Milton Lewis, *The people's health*. Vol. I: *Public health in Australia, 1788–1950*; Vol. II: *Public health in Australia, 1950 to the present*, Contributions in Medical Studies, No. 49, Westport, CT, and London, Praeger, 2003, vol. 1: pp. xii, 311; vol. 2: pp. xii, 346, £81.00 (hardback set 0-313-32495-2).

*The people's health* is a major work, the first attempt to write an overview of public health in Australia since Douglas Gordon's *Health, sickness and society* (1976) and J H L Cumpston's *Health and disease in Australia* (1928 and 1989). Milton Lewis has attempted more, however, and drawing on the corpus of public health and medical history writing in Australia—a remarkable amount of which is his own—he has produced a synthetic history, set in the wider international history of public health thinking and practice. The Australian "experiment" is therefore to be understood amidst the larger Anglophone debates and trends in public health and its administration.

Neither does he forget Australia's "peculiarity"; the world's largest island/smallest continent, it was protected from zoonotic crowd diseases until the last two hundred years by its its geographical isolation and sparse populations of both people and animals. It is a partly tropical country with few tropical parasites; an affluent, lucky country that conceals persistent social inequalities and the world's worst "fourth world" health.

Australia's story belongs with that of other New World societies where European settler colonial invasion was abetted by the hidden biological conquest. And it is a variation on the export of British medical and colonial ideas and practice throughout the geographical and social diversity of the Empire. Recent writing on Australian public health has either specialized in infant welfare or indigenous health or explored practice and ideology via the cultural history of medicine in a society that has perhaps experienced more panic than pestilence. Lewis, by contrast, concentrates on disease experience, historical epidemiology and the formation and administration of policy. Like all historians of modern federated states, he has to overcome the obligation to recount routinely the various separate colonial and later state stories, for in health policy Australia operates like seven separate countries, sufficiently different to require individual analysis, sufficiently similar to border on the repetitive.

The differences between the Australian states are subtle, but stem from their contrasting origins as penal or free colonies, legacies of authoritarianism versus voluntarism that remain faintly discernible. Lewis could perhaps have made more of the differences between New South Wales and Victoria in their medical professions and consequent ideas about the role of the state and public health. But there is enough said here to tempt more research by others. Victoria, populated very quickly in the 1850s by a tidal wave of modernity led by Scottish and Irish practitioners who saw little chance in their overcrowded home countries, pushed ahead in implementing public health legislation, as it did for Aboriginal Protection and tariff protection. Free trade New South Wales took another thirty years to pass a Medical Act and to implement a public health act. Lewis is inevitably, given his Sydney base, not as alert as he could be to such distinctions, but these are more properly issues for others to pursue.

These colonial differences, however, are not as significant as the study of health transitions in this transplanted European society, which, for lack of water and fertile inland soil, soon became the most urbanized New World society, creating with that the same urbanized health crises of the Old. In the 1880s, wealthy, booming Marvellous Melbourne had infant and tuberculosis mortality in excess of London's. Like the American New World cities, parsimonious governments found themselves forced to build huge mental asylums to accommodate the surfeit of broken down, failed immigrants, particularly among the Irish and Highland Scots. Therefore the timing, speed and
scale of the falls in mortality can make a useful contribution to the understanding of health transitions and the interventions and socio-economic changes that effected them.

Lewis clearly identifies the emergence and importance of a new type of public health professional in Australia by the turn of the century: a response in the periphery to the new interest in tropical medicine in the metropolitan centre of the empire. This culminated in the foundation of the first national School of Public Health and Tropical Medicine at the University of Sydney in the 1930s. Ironically, Australian progressives and tropical health specialists pursued tropical health in a country with relatively insignificant tropical health problems (except during wartime), but very significant indigenous and social health problems. The focus of tropical health, however, did draw international funding to Australia, such as for the Rockefeller Foundation’s hookworm campaign in the 1920s.

Lewis divides his two volumes around these transitions, finishing the first in 1950 in the dawn of the antibiotic age, with infectious diseases in retreat from mass immunization and effective therapies. The second, and more original volume, concentrates on the public health response to the diseases of affluence. Here his close association at the University of Sydney with leading public health thinkers like Professor Stephen Leeder and with Commonwealth health policy have equipped him to provide for the first time a coherent overview of the history of public health since the Second World War.

He commences with an account of social health as a new conceptual framework for public health and for his own analysis of the post-war Australian story. This provides the intellectual context for the profound changes that have occurred in policy, medical specialization, socio-medical theory and medical education since 1950. He charts the growing interest in chronic degenerative diseases and the afflictions of affluence in the 1950s and 1960s: the gradual medicalization of old age and the new focus on chronic disease made possible by the disappearance of acute infectious disease and sepsis from hospital wards and general practitioners’ daily rounds.

A useful chapter follows on the rise and fall of the interest in community health, and its mixed fortunes, linked as they were in support and funding, to the short-lived but dramatic Labor government of 1972–5. This was the child of late 1960s radicalism, fraught with contradictions between romantic notions of democratized professions where doctors were stripped of their suits and ascendancy, but where it could also mean cut-price medicine for cut-price citizens.

The “new public health” of the 1970s and 1980s refocused attention on health promotion, community participation and what Lewis calls “intersectoral collaboration in policy development and execution”. While this provided an ideological space for the economic rationalists, it also saw one of Australia’s major public health achievements in the enlistment of Gay organizations in the prevention of HIV-AIDS.

Lewis characterizes the late 1980s and 1990s as an era increasingly concerned with social justice, and appallingly it is only here that Aboriginal health returns to Australian public health history. This is not Lewis’ fault: he is accurately recording the public narrative, where Aboriginal health simply did not appear on the public agenda until the last two decades.

Today in this healthiest of nations, indigenous Australians have a mid-life health worse than most Third World countries and at the bottom of the Fourth World league tables that include the US, Canada and New Zealand.

Lewis concludes what is the result now of a life-time’s work in the field, with a challenge: does Australia continue along the high-cost path of social justice, addressing health inequalities and the social determinants of health; or does it simply nag its citizens about eating too much fat and smoking. And how should it comport itself in its part of the globe, sharing scarce resources with some of the poorest, most troubled and over-populated societies on earth?

There is much to be thankful for in this useful synthesis, as there is much to argue with and examine in greater detail. It is greatly to be regretted that this double volume study has had to be published by an American small-print run
academic press, and costs Australian readers almost $200.00.

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Roy Porter and David Wright (eds), The confinement of the insane: international perspectives, 1800–1965, Cambridge University Press, 2003, pp. xvii, 371, £50.00, US$70.00 (hardback 0-521-80206-7).

Roy Porter’s untimely death seems as yet scarcely to have slowed the parade of volumes appearing with his name on them. Here is still another, co-edited with David Wright. Wright and Peter Bartlett’s last edited collection, Outside the walls of the asylum (1999), argued (not entirely convincingly) that the asylum was not as central to the emergence of psychiatry as a previous historiography had maintained. Here, he and Porter have moved back to a consideration of the real psychiatric “Great Confinement”, this time in a broad international perspective.

The book’s title suggests that it might offer a comparative perspective on psychiatric institutionalization. By and large, however, this promise is not kept, at least in any direct and obvious sense. Most of the book’s contributors stick closely to the particular national setting they purport to illuminate, and only a small handful of the essays try to draw contrasts or make comparisons with developments elsewhere. Catherine Colebourne’s chapter on the treatment of the insane in Victoria is notable, among other things, for being one of the few that attempts to look at local developments in a larger context, drawing upon studies of Ireland, England, and South Africa as well as her Australian sources. And David Wright’s own substantive chapter on Ontario asylums (written with James Moran and Sean Gouglas) develops instructive parallels with developments in England and in Europe. For the most part, however, it is left to the reader to disentangle the resemblances and differences, and to try to make sense of them. Porter contributed a characteristically facile and jaunty introduction to the collection, but neglected to use the opportunity to tackle these issues himself in any serious or sustained way.

Geographically, the range of the contributions is quite wide, spanning Asia, Australia, Latin America, Canada and the United States, Europe and Africa. Some of the chapters summarize research reported at more length elsewhere. Jonathan Sadovsky reprises his work on psychiatry in colonial Nigeria, and Peter McCandless his discussion of developments at the South Carolina Lunatic Asylum. Others traverse fresher territory, but the variation in the intellectual sophistication and quality of these chapters is at least as great as their geographical heterogeneity. Akihito Suzuki contributes a characteristically superb exploration of Japanese materials, which draws substantially on his detailed knowledge of European developments and provides a compelling portrait of the relationships between state, family, and the insane in the period between 1900 and 1945. Jacques Gasser and Genevieve Heller provide a detailed comparative analysis of admissions to two Swiss asylums in a similar period, from 1900 to 1970, giving us a better sense of the types of patients committed to these places, and emphasizing that the Swiss asylums’ primary role seems to have been to defuse short term public or familial crises, rather than to serve as instruments of long-term confinement.

Other chapters, however, are far less successful. Andrea Dörries and Thomas Beddies’ chapter on a Berlin asylum, though providing some insight into the impact of Weimar, Nazi, and post Second World War political regimes on hospital and patient, is marred throughout by a muddled and confused treatment of evidence (and includes the remarkable claim that electroconvulsive therapy was employed on the patients from the mid-1930s onwards, which could only be true if the hospital doctors invented the technique). Chapters on developments in Argentina and Mexico are insubstantial and poorly written, and Sanjeev Jain’s chapter on India is a set of near random observations jumbled together in a barely coherent fashion. He does uncover, however, a “Mr. Porter, who has been suffering from a maniacal complaint”
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(p. 275)—perhaps we have at last discovered the secret of Roy’s superhuman productivity!

There is, then, some useful information in this volume. Overall, though, it lacks much sense of coherence, and the great variability in the quality of the contributions makes it difficult to recommend with any enthusiasm.

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Alison Bashford and Claire Hooker (eds), Contagion: historical and cultural studies, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2001, pp. xiii, 240, illus., £55.00 (hardback 0-415-24671-7).

Contagion: historical and cultural studies is a thought-provoking edited collection that permeates the boundaries between history, sociology, geography and the health sciences. According to the editors, the volume seeks to provide a “critical elaboration on the history and present” of what one of the contributors, Margrit Shildrick, terms “the dream of hygienic containment”. The elusiveness of control, claim the editors, “sustains the fascination of contagion in the cultural imagination of the west” (pp. 1–2). It is difficult to argue with this, given international concern over, and research resources pouring into, the prevention of (re)emerging infectious disease and bioterrorist threats.

The book is subdivided into two time periods. The first deals with the nineteenth century and the first half of the twentieth, while the second takes up matters of contagion in more recent history. From a host of competing ideas and formulations, I have chosen to identify three key issues to bridge this modern/post-modern divide. One is “foreignness”. The fear of the transmissibility of foreign biological entities can express itself in public health policies that focus on “foreign” peoples. Warwick Anderson’s study of the public health and laboratory practices of American colonialism in the Philippines; Alison Bashford’s connection of smallpox inoculation and vaccination to oriental and colonial history; and the examination of the management of leprosy and race in inter-war Australia by Bashford and Maria Nugent, address this aspect of foreignness to a greater or lesser extent. Here we have challenging histories that consider public health policies as “civilizing”, racializing, differentiating, spatializing, and as mechanisms for empire- and state-building. Such approaches might be regarded as indicative of the influence of cultural interpretations on the history of health, while Marsha Rosengarten’s chapter on organ transplantation, be that human to human or animal to human, stresses the significance of the immunological “self” defending against “foreign” invasion, in a more contemporary context.

Another theme connected to foreignness is that of dangerousness. The dangers of this volume are Claire Hooker’s elusive typhoid carriers and milk supply in Moorabbin, Victoria, Australia, in the early 1940s; and in the disabled body as discussed by Shildrick, which “may carry no infectious agents, and yet is treated as though it is contaminatory” (p. 158). Closely allied to such notions of dangerousness are those of risk. This is most explicitly dealt with by Lisa Adkins’ essay on how HIV testing is constructive of heterosexual self-identity as “low-risk”, rather than simply as a technology for identifying homosexual as “high-risk”. Adkins’ argument is also interesting for students of public health and risk in that it suggests a complexity of hierarchies, and diverse categorizations, of risk.

A third bridge across the chronology, in addition to dangerousness and foreignness, is how morbid agents are conceptualized as seeds that require a fertile soil—in other words, a contaminated environment or a susceptible human being—in order to take hold and prosper. This botanical metaphor had a multiplicity of applications. As Christopher E Forth observes in his chapter on masculinity, writers in late-nineteenth-century France argued that moral contagion most threatened those members of the community whose defence mechanism was compromised by some form of hereditary defect, nervous disorder or previously acquired affliction. Margaret Pelling refers to the nineteenth-century biological uses of the metaphor in a wide-ranging survey on
the shifting historical meanings of contagion, a reprint of her contribution to Bynum and Porter’s Companion encyclopedia of the history of medicine (1993). Scholarly study of this botanical metaphor has enjoyed a renaissance in recent public health history, most notably in Michael Worboys’ Spreading germs (2000). While Pelling’s original 1993 essay is sufficiently recent and authoritative to be relevant for the volume in hand, the newly bolted-on introduction and conclusion are far too brief to do little more than list recent medical histories that take a renewed interest in contagion, of which Worboys’ book is but one.

I found the contribution by Jane Mahree on the placenta as pregnancy’s site of the “performance of contagion” (p. 201) rather more difficult to place than other chapters, though other scholars more familiar than I with the literature in women’s studies and embodiment may well disagree. The artist Melina Rackham’s chapter drew me to her website (http://www.subtle.net.carrier) to consider contagion in a more positive sense: our viral lovers, she argues, “are encouraging us, their human and machine carriers, to become re-acquainted with the left-handed path, with the messy, ugly, multi-textured swarming cellular self” (p. 225). This, then, is a diverse collection. The three bridging themes chosen to frame this review are not mutually exclusive and cannot do justice to the many provocative and subtle interpretations of contagion that the book contains.

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George Sebastian Rousseau with Miranda Gill, David Haycock, Malte Herwig (eds), Framing and imagining disease in cultural history, Basingstoke, Palgrave Macmillan, 2003, pp. xiv, 329, illus., £55.00 (hardback 1-4039-1292-0).

One feels a little sorry for some of the fourteen contributors to this volume. The editor’s Introduction and his joint chapter with David Haycock (on ‘Coleridge’s Gut’) hog 35 per cent of the pages (48pp and 30pp respectively), leaving the others with far less to strut their stuff. Nevertheless, they do it well, traversing a wide range of subject matters, times and places. Case studies, such as that by Caterina Albano on the self-starvation of the seventeenth-century ‘Derbyshire Damossell’ Martha Taylor, rub shoulders with Pamela Gilbert’s fine mapping of ‘Victorian medical cartography in British India’, Miranda Gill’s innovative study of the creation of the borderline concept of “eccentricity” in nineteenth-century France, and Emese Lafferton’s essay on the transformation of Hungarian psychiatry over the second half of the nineteenth century as it moved from private asylums to university clinics. David Shuttleton takes us through the imagining of smallpox in the long eighteenth century, Agnieszka Steczowicz covers late-Renaissance syphilis and plague, and Kirstie Blair “Heart disease in Victorian culture”. While Jane Weiss revisits the 1832 cholera epidemic in New York, and Malte Herwig, Mann’s Magic mountain (from the side of the doctors), Michael Finn offers new insights on late-nineteenth-century hysteria in France, and Philip Rieder, focusing on the lay discourses of a few of the great and good on the shores of Lake Geneva in the eighteenth century, provides a thoughtful revision of Roy Porter’s “patient’s view”. Despite its title, Stephan Besser’s ‘The interdiscursive career of a German colonial syndrome’ is an approachable and fascinating literary exploration into the conflation of the political and the pathological.

To be sure, these are a mixed lot on the narratives, poetics and metaphoric of disease and illness. Products of the itinerant ‘Framing Disease Workshop’, they are on the whole well written and worth reading. Even those chapters on topics familiar to Anglo-American history of medicine contain fresh insights on the cultural construction and representation of disease. Literary sources, they remind us, can enrich conventional repertoires, and none of the contributors is so truculent as to claim that diseases are only linguistic constructs or are ever just products of the imagination.

Nevertheless, evident is a tendency to over-play the importance of poesy, and to underpin the
enterprise through the creation of deities. For Shuttleton, Susan Sontag is the high priestess; for George Rousseau it is himself—the person, he says, whose 1981 article on ‘Literature and medicine’ “is often said to have charted a new academic field” (p. xiv). Blushes turn to disbelief when these self-proclaimed “Rousseavian acts of framing” (p.12) are proposed, not just the “child”, but the “sequel” (p. 41) to Charles Rosenberg and Janet Golden’s collection, Framing disease (1992)—despite that these sequels are, as Rousseau confesses, “deaf to class distinctions, political and economic structures, the social arrangements of societies, and the integral dependence of sickness on religious belief” (p. 20). The “Rosenbergian enterprise” is slated for its lack of true interdisciplinarity, a charge that is rather worse than the pot calling the kettle black since our essayists descend almost entirely from departments of literature. In practice, “interdisciplinary” translates as the need to attend to discursive frames and literary contexts whilst disgorging the “massive annals” of the “solitary expressive voice” (p. 12) to be found in (predominantly élite) literature. For Weiss it means, above all, throwing off the yoke of linear narrative and opening our historical selves to language. The ostensible novelty of the latter exercise needs to be understood as emerging from the perspective of one who regards Rosenberg’s Cholera years (1962)—deeply linear-tainted— as having “effectively invented contemporary medical historiography” (p. 92). The effect of such discursive didacticism when pitched so hard against the medical historian’s alleged “craving for linearity” (p. 108) is to make the whole Rousseavian enterprise look desperate and deeply insecure.

And so it probably is, the fondness for “framing” among cultural and literary theorists having had its day. These essays—mere “trial-runs executed for the generation of a discursive frame” (p. 21)—beckon us to a recent and slightly misguided methodological past more so than to any genuinely new agenda for the future.

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Amy L Fairchild, Science at the borders: immigrant medical inspection and the shaping of the modern industrial labor force, Baltimore and London, Johns Hopkins University Press, 2003, pp. xiii, 385, £35.50 (hardback 0-8018-7080-1).

For over a century, immigration has been regarded as a touchstone of the “American experience”; Ellis, Galveston, and Angel Islands, and today, southern and northern border towns have come to epitomize the ordeal of migration, and the abiding fear of exclusion. In her volume, Science at the borders, Amy Fairchild demonstrates that those sites were, too, the first loci of assimilation into industrial America for its working-class newcomers. In this rich and detailed examination of immigrant medical inspection in the Progressive Era, Fairchild argues that inspection was part of a continuing, inclusive process of population surveillance and control, akin to the scientific management upon which many of its practices were based. As such, it was intended to prompt an internalization of industrial and hygienic norms (which would in turn promote good health and availability for work) among these prospective “industrial citizens” (p. 15).

Fairchild has organized her study in two parts; the first and slightly shorter examines what she calls “large numbers”: the experience and impact of medical examination on those who were admitted into the United States. The longer second section addresses “small numbers”: those who were excluded, ostensibly or actually on medical grounds. Different themes and locales dominate the two sections; Fairchild’s attention to regionalism in the Public Health Service, and to previously under-examined entry points on the northern and southern US borders makes this volume a substantial and valuable contribution to the growing literature on medicine and immigration.

Fairchild uses the Foucauldian notion of disciplining the body, as well as the broad categories of class and race as her primary tools of analysis in telling “a story of science and power” (p. 15). In several particularly revealing sections, she addresses the interactions between those two categories, and between each category...
and regional and national demands for labour, whether industrial or agricultural—thus she treats the cultural inventions of the “coolie” and the “peon” as well as the “dumb ox” factory worker. She shows less interest in issues of gender, but does note some distinctions in the treatment of male and female immigrants, and hints at the feminization of certain national and ethnic groups. Although some of her claims (for example, regarding the impact of inspection on the “line” on the future assimilative behaviour of immigrants) rely on suggestive rather than conclusive evidence, Fairchild’s research is both meticulous and creative. Moreover, her extensive tables of quantitative data will be a significant resource for researchers studying either immigration or medicine in the Progressive era.

Science at the borders also illustrates changes in the sources and impact of medical authority. In particular, it offers a valuable case study of the now much discussed shift in focus from the holistic and experienced “gaze” (representing the trope of “medicine as an art”) to the fragmenting but standardized laboratory (and the counter-trope of “medicine as a science”). Fairchild presents this shift as evidence of a decline in medical authority and purview; others have more convincingly argued that it represents a decline not in the authority and normative power of medicine per se, but in practitioner individualism and patient idiosyncrasy. None the less, this well-written and accessible volume adds considerably to current understandings of the relationship between the industrial, medical and political agendas that shaped immigrant medical inspections in the first third of the twentieth century.

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Mary P Sutphen and Bridie Andrews (eds), Medicine and colonial identity, Routledge Studies in the Social History of Medicine, vol. 17, London and New York, Routledge, 2003, pp. xi, 147, £55.00 (hardback 0-415-28880-0).

This short edited collection of six papers represents an important step forward in the medical history of colonialism. Through examining the creation of specifically colonial medical identities this book groups together useful insights into issues of colonial identity and makes an important contribution to a growing awareness of the potential for fruitful interdisciplinarity between medical history and cultural studies.

The collection was conceived in 1996, when many of the papers presented at the ‘Medicine and the Colonies’ conference hosted by the Society for the Social History of Medicine in Oxford made it apparent that themes of colonial identity had hitherto been only partially explored, especially as far as medicine was concerned. Most importantly, the participants in the colonial medical experience could be examined as part of the new imperatives created through the peculiarities of the colonial condition. The exigencies of the political situation encouraged in colonizer and colonized new (social, religious, sexual, medical) behaviours as well as the modification of old behaviours and the absorption and appropriation of already existing practices and theories.

One of the strengths of this book is that it reveals how these collective notions of identity were utilized, explicitly and implicitly, in a variety of health discourses and practices as a means both of self-definition and of defining the colonized “other”.

Specific topics dealt with include the way tropical medicine was used in the isolated northern frontier of Australia as a means of justifying social views, health legislation and medical practices; the role of colonial doctors in constructing Australian nationalism through analysis of the changing presentation of medical lives within the Australian Dictionary of Biography; the history of New Zealand milk exports to Britain and the way milk was presented and marketed became integral to some of New Zealand’s own self-perceptions; the reform of Dutch childbirth services as a form of foreign and domestic “colonization”; and European medicine as an essential part of settler dominance over South Africa in the nineteenth century. The highlight is Maneesha Lal’s fascinating and eloquent essay on women’s health reform and the
development of a nationalist agenda in colonial North India. Her analysis of the middle-class Hindi women’s magazine, *Strī Darpan* (founded 1909), shows how health identities were constructed, combining both traditional and Western elements of health advice, to present a uniquely nationalistic and forward-looking colonial health identity for Indian women.

Naturally enough, no single conclusion can be drawn about colonial identities, and the resulting picture is one that reveals mostly diversity and hybridity contingent upon the specificities of context. But the important point is made: the colonial experience profoundly affected not only the way people saw themselves, but the way they practised medicine and the way they related to both their masters and their subordinates.

This is a slim volume that would have benefited from more papers covering a wider geographical range. The fact that half the essays deal specifically with the Antipodean experience presents a rather unbalanced picture—not least given Africa’s huge role in the post-1900 British colonial experience, and that of other important dependencies, such as those in the West Indies, Asia and the Middle East. Furthermore, it is the Anglo-Saxon colonial experience that is mainly considered, with the result that Hilary Marland’s essay on the Dutch experience (although extremely informative and useful in itself) sits a little awkwardly alongside the other five papers that all examine the British empire. It is a pity that there are no essays on Spanish, German, Italian, French, or Portuguese colonialism to complement Marland’s study.

This collection is a promising beginning to the debate on the problem of colonial medical identity, however, and one that is in many ways ground-breaking in its collective approach. Until now colonial medical historians have simply probed the edges of this issue; in this book these crucial cultural perspectives are tackled head on.

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**Conevery Bolton Valenčius, *The health of the country: how American settlers understood themselves and their land*, New York, Basic Books, 2002, pp. viii, 388, illus., $30.00 (hardback 0-465-08986-0).**

“How could land possess ‘health’? Why did nineteenth-century writers constantly describe places as being healthy or sickly? . . . Descriptions of ‘the health of the country’ belong to a world we have lost” (p. 2). Conevery Bolton Valenčius wrestles with these questions to recreate that lost world, crafting in the process a book that spans the fields of environmental history, the history of medicine, and the historiography of the American frontier and borderlands. Her account is specifically about areas that would become the American states of Missouri and Arkansas, spanning the years from the Louisiana Purchase in 1803 to the American Civil War. But the story could have been told about Michigan or Minnesota or Iowa as well. Disease, especially malaria, followed settlers into the American frontier during the first half of the nineteenth century, repeatedly converting a “healthy countryside” into a fevered realm where settlers first had to endure “seasoning” before they settled down into equilibrium with the land and its denizens.

Valenčius recalls a time when people lived so close to the land that the boundaries between body and landscape were much more porous than in today’s America, with its climate controlled environment. Her analysis is deliberately Hippocratic, with chapters three to five named ‘Places’, ‘Airs’, and ‘Waters’. These elements, and the bodies that lived within them, remained in tenuous balance if the country was healthy, or became disturbed, carrying the humans along into disarray and sickness. Cultivation was a particularly hazardous process, for the felling of trees and turning up of soil appeared to bring with it an increase in fevers. “Working the land, like healing the body, was usually neither comfortable or serene. Change in terrain and change in body were difficult, dangerous, and fraught with tension. Both were utterly necessary” (p. 192).
In a chapter on ‘Local knowledge: medical geography and the intellectual hinterland’, Valencˇius explores the production of that most common of nineteenth-century medical treatises, ‘On the medical topography of X’. These articles, which could cover “a seemingly bewildering array of topics” including geological formation, weather patterns, topography, prevailing diseases, and local ethnicity, formed important research products for nineteenth-century American medicine. Particularly when applied to novel locations, such research answered crucial questions about “how people could live, and where” (pp. 160–1).

Many of the settlers who came to Arkansas and Missouri came from areas of the United States that were colder and drier. They viewed their new homes as tropical in comparison, and worried about how the hot, wet climate would transform their bodies. In this process, “racial and individual identity were vulnerable: the changes unleashed in new territory threatened the coherence and clarity of physical differentiation demanded by the racial economy of antebellum America” (p. 230). Whites grew brown under the relentless sun; “black” children often showed signs of white parentage; and mixing with Native Americans provided further confusion. The blurring of racial boundaries created anxieties made worse by the inherent disorder of the frontier.

In this sensitive analysis of antebellum frontier thought, Valencˇius succeeds in recreating a world in which body and land were intimately linked, a world in which metaphors of health and disease, balance and imbalance applied seamlessly to both people and their inhabited landscapes. One might quibble about the insensitivity to chronology here—did these concepts not change at all in the first six decades of the nineteenth century? But the answer may well be: “Not much.” This volume takes the historiography of American medicine in a startling new direction, a remarkable feat for any historian, not to mention for one at the beginning of her career. Having such a blazed path before them, others will follow into this new frontier.

**Book Reviews**

**Mike Jay**, *The air loom gang: the strange and true story of James Tilly Matthews and his visionary madness*, London and New York, Bantam Press, 2003, pp. xiv, 306, illus, £12.99 (hardback 0-593-04997-7); £7.99 (paperback 0-553-81485-0).

For a man who spent much of his life incarcerated in English asylums and French prisons, James Tilly Matthews enjoyed a remarkable and varied career. A sometime tea-merchant, peace activist, secret agent, draughtsman, mesmerized pawn, lunatic and self-styled “Omni-Imperious Arch-Grand-Arch Emperor Supreme”, he is now better remembered as a psychiatric exemplar: joining Freud’s Dora, Judge Schreber, Sally Beauchamp and Mary Barnes in the addled pantheon of representative case histories on which psychiatrists and historians draw in their arguments over the nature of illness and politics of diagnosis. Yet in Matthews’ case, the academic co-option of his troubled life does, for once, seem oddly appropriate. As Mike Jay shows in this brilliant historical account, Matthews’ biography can be characterized as a struggle for self-determination within the competing philosophical schemes and political agendas of Hanoverian England.

Matthews is now remembered as a prototypical schizophrenic. A philosophical radical and follower of the eminent Welsh republican, David Williams, he had devoted his energies to preventing the threatened war between England and revolutionary France. His mission would end in disaster. A self-elected intermediary, he was imprisoned by the Jacobins as an English spy. Freed after three and a half years, he returned to London only to find himself reincarcerated within the walls of Bethlem. Matthews recognized the source of his misfortunes. At each step of his sorry progress, he had been frustrated by the secret machinations of the “Air Loom”: a mesmeric mechanism which could control action and thought. Words would suddenly fail him. Sympathetic audiences would abruptly lose interest. Politicians, who must have known the details of his peace mission, were mysteriously rendered ignorant. His...
struggle for peace and self expression was subverted by invisible forces, with agendas quite different to his own.

Clandestine mesmerists were not the only group interested in conscripting Tilly Matthews. At Bethlem, he fell under the control of James Haslam, an ambitious apothecary determined to establish his reputation within the nascent discipline of psychological medicine. Theirs was to be an unhappy relationship. Haslam was harassed by Matthews’ wife, who, over the course of a decade, repeatedly raised his detention with Bethlem’s governors and issued a writ of habeas corpus against the asylum. Believing that his professional authority was being impugned in these proceedings, Haslam responded with a detailed history of Matthews’ delusions: Illustrations of madness: exhibiting a singular case of insanity and a no less remarkable difference in medical opinion: . . . with a description of the tortures experienced by bomb-bursting, lobster-cracking and lengthening the brain (1810). It was the first book-length study of an individual’s madness published in England. If Bethlem had been intended to silence Matthews, its staff would end up preserving his voice.

Haslam might have wanted to convict Matthews out his own mouth but, as Jay demonstrates in his penetrating analysis of Illustrations, many other readings are possible. “It is a book that cannot simply be read: but demands to be hijacked” Jay writes, and as Haslam had forced new meanings from Matthews’ life, Jay reveals the unintended significance of the Illustrations. Jay takes the description of the air loom, not simply as a deranged fantasy, but as a metaphor for the individual’s loss of agency within an asylum system bent on breaking the patient’s will upon the physician’s reason. If Matthews had been a pawn in the mesmerists’ scheme, so too was he used by Haslam to advance his own medical agenda. Yet he was never entirely defeated. From his cell he would draw up new plans for Bethlem, which would later be incorporated in the rebuilding of the asylum. From his deathbed, his description of his forced detention would inspire the Parliamentary Select Committee’s investigations into the asylum, investigations that would wreck the career Haslam had so ruthlessly pursued. It is a salutary lesson for those who would give a voice to the mad, whether mesmerists, psychiatrists or historians. Such work demands the same kind of sympathy and insight as Jay demonstrates in his riveting account of The air loom gang.

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Christopher C Booth, A physician reflects: Herman Boerhaave and other essays, Occasional Publication No. 2, London, Wellcome Trust Centre for the History of Medicine at UCL, 2003, pp. xiii, 206, £15.00 (paperback 0-85484-093-1).

Sir Christopher Booth has had a distinguished career both as an academic physician/gastroenterologist and as an historian of medicine. Yet he has always been and remains a challenger of the medical establishment, as some essays in this collection make clear. The essay is not a common literary form at the beginning of the twenty-first century. Yet it has much to recommend it, including brevity and its informality of style. Above all an essay is primarily an expression of personality and, without doubt, Chris Booth’s personality shines out from this book.

The collection opens with several remarkable historical pieces. They focus upon great men such as Herman Boerhaave, Samuel Johnson, J C Lettsom, the two Fothergills and Robert Willan. These are scholarly opinionated essays with the special insights of an author who is both a physician and an historian. However, the particular strengths of this collection lie in his personal reflections and interpretations, as he himself was a major player in the development of British academic medicine in the second half of the twentieth century. This includes his appointment as the Sir Arthur Sims Commonwealth Travelling Professor. So for Australians and New Zealanders his account of his visit to the Antipodes in 1968, is of special interest as it reveals that Booth has remarkable
insights into the history of these nations. This, he expanded and developed during his trip. Furthermore, his lyricism, in his descriptions of the visit, are a delight. He describes “gum trees with their various coloured trunks, white, brown, salmon pink, many with bark peeling off them, shaggy like the hair of highland cattle”. As he admits, he is fascinated by the history of Australia and this is transmitted to the reader by his style of writing, so easy to read.

His history of British gastroenterology highlights the roles of both personalities, for example, Sir Francis Avery Jones at the Central Middlesex Hospital, and institutions. In his view, a particular feature of the development of gastroenterology in Britain has been the role of district hospitals rather than “elitist teaching hospitals”. Yet it is the march of technology in gastroenterology that has been such a feature of its modern development. Although quality clinical research undertaken by individuals such as Richard Doll are of key importance. He reminds us that Doll undertook the first randomized controlled clinical trial in gastroenterology in Britain, working with Avery Jones, following upon his own research work on lung cancer.

Elsewhere in an essay relating his conception of the Royal College of Physicians entering the modern world, he again refers to the work of Richard Doll in collaboration with Bradford Hill. This demonstrated the association of smoking and carcinoma of the lung. He relates how the then president “of the elitist college” Lord Brain, doubted very much whether the Royal College should give advice to the public about smoking. However, things changed radically with the election of Robert Platt as president, resulting ultimately in the publication in 1962 of Smoking and health, which Booth regards as “the most important contribution of the Royal College of Physicians during the 20th century”.

Booth describes “the extraordinary changes in man’s technological development, deeply influenced by scientific discovery, that have affected man’s health more than anything else”, which have occurred during the twentieth century. He does not agree with any “fin de siècle ennui” expressing pessimism about further medical advance, finding it difficult to accept the views of authors such as James Le Fanu, who believe that the age of optimism for medicine ended with the twentieth century. He points to molecular biology, which offers many prospects of future advance following the sequencing of the human genome, and robustly believes that the pace of advance in medical science and technology will continue to accelerate.

He concludes, however, that the age of medical giants such as Boerhaave has gone and the future for the physician in the twenty-first century is a democratic one.

John Walker-Smith,
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Chris Feudtner, Bittersweet: diabetes, insulin and the transformation of illness, Studies in Social Medicine, Chapel Hill and London, University of North Carolina Press, 2003, pp. xxii, 290, illus., £22.95, US$29.95 (hardback 0-8078-2791-6).

In 1923, fifteen-year-old Tracy, living at Cape Cod in the USA, contracted diabetes and was one of the first in the world to receive insulin. Twenty-seven years later she was writing to her physician, Dr Priscilla White, about her failure to get a Victory medal from her Boston clinic, despite being “sound and healthy”.

In 1947, Dr Elliott Joslin had created this Victory medal to be awarded to any patients who had diabetes for twenty-five years or longer and were found—after a thorough physical examination, X-rays and an analysis of the urine—to be in perfect health. In Joslin’s view lasting health with diabetes was a Scientific and Moral Victory, and this was imprinted on his other medal—the Life Span medal awarded to those who had diabetes for fifty years. Of course, the premise of this was that patients could control their disease if they followed the rules set down by the doctors; patients were responsible for their health, good or bad. A small step from this was the conclusion that patients were to blame for the long-term complications of diabetes. Tracy’s exclusion was on the basis that
she had minor degrees of background retinopathy. “What has got into him that he won’t give me this medal?” fumed Tracy to Dr White.

In *Bittersweet*, Chris Feudtner recounts in startling clarity the tensions and the tragedies of diabetes as seen through the correspondence of patients writing to Joslin over the sixty years of his medical career. The book describes the catastrophe of diabetes before the advent of insulin in 1921, and illustrates the unfolding medico-social tensions of the fight for prevention of complications in the following decades. For those outside the day-to-day struggle it often seems that insulin was the cure, and, of course, at one level it was. But beyond the physiological necessity for insulin to sustain life came the need for daily or multiple injections, the need to check urine many times daily (by boiling it with reagents in a small test tube), and the need to understand many aspects of diet and the effect of exercise on metabolism. In one chapter Feudtner describes the heartache of those desperate for children and the tragedies of those who lost them.

The book is remarkable for its clear use of reported speech. So much of the history of the tragedies and triumphs comes verbatim from the pens of those who wrote objectively or affectionately to Joslin, chronicling many areas of their lives. And there is much to be gleaned from his replies. He was a passionate man with zeal to achieve the best for his patients. For anyone who has lived with diabetes or who has tried to manage it, this book provides resonating and arresting insights.

*Bittersweet* contains an additional resource of simple demographic data relating to the complications and the natural history of diabetes in the first decades of the insulin era. One of Joslin’s patients communicated with him using cartoons to represent the life of the diabetic patient and many of these cartoons are reproduced. The “first jab” and the “waiting list” show how some aspects of diabetes may have changed, but the social impact remains the same.

In 1957, Tracy received a standard note from the clinic inquiring after her health—was there anything the clinic could do for her? Tracy did not hesitate. “Yes! Give me a medal for living so long and still having good diabetic control”. The medal never came, but of course it should have. For if *Bittersweet* tells us anything it is that all deserve medals for their courage in the fight against diabetes.

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Matthew Gandy and Alimuddin Zumla (eds), *The return of the white plague: global poverty and the ‘new’ tuberculosis*, London and New York, Verso, 2003, pp. vi, 330, £25.00 (hardback 1-85984-669-6).

Tuberculosis is now acknowledged as a global health catastrophe. A third of the world’s population are infected with the bacillus; eight million people develop active tuberculosis every year; and some two million die. With co-infection with HIV and the emergence of drug-resistant strains that have led in turn to the adoption of the WHO Directly Observed Therapy, Shortcourse (DOTS) strategy, tuberculosis has “apparently made a resurgence almost everywhere in the world” (p. 100).

This new book, edited by Matthew Gandy and Alimuddin Zumla, aims to provide an international survey of the historical, social, political and medical aspects of the crisis. Gandy and Zumla argue that the idea that infectious disease had been defeated, prevalent in the 1950s, has been proved to be wrong. With hindsight, it is now clear that public health professionals had too short a time horizon; looked only at people; played little attention to evolution and ecology; and were over-optimistic about development. Gandy and Zumla’s overall argument is that the resurgence of tuberculosis is a telling indictment of the failure of global political and economic institutions to improve the lives of ordinary people.

The book is organized in three sections. The first deals with historical and conceptual dimensions to the impact of tuberculosis on human societies, tracing the social and political context for its control, and exploring the roles of race, gender, and class. This includes historical
studies; the connections between immigration, race, and geographies of difference; the links between tuberculosis and gender; and its association with war. The second section focuses on the “new” tuberculosis pandemic, including the impact of HIV infection and the spread of drug-resistant strains, not only in London, New York, and the former Soviet Union, but in sub-Saharan Africa and other developing countries. The third section explores issues around advocacy and action, looking at current understanding of tuberculosis and the implications of interdisciplinary, scientific, and ethical approaches for health policy.

Thought-provoking and wide-ranging, it is not possible to do justice to the contents in the space available here. Among the highlights are Nick King’s forensic dissection of essentialist and anti-essentialist views of disease. King argues that attention was focused on “the bodies of people crossing international borders” (p. 46), and in contrast the causal roles of inadequate health care and social and economic injustice were underplayed. The studies of New York and London link the tuberculosis epidemic to wider factors of “de-development”, that included internal migration and emigration, changes in housing, and homelessness, and they emphasize the need to deal with the “full spectrum of determinants” (p. 149). The chapter on Haiti and Peru contains striking portraits of the impact of tuberculosis on two families, showing its effects on health and family life, and linking this with access to appropriate treatment. The tuberculosis epidemic in Russian prisons in the mid-1990s showed how systems for tuberculosis control in the former Soviet Union were based on models from an earlier age, and also highlighted conflicts between the imperatives of public health and criminal justice. And an important chapter on interdisciplinary approaches shows the potential value of integrating the social sciences into operational research on tuberculosis control.

Readers of this journal will find the historical dimensions of this story rather limited, and some of the arguments familiar from earlier secondary work. Similarly there is some repetition between the different chapters, for example, on the costs of treating multi-drug resistant tuberculosis. But this is a remarkably consistent and strong collection, with a powerful political message, and illuminating cross-national perspectives. Gandy and Zumla argue that the history of tuberculosis is one of medical failure, with the key question being why available means of treatment and control have not been more widely applied. They suggest that, while vaccines may become a new “magic bullet”, reliance cannot be placed on biomedical innovations alone. Gandy and Zumla conclude that “the failure to control TB worldwide is a direct consequence both of poor political leadership and of the burden of poverty borne by the great majority of its sufferers” (p. 241). Overall this is an important book that will be essential reading for all those—academics, policy-makers, medical personnel, students—interested in tuberculosis and global poverty.

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Helen M Dingwall, A history of Scottish medicine: themes and influences, Edinburgh University Press, 2003, pp. vi, 282, £16.99 (paperback 0-7486-0865-6).

It is generally accepted that medicine, in both the past and present, is a social phenomenon. Since the 1960s, historians have analysed how medical theories are influenced by ideas from other intellectual disciplines and how practices are affected by political decisions regarding funding, social decisions about what groups are most “deserving” of care, and by public attitudes to medical practitioners. The social approach to the history of medicine opens up the possibility of writing national histories of medicine, showing how medicine is influenced by the particular social, political and cultural environment within a specific country. In recent years, many historians have made international comparisons in order to unpick the political, economic and geographical influences on medicine.

Few, however, have attempted to write a national history of medicine. Helen Dingwall’s study of Scottish medicine is therefore a bold
venture. Dingwall discusses the problems raised when trying to write national histories. There is the central issue of national identity: when did Scotland cease to be a collection of fiefdoms and emerge as a nation state? Did government from London mean that Scotland ceased to be a separate nation from the nineteenth century? For the medical historian there is another fundamental question: whether to grapple with Scottish medicine—identifying the sources of distinctively Scottish medical ideas, practices and institutions—or to analyse medicine in Scotland and the factors that shaped the course of its history within those geographical limits. Given the need to square this question with the fundamental objective of this book—to provide university students and general readers with a basic introduction to the history of medicine—not surprisingly, Dingwall has chosen the latter option and (despite the book’s title) has produced a history of medicine in Scotland. As the subtitle suggests, this is a book which explores the factors which have given a distinctive contour to past medicine.

The scope of the book is impressive—exploring medicine from the Dark Ages to the present day. Chapters on the history of medicine are interleaved with chapters on broader historical developments—religious, social, political and economic. The medical chapters dwell on the well-accepted major events in Scottish medical history: the emergence of the guilds and colleges in the seventeenth century, the ideas and teaching circulating in eighteenth-century Edinburgh, the public health problems and medical advances of the nineteenth century. A history of Scottish medicine is therefore similar in its coverage to David Hamilton’s earlier history of medicine in Scotland, The healers, published in 1981. However, Dingwall makes good use of more recent scholarship, and the text and chapter bibliographies highlight some of the most interesting work produced over the last few years.

There are some problems with the work. Our relative ignorance of medicine in pre-medieval times hampers the flow of the early chapters. Dingwall is at her best when writing about the seventeenth century, her particular period of expertise. (All the more remarkable since few historians write simply and lucidly when they are only too aware of the complexity of the issues they describe.) In this chapter, she feels free to make more comparisons with developments elsewhere—thus the reader gets a picture of what differentiates Scottish medicine. By comparison, the chapters on the eighteenth and nineteenth centuries, which lack such contextualization, feel rather old-fashioned. Dingwall focuses on medical practice and is rather reluctant to engage with medical theory, thus missing an opportunity to explore the social and political influences on Archibald Pitcairne’s iatromathematical ideas or on the physiological thinking of Robert Whytt, Alexander Monro secundus and William Cullen. Overall, the work achieves its objectives—providing a lively introduction to Scotland’s medical history in its context.

Deborah Brunton,
The Open University

Steven Cherry, Mental health care in modern England: the Norfolk Lunatic Asylum/ St Andrew’s Hospital c.1810–1998, Woodbridge, Boydell Press, 2003, pp. xi, 335, illus., £45.00, US$75.00 (hardback 0-85115-920-6).

I much enjoyed this book and it has proved an invaluable teaching aid for undergraduates studying the politics and practice of modern medicine. Steven Cherry’s obvious fondness for his subject and the care taken with the writing as well as the research make this monograph particularly readable. The well-organized chapters offer broad thematic as well as chronological surveys and are interspersed with lovely vignettes of asylum life. The asylum itself is presented as a key site of human relationships that have distinct local and national contexts and show clear continuities as well as change over time.

The sophisticated multi-layered analysis provides a very accessible way of engaging with recent debates in the historiography. The non-specialist reader will appreciate an interesting and detailed study of a single institution that
illuminates many important national issues. The author also looks critically at existing literature and suggests that many key questions remain unanswered. He is somewhat tentative here and does not claim that his work on the Norfolk Asylum requires us to do more than take another look at interpretations/conclusions that seem to have been gaining ground in recent years. However, Cherry’s work on governance, especially local and national politics, the interests of the medical and legal professions, the pressure to control costs and the vital relationship between the asylum, its patients and their relatives deserves careful scrutiny and sets an agenda for future research.

Cherry points to the very limited power that relatives of inmates had in negotiations with both the asylum and Poor Law authorities (p. 15). He links this to the lack of “genuinely popular agitation on wider questions of health or welfare [which] did not exist before the twentieth century”, leaving standards of care to be “determined by socially dominant minorities” (p. 5). Yet, as he shows, these elite figures did not form a single entity but rather a range of competing local/national, lay/professional, medical/legal groups. This is a significant advance on a straightforward family (benign or calculating) versus asylum (controlling) argument, but Cherry’s interpretation does not fully resolve uncertainty concerning the path to asylum care and the relative importance of supply and demand at different times. There is no doubt that asylum numbers increased but this cannot be directly linked to any real or even perceived improvement in the quality of asylum care available. Cherry’s idea that the nineteenth century may have seen increasing “recognition of the asylum as the appropriate place for madness” (p. 307) remains untested, but his realistic assessment of the aims and limitations of the asylum is a useful starting point, especially as the book, fairly unusually, continues the analysis into the twentieth century.

Cherry utilizes patient experiences and relationships to good effect but does not fall into the trap of believing medical records supply more than an official, medical interpretation of patients’ needs and circumstances. This is an important point and a useful approach but can lead to some ambiguous conclusions, especially in relation to the long-term confinement of women patients vulnerable to abuse at home and in the institution (p. 309). Cherry believes patient admissions were triggered by a deterioration in an individual’s level of functioning that either made them a public order risk or less able to cope with employment and/or domestic life. The admission process then usually involved reporting by family members, neighbours or a variety of public/quasi-public officials. Sometimes the result was admission to the asylum, or another institution en-route. It is these, largely Poor Law, institutional alternatives that have come under scrutiny from Peter Bartlett (The Poor Law of Lunacy, Leicester University Press, 1999), although I would argue that the lay professionals who mediated between the family and the institution need greater attention. Cherry’s excellent study can only encourage further work in the field.

Pamela Dale,
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Peter Stanley, For fear of pain: British surgery, 1790–1850, Clio Medica 70, Amsterdam and New York, Rodopi, 2003, pp. 362, illus., €80.00, US$95.00 (hardback 90-420-1034-7), €37.00, US$44.00 (paperback 90-420-1024-X).

With For fear of pain, Peter Stanley offers the medical historian and the lay reader a rich history of the early nineteenth century: one of medically-inflicted pain, or painful surgery. In writing a “social history of the operating room” (p. 12), he beautifully sketches a subjective history of practices and representations of surgery before what appears to be, in the eyes of most contemporaries—and indeed those of the historian—the “great discovery of the late years” (p. 305), i.e. anaesthesia. According to Stanley, “war experience”—rather than the father figure of John Hunter, that Stanley cannot easily discard—“shaped the generation that dominated surgery in the ensuing decades reinforcing their confidence in the healing power...
of their profession” (p. 121). Indeed, Stanley’s history is one of a generation of practitioners between the Napoleonic wars and the turning-point of chloroform’s adoption.

Before coming to the core of his subject, Stanley describes the living world that evolves around the operative theatre. As he reminds us, surgery, whose scholarship is to be found in the hagiographies of surgical figures and official histories of its superb institutions, has been neglected by historians: little is known of its social structures, its intellectual contents, its significant occupational changes for the beginning of the modern period. Stanley evokes some aspects of this superficially-known history: the surgeons’ “professional identity”, built, unlike that of physicians and apothecaries, on anatomical knowledge, more open to international discussions, and even more subject to local disputes and nepotism, where techniques and positions are concerned. Using The Times as a main source, he shows how surgery acquired recognition. He adds detailed arguments for the revisionist history of hospitals as places of cure and healing, and describes the short life of medical students, among indentures and examinations and tragic deaths—the result of dissection practices. He further illustrates the methods of a few capital operations—lithotomy, amputation, fistula—identified with painful surgery; these, rarely practised, nonetheless gave power and recognition to the surgical profession. A careful reader may regret some of the melodramatic rhetorical effects and the uncritical use of sources: although the author draws on rich and complex texts, among them newspapers, journals, memoirs, textbooks etc., many are quoted with little attention to their historical meaning and interpretation, with one exception, a “text published in 1850, but clearly articulating ideas developed over years of operating without chloroform” (p. 217); but Stanley’s aim, as the titles show, is to allow voices from the past to be heard.

The most interesting part of the book lies in the pain-thread Stanley follows. He convincingly demonstrates how pain defined the surgeon’s intellectual framework, with counter-irritability as a paradigm of cure: pain, inflicted by the knife or by moxa or caustics, was a way to heal. Stanley lets us hear the surgeons’ and the patients’ voices on a crucial subject, the perception of pain and its experience by society as a whole. The rich and dramatic evidence, drawn from memoirs, correspondence of surgeons, famous writers’ memories, and journal and newspaper articles, conveys interesting ideas: the surgeons’ traumatic occupation—how surgeons learned to overcome their dread of inflicting pain, without being able to preclude it totally—and the negotiated trial between the surgeon and his adult or child patient. In a sense, the book could also be read as an essay of anthropological history: Stanley convincingly shows how operations were undertaken with the patient’s or his or her family’s and friends’ approval, how a patient could refuse or consent to surgery, as he or she did refuse or accept chloroform later on, how standards of operations were progressively discussed in journals and newspapers, and reputation constructed, how pain at last was also determined by the confidence and fortitude of the surgeon–patient relationship and society’s assent. Accordingly, in the last chapter on the “acceptance of anaesthesia”, the “revolutionary” moment for surgery appears in its full complexity: ether and chloroform were finally accepted at a time when mesmerism had opened the way for pain to be rejected as a means of cure and was itself rejected as magical, not without long hesitations and arguments, all of which Stanley records in detail.

Peter Stanley’s *For fear of pain* has, indeed, awakened voices from the past: may it convince medical historians to open new chapters of the long-forgotten history of surgery.

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**Book Reviews**

Michael Sappol. *A traffic of dead bodies: anatomy and embodied social identity in nineteenth-century America*, Princeton University Press, 2002, pp. xiv, 430, illus., US$35.00 (hardback 0-691-05925-X).

Michael Sappol’s *A traffic of dead bodies* examines the critical role played by anatomy
in two intersecting nineteenth-century projects: the making of an American medical profession, and the making of a modern, “bourgeois” self. Anatomy, in Sappol’s account, was power for American medical men. It was a means of producing and demonstrating knowledge of the body, but also a potent symbolic resource, confirming practitioners as secular priests endowed with a capacity to transgress fundamental rules about life and death. For a fractious medical world, a common commitment to the anatomical project served as the potential touchstone for a collective professional consciousness. For the burgeoning nineteenth-century medical schools, dissecting rooms and anatomical museums advertised their scientific credentials, while for medical students themselves the rituals surrounding dissection constituted their initiation into a “homosocial” professional confraternity. Even the humblest country practitioner, through a display of its iconic emblems in his office (a skeleton in the closet, a pickled organ on the desk) sought to associate himself with the charisma that anatomy conferred. Re-reading the history of American medical professionalization through the lens of anatomy leads Sappol to question scholarship that has stressed medicine’s low status for much of the nineteenth century, and to argue instead for its considerable social authority grounded primarily in the epistemological, therapeutic, and cultural prestige derived from anatomical science.

Anatomy, then, was social power, but to what end? For Sappol, the answer lies not in a simple medicalization thesis. In his analysis, medical power serves not so much to impose subject positions as to provide resources for acts of individual and collective “self-making”. Anatomy played to a receptive audience, aspirants to a particular type of social distinction that Sappol denotes as “bourgeois”. This is a capacious, at times unwieldy category, defined not by socio-economic position but in relation to an ethos of modernizing self-improvement that captivated a broad swathe of Americans (farmers, artisans, clerks, emancipated slaves, as well as dominant élites) in the context of dynamic and unstable nineteenth-century America. A modern, bourgeois self was respectable, refined, cultivated, disciplined, a subject that—in contrast to cruder “others”—embodied self-mastery.

It is the fundamental shift constitutive of modern anatomy—designated variously as the rise of the “anatomico-clinical method” and of “hospital medicine” by historians of medicine—that connects it in Sappol’s analysis to this project of self-making. In the new anatomy, bodies ceased to be understood as fluid, contextualized and holistic entities and became instead analytical sites characterized by taxonomic fixity and intricate (and visually representable) internal differentiation of parts. This provided a model for, and an exemplary practical instance of, becoming an embodied bourgeois self. By performing on themselves the anatomical procedure of penetrating, dividing, and naming, individuals enacted the kind of objective, knowledge-based self-discipline expected of modern subjects. Sappol’s favoured metaphor for this process is territorial: anatomical knowledge of the self confers a control akin to political powers who “know and control the world, by cutting it apart into clearly named, bounded, and regulated regions, and by enforcing local, regional and super-regional laws conducive to social and hygienic utility” (p. 258). The anatomically conscious individual who continuously inventories the operations of his own body is engaged in an act of (self) conquest.

Sappol describes the dynamic relationship between professional- and self-making in terms of “overflow.” Anatomy overflowed the boundaries of medical professional discourse and performance, and through the medium of “popular anatomy”—an amalgam of lectures, demonstrations, pamphlets and books—tapped into a mass audience for anatomical knowledge. Purveyors of this knowledge, coming from different backgrounds and pursuing different agendas, translated anatomy into the terms of modern selfhood, providing a set of performative and cognitive tools for those seeking to embody this bourgeois self. In turn, popular anatomy’s own purposeful banks overflowed. Its “joyless insistence on physiological propriety” (p. 213) belied other forms of bodily
knowledge (especially those linked to sexual desire), which were irrelevant or even counter to its explicit purposes, and which found their expression in sensational fiction and in late-century popular anatomical museums.

It is a credit to Sappol’s imaginative approach to an eclectic range of textual and visual sources that he manages to connect these disparate anatomical worlds into a compelling analytical whole. There are elements of his ambitious and innovative study that are not entirely satisfying. The self-understanding required of modern subjecthood, for instance, seems to rest as much on physiology as anatomy, and despite his rich account of anti-anatomical rioters, too much is made of anatomy’s public and medical appeal. Nevertheless, this is a work of keen intelligence and creativity, rich in detail, bold in its claims—a stimulating and innovative contribution to the cultural history of medicine.

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Angelique Richardson, Love and eugenics in the late nineteenth century: rational reproduction and the new woman, Oxford University Press, 2003, pp. xvii, 250, illus., £45.00 (hardback 0-19-818700-9).

Love and eugenics in the late nineteenth century provides an illuminating examination of the ways in which feminist writers incorporated eugenics and notions of rational reproduction into fiction in the late nineteenth and early twentieth centuries. Focusing on feminists such as Sarah Grand and George Ellerton, who embraced the ideas of Galton and Darwin, and Monica Caird who challenged such views, Richardson provides a rich understanding of the ways in which eugenics informed the British literary world in the late nineteenth and early twentieth centuries. Drawing on a wide selection of fiction, periodical press cuttings as well as the writings of eugenicists such as Galton, Richardson challenges the reader to consider how widespread and pervasive the ideas of eugenics and debates on women’s role in promoting morality and empire were among feminist writers. Some of the most interesting parts of the book are also its illustrations. These deftly show the variety of ways in which ideas of evolution and selective breeding were depicted at the time.

One of the striking features of the feminist writers of the late nineteenth and early twentieth centuries is the way they promoted women as the natural champions of the empire and selective breeding. In this context women were encouraged to choose their reproductive partner rationally and carefully so as to protect and advance the human race. Women were seen as the vanguard of social and biological progress. By contrast, men were depicted as less rational and judicious custodians of the future. Using the novel and the periodical press, many feminist writers saw their task to educate and cultivate an ethos of responsible motherhood and citizenship to prevent what they perceived as the decline of the British race and empire. Strikingly, some of the feminist writers who encouraged women to choose their male partners rationally and to make life-long commitments did not always heed this in their own lives. Sarah Grand, for instance, who saw “the purpose of women’s self-improvement . . . to primarily serve the marriage relation” (p.106), left her husband having borne only one child.

Not all feminist writers, however, shared Sarah Grand’s view of marriage or of women’s role in promoting rational reproduction and the empire. Moira Caird, for example, questioned whether evolution intended motherhood as a natural function for all women and saw eugenics and biological determinism as oppressive of individual rights. One of Caird’s last novels, published in 1931, was an indictment of racial hygiene and the movement to prevent the birth of the “unfit”. Like Grand, Caird drew on Darwinian ideas as well as on Lamarck, but she used this to co-opt “evolutionary biology into an alternative narrative which did not give to women the role of ‘policing society as evolution’s ‘consciousness’”’. Instead Caird showed that women were themselves “subject to evolutionary change” and that they could modify
themselves “to reduce the imperative of the maternal role” (p.197).

Providing a wealth of quotes and provocative insights into feminist writings at the end of the nineteenth century, Richardson tantalizingly leaves the reader wondering what audience read such novels and periodicals in this period. What age and class for example were those reading this work, and how far did such writings change thinking among working-class and middle-class women of the period? None the less, while these questions remain unanswered, Richardson provides an important analysis for anyone interested in feminist thought and the eugenics movement at the end of the nineteenth and early twentieth centuries.

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Marina Frasca-Spada and Nick Jardine (eds), Books and the sciences in history, Cambridge University Press, 2000, pp. xiv, 438, illus., £52.00, US$85.00 (hardback 0-521-65063-1), £18.95, US$29.95 (paperback 0-521-65939-6).

One intriguing and possibly unexpected feature of the new electronic era is the way in which scholarship has enthusiastically shifted focus to re-examine the phenomenon of the printed book. This timely volume of essays emanates from historians and philosophers of science at Cambridge University and builds on distinguished studies in book history ranging from those by Don McKenzie, Robert Darnton, and Roger Chartier to Michel Foucault and H-G Gadamer, bringing to light a number of important functions of books across a wide range of sciences, places and periods. Medicine is mentioned only occasionally, but there is much here that is easily translatable to the history of the medical sciences, from the beginning of print in the middle of the fifteenth century right through to modern debate over the uncertainties generated by on-line biomedical authorship. All the contributors in one way or another explore issues relating to shifts in the location of authority and credibility, and are particularly concerned with how printed materials came to be perceived as the primary and most legitimate form of scientific knowledge. Genre studies, material culture, publishers and booksellers, illustrative techniques, the rise of the periodical press, encyclopaedias and popularizations, editors, the troubled question of the death of the author, readers and reception theory, indexing and annotation each find their place in various essays. As an entity, it presents a substantial, innovative and stimulating assessment of what books—and more broadly printed matter in general—have meant during the long processes of construction, consolidation and diversification of western science from about 1453 to the year 2000.

The volume starts with Rosamund McKitterick’s account of the dissemination of natural philosophical ideas before print, a necessary opener for a useful set of six or so essays on early natural philosophy that dwell in various ways on the physical arrangement and intended meanings of the knowledge contained in books. Cardano’s medico-astrological charts and principles feature prominently in an interesting discussion by Anthony Grafton. The distribution of printing privileges, the rise of illustrated herbals and anatomies, and a strong account by Lauren Kassell of the mystical inductions needed in the sixteenth and seventeenth centuries for reading alchemical texts, follow on. In the second section, broadly devoted to the eighteenth century, William Clark covers the development of the research library, Richard Yeo deftly summarizes his important work on encyclopaedic knowledge, and footnotes, fashion, young readers, the physiology of reading and the periodical market make a fine showing.

A provocative theme that snakes through the earlier parts of the volume is the shifting emphasis on the act of reading itself. The voice as a means of communication—the lecture, the sermon—gradually gave way to bookish knowledge that depended more on literacy and memory, although not without scholarly misgivings, as Silvia De Renzi points out. The relations between print and other means of

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communication such as pictures or speech in the early modern period were more complex than is now usually assumed, and the medical perils of reading in the eighteenth century, as analysed by Adrian Johns, were thought to be far more pervasive than even Roy Porter has documented.

The third section takes on the print revolution of the nineteenth century, where Jonathan Topham, Eugenia Roldán Vera, and James Secord write of useful knowledge, progress and the dissemnation of increasingly broad-based popularizations and other forms of public text. By the mid-nineteenth century, it is argued, most significant science was appearing in periodicals rather than books, and a noticeable demarcation between popular and élite had emerged. The authors here show very persuasively how writing and publishing helped in constructing the identities of science and scientists at this key time. The section is rounded off by an essay on the Victorian editors of Bacon and the new ideologies of the period, revealing just how far past practitioners of science and medicine have been committed to using print to establish the credentials of their own work. Several authors in fact touch on the issue of intellectual property and how the concept can usefully be regarded as inhering in the social arrangements that build up around the printed page.

In concluding this wide ranging, challenging and always thoughtful volume, Nick Jardine discusses the implications for the sciences of the quest for legitimacy through printed materials. *Books and the sciences in history* is an authoritative, learned, and thoroughly readable analysis that surely marks a milestone in the way we approach our subject.

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Philips J van der Eijk, *Diocles of Carystus: a collection of the fragments with translation and commentary. Volume one: Text and translation; Volume two: Commentary*, Studies in Ancient Medicine, vols 22 and 23, Leiden and Boston, Brill, 2000–2001, vol. 1: pp. xxxiv, 497, Dgl 235.80, US$131.00 (90-04-10265-5); vol. 2: pp. xlii, 489, Dgl 196.13, US$109 (90-04-120-12-2) (set 90-04-1213-0).

It is rare for a collection of fragments with commentary to sustain a passionate reading from cover to cover commanded by a book. This one does it. The two compact volumes of Philip van der Eijk’s new Diocles combine solid scholarship and a fine sense of textual detail with originality and power in the reconstruction of ideas, cultural climate and intellectual personality from predominantly doxographic material, and with reader-friendliness in the presentation of what could easily appear arid or esoteric. It makes thoroughly enjoyable reading, and not only for the specialist. Volume I contains the texts with apparatus and translation, a general introduction, a list of the fragments with informative synopsis of the general themes, indices which include one of verbatim quotations, abbreviations and concordances. Volume II is taken up by the commentary, with an analytical introduction, bibliography, an appendix, indices to the volume and an addenda et corrigenda.

Van der Eijk’s edition supersedes by far the older one by Max Wellmann. Along with new material it brings a radical shift in focus, general approach and specific strategies. The relationship between Diocles and Aristotle is an example of innovative historical reconstruction. Van der Eijk rejects traditional ideas of “teacher-disciple” influence, defended by influential scholars like Wellmann, Jaeger and others, in favour of a complex model of intellectual cooperation between equals. His perspective allows for divergence of opinion and a flexible chronology between the two thinkers—simple issues which have nevertheless imposed artificial and far-reaching constraints on scholarship so far. Unlike Wellmann, who treated Diocles as one among other members of a “Sicilian school” in Greek medicine and accorded him a minimal commentary,

1 Max Wellmann, *Die Fragmente der sikelischen Ärzte Akron, Philistion und des Diokles von Karystos*, Berlin, 1901.
van der Eijk is alert to “why” and “how” questions throughout but eliminates labels devoid of explanatory force, such as “Sicilian”, “Aristotelian”, “proto-Empiricist” or “proto-Sceptic”, choosing to treat Diocles as a free, “independent medical thinker” who achieved the first successful synthesis between theoretical and empirical principles in ancient Greek medicine. His approach belongs in the larger movement of debunking old textbook myths, such as that of a “Coan versus Cnidian” school of medicine, which have tended for a long time to blind scholars to the real problems posed by ancient testimonial. And this is the best way to do justice to one of the most prominent medical authorities of the Greek world in the fourth century BC. Diocles is indeed the first medical figure whose very broad array of interests and activities maps out for us an important link between the philosophical “schools” of Plato and Aristotle and the medical, so-called “Hippocratic”, tradition.

The commentary provides learned summaries of previous scholarship, thorough notes on terminology, interesting conjectures and ample presentations of textual difficulties, meticulous scrutiny of insoluble puzzles and balanced discussion of ambiguities. Alternative interpretations are always given equal attention. The evidence is never forced when knowledge is impossible to attain, as in identifying materia medica and disease entities or establishing chronology. Particularly relevant on methodological grounds are the elaborate analyses of doxographic modes of simplification and contamination, which are crucial for a correct appraisal of testimonial. So you learn in Fr 43b how the attribution of one idea to several authorities should have saved unnecessary research on “true” origins, and, in Frs 185–6, how analysis of one simple element—Diocles’ manner of reporting—dispels a plethora of speculations in scholarly literature.² Issues which bear on the evaluation of sources—transmission, direct acquaintance, the aims of ancient authorities—are always in focus. Judgement on quotations, language and views attributed to Diocles is conducted with welcome scepticism. On the one hand, no cut-and-dry boundaries are drawn between “fragment”, “testimonium”, ipssima verba and paraphrase or direct speech purporting to quote Diocles. Thus one gets the benefits of a non-committal guideline to terms possibly derived from Diocles without any of the disadvantages of an index. On the other hand, a healthy demarcation is made between Diocles’ views and the language which reports them and often carries doctrinal implications of its own. Scholarly positions adopted in the past are no less thoroughly subjected to scrutiny. There are plenty of insightful new interpretations of important material and elegant solutions to long debated problems; such is the beautifully developed comment on Fr 177, in which Diocles illustrates the view, asserted in the same work (Fr 176), that (some) causes (must?) remain unknown.

One strength of the commentary is the creation of an original section on “Context” for almost every piece discussed. Nothing of the kind was attempted by Wellmann. These sections offer introductions to the often difficult subject-area where the fragment belongs. Even when they are minimal, one still finds the relevant references to primary and secondary literature. The “Context” also makes available knowledge difficult to obtain, such as the lucid summary of Book 6 of Galen’s treatise on Simples or the descriptions of ancient diseases pieced together from purport to reproduce Diocles and evaluating the reliability of what is attributed to him. Van der Eijk shows, very plausibly, how the doxographer has fabricated a “refutation” of Herophilus and other post-Dioclean authorities, which he attributes to Diocles. But I doubt that the refutation draws on “ingredients which, each individually, derive from Diocles’ thought" (pp. 84–5). General beliefs in the existence of four humours or pneuma are too vague; what would be needed is some specific view on them, especially on pneuma in relation to seed theory. The only possible Dioclean “ingredient” confirmed by another source, the view that seed originates in the brain and spinal marrow (cf Frs 41a and b), is annulled by the fact that the Anonymous also attributes to Diocles the rival view that seed originates in nutriment (pp. 30–31).

² Theory of an “elaborate refutation” of Archidamus by Diocles, II, p. 364. See also on Frs 51a–d (anomalia general cause of disease) or on Fr 40, which is guided by a systematic demarcation between two main hermeneutic tasks: finding out which parts...
several sources. There are also summaries of “Contents” for individual fragments. These are generally useful, especially for long pieces and intricate arguments, although some are repetitious and occasionally misleading. The commentary supplies an impressively rich network of parallels from the medical tradition prior to Diocles, especially the Hippocratic, whose selection is none the less discriminative.

I have one reservation concerning the presentation of the material. Along with the familiar “dubia” (“D”), the collection offers a class of “unnamed” fragments (“U”), where Diocles’ name is supplied either from a previous occurrence of the type “those listed above” or from an authorial formula which demonstrably includes Diocles, such as “the (four) ancients” of the Anonymous of Brussels. Creating a new category is felicitous: what recommends it is a frustrating problem of Dioclean scholarship, namely the collective, non-specific nature of a large part of the material. Views are often attributed to Diocles in groups of “typical ancients” comprising Hippocrates, Praxagoras, Herophilus, Plato, Aristotle and the Stoics. Since pointing out individual items in these collective creations cuts across all the kinds and degrees of uncertainty represented by “D”, “U” and doubtful attributions, it may have been even more felicitous to gather the “Collective” rather than the “Unnamed” testimonials in a separate class.

For a work of such complexity there are remarkably few misprints and errors. One could disagree on various details of translation and interpretation; object to the alternation of standard and small type, especially within one, two or three lines, or when the large print does not make sense without the small; or quibble about the thematic ordering of fragments where a “main theme” is hard to detect, or where provenance from Dioclean works—the criterion of Wellmann’s edition, wisely rejected by van der Eijk—still clashes with the thematic criterion. But eliciting comments and criticisms is proof of the book’s huge impact on the future of our studies, and the main point to be made is that from now on this will be the authoritative reference edition of Diocles. Van der Eijk has produced an indispensable source-book for anyone working in ancient medicine which is a tremendous addition to the rapidly growing field of fragments literature.

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Volker Scheid. Chinese medicine in contemporary China: plurality and synthesis, Science and Cultural Theory series, Durham and London, Duke University Press, 2002, xx, 407, £18.50 (paperback 0-8223-2872-0).

Is inconsistency of practice and lack of systematization a sign of the inferiority of Asian medical systems? Is it a failure of contemporary practitioners to understand a more coherent ancient tradition, now shrouded by time? Or does the stunning array of modern and ancient theories and techniques available under the rubric of Chinese medicine allow creative freedom to the medical artisan, are they “flexible tools in the hands of skilled practitioners”? Working with some of the elders of Beijing’s medical community through the 1990s, Scheid brings his extensive experience as practitioner and medical anthropologist to a new analysis of the multiplicity of phenomena called Chinese medicine.

In six distinctive, yet interrelated essays Scheid explores many factors that have come to bear on the development of contemporary medical practice in China. With detailed and intimate description of such aspects of practice as case history writing, innovative theories and techniques, practitioner training and patient choice, Scheid places himself at the vanguard of a handful of researchers engaged in remedying the over-simplified portrayals of Chinese medicine inherent in common polarities: Western scientific theory versus Chinese pragmatic knowledge, tradition versus modernity or “holism” versus reductionism.

Arguing convincingly for the diverse nature of Chinese medicine and incorporating a concise
and lucid account of the synthesis of tradition and modernity in local practice, Scheid devotes the whole of his first section to methodology. Rather than perpetuate belief in the objectivity of these illusory polarities, he demonstrates how Chinese medicine is constantly reinvented; a complex negotiation of global and local pressures, simultaneously shaped by international standards of modernity, market forces, the Socialist State, respect for tradition and time-honoured forms of textual learning and evolving social networks.

In his insistence on describing each individual moment of practice as a unique event that contributes to shaping a new and contemporary Chinese medicine, Scheid acknowledges his intellectual debt to science and technology studies, and, in particular, Andrew Pickering’s analytical tool, “the mangle of practice”. Pickering used the mangle to describe how culture is constantly emerging through and in the process of practice. Scheid is in a privileged position to describe that process for Chinese medicine. As a participant observer, he took informal apprenticeship with one teacher and lived and worked as a physician in Beijing in a range of different settings. Unlike his predecessors in medical anthropology he was in a better position to create a “multi-sited ethnography”. We are drawn into a number of historical and social contexts for medical innovation in the twentieth century, and more specifically vignettes of practice and the clinical encounter as they occurred in 1990s Beijing.

Moving from lofty discourse to remarkably particular accounts of the various infrastructures of practice, the six essays include a discussion of the role of the state in establishing new medical institutions and practices. To survive in a rapidly changing society and to defend themselves against a 1929 motion to prohibit the practice of “feudal and superstitious” medicine, local associations of practitioners came together with the common aim of modernizing “traditional” Chinese medicine. United in the face of opposition, they founded Western-style schools, colleges and hospitals, and began to produce learned journals.

In the 1950s Mao Zedong added his voice to the campaign. At a time when China was moving away from the Soviet Union, all things native, self-reliant, and cheap fitted the political agenda, and traditional medicine adapted for service of “the masses” became a source of national pride. By the end of the decade there were many new colleges devoted to developing a modern, scientific form of Chinese medicine that could integrate with Western medicine. Scheid articulates the process of standardization and systematization of tradition across a number of fields. Pivotal to this transition, he claims, is a new emphasis on differential diagnosis where tradition was mined for a set of disease patterns that could not only offer an alternative to the “apparently objective patterns of Western medicine” but was also capable of slowly absorbing Western medical ideas.

Post-Cultural Revolution, the new socialist path embraced economic liberalization and a new medical marketplace based on technological advances and in urban hospitals. Thus the decade of the 1980s saw Chinese medicine legally instituted as part of a plural health care system. And since the 1990s, the Chinese government has become acutely aware of the economic potential of the globalization of Chinese medicine. As a consequence of limited state provision, the emerging private health care provisions are increasingly independent of ideological and professional control and offer a range of alternatives largely shaped by the demands of the new consumers.

In a series of detailed narratives highlighting the care with which individual patients weigh up their options, Scheid takes us beyond the simple idea that patients choose between clearly defined modern and traditional treatment options. The course of Mr Ke’s treatment for nephritis, for instance, is as much defined by the affiliation of his unit to a particular institution, the strictures imposed by his medical insurance policy, by continued therapeutic failure, personal recommendations, and the reputation of departments and individuals as it is by belief in the efficacy of one system or another. In his discussion of teaching, Scheid demonstrates how traditional forms of learning...
have also adapted to the new institutions; the art of networking in China remains critical to becoming an apprentice to an acknowledged master; diagnostic tests, case histories, needling techniques are all cited as evidence for unique syntheses of a plurality of medical systems and traditions.

There is no doubt that Scheid’s work has altered the face of anthropological research into Chinese medicine. He also has a serious message for those practitioners of TCM representing (Scheid’s emphasis) traditional medicine in the modern world. “What, ultimately, can be gained from restraining Chinese medicine by means of a rationality blind to its own irrational constitution, and gained for whom?” What does an enhanced appreciation of the nuances of Chinese medicine teach us but the value of the art of synthesis in medical practice—a lesson not just appropriate to Asian medicine. But will his message be heard? Mindful of the difficulties of writing for several audiences he tries to guide the reader to appropriate chapters according to their interest. Here he may well have overestimated the power of the written word. Even the most reflective practitioners of Chinese medicine may find obtuse and irrelevant the discourses of contemporary anthropology, despite their unanimous dedication to the “agency of qi”.

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Jeanette C Fincke, Augenleiden nach keilschriftlichen Quellen. Untersuchungen zur altorientalischen Medizin, Würzburger medizinhistorische Forschungen 70, Würzburg, Königshausen & Neumann, 2000, pp. xxxvii, 342, €44.00 (paperback).

Recent years have witnessed a number of happy events in the study of Ancient Near Eastern medicine. One of these was the publication of the book under review, which is a comprehensive investigation of the status, nomenclature, pathologies, and treatments of the eye according to sources written in the cuneiform script. The bulk of these stem from Mesopotamia (ancient Iraq) and are in Babylonian, but a small number, from Anatolia (ancient Turkey), are in Hittite.

The author, a meticulous and versatile scholar, has digested a large body of relevant scholarly literature, done extensive philological work on primary texts, and also sought to integrate the evidence of the ancient sources with modern medical knowledge. In this, she wisely sought the assistance of the medical profession. The result is impressive, and its value enhanced by the care taken to make the discussion accessible to readers with no previous acquaintance with the civilizations examined. Sources are normally quoted in translation in the main text, and in the original language in the footnotes.

Alongside the medical identifications (which must sometimes be tentative, and may generate debate), the book contains many other valuable thoughts and suggestions, e.g. the idea that the ancients thought coloured vision to derive from the presence of colour in the iris (p. 22). Its discussions of eye-related topics can also be of wider interest. For example, it is shown that Mesopotamians knew an infection could arise from touching the eyes with unwashed hands (p. 48). Further, this is one of the few recent books that tackles Mesopotamian therapeutics, so readers can turn to it for useful information on that topic. The collection and nuanced discussion of evidence for eye operations, a controversial topic, will be read with particular interest. More generally, Fincke’s work would constitute an ideal companion to textual editions (which are hitherto lacking), so it is to be hoped that she will publish hers soon.

Throughout, the book has a strong lexicographical bent. In the longest chapter (III), for example, the Akkadian phrases denoting pathological conditions of the eye are examined in alphabetical order (there are roughly 180 of them). Each is translated, discussed, and, so far as possible, equated with modern medical terms. This systematic approach is praiseworthy. Although, inevitably, it involves duplication of the contents of the standard dictionaries of Akkadian, this duplication is fully justified: parts
of the dictionaries are decades old, and Fincke is able to bring the discussion up to date by incorporating more recent literature and enriching it with her own insights. And even where additions and corrections to the dictionaries are few (e.g. the discussion of the nuances of verbs of seeing in chapter II), her book opens the topic up to readers without access to specialist libraries.

Minor criticisms can be made. The date of BAM 393, a source discussed in the introduction, is suspect, because (as copied) it mixes sign forms of different periods. The efficacy of honey and liver (sources of vitamin A) as remedies for certain maladies could have been mentioned. With non-specialists in mind, the discussion of the healthy eye could perhaps occasionally have distinguished more sharply between bona fide optical nomenclature and words used as metaphors (e.g. dekū “to rouse”, p. 34, regularly used of armies).

This is definitely a book which libraries catering for ancient medicine will want to stock, and students of Mesopotamian (and Hittite) medicine will consult as a matter of course. It is, then, especially felicitous that it should contain excellent indexes (of words in ancient languages, modern medical terms, ancient sources by museum number, and ancient sources by publication).

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*Laura Garwin* and *Tim Lincoln* (eds),  
*A century of nature: twenty-one discoveries that changed science and the world*, Chicago and London, University of Chicago Press, 2003, pp. xviii, 360, £17.50, US $25.00 (paperback 0-226-28415-8)

This book reproduces twenty-one papers published in *Nature* between 1925 (*Australopithecus Africanus*) and 1997 (Dolly the sheep). It covers neither a century, nor necessarily discoveries that have changed the world (Dolly the Sheep? Buckminsterfullerene?). Many of the papers are remarkably short, especially in the earlier part of the century, and indeed the accompanying commentary provided is, a quick scan suggests, in most cases longer. These commentaries are not by historians of science but by distinguished contributors to the fields surveyed. The book thus combines three old-fashioned genres, the reprint of classic papers, the practitioner history, and the anthology from a journal. It is subject to the same criticisms as each of these genres would be individually, without much in the way of compensation. Such books are usually to be dipped into, but in this case this is not so easy because of the lack of clear typographic distinctions between the reprint and the commentary.

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