced in scientific publications and the mainstream media—in a world sensitized to the dangers of global disease spread following the emergence of HIV/AIDS? In her new book, Priscilla Wald, Professor of English at Duke University, combines previously published articles with new material to build a compelling conceptual framework which she uses to explore how scientific and medical ideas about disease and contagion subtly inform and are informed by cultural narratives. All too often, these stories lead to what Wald labels “the outbreak narrative”: a contradictory yet compelling account which invariably identifies a new infection, follows epidemiological investigators as they chart its course through various networks and carriers, and ends ultimately—through human intelligence, co-operation, and scientific authority—with its containment. Wald argues passionately for a concerted re-examination of the way in which Americans construct the stories they tell about disease emergence, given the impact that these
narratives often have on responses to global disease.

The book’s first half begins with new material: the introduction explores the literary and mythical underpinnings of epidemiology, while chapter 1 introduces the conventions of the “outbreak narrative”. Wald then reconfigures previously published articles exploring issues of gender, race, and social control in relation to such American figures of the early twentieth century as “Typhoid Mary” Mallon and urban sociologist Robert E Park. The book’s second half extends her analysis to bridge the entire century, moving from a discussion of the similarities in language featured in public discourse surrounding virology and communism in the 1950s to an examination of how the legacy of earlier disease narratives shaped the ways in which AIDS was interpreted in the 1980s.

Wald follows the lead of such cultural theorists as Paula Treichler, Cindy Patton, and Douglas Crimp, authors who have written extensively on the cultural representations of AIDS. Like them, she is interested in how disease is represented through language, and seeks to show how stories like those of detective mysteries and science fiction films have important and real consequences for the way in which disease threats are imagined, approached, and (ideally) contained. A central idea expressed in these stories is the concept of herd immunity, which represents for Wald a key paradox that helps to explain the morbid fascination that communities have had with “the stranger”, “the marginal man”, or “the hybrid”. Each one, she argues, embodies the uneasy tension between the possibility of biological security, through new genes and immunity, and the menace of a deadly infection harboured by a “healthy carrier”.

The scope of Wald’s efforts is impressive, both in terms of timescale and interdisciplinary exploration, as is the scrutinizing gaze she brings to her task. She combines a focus on works of popular journalism and science reporting with a keen reading of specialist journals, and merges these with a careful examination of popular works of fiction and film. Wald brings an analytical ability of surgical precision, carefully guiding the reader through layers of meanings which she teases from her source texts. She also attempts to ground these texts in the unfolding social, cultural, and scientific developments which led to their creation. The result is a richly detailed exploration of the mutually constituting cultural and scientific stories encapsulated in epidemiology, set against the backdrop of twentieth-century US history.

While appreciating Wald’s efforts to trace ideas through a diverse range of materials, historians may find themselves wishing for the inclusion of more archival sources. Wald draws upon an impressive array of published and broadcast works, some of which might have been more fully contextualized had the author given greater weight to unpublished archival materials. For example, in her chapter 5 discussion of Randy Shilts’s role in the “invention” of the infamous “Patient Zero” character in And the band played on (New York, 1987), Wald almost certainly could have gained useful insights from the many boxes of Shilts’s professional papers in the San Francisco Public Library’s archives.

This is a minor criticism for a work that achieves as much as Contagious does. Wald has made a substantial contribution in terms of uniting theoretical insights from such fields as mythology, literature, and film studies, and applying them to the history of infectious disease epidemiology. In doing so, she makes a strong case for the importance of both the cultural critic and of interdisciplinary thinking in the preparation for future outbreaks of global disease.

Richard McKay,
Wellcome Unit for the History of Medicine,
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Amy L Fairchild, Ronald Bayer, and James Colgrove, Searching eyes: privacy, the state, and disease surveillance in America, Berkeley, California/Milbank Books on Health and the Public, no. 18, Los Angeles, University
In this book the three authors, all from the Centre for the History and Ethics of Public Health at Columbia University’s Mailman School of Public Health, examine the interplay of privacy and publicity in United States public health. How, they ask, was the desire to control threats to the population’s health by the reporting of the names of people with diseases to public authorities, squared (or not) with legal and ethical concerns over privacy. The extremely detailed and illuminating analysis, covering the period from about 1890 onwards, studies such medical issues as the reporting of TB, campaigns against syphilis, the collection of information on occupational diseases, and the fight against cancer, polio (“crippled kiddies”) and AIDS. All this is placed in the overall understanding of privacy as found in the US constitution and the decisions of the US Supreme Court. The book is plainly the work of exhaustive and wide-ranging research, covering the whole range of differing sites at the federal, state and city levels where Americans interacted with officialdom. It also does a remarkably good job at intertwining specific events, individual careers and campaigns, and broader structures, without losing sight of an overall argument.

What emerges from these stories is a picture of the complexity of the tensions between public and private goods. One finds public officials pushing for the disclosure of names to facilitate statistical production, the isolation and treatment of the afflicted, and the identification of possible contacts. On the other hand, one also finds the afflicted, or their families, concerned about stigmatization, discrimination, and victimization. However, many also saw the need to enrol on state programmes of support. Yet again, medical practitioners are torn between doing the best for their patients, fear for the sanctity of the doctor–patient relationship, and suspicions of public functionaries encroaching on their territory. In the case of occupational health reporting, yet another dynamic is revealed, with labour unions seeking mandatory disclosure of information relating to accidents and hazards, and commercial organizations attempting to thwart this with an appeal to commercial and employee confidentiality. All this is played out against the broader history of the US state in the period—progressivism, the New Deal, the Great Society, Reagan Republicanism, and Clintonian “triangulation”.

Overall, Searching eyes does what it says it is going to do, and does it very well. However, the present reviewer would like to have seen some cross-disciplinary and international comparisons introduced to place the themes of the book in a proper context. There has been so much written about privacy and state surveillance by other historians, sociologists, criminologists, lawyers, anthropologists, and so on, that could have been included here. The authors make interesting forays into the development of computing and the Orwellian world of Total Information Awareness, but there is more material on the “dossier society” that could have been discussed. Also the authors never ask how culturally specific the particular US conception of privacy actually is. Many other countries in the world do not have exactly that particular belief in privacy as an individual constitutional property right to be defended via tort. One would also have liked to have had more about the collection and use of medical information by commercial organizations. In Europe such organizations, as well as the state, can be controlled (to some extent) through data protection legislation. In the European context one can imagine liberty through the state, rather than simply liberty against the state, in a way that might put a different light on the story told. This is not an invitation for the authors to write another book but rather to provide some comparative material to see how far the conclusions raised in the book relate specifically to medicine in the USA, or have a wider application.

Edward Higgs,
University of Essex
David P Cline, *Creating choice: a community responds to the need for abortion and birth control, 1961–1973*, Palgrave Studies in Oral History, Basingstoke, Palgrave Macmillan, 2006, pp. xiv, 290, £14.99 (paperback 1-4039-6814-4).

*Creating choice* is a compilation of interviews conducted between 1999 and 2004 with the “amazing web” (p. vii) of people committed to providing access to birth control and abortion for women living in one Western Massachusetts community—Pioneer Valley—and some of the women who accessed these services, at a time when both were illegal. The *dramatis personae* are divided into five sections: women who underwent and survived an illegal abortion; doctors, health educators and illegal abortionists who provided these services; clergy; feminist counsellors; and “connectors” who united medicine, religion and feminism. This geographical region was an important battleground in the fight for social and legislative change. A progressive educational influence, partly due to the presence of two of the nation’s premier women’s colleges, conflicted with Pioneer Valley’s large Catholic population and the fact that conservative Massachusetts was the last state to legalize contraception for married women (in 1965).

These oral histories, and the interesting short introduction that Cline provides to each section and to the volume as a whole, illustrate the lengths to which women went and the ordeals they faced. Their stories range from legal therapeutic abortions where extreme illness threatened the mother or a greedy physician could be found, to cloak-and-dagger backstreet tales. After police crackdowns in the 1950s, illegal abortionists went to increasingly clandestine lengths to conceal their practices. One woman’s 1964 abortion involved a complex series of phone calls, a roll of cash, an abortionist whose face she never saw, and a terrifying, blindfolded drive in a pink Cadillac. Beyond this lay the very real possibility that she would not survive the procedure.

Women who faced unwanted pregnancies were not as alone as they may have felt. The right social contacts could reveal a network of health professionals, feminist activists, and—more surprisingly—members of the clergy, many with differing motivations, but all providing information about or access to birth control and abortion. Their work was done in defiance of the law, sometimes in secret, sometimes surprisingly openly. Although each of these groups worked mainly in isolation, and in some cases were entirely unaware of nearby kindred groups given the secrecy they were labouring under, they came together around key events or overlapped in significant ways. This rich array of voices teaches us much about the daily work of fertility limitation, particularly the financial, logistical and political obstacles, and the spiritual and moral dilemmas faced.

While some interesting work has been published on illegal abortion in North America, there is relatively little emphasis upon the related and contemporaneous battle for legalized access to birth control, so the fact that this book explores both is welcome. Due to the illegal nature, as well as the perceived moral shortcomings, of these activities, their histories have been problematic to uncover. Actors have, understandably, tended to act in a covert and undocumented manner. Oral history has great potential in unlocking such fields and in providing new interpretive perspectives.

Another praiseworthy aspect of this volume is its geographically localized nature, which allows us rich insights into the individuals involved, and is all the more compelling for it. It opens with an account of an illegal abortion performed by a desperate college student upon his girlfriend, which resulted in her death and his arrest, and served as a catalyst to the fertility limitation network in Pioneer Valley. The emotional impact of such stories effectively brings this history to life.

Several reservations should, however, be noted. The structure is a little weak. The introduction includes detailed archival work that would have been better placed in the main body of the book. More basic commentary that
relates to all sections of the book and should have been in the introduction is not provided until much later, including a history of legal and illegal abortion in the United States. It is also repetitive in places, and suffers issues of continuity, as though each section were designed to be read in isolation rather than as forming part of a whole. Thus, there are no cross references to actors who are mentioned in multiple sections of the book, and we are still being told by the third section that abortion was illegal before Roe v Wade.

One might also question how representative the interviewees are. No doubt the varied range builds up a fascinating picture. However, only one woman willing to share the story of her illegal abortion in Pioneer Valley was found. The author simply notes, slightly unconvincingly, that her story “stands in for the silent voices of the many thousands of Pioneer Valley women who experienced the difficulties of illegal abortions” (p. 26). Cline also claims that other individual stories were “undoubtedly . . . repeated in some way in towns and cities throughout the country” (p. 66), without even a historiographical footnote to back up the statement. Alongside the “small numbers” problem, the narrative is inevitably skewed because only the most “progressive” seem to have been willing, or were invited, to share their experiences.

Such criticisms notwithstanding, Creating choice is a highly readable and thought-provoking book for those interested in the history of reproductive rights and provision.

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David M Turner and Kevin Stagg (eds), Social histories of disability and deformity, Routledge Studies in the Social History of Medicine, 25, London and New York, Routledge, 2006, pp. xiv, 198, £65.00 (hardback 978-0-415-36098-2).

In the afterword Sharon Snyder and David Mitchell suggest that a disability studies perspective is somewhat lacking in this volume; this may be the case, but is it the point? I may seem facetious, but this is an important issue raised by this collection. At present, disability history and historians sit uncomfortably between the edge of mainstream historical research and the more overtly politicized disability studies. This is nothing new and has been evident in histories of race, class, and gender. Do we explore the undoubted exclusionary nature of the past? Should we embrace emancipatory research methods? Should we use disability as a lens through which to view history? These questions should be explored by the individual, not at the dictate of the sub-discipline. To follow one predetermined intellectual path is in itself exclusionary, unproductive, and stultifying. From the outset, David Turner and Kevin Stagg’s project is to consider disability as a way to understand society, to explore the impact medicine had on legitimizing notions of normalcy, and to think about shifts in perceptions surrounding disability and deformity over time.

Kevin Stagg’s exploration of monstrous births through the medium of early modern broadsheets indicates the importance of thinking about how such ideas expressed the wider workings of society. The broad implications of disability are also considered by Ayça Alemdaroğlu through twentieth-century Turkish nationalism and eugenic ideology. Whilst such ideas seem to spring from post-Enlightenment rational thought that supported the medicalization of disability, Alemdaroğlu suggests that the populace still believed in the connection between deformity and religion. This may indicate that shifts in understanding overlapped, but show the need to understand attitudes towards, and experiences of, disability in all their complexity; acknowledging continuity as well as difference. Thus, Suzanne Nunn’s description of anti-vaccination satires in the nineteenth century supports the continuity of fears surrounding the loss of humanity that disability or deformity deemed to express. Sharon Morris shows that this was not the
only view. In her consideration of eugenic ideology and the mentally deficient, she ends by demonstrating that families were often reluctant to sterilize their children. Conceptions of disability are hardly monolithic. This is evident within David E Shuttleton’s work that combines politics and morality in the rhetoric of smallpox, and François Buton’s consideration of educational policy shifts for deaf children. Connections between the political and the moral are themes that wind throughout the collection.

Kristy Muir explores individual experience via oral testimony of Australian and Indonesian veterans with post-traumatic stress. This provides a useful insight into control over the self that institutional histories may lack. The individual also comes to the fore through Hal Gladfelder’s consideration of sexuality and deformity, bringing the body into the debate. The controlled body is also a central theme of Anne Borsay’s analysis of orthopaedics and social control. She suggests holism was a central tenet in the drive to produce economic units via orthopaedic care in the early twentieth century. This is worth further exploration as it could be suggested that through holistic approaches a modern perspective of disability could be formed and disseminated.

One of the aims of the project was to consider historical shifts. Whilst this is important, we should not forget the continuities. They include the obvious, but important, negativity that surrounded disability, the continued use of morality and politics to define or treat the disabled, and the tensions that exist between institutional histories and personal experiences. More could have been said about the connection between disability and various national perspectives, but such projects should be taken up by interested parties rather than being prescribed avenues of research.

**Wendy Gagen**, Peninsula College for Medicine and Dentistry

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**John Welshman** and **Jan Walmsley** (eds), *Community care in perspective: care, control and citizenship*, Basingstoke, Palgrave Macmillan, 2006, pp. xxi, 278, £55.00 (hardback 978-1-4039-9265-9), £19.99 (paperback 978-1-4039-9266-6).

Despite the wide-ranging title, *Community care in perspective* is in fact a detailed study of services for people with learning difficulties since the foundation of the National Health Service in 1948. Its mission is to explore the “extraordinary historical transition”, which saw community care “transmuted, at least in rhetoric, from an adjunct to the institution to the means for inclusion and rights”. Its methodology is the “stakeholder approach” where life histories, oral histories and autobiography, together with documentary sources, are used to construct plural accounts of service development and impact that reject the quest for a single “authoritative” history (pp. 2–3).

The book is divided into four parts. Part 1 consists of two chapters which unpick the ‘Ideology and ideas’ that underpinned policy before and after 1971. Part 2 conducts a similar exercise for ‘Organizations and structures’, with the addition of a third chapter that commendably examines the implications of devolved government. Part 3 places the UK experience in international context through a discussion of the USA, Canada, Scandinavia, and Australia. And Part 4, entitled ‘Experiences’, tells the story from the viewpoint of people with learning disabilities, their families, the workforce, and the voluntary sector. There is also an interesting chapter that teases out the implementation of community care in two contrasting locations—urban Croydon and largely rural Norfolk. Finally, the conclusion offers an excellent summary of the book’s two key themes: the “forces for change” in which campaigning families, “an individualistic human rights ideology”, the scandal of abuse, and rising costs featured prominently; and the shifting balance between care, control, and citizenship, in which staffing, “the emphasis
on industrial work rather than education and rehabilitation”, and “the reality of social interaction” were uppermost (pp. 233–7).

In assessing the dynamics of these processes, Jan Walmsley argues that the social model—which attributes disability to oppressive material and attitudinal environments—has been less influential for people with learning difficulties than for those with physical impairments. Correctly, she criticizes a simplistic rights-based response to this discrimination that stresses “individual rather than collective wellbeing” (p. 55) and hence threatens a market-based orientation endangering citizenship. However, there are also risks in over-emphasizing the positive conceptual changes that have occurred since the Second World War. For, whilst not “passive victims” (p. 3), intellectually impaired people remain the recipients of defective services. As a recent report from the Healthcare Commission confirmed, problems continue with major institutional failings in hospitals, treatment centres, and secure facilities that deprive residents of their human rights and dignity (December 2007).

The gap between theory and practice is a product of the separation between ideology and service delivery that Community care in perspective embodies. The division of chapters also has other spin-offs, in particular a certain amount of repetition. But this is a minor worry. On the whole, the editors succeed in overcoming many of the weaknesses that beset edited volumes and only the omission of a national backdrop to the case study of community care in the Australian state of Victoria suggests that a brief has not been fulfilled.

Though straddling the boundary between student text and research monograph, the book’s fluent style and coherent arrangement ensure that it will appeal to a wide readership. The evolution of policy is made more accessible by an international timeline, which compares the trajectory of significant events in the countries under consideration. However, it is the oral testimonies that are especially telling. May they realize their potential to achieve a better understanding of disabled people’s lives.

Anne Borsay,
Swansea University

Werner Troesken, The great lead water pipe disaster, Cambridge, MA, and London, MIT Press, 2007, pp. 318, £19.95, $29.95 (hardback 978-0-262-20167-4), £10.95, $15.95 (paperback 978-0-262-70125-9).

In The great lead water pipe disaster, the story of 150 years of lead pollution in public water supplies, Werner Troesken makes an important contribution to the historical understanding of patterns of disease and mortality. With an estimated 85 per cent of major US cities using lead service pipes in 1900, and extensive use in Britain and elsewhere, Troesken makes a strong case for widespread water-based lead poisoning (plumbism). His method is to examine documented cases in late-nineteenth- and early-twentieth-century USA and Britain in the light of recent medical research. To establish the scale of the problem, regional samples are subjected to econometric testing. The result is an engaging balance between sustained argument, narrative, humane case histories and statistical analysis. Extended analysis is contained in three appendices.

There was severe under-diagnosis of the problem, Troesken argues. Partly, this arose from the multi-systemic nature of lead poisoning, capable of affecting the nervous system, the blood, the kidneys and the gastrointestinal tract, and resulting in a great variety of symptoms, including convulsions, paralysis and depression. Troesken is particularly interested in the impact on reproductive health of even low levels of lead exposure, now known to increase the risk of eclampsia, miscarriage, stillbirth and neonatal death. Though non-committal on existing debates over nineteenth- and twentieth-century “mortality transitions”, he highlights the significance of water-plumbism, and its

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eradication, for shifts in rates of mortality and life expectancy. His samples in Massachusetts (1900) and England (1880s) suggest that rates of infant mortality and stillbirth were between 8 per cent and 25 per cent higher in cities using lead pipes than elsewhere; over 50 per cent higher where pipes were new or the water particularly soft. New pipes were more likely to leach into soft water; calcium and magnesium in hard water helped (though not invariably) to form a protective layer within pipes. Despite some high-profile outbreaks, Troesken shows that authorities frequently played down known, if ill-defined, risks: lead was more flexible and resilient than alternatives, and expensive to replace. Some cities saw no reported cases, but when Massachusetts discovered it had a problem, in 1900, many residents were habitually consuming over 100 times the current US safety limit. Until the 1930s, US and British legal systems held consumers responsible for their lead pipes, even where lead use was compulsory.

Troesken’s chapter on mid-nineteenth-century Glasgow suggests the culpability of municipal politicians in subduing concerns over water-plumbism and the failure to undertake precautionary treatment by the addition of lime or chalk. While improved water systems are often closely related to declining mortality, he points out that the arrival in 1859 of the famously pure and soft municipal supply from Loch Katrine brought no break in trend: mortality rates in Glasgow had begun to decline in 1840. Troesken argues convincingly against a simple equation between public (municipal) provision and the public good. There is also an implication, here, that private suppliers may have been more responsive to the safety issues, but this is not explicitly stated. On the evidence presented, the relative merits of private and public suppliers remain open to question.

There are some important omissions in the British context: there is no Hamlin, Hassan, Luckin or Millward. Troesken’s focus on drinking water, and on the role of epidemic disease in motivating reform, leaves under-examined the implications of industrial demand for plentiful soft water. A few errors include Snow’s 1854 pump breakthrough set in 1848. These reservations aside, this is a ground-breaking study, placing lead pipes on the map for histories of water, public health and the environment, historical economics and demography. It calls persuasively for increased vigilance on the still unpredictable impacts of inorganic poisons.

Vanessa Taylor,
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Marjaana Niemi, Public health and municipal policy making: Britain and Sweden, 1900–1940, Historical Urban Studies Series, Aldershot, Ashgate, 2007, pp. xiii, 228, £55.00 (hardback 978-0-7546-0334-4).

Marjaana Niemi examines the impact of political, social and economic interests on local public health policies in the early twentieth century by analysing and comparing infant welfare and tuberculosis prevention campaigns in the cities of Gothenburg, Sweden, and Birmingham, Britain. According to the author, these campaigns “served to depoliticize and ‘naturalize’ local economic arrangements, social structures and moral norms” (p. 22). Both cities were part of an international public health community and justified their public health policies by scientific knowledge, claiming to be value-free and politically neutral. Yet there were striking differences in their public health policies, partly due to national and local social, economic and cultural differences.

In chapter four Niemi presents the infant welfare campaigns in each city and looks at how they served to regulate working-class family life and gender roles, and also how they were used to promote the aspirations of medical professionals. Political ideals and norms were embedded in the campaigns, like the norms of the responsibility of families to be self-supporting, and of the men as breadwinners. Although there were clear links
between poverty and infant mortality, in the case of Birmingham, it was claimed that there was no direct connection to poverty. Infant mortality was considered to be primarily the result of ignorance and bad behaviour among the poor. The focus of the campaign was mainly on improving the home environment and the promotion of breastfeeding through education. The campaign upheld existing gender roles by arguing in favour of male breadwinners and criticizing female employment.

In Gothenburg infant mortality was clearly lower than in Birmingham, and thus there was less pressure to make improvements. Nevertheless, medical practitioners lobbied the government for measures to improve child welfare, partly so as to enhance their own professional status. By contrast to the situation in Birmingham, most practitioners in Gothenburg worked in the public health sector and thus had a vested interest in its expansion. The Swedish campaign was to a large extent directed at reducing the relatively high infant mortality among illegitimate children, blaming single mothers and absent fathers. Nurseries and milk depots were supported, making it possible for single mothers to have employment. In the 1920s the campaign shifted to wider sections of society by starting infant welfare centres for all children.

Chapter five discusses how anti-tuberculosis campaigns regulated urban life and legitimized municipal intervention or non-intervention in the housing markets. Gothenburg had relatively high tuberculosis mortality compared with Birmingham. In Gothenburg the efforts were concentrated on isolating tubercular patients in hospitals and on housing inspections. In Birmingham, the poorer areas, characterized by overcrowding and defective housing conditions, experienced higher tuberculosis mortality than the more affluent ones. The dominant policy in combating tuberculosis was not to intervene in the housing market, but mainly to stress the unhealthy attitudes and lack of hygiene among the poor. As was the case in the infant welfare campaign, education was considered to be the most efficient way to combat the disease.

The author sometimes implies that the public health actors had a hidden political agenda for promoting the existing social and economic order. The arguments presented often seem plausible, but it is not always clear whether different elements of the public health campaigns were primarily a product of more or less conscious intentions to reinforce or maintain the social and economic order, or whether they reflected the best efforts to promote health within the given political circumstances. Maybe Niemi could have developed this issue more extensively or discussed possibilities of alternative interpretations.

I was somewhat surprised that eugenic ideas and theories that had a considerable impact on contemporary public health discourse, should have exercised relatively little influence on local public health policies in the early twentieth century. Niemi mentions that Swedish women who were believed to transmit serious hereditary defects were seen as grave threats to the health of the nation and the Nordic stock. Many were sterilized on these grounds, and pressure was put on mothers diagnosed with tuberculosis to place their children in foster care. This issue could also perhaps have been discussed at greater length.

Nevertheless, this book provides valuable insights into the local public health policies in early-twentieth-century Sweden and Britain, and their interplay with political interests, gender structures, science and professional aspirations.

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Linköping University

Steven J Peitzman, *Dropsy, dialysis, transplant: a short history of failing kidneys*, Baltimore, Johns Hopkins University Press, 2007, pp. xxi, 213, £16.50, $24.95 (hardback 978-0-8018-8734-5).

The kidneys have often been the poor relations of other organs in the history of
medicine. Hearts, lungs, brains, and reproductive and digestive organs have received much more attention. But, as Stephen Peitzman points out, the kidneys are of such fundamental importance that when they cease to do their job, the other organs do not function properly.

Although nephrology is a relatively new clinical specialty, medical concern with kidney disease has a much longer history. Peitzman’s wonderfully evocative history of end-stage kidney disease explores this history with verve and insight. His story proper begins with Richard Bright (1789–1858) and the disease that carried his name until recent times. One of the “Great Men of Guy’s”, Bright convinced the governors of Guy’s Hospital, London, to devote a small ward with an attached laboratory, so he could study dropsy and the other consequences of failed kidneys. He identified the presence of albumen in the urine as a marker of kidney disease, and used both the insights of contemporary chemistry and the pathological orientation of French hospital medicine to describe a “new” disease.

Like many of his contemporaries, Bright dealt in both the ward and the autopsy room with the final results of fatal disease, correlating the findings at autopsy with the clinical diagnosis. Bright’s work was subsequently duplicated by other pathologically orientated clinicians and, well into the twentieth century, “Bright’s disease” carried specific, grim connotations. Its aetiology remained elusive, and most debate centred around minor modifications of treatment and management.

From the late nineteenth century, new diagnostic procedures were developed, and these, combined with a greater understanding of the physiology of the kidney, led to a reconceptualization of “Bright’s disease”. Although the eponym disappeared only gradually, doctors recognized that there were many routes to end-stage kidney disease. Management also improved, but the prognosis remained pretty much as grim as it was in Bright’s day, with the proviso that doctors realized that in some patients, their kidney failure was temporary and with decent management, they could recover. That put a higher premium on finding ways to keep people alive, hoping that the process that had shut down their kidney function would be a reversible one.

This was the rationale for the early work on dialysis, pioneered in the Netherlands in the horrible conditions of the Second World War, Willem Kolff, the inventor of dialysis, went to the United States after the war, but his first patients were kept alive with varying degrees of success in the stressed social ambience of a Nazi-occupied country. Dialysis can be done in two ways. The common one nowadays is via a shunt in an artery, whereby the blood circulates through the dialysis machine, which removes many of the substances that the kidney ordinarily does. Urea is the most obvious of these. The problems of this form of renal dialysis were mostly technical, especially that of constructing an arterio-venous shunt that could be used without the opening clotting or getting contaminated between dialyses, which need to take place about three times a week.

The other way to dialyse a patient in kidney failure is to place a needle in the abdomen and by introducing appropriate fluids into it, allow diffusion of the waste substances to accumulate in the abdominal space. These are then removed. Peritoneal dialysis, as it is called, takes longer and also has the problems of introducing infection as well the considerable discomfort it causes. It is the kind of dialysis I remember, when I spent a month of my internship tending patients who had had problems with their shunts.

Peitzman pays only modest attention to peritoneal dialysis, since most dialysis since the mid-1970s has been via the machine. He writes movingly about both patients and their doctors in the ménage-à-trois (patients, dialysis machines and doctors), and analyses the curious trajectory of laissez-faire American medicine, whereby end-stage renal disease (ESRD) acquired the right to treatment, at public expense. Creating an
entitlement to publicly funded care on the basis of a diagnosis remains unique in the American setting, where so much public medical care is either means or age tested.

Dialysis, even if someone else pays, is a terrible commitment of three or more four-hour sessions each week just to maintain some semblance of normalcy, and there is the constant threat of complications. There are also real problems with renal transplantation, but for many, that procedure offers the best hope for normal kidney function, and through that, normal social life. Peitzman takes his readers through both the science and the clinical and ethical issues of transplantation. As a nephrologist himself, he knows the medicine from the inside, and has great empathy for the patients he has spent his professional career treating. His mix of science and suffering makes for a fine book, always readable and often moving.

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Gino L Di Mitri, *Storia biomedica del tarantismo nel XVIII secolo*, Florence, Leo S Olschki, 2006, pp. xxiii, 322, €34.00 (paperback 88-222-5508-9).

In this history of the medical, biological and social phenomenon of tarantism in the eighteenth century, Gino Di Mitri reconstructs the theories, debates, links and opposing views of savants, European and Pugliesi physicians, travellers, healers, patients and musicians at a crucial historical moment. At that time, opposition between the experimental knowledge of local physicians and the theoretical knowledge of academics—of which Di Mitri shows a profound understanding—became more and more relevant to the story of tarantism.

The first chapter presents an historical panorama of the doubts about, and the medical debate on, tarantism from the sixteenth century. Tarantism originated from the venom of the tarantula, but was also a disease simulated by women (*carnevalietti delle donne*) in order to enjoy music and escape the difficulties of family life. Di Mitri widens his research on the European debate of the seventeenth and eighteenth centuries by drawing on the work of Etienne-François Geoffroy, Harald Vallerius and Luigi Desbout. These authors pay most attention to the power of music, considered as a remedy for or antidote to the venom of tarantula.

In the second chapter, Di Mitri studies the links between entomology and medicine at the beginning of the eighteenth century, the debate on the action of the venom of the tarantula and the identification of the spider (*Lycosa tarentula* vs *Latrodectus tredecimguttatus*). As he makes clear, the controversy about the real or simulated effects of tarantism was centred in experience. Physicians from Puglia, where the disease was widespread, testified that it was a real physical state seen with their own eyes. The original meaning of *autopsia* could be used to show the contrast between those who wrote about the disease only *ex auditu* and those who wrote *ex visu* and because of *didici, reperi, comperi* and so on.

Visual evidence of the disease becomes a major concern in the third chapter, in which the opposing views of two eighteenth-century physicians—Niccolò Caputi and Francesco Serao—are presented as examples of the changes in scientific thought. Di Mitri analyses the life and works of Caputi, a physician active in Puglia (Lecce) and husband of the *tarantata* Beatrice De Cesare. The medical cases narrated by Caputi can be used to show that there was no hiatus between the official medicine of the Enlightenment and the empirical and popular medical practice of music-therapy. But Caputi was a local physician who believed in the real action of the tarantula’s venom, while Serao was a foreigner who attributed the disease to the prevailing melancholy of the inhabitants of Puglia. Francesco Serao is the model of the physician who never experienced the disease: he wrote his *Lezioni* in the Neapolitan academic milieu of theoretical knowledge: a
theoretical knowledge so strong that it undermines even the visual testimony of the reality of the phenomenon. In fact, Serao cited two letters by an anonymous physician from Lecce in order to transform the phenomenon from poisoning to a melancholic disease; he did not deny its existence, merely changed its aetiology. Paradoxically, there was more scepticism in Baglivi’s carnevaletti delle donne than in Serao’s tarantism.

The fourth and final chapter deals with the Linnaean milieu of such authors as François Boissier de Sauvages, Charles Linnaeus, Mårten Kälher, Antonio Maria Minasi and Johann Christian Fabricius. The debate on the classification of the spider and the disease in the realm of nature led to the identification of the real venomous spider, the Latrodectus tredecimguttatus, by Pietro Rossi in 1790.

In this last chapter, the dialogue between ancient sources and critical bibliography produces one of the book’s most important conclusions. Di Mitri underlines the continuity between past and present: observations of eighteenth-century physicians, healers and travellers could be said to anticipate the idea of tarantism found in twentieth-century psychiatric, ethnologic, anthropologic and social literature. This is the case of the concept of transe and of the ethno-psychiatric clinical interpretation of the phenomenon. Nevertheless, Di Mitri does not forget that he is writing a book on the history of tarantism. In fact, the historical turning point of the ecstatic and enthusiastic behaviour of tarantati is the crucial advent of the Catholic Counter-Reformation in Puglia, a country characterized by the Greek rite. Thus, the last contribution of tarantism to the eighteenth century was the foundation of a syncretic system of treatment based on the three pillars of religion, magic and medicine.

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Robert Bivins and John V Pickstone (eds), Medicine, madness and social history: essays in honour of Roy Porter, Basingstoke, Palgrave Macmillan, 2007, pp. x, 295, illus., £55.00 (hardback 978-0-230-52549-8).

Visiting Glasgow in 1997, Roy Porter was asked by an awestruck colleague the mortifyingly pretentious question, “Are you the real ‘Roy Porter’ or a simulacrum?” Sadly, of course, that is all we can now have: a copy for which no original ever existed, refracted through our own perceptions. However, this collection does a tremendously good job of summoning an image of Porter’s interests and methods in the social history of medicine and their impact. In addition, personal recollections show the lasting impression a generous human being made on many hearts, minds, and careers.

That stress on the contribution of the individual is, of course, also central to Porter’s intellectual legacy. His focus was on people, their thoughts and activities. As Hal Cook argues in his candid historiographical appraisal, Porter was “neither the founder of a school of history nor an aspirant for such a role. His analyses were rooted in persons and moments rather than in structures” (p. 15). Porter, Cook suggests, was really a social historian of thought rather than of medicine. The mind of the age was centre stage: Porter was interested in how people conceived of themselves and their worlds, in the range of human experience, and in the emergence of ideas from “a variety of people and processes” (pp. 16–17). He wished to break down artificial and anachronistic divisions between medical ideas and other areas of social and cultural life. His trademark commitment to bringing neglected voices into the historical narrative—giving ordinary people back agency, rescuing them from victim status—made him seem part of a wider movement that became associated with socio-economic causal explanations.

The essays here certainly reflect these interests, in a Porterian parade of colourful outsider-individuals: past social historians, medical reformers, educational democratizers, dentists, cucumber-forcing gardeners,
pension-seeking disabled soldiers, anxious working-class mental patients, sexual utopians, blood donors, murderers, mesmerists and great men in crisis. In all this variety, certain common Porterian themes re-occur: the importance of market relationships, of artisan knowledge, of professional self-creation, the meanings of class, the social power of ideas, the historiographical challenge of outsider voices, and the interconnection between the arts and sciences. The essays are of much higher quality (as well as diversity) than in many a festschrift, and in most edited collections, and often employ innovative styles of historical writing.

Moreover, many of the pieces (notably Geoffrey Hudson on disabled ex-servicemen, Akihito Suzuki on male anxiety and lunacy, Kim Pelis on the early history of the Blood Transfusion Service, Mary Lindemann on insanity pleas, Emese Lafferton on hypnosis) are genuinely ground-breaking: effectively deploying new archival sources to reveal striking challenges to existing understandings. Elsewhere Adrian Wilson contributes an extremely valuable study of Porter versus Foucault on Paris medicine’s differences from Morgagni (a shame, however, that the differences between Porter and Foucault on the modern patient were not explored).

The collection ends, grandly, with two thoughtful pieces on the Porterian themes of psychiatry and the common intellectual context. Daniel Pick explores how Freudianism threatened the already receding Victorian certainty of the autonomy of the will. Mark Micale’s equally stimulating final piece focuses on the post-Romantic continuation of the interpenetration of the discourses of science and art.

Does Roy Porter, a largely empirical historian, remain more of a historiographical challenge than more theoretically inclined writers? As Flurin Condrau has argued, the history of medicine has still not satisfactorily responded to Porter’s call for full integration of the patient’s perspective (‘The patient’s view meets the clinical gaze’, Soc. Hist. Med., 2007, 20: 525–40). Would this mean unpicking just too many assumptions about what medical history is, or should be, about? Porter’s aim, “to see history through people and to allow people to see themselves through history” (p. 13) involves—in its seeming acceptance of actor’s categories—a challenging redefinition of the role of the historian and of the nature and scope of history itself. Perhaps it is as such a thorn in the historiographical side—a continual reminder of the purpose and potential value of history (if historians conscientiously reflect on what history is and why)—that Porter’s influence will be most keenly felt. In the meantime, let us make do with this excellent collection, which shows that his intellectually thorny legacy is very much alive and pricking.

Andrew Hull, Swansea University

Peter McRorie Higgins, Punish or treat? Medical care in English prisons 1770–1850, Victoria, BC, Trafford Publishing, 2007, pp. ix, 283, illus., £14.99, €21.41, $26.07 (paperback 1-4251-0153-4).

Implicated thirty years ago as collusive agents of disciplinary repression by Michel Foucault and Michael Ignatieff, prison medical staff have not fared well at the hands of more recent revisionist penal historians such as Jo Sim. In this published version of his PhD thesis, Higgins, himself a retired medical practitioner, aims to correct what he sees as their biased and inaccurate account and to do so he has utilized records held in county and other archives, and consulted parliamentary papers and contemporary published literature.

Beginning with a canter through the prospectus for prison government offered by the reformers of the late eighteenth century, Higgins focuses on John Howard’s emphasis on the duty of the state to provide health care for its prisoners. He charts the subsequent growth of more systematic provision of “prison surgeons” and infirmaries by the supervising magistrates. In the early
nineteenth century these medical staff also began to measure the effects of the environment on the health of prisoners, and he concludes that a competent service developed with an independent ethos of knowledge-based medical care, offering treatments which were closely in line with the accepted methods of the day.

Clinical practice in the prisons was influenced by the prevailing belief that atmospheric miasma communicated much disease. In that context Higgins examines the struggle with specific well publicized diseases such as typhus (gaol fever) and Asiatic cholera and evidences medical staff going to considerable lengths to intervene against these, using methods such as ingenious ventilation devices, sanitary improvement and cellular separation. But practitioners also had recourse to interventions not based on miasmic theory, for example vaccination against smallpox. Indeed most of the work of the prison surgeon involved recourse to an extensive pharmacopoeia to treat the less dramatically highlighted daily round of illness such as gastro-intestinal, ulcerous and venereal conditions. He concludes that at the forefront of the minds of these staff was combating disease and illness and curing prisoners effectively rather than subjugating and repressing them.

Insanity, deaths in prison (including self-inflicted) and malingering attracted much attention from penal critics at the time, and Higgins assembles a wealth of case material to show the day to day realities behind the public rhetoric before turning finally to the relationship between prison surgeons and the prison authorities such as governors and magistrates. He uses the infamous scurvy outbreak at Millbank Penitentiary in the first six months of 1823 to challenge those who see this as a prime example of callous doctors colluding with the management to drive diets down to the point of starvation.

I have two comments on detail. Higgins’s argument that William Baly, Medical Superintendent at Millbank, saw no connection between water quality and cholera needs qualification. Although admittedly Baly believed miasma to be the primary cause of its spread, my reading of the record is that he also saw foul water as a subsidiary, “exciting” cause. Secondly, what a poster from communist Russia urging death to lice in 1919 is doing reproduced in this book escapes me—I suspect it is a sacred cow the author should have slaughtered.

I accept Higgins’s central contention that the history of prison medicine has too often been negatively labelled as collusive repression, although I think he swings the pendulum rather too far in the opposite direction. He has presented a wealth of evidence showing the suffering which prison medical staff encountered daily and the ingenuity and commitment they showed in confronting it. His book is a useful corrective to revisionist texts and, following the recent integration of prison health care with the community-based primary care trusts of the National Health Service, provides food for thought more generally.

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Peter Jones, A surgical revolution: surgery in Scotland 1837–1901, Edinburgh, John Donald, 2007, pp. 231, £20.00 (paperback 10-0-85976-684-5).

A wonderful subject, still to be fully fathomed as a serious historical topic, let alone finished: Scotland and the making of modern surgery (or engineering if you do not like blood). That there was a surgical “revolution” in the second half of the nineteenth century and that Scotland was a key setting in which this was brought about are affirmations that seem as sound today as they were when first made by surgeons of the time. Rightly, I think, none of the revisionist history of surgery of the last thirty years has sought to challenge them. In Peter Jones’s book they are taken-for-granted assumptions which he exemplifies in detail but does not query or explain. There is
nothing new in this volume’s framework and much is retold in the original, tired, often mythological, form that late nineteenth-century surgeons created: the discovery of anaesthesia, Lister’s antisepsis, etc. The contents of this work—the great men, the famous operations—can easily be found in many places elsewhere. The virtues of this volume derive from Jones’s personal experience—he is a retired paediatric surgeon—and he brings to the technical history of the operations he describes an informative clarity rarely encountered. Among other things the accounts of Lister’s operations on carious joints (especially wrists), the corrections for the deformities of rickets in the lower limbs, the various interventions for an inflamed appendix, and Macewen’s surgery for cerebral lesions are models of exposition of complex practical matters to which any interested reader could be directed.

These accounts demonstrate both Jones’s first-hand knowledge of surgery and his careful return to primary sources. Of secondary sources, however, there is scarcely a trace except older hagiographic biographies. Inevitably all the familiar stories invented by surgeons and their pupils of the time are rehearsed. To take but one example in which I admit an interest: once again Lister is credited with saying that “if dust suspended in the air could cause sugar solutions to ferment” then “it was possible for dust carrying harmful germs to gain access to living tissues... and cause putrefaction” (p. 145). Before 1880, and probably much later, Lister never said any such thing and certainly not in 1867 nor for many years after this date when he first published on his antisepsic technique. Sugar solutions were not considered similar to living tissues by Lister or anyone else and he never made a leap from non-living organic matter to the healthy body. Living tissues, he repeatedly asserted, were perfectly resistant to “germs” but organic matter in wounds—congealed blood, dead tissue—like sugar solutions, he endlessly iterated, could form an ideal nidus for “germs” to cause putrefaction by fermentation. It was the absorption of toxins from this putrefaction, Lister said, that led to conditions such as hospital gangrene. To suggest otherwise is to be taken in by the myth later created by Lister and his followers that he used a modern germ theory of infection—basically a German construct of the 1880s—to guide his researches. Lister used antisepic dressings to prevent “germs” settling on dead material and fermenting it. Oddly, Jones repeatedly uses Lister’s own phrase “the germ theory of putrefaction” but seems not know the words of Lister’s most famous disciple, recurrently referred to in this book. In 1882 William Watson Cheyne declared “the germ theory of infective disease... [has] no essential bearing on the principles of antiseptic surgery” which was “simply a struggle with the causes of putrefaction” (Antiseptic surgery, pp. 287–8).

At any rate the heroic picture of Lister champion of the germ theory, once again obscures the man—a most original, painstaking and much-admired (albeit remote and serious) surgeon who built up a cadre of devoted pupils brought up in the new science of the 1880s who created him as a prophet of modernity. Recently in their excellent study, Medical lives in the age of surgical revolution (2007), Anne Crowther and Marguerite Dupree have begun to show how this was done. This work may have appeared too late for Jones to have taken cognizance of it but, since the most recent works cited in his chapter ‘The birth of the antiseptic principle’ are from 1977, and then before that the appreciations of Lister by his pupils Rickman Godlee and Hector Cameron, it is hard to imagine its appearance would have made much difference had it been noticed.
replacement, Science, Technology and Medicine in Modern History, Basingstoke, Palgrave Macmillan, 2007, pp. xiv, 222, illus., £45.00 (hardback 978-0-230-55314-9).

The title of this book pretty much sums up what will be found here: the history of total hip replacement (THR) in Europe (mainly Britain) and North America and an account of the interests of surgeons, manufacturers and patients. The volume’s association with the Centre for the History of Science, Technology and Medicine at the University of Manchester delivers its promise, as the reader might expect, of high quality research and sound historical writing. Manchester was the obvious place from which such a work might appear since the most successful hip prosthesis was developed by a local surgeon, John Charnley, at Wrightington Hospital near Wigan. Here Charnley had a clinical unit and a workshop, and a practical, apprentice-trained engineer, Harry Craven. Charnley and Craven’s prosthetic hip was, at first, a classic “string and sealing wax” development. Even when their design was taken up and produced commercially their chosen collaborator was Charles Thackray, the owner of a comparatively small surgical instrument making company of that name in nearby Leeds.

The success of Charnley’s hip lay in its material base (the dual components of a high density polyethylene cup and a stainless steel femoral head); Charnley and Craven’s dogged testing; Charnley’s development of an operation with a very low risk of infection; and Charnley’s control over the access surgeons had to the details of the prosthesis and its implantation. This part of the tale is quite well known but the authors flesh it out with archival detail. As might be expected, the book reveals that Charnley’s narrative was not one of single-handed heroism. THR had a prehistory in the 1930s, and in the post-war years many groups in Europe and across the Atlantic were experimenting to produce artificial hips that could be implanted with safety and restored function for a long time. This story occupies most of the first half of the book whereas much of the second part is devoted to industrial dynamics: competition, patenting, marketing, innovation, etc. As such, this is where the United States figures large in the narrative. The authors do well to tell a complicated story for, as they recognize, commercialism cannot be treated in vacuo without reference to ageing populations and the costs and means of delivering health care. Finally patients and their expectations are explored although not as an afterthought but as part of the complex dynamics of modern, expensive, health services in different nations. Enriched by the new historiography of technology, this is a well-written piece of modern medical history. Well-written of course does not mean this is an “unputdownable” Arthur Conan Doyle short story. It is demanding and may be more often turned to for the parts rather than the whole.

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Wendy Moore, The knife man: the extraordinary life and times of John Hunter, father of modern surgery, London, Bantam Press, 2005, pp. xiii, 482, illus., £18.99 (hardback 0-593-05209-9).

The knife man is Wendy Moore’s exhaustive biography of John Hunter, the eighteenth-century Scot who is often found to be residing under the label of “founding father” of modern surgery. It charts the rise of Hunter from his poor childhood home in Lanarkshire, where he displayed early on a strong curiosity for the natural world around him, to his move to London to work as an assistant to his brother William, and on to the forging of his own career as London’s best known surgeon and anatomist.

The book paints a vivid picture of Hunter’s fascinating and often controversial work in anatomy and Moore readily casts him in the
role of misunderstood maverick born before his time, whose devotion to the values of experimentation and observation rather than classical medical theory led to a “revolutionary impact on surgery” (p. 400). Hunter’s approach to his studies reflected his personality: brilliant but brusque, kind yet quick tempered, he was admired and disliked in equal measure by his contemporaries, and his complete absorption in his work frequently isolated him from them altogether. For Hunter the lines between work and personal life were blurred and he often experimented on his own body, even infecting himself with gonorrhoea in an attempt to fathom whether the disease progressed into syphilis.

Moore’s biography brings to light numerous aspects of Hunter’s life and work which have yet to be fully explored by historians, and contributes towards a much needed expansion on the standard Whiggish portrait. Particularly interesting is the exploration of Hunter’s relationship with his brother. William’s authority as the older, more successful sibling gradually eroded as John rose to fame, causing a divergence in their careers and irreparable damage to their personal relationship. While John devoted himself to empiricism and to practising only as a surgeon, William increasingly sought to move away from his roots in surgery and anatomy into the more unsullied and lucrative role of physician—“for William the blundering brutality of the operating theatre was just too much” (p. 93) Moore writes. In 1780 there was a public falling out between the brothers when John accused William of plagiarism at a meeting of the Royal Society. But Moore also recognizes that their relationship was a complex one, with John relying on his older brother socially and financially during the early part of his career in London.

Hunter’s relationship with surgery itself is also analysed. His reputation for strongly preferring anatomical investigation over surgical practice has often dissolved under the weight of being labelled founder of modern surgery, yet it was in the former that his passion lay. Hunter’s pursuit of surgical practice was little more than a way to pay the bills; he was often bored by the rich Londoners who made up the majority of his patients, and he was on bad terms with his surgical colleagues at St George’s Hospital for most of his career. For Hunter, the crux of his work was the exploration of life in all its forms, and it was in the practice of comparative anatomy that he could fulfil his interest in both humans and animals, structure and function.

The knife man is well researched and highly readable. The descriptive narrative helps the book’s pacing, but it occasionally lapses into presentism, for instance describing standard Georgian medical practices such as bleeding and blistering as “forms of torture” (p. 73). Moore also falls foul of distracting grammatical anachronisms from time to time, even depicting the position required of patients in preparation for a lithotomy as “the oven-ready position” (p. 74). The book’s target audience is the general public rather than historians and it examines not only Hunter’s life but also the murky world of eighteenth-century medicine he inhabited, complete with crowded dissecting rooms, shady doctors, botched operations and grave robbing, with Moore utilizing the goriness of the era to maximum capacity. Her fondness for her subject is highly apparent, and at times excessive. A figure as prominent as Hunter in the history of surgery deserves a sterner critical eye and greater objectivity than The knife man provides, particularly in respect to Hunter’s relationships with his contemporaries. Moore’s characterization of Everard Home—Hunter’s brother-in-law and long-term assistant—as bitterly jealous would have benefited from further analysis. Her description of Home’s motivation for burning many of Hunter’s papers after his death as being “no doubt, in a fit of jealous rage” (p. 398), as opposed to being part of Hunter’s dying wishes, as Home always maintained, is dubious and without sufficient accompanying evidence to support it. Equally, her claim that Home went on to plagiarize him over the ensuing years also warrants further
explanation and more evidence than the one paragraph the book provides. Ultimately, *The knife man* is a welcome addition to our understanding of John Hunter, but its overall subjectivity still leaves plenty of room for development in the historiography of his life and legacy.

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Anne Stiles (ed.), *Neurology and literature, 1860–1920*, Palgrave Studies in Nineteenth-Century Writing and Culture, Basingstoke, Palgrave Macmillan, 2007, pp. x, 229, £45.00 (hardback 978-0-230-52094-3).

The editor of this collection maintains in her Introduction that, between 1860 and 1920, scientists and artists were “paying very close attention to one another”. Indeed, a “mutually responsive” dialogue occurred during this period that was founded upon a set of shared concerns. Stiles maintains that, whatever differences might have divided them, intellectuals engaged in different disciplines shared a common ambivalence about “the philosophical ramifications of scientific materialism and physiological reductionism” (p. 2). These are sweeping claims. None the less, it is the case that the late nineteenth century and the early decades of the twentieth did see an exceptional level of interaction between the scientific and literary worlds. This was, as Stiles points out, no one-way traffic, with science influencing literature or vice versa. There was rather a set of “two-way conversations between disciplines” (p. 13). This invites the kind of interdisciplinary enquiry that the essays in the present volume attempt, one that seeks to detail the complex interactions between medicine, biology, and literature around the turn of the twentieth century. Stiles claims that the present is a particularly auspicious moment for such an exercise because of what she alleges are strong similarities between the early twentieth and the early twenty-first centuries’ approaches to the issues surrounding mental disease.

The eight papers that make up the volume are neatly divided into four sections. ‘Catalysts’ deals with key events that drew the attention of literary figures to aspects of neurology. Thus Laura Otis discusses how H G Wells and Wilkie Collins “retried” David Ferrier in their novels *The island of Dr. Moreau* and *Heart and science*. She maintains that these works of fiction “offer critiques of science far more complex and insightful than those of Ferrier’s prosecutors”. (p. 28) Her analysis is interesting and insightful. But her assertion that “Ferrier’s researches aroused the public for the same reason that audiences shuddered [sic] at *The Matrix*” (p. 31) seems a little far-fetched.

Part II—‘Diagnostic categories’—deals with the emergence of new clinical entities and with how these found representation in works of fiction. Andrew Mangham seeks the origins of the contemporary diagnostic category of Body Dysmorphic Disorder in the psychiatric thought of the late nineteenth century. He maintains, moreover, that the emergence of the category of “dysmorphophobia” owed much to earlier fictional narratives. By 1891, “psychiatry had a backlog of works, both literary and scientific, on which it could draw in order to identify and label the concept of a looks-related neurosis” (p. 87). Presumably, some such critical mass of exemplary material must accumulate before a term for condition can emerge.

In a third part on ‘Sex and the brain’ Randall Knoper maintains that in his novel, *A mortal antipathy*, Oliver Wendell Holmes made the connection between childhood trauma and sexual inversion at least a decade before the publication of Freud and Breuer’s studies in hysteria. This might seem at first glance a variation on the theme of establishing priority of discovery that preoccupied medical historians of yore. However, Knoper’s paper does problematize the conventional distinction between fictional and scientific writing in stimulating ways.
In a final section on ‘The traumatized brain’, Jill Matus attempts to historicize the emergence in the nineteenth century of the notion of psychic shock through a study of a range of both fictional and non-fictional texts. Her contention is that the literary work should be viewed not only as “an index of cultural reactions to scientific concepts, but also as an agent in developing discourses of the mind and body” (p. 165). Mark Micale gives a more straightforward account of the (largely unrecognized) existence of psychological trauma among many of those who fought in the American Civil War. The fact that Silas Weir Mitchell, the most prominent American neurologist of the epoch, was also a successful novelist provides a somewhat tenuous link to the main themes of the volume.

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Daniel Lord Smail, On deep history and the brain, Berkeley and London, University of California Press, 2008, pp. xiv, 271, £12.95, 21.95 (hardback 978-0-520-25289-9), £9.95, $15.95 (paperback 978-0-520-25812-9).

These days an entrepreneur seeking his or her fortune in academia would be wise to attach the prefix “neuro” to the most conservative sounding academic speciality. Some recent successful examples include the new Oxford Centre for Neuroethics, where neuroethicists study whether the neurosciences ought to manipulate moral judgements, and the neuroeconomists at Duke University, who investigate whether emotional states influence consumer choices. Neurolawyers at Vanderbilt University Law School have begun analysing the cerebral structure of criminal thought and intent, while neurophilosophy has been around since the 1980s. And now we have the newest “neurospecies” in Daniel Lord Smail’s essay On deep history and the brain—a book that not only promises a “grand historical narrative that links the Paleolithic to the Postlithic” but does so by inaugurating neurohistory.

Ordinarily, readers might take umbrage when a book attempts to answer questions such as: how did the cultural evolution of the clitoris allow women to experience sexual pleasure (p. 128)? Why is gossip more addictive for women than for men (p. 178)? And why did the Inuit, master furriers that they were, become short in stature (p. 194)? Yet, Smail’s desires to end the chronology of sacred history, to account for Neolithic peoples, to include Africa in the story of human history, to use science to challenge biblical literalism, to give a voice to the speechless past of prehistory, and to engage multiple audiences with his interdisciplinary argument, will likely win him many enthusiasts and disciples. Even if the thrust of Smail’s argument is scarily reminiscent of the “neurotyrannies” found in Philip K Dick novels, it is nevertheless quite certain that most reviewers will laud his achievement in extending the recent insights of the neurosciences to history. Though I cannot count myself among their laudatory numbers, those reviewers are right that this neurohistory has an argument worth contemplating.

Premodern history, Smail suggests, is not only fascinating in its own right but has played a role in everything that came afterwards. Patterns of biological evolution, changes in the global environment, the spread of disease, and other naturally occurring calamities must have played a role in the emergence of premodern societies. Of those emergences, however, there is little more than the geological record and slight archaeological evidence. Without documents, one might think that a deep history—a history that bridges the Palaeolithic and Postlithic divide—would be impossible. Recent developments, Smail asserts, in neurobiology, neurophysiology and genetics not only suggest otherwise but also have implications for study of the more recent past.

The assumption at the heart of Smail’s argument is that certain ideas “can ‘possess’ the brain” (p. 97). In a broader sense, culture is a “biological phenomenon” that can literally
influence the shape of neural networks (p. 154). Some ideas, like gender, can become so fixed within neural networks that they can be mistaken as genetic. Other ideas and their cultural expressions (such as marriage, virginity, celibacy, or revulsion at incest) appear more as traditions or institutions. Whether adaptive or maladaptive, as these ideas or traditions affect the neural pathways, they can consequently replicate themselves and even “infect” other people. These structures, however, are not biologically or culturally fixed. Indeed, like other animals, humans seem naturally inclined, and even wilfully relish, testing their biological states and the limits of their cultural norms.

Although natural selection mitigates some of the more harmful effects of these habits, the intentional testing of these limits has broad social effects. One is that individual tinkering (whether due to genius or deviance) can unintentionally cause significant fluctuations in the long-term shape of human culture. Palaeolithic man may have had a genetically adaptive predisposition for acquiring identity markers like jewellery, but the Postlithic consequences of that predisposition—e.g. commodity culture—have far transcended the original adaptation’s biological advantage. Another effect, even bigger, is that civilizations, rather than putting an end to biology, enable it. Ultimately, the narrative of the brain—the neurohistorical perspective—reveals that although the testing of human limits may be of ancient genetic origin, its effects have been with us ever since in the transcendence of the cultural over the biological.

In a satirical light, one might see Smail’s argument actually unfolding before our eyes. The idea of the “neuro” certainly seems to have had a discernable cultural impact. For all its slick packaging, rhetorically appropriate relativism, historiographically informed analysis, and self-assured paraphrasing of Darwin’s *Origin of species*, one could nevertheless dismiss this book on the grounds that its argument has something of the simplicity of the origin tales in Rudyard Kipling’s *Just so stories* with none of the charm. But, in this case, satire is too apathetic. There is much more at stake here than whether history can be done in the absence of documents or with the tools of science. Smail is most certainly correct in his claims that culture matters and that discourses construct received truths. Yet, he can provide scant evidence for why and how culture becomes “wired” (a metaphor Smail deploys frequently but never explains) into our brains. Furthermore, the limits of some of the scientific support he musters are self-evident—Do women *really* gossip more than men? Do we *really* understand why horses snort? Is not some of this science still conjecture, hypothesis, or correlation? Another point against this metanarrative is one that Karl Popper might have offered. Its explanatory power seems capable of explaining practically everything; whatever happens always confirms the theory. Finally, by asserting this new metanarrative, Smail has unwittingly drafted yet another chapter in what Michael Foucault termed the manifesto of biopower. One would have thought that the logic of his own argument would have made Smail more cautious.

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**Lorraine Daston** and **Peter Galison,** *Objectivity,* New York, Zone Books, 2007, pp. 501, 32 colour plates, 108 black and white illus., £25.95, $38.95 (hardback 978-1-890951-78-8).

In *Objectivity,* Daston and Galison challenge the received view that it is possible to observe nature without contaminating it with preconceived notions, prejudices and above all over-interpretation. This ahistorical view embraces the possibility of knowing the world as it “really is” without the involvement of a knower subject. Daston and Galison’s key weapon to contest this position is no more and no less than history. They argue that the ahistorical outlook only emerged in the...
mid-nineteenth century and was associated, although not exclusively, with the development of new technologies and methodologies such as photography and statistics (mechanical objectivity). From the seventeenth century, open interpretations of nature by the observer/expert were the norm and were thus cherished. Human anatomy and botany, for example, required a defined preconception of phenomena, one that entailed seeing beyond the imperfect individual specimens that nature offered to the viewer.

Without denying the visual input of other sources, the authors focus on scientific and medical atlases. These offer a selection of images representing the objects of inquiry of several disciplines at a particular time. They, therefore, set the standards for how natural or medical phenomena are to be seen and depicted. Atlases are also performers of “collective empiricism”, a must for the practice of natural philosophy and more especially modern science from the mid-nineteenth century onwards. Finally, for the historian of science and medicine, atlases are privileged windows from which to observe past and present scientific and medical practices as well as the “scientific self” that performed and performs them.

This takes us to one of the boldest proposals of Daston and Galison’s work: the idea that for scientific objectivity to exist it should embody an array of ethical and moral codes that have to be carefully internalized and acted upon by a cultivated and conscious “scientific self”. For a pre-Enlightenment natural philosopher or a mid-nineteenth-century scientist, for instance, the aspects of the scientific self that were cultivated and/or suppressed were different to those held by a current technoscientist. A la Foucault, Daston and Galison claim that to attain objectivity the scientific self is exercised and reinforced by techniques of self-discipline, which could be as varied as, for instance, laboratory note-keeping in the case of a mid-twentieth-century scientist, and by a belief in the scientific self as, simultaneously, an active experimenter and a passive observer.

Daston and Galison’s history of objectivity begins with the change of the “scientific self” as experienced by the British physicist Arthur Worthington, who in 1875 altered his views about the shape of falling liquid droplets. Before he began to use a camera, Worthington had drawn images of these by recalling their form after the flash of an electric spark. When, however, he saw photographs of the falling droplets, he was stunned to realize that his “pictorial taxonomy” of them was wrong, for it not only idealized the phenomenon as symmetrical, hence “misrepresenting” it, but, most importantly, even in the first observations he had selected only symmetrical droplets, discarding asymmetrical ones. The authors argue that this shift in Worthington’s perception of his representation of phenomena corresponds to the shift from one kind of “epistemic virtue” to another. Epistemic virtue, a key concept in the book, refers to a particular vision of what knowledge about nature is in a particular period and how it should be attained. The authors identify three types: “truth-to-nature”, “mechanical objectivity” and “trained judgement”; each of which is associated with well-defined and characteristic “moral virtues” and particular “scientific selves”. Daston and Galison are quick to point out that when an epistemic virtue comes into being it does not fully erase the former, but rather amalgamates and reflects the meaning of its predecessor in a discipline-dependant manner. A certain periodization is however recognizable: “truth-to-nature” runs from the eighteenth century to the mid-nineteenth century and is characterized by the selection of images representing ideal types, an object found in nature but idealized as a universal form. Here, interpretation and author input are highly valued. “Truth-to-nature” is followed by “mechanical objectivity”, a period running from the mid-nineteenth century to the present day which entails forms of automatisms that minimize scientists’ intervention and prevent knowledge from being tainted by subjective projections (Worthington shift). Finally, there is “trained judgement”, which runs from about
the mid-twentieth century to the present, and refers to an attitude that allows for interpretation—one which puts an artistic element back into science—that draws on the unconscious in order to select intuitive criteria for objectivity. With “trained judgement” a new kind of pedagogy arose, one that would become very successful in forming self-assured experts in the recognition of particular patterns in the representation or rather presentation of phenomena (for example, Magnetic Resonance Imaging).

All in all, Objectivity is a thought-provoking, profound and well-crafted book that shows us that what counts as right depiction hinges on the historical period under analysis. Scientists and medical doctors interested in how knowledge is produced in their disciplines will find it a compelling and pleasurable read. Moreover, it is, as Daston and Galison argue, relevant to current discussions about the existence, attainability and even desirability of objectivity.

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Nicholas Coni, Medicine and warfare: Spain, 1936–1939, Routledge/Canáda Blanch Studies on Contemporary Spain, New York and London, Routledge, 2007, pp. xxv, 266, £65.00 (hardback 0-415-38597-0).

Nicholas Coni describes Medicine and warfare: Spain, 1936–1939 as “the only book, . . . even in Spanish or Catalan, that tries to present an impartial and reasonably comprehensive portrait of the medical, surgical, and nursing implications” of the Spanish Civil War (p. xix). In spite of the vast literature covering many aspects of the Spanish hostilities, and the importance of that conflict in shaping European expectations about the medical consequences of modern warfare, this claim is fair. There has been little attempt to account systematically for the medical practices of either Nationalists or Republicans and the challenges to which they responded. It is the major strength of Medicine and warfare to have filled this gap.

Yet, as Coni admits, his task was both “ambitious and daunting”, and his 266-page tome is a slim volume for a bold project. The range of the twelve chapters indicates how slim: ‘Nursing’, ‘Blood transfusion’, ‘International Brigades’ and ‘Famine and disease’, all feature. Their organization into discrete, free-standing units leaves little opportunity for narrative and does not help to impart a sense of how medical knowledge developed under the particular conditions of “Spain, 1936–1939”. Instead, Coni concentrates on names, injuries, dates and places. This happens especially in the chapter on ‘Wound care’, where ‘Types of wound’, ‘Severe facial injuries’, and ‘Other measures in use for casualties’ are listed without additional comment, followed by short commentaries on burns, frostbite, and wounds of the head, abdomen, chest, eyes, ears, and vessels. This style is typical of several chapters in Medicine and warfare, and unfortunately makes impossible a sustained analysis of the complex relations between those two terms.

Coni privileges current understandings of medical concepts and practices. In a discussion of the innovative and controversial use of stored blood by the Republican haematologist, Federico Durán Jordá, he paraphrases the received account of the Barcelona Blood Transfusion Service before endorsing the latter-day consensus that opposition to blood storage was little more than “prejudice” (pp. 75–7). Yet it might have been more interesting to consider how the conditions of warfare prompted reliance upon a technology whose status remained suspect in several countries long after the closure of Spanish hostilities in 1939. Elsewhere, Coni defines “shock” in present-day terms, rather than as a concept that evolved and mutated through the novel experiences and innovations of wartime medicine. So it is unsurprising that his central conclusion is a variant on a familiar, but contentious, aphorism: “medical...
science flourished during the Spanish Civil War” (p. 1).

But Coni, who makes no large historical claims, has accomplished what he set out to do and described the “medical implications” of the Spanish conflict in a rich compendium of facts. The separate chapter of ‘Biographical notes’ provides especially helpful information on some of the major medical innovators of the period, while the bibliography is a trove of relevant sources. A further advantage is the clarity of Coni’s consistently accessible writing; methodological choices and limits on content are also made clear from the outset. Though readers should not expect the evocative prose and deeply contextualized analyses that characterize the best histories of the Spanish Civil War, this original effort to map uncharted territory will prove invaluable to anyone wishing to continue research in the area.

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Anna Crozier, Practising colonial medicine: the Colonial Medical Service in British East Africa, London and New York, I B Tauris, 2007, pp. xiv, 225, £47.50 (hardback 978-1-84511-459-6).

Crozier’s book provides a group portrait of 424 doctors employed in the East African Medical Service (EAMS) before 1939. The book shows how the backgrounds and experiences of EAMS doctors across Kenya, Uganda and Tanzania shaped their identities, suggesting that even when they practised in isolation from each other they had much in common. The EAMS doctors exhibited significant similarities in age at entry (mostly under thirty), gender (mostly male), professional, and ethnic (mostly English and Scottish) backgrounds. The book provides an important insight into how the attractions of joining the Colonial Medical Service were informally promoted through networks of family, friends and colleagues. Positive representations of the philanthropy, morality, valour, and adventure of colonial medical service were rooted in its close associations in the minds and experiences of its doctors with the work of missionaries, explorers and (increasingly) scientists in the new specialism of tropical medicine. Besides colonial ideologies, EAMS doctors also shared common experiences in East Africa. Like other colonials, they were simultaneously both personally and professionally invested in being (exaggeratedly) British and having first-hand experiences of Africa. Even after leaving the EAMS many of the doctors’ personal and professional lives were shaped by their experiences in the service.

The book is a useful counterpart to works on the Indian Medical Service, on doctors in colonial Africa, and the 2003 collected volume on Medicine and colonial identity edited by Molly Sutphen and Bridie Andrews. It is part of a broader trend towards understanding white colonial identities as related to, but distinct from, British identities. In 1997, Shula Marks suggested that this trend towards examining the politics of identity, especially race, gender and ethnicity, in colonial medicine historiography, was problematic because it placed colonial medicine centre stage as a vehicle of colonial discourse and power, rather than concentrating on the broader politics of health or class inequality (“What is colonial about colonial medicine?”, Soc. Hist. Med., 1997, 10: 205–19, p. 215). Both these approaches are needed, but it is precisely the strength of Crozier’s book that in examining issues of race and identity it deliberately does not place colonial medicine centre stage as an agent of colonization. It seeks to understand the identities of EAMS doctors as complex and nuanced, informed by their positions as British émigrés, employees of a specific branch of the diverse Colonial Service, and members of the medical profession (especially tropical medicine specialists), as well as employees of the colonial state and members of settler society.

One of the problems of the book, however, is that it does not rise far enough above its
archive of personal papers and Colonial Office records. In moving away from simply depicting colonialism’s faults through a medical lens, Crozier’s book laudably tries to balance positive and negative aspects of the EAMS’s history. But its non-judgmentalism sometimes limits significant analytical insights that could take us beyond the perspective of the EAMS doctors. The lack of a rapprochement between Foucaultian-style analysis of discourses of modernity and identity, and archivally-based case studies providing historical data on practice and experience is a general problem in colonial medical history (W Ernst, ‘Beyond East and West. Reflections on the social history of medicine(s) in South Asia’, Soc. Hist. Med., 2007, 20: 505–24, pp. 509–10). African histories of medicine have generally tended towards the stolidly archival end of the spectrum, and this book is no exception. This is a pity, given that it could have further developed Dane Kennedy’s work on settler identity that points in exciting new directions.

Thus, while the experiences of EAMS doctors may indeed “provide a cultural-historical template with which to view the colonial experience in general” (p. 2), this book’s frame of vision is very narrowly focused. It remains to be seen whether other data fit into the EAMS story like pieces of a puzzle, or whether EAMS doctors’ identities are better understood by providing new theoretical insights, or by juxtaposing them with African identities or broader socio-historical patterns. Nevertheless, as it stands, the book is a detailed, well researched and clearly presented account of a much neglected part of the Colonial Service, and will be a useful contribution in the field as a whole.

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Michelle Renshaw, Accommodating the Chinese: the American Hospital in China, 1880–1920, East Asia: History, Politics, Sociology, Culture series, New York and London, Routledge, 2005, pp. xxii, 312, illus., £55.00, $90.00 (hardback 978-0-415-97285-7).

Michelle Renshaw’s meticulously researched Accommodating the Chinese looks at an important puzzle. When Western medicine was introduced into China by Protestant missionaries, which aspects of the missionary hospitals were adopted from their Western counterparts, and which owed their character to indigenous Chinese institutions, and to what extent? The author gives us a detailed discussion with enormous historical evidence.

Accommodating the Chinese addresses a topic generally ignored in the history of Western medicine in China. The book studies the physical and practical aspects of the hospital in that country, giving us an idea of how Western medicine was practised from the late nineteenth to the early twentieth century. Although much research has been done on the history of western medicine in China, there are few studies that focus on hospitals. This book, therefore, fills a gap.

It is divided into three sections. In the first, Renshaw reviews organized medicine in traditional China. There were Chinese charitable organizations in existence when the missionaries arrived and some were similar to the format of medical missionary dispensaries. Importantly, therefore, while Chinese patients in missionary hospitals may have found the medicine strange, the organization and principle of these institutions would have been familiar.

The second section examines the physical aspects of the hospital. Based on painstaking research in historical records, these three chapters provide an examination of the hospital buildings—their location, orientation, architectural style, internal layout, range of facilities, building methods, materials and finishes, and so on. Renshaw also connects the development of the medical mission in China to the progress of modern medicine in the West. For example, the missionaries were aware of the on-going debate in the West linking hospital design and health. But many
missionary architects and clients consciously not only translated the Chinese sentiment into bricks, but also incorporated Chinese design principles into buildings. In the end, the “Western” hospitals in China had more the appearance of other local buildings than that of their counterparts in America or Britain.

Complementing the account of hospital buildings, in the third section the author also provides a vivid portrait of their day to day working and the practice of medicine within them, from the patient’s experience when entering a hospital to life on the ward. The core concern is about how the missionaries appealed to the Chinese. For example, having debated whether they should require payment for drugs and treatments, in the end, in accordance with Chinese custom, most missionary hospitals charged a range of fees that varied for rich and poor, for men, women and children.

This book’s real aim is to portray in full historical detail the American hospital in China at the historical moment when the Chinese begin to accept Western medicine. However, Renshaw neglects the important fact that, from the moment of their arrival in China, medical missionaries and the medicine they practised were regarded with suspicion and distrust, and many outrageous rumours circulated concerning their medical practices. Because most hospitals were affiliated with a church, the simplest response of ordinary Chinese people to the hospital was: why are the doors of the church always closed? Why do so many people die after going to the hospital that is linked with the church? We are left, therefore, with some interesting questions: did the spatial arrangements for treatment in these hospitals make medical missionaries’ activities look problematic to the locals? Did the rumours influence medical missionaries to make certain accommodations? These questions are beyond the scope of this book. It is thus our turn to conduct further studies.

Robert Woods, Children remembered: responses to untimely death in the past, Liverpool University Press, 2006, pp. xii, 288, illus., £29.95 (hardback 978-1-84631-021-8).

Children remembered is an interdisciplinary study of parents’ emotional responses to their children’s untimely deaths across five centuries in England, France, and America, from approximately 1520 to the 1990s. The book contributes most directly to the historiographical debates about the impact of demography on the quality of relationships between parents and children. These debates were generated by the French scholar Philippe Ariés in 1960 with the publication of his book L’enfant et la vie familiale sous l’ancien régime. Ariés believed that emotional indifference on the part of parents was the “direct and inevitable consequence of the demography of the period” (cited by Robert Woods, p. 8): adults knew that infant and child mortality rates were high, and therefore avoided becoming too attached to their children. Robert Woods regards Children remembered as an “experiment” (p. 209) to test this thesis, correlating the demographic facts of child and infant death rates with evidence from twenty paintings of children and ninety-six poems written by adults upon the deaths of their offspring. This approach is influenced heavily by the theoretical “three-levels model” proposed by the French historian Michel Vovelle, which links death rates with societal attitudes and emotions. The book is structured around this tripartite framework, with the first section charting the changing death rates over time, the second part then examining the representation of children in paintings, and finally, the third part analysing the language of grief in poetry. Woods argues that to some extent Ariés was wrong, since “Children were mourned . . . in all five centuries” (p. 210) despite the shifts in mortality rates, as indicated by the unrelenting expressions of grief conveyed through the literary sources. He also criticizes Ariés for assuming that the high death rates in France were “normal”, when in fact, they were “an
anomaly”, since Britain, northern Europe, and New England experienced lower rates of mortality (p. 212). However, the author does not entirely rule out the possibility that there is a link between demography and grief, stating that “If at least 1 in 2 infants died, deep emotional attachment could not be expected... Rare events encourage more deeply felt emotional responses” (pp. 212–13).

Perhaps the greatest merit of Children remembered is its innovative juxtaposition and analysis of such diverse sources: rarely have historians used the quantitative evidence of death rates alongside the qualitative evidence of paintings and literature. Woods raises some thoughtful questions about the uses and pitfalls of these sources, stating that whilst poetry is a useful medium for conveying emotions, it cannot be assumed that the thoughts and feelings of the authors can “be simply and directly derived” from the texts by the historian (p. 103). Furthermore, the book is a treasure trove of information: Woods has included transcripts of all ninety-six poems, colour copies of eighteen of the paintings, and useful facts about the authors/artists, subjects, and purposes. Hopefully this will encourage scholars to make greater use of these kinds of sources, since traditionally diaries and correspondence alone have been used by historians of parent–child relationships. Likewise, the book is rich in secondary detail, containing meticulous accounts of the various works of historians, literary theorists, and sociologists. Occasionally, this information is a little overwhelming, since it can obscure the flow of the book’s central argument. A more significant concern relates to Wood’s methodology: readers may feel that it would have been better if the artistic sources had been analysed in a more thematic, qualitative manner, since they do not always lend themselves to statistical analysis. In particular, the charting of the number of times the word “grief” (and other similar terms) appeared in the poetry against the changing death rates (p. 215) is problematic, for this emotion can be conveyed in more subtle ways than through the use of the word itself. Moreover, this method does not adequately distinguish between the expression and the feeling of grief: Woods implies that the absence or presence of the language of grief is evidence of the absence or presence of the actual feelings themselves, when in fact, there were probably many factors influencing authors’ choices of vocabulary and expression, such as moral and religious disapproval of excessive grief. Nevertheless, Children remembered is a valuable contribution to the historiography of childhood, death, grief, and emotions, and will surely be appreciated for its ambitious aims and interesting observations.

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Leslie T Morton and Robert J Moore,
A bibliography of medical and biomedical biography, 3rd ed., Aldershot, Ashgate, 2005, pp. xi, 425, £85.00 (hardback 0-7546-5069-3).

This is Leslie Morton’s (1907–2004) last book. His name was immortalized in Morton’s medical bibliography (fifth edition published in 1991)—commonly referred to as Garrison and Morton—a standard reference work for anyone working in medical history. The first edition of A bibliography of medical and biomedical biography was published in 1989, and A chronology of medicine and related sciences, also by Leslie Morton and Robert Moore, appeared in 1997. Both these are valuable counterparts to Garrison and Morton.

The 1989 edition of Morton and Moore’s A bibliography of medical and biomedical biography was restricted to English-language publications, but references to relevant literature in many European languages including French, German and Russian were added in the following editions. There are 3740 biographies in the present edition compared with 2368 in the second edition. The entry for each individual includes birth and death dates, nationality and speciality, sometimes followed by a note of the main contribution to medical science (usually the
first description of a clinical sign or disease entity), or position held (for example, president of a royal college, university professor, or surgeon-in-chief to the army). This is followed by biographical references, including autobiographies. Occasionally relevant archival collections are also noted.

A drawback is a haphazard selection of entries that gives undue weight to certain periods and countries. A sample of the first 100 entries shows that half the names are British or North American, and more than 60 per cent of the persons listed were born after 1800. It remains unclear what criteria were used for selection. In the introduction the compilers warn “that the biographies of some distinguished persons are missing because they have still to be written or are represented by very brief accounts”. This is not necessarily so. Several accounts of the French surgeon Thierry de Martel have been published yet they are not included. The same is true for the Russian psychologist Alexander Luria. It is surprising to learn that Trofim Lysenko was a “Russian geneticist” (p. 235). He in fact opposed genetics, which was banned in the USSR as a “bourgeois pseudoscience”. A surgeon-in-chief of the Red Army, Nikolai Burdenko is labelled “Russian neurologist” (p. 59). Yet, these are minor faults in what is an essential biographical and bibliographical guide to works in medicine and the biomedical sciences.

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