Hans de Waardt. Mending minds: a cultural history of Dutch academic psychiatry, Rotterdam, Erasmus Publishing, 2005, pp. 312, illus., €49.59 (hardback 90-5235-180-5).

In the past few decades, the historiography of psychiatry in the Netherlands has resulted in many publications, notably on psychiatric institutions, psycho-hygiene, and ambulatory mental health care. But so far academic psychiatry has received little systematic attention. The historian Hans de Waardt (Free University, Amsterdam) has now filled this gap with his Cultural history of Dutch academic psychiatry, which covers the period 1850–2000. Although from the 1830s onwards some medical professors in the Netherlands devoted attention to insanity in their teaching, psychiatry acquired formal academic status as a medical specialty only in 1893, when the neurologist C Winkler was appointed professor of psychiatry at the University of Utrecht. Around 1900, later than in Germany and France but earlier than in Great Britain, Dutch universities had combined chairs in psychiatry and neurology, as well as clinics in this field for purposes of teaching and research. As was true for Dutch scientific practice in general, the main influence on Dutch academic psychiatry initially came from Germany. This implied emphasis on a medical-scientific approach; the causes of mental disorders were looked for in the patient’s brain and nervous system, while neurological research set the tone. This approach was motivated to a certain extent by strategic reasons: the striving for recognition by somatic medicine.

At the start of the twentieth century, in part because there were no results that could be used in psychiatric practice, several professors began to take a more critical stance vis-à-vis brain-anatomical and neuro-physiological research, which caused experimental psychology, psychoanalysis, and phenomenology to gain ground in Dutch academic psychiatry. For example, even before the First World War, G Jelgersma, professor of psychiatry at Leiden, had embraced Freudian theory. This was seen as a breakthrough by the international psychoanalytic movement. Psychiatry at Leiden—under Jelgersma and his successors—evolved into a major centre of psychoanalysis, in both its theory and practice. Similarly, L Bouman, the first professor of psychiatry at the Protestant-Christian Free University of Amsterdam, advocated, in part for religious reasons, a psychological approach that capitalized on psychoanalysis and phenomenological psychology. Because a number of Bouman’s students taught at other Dutch universities, phenomenology left its mark on the development of Dutch academic psychiatry. It should be underscored, however, that the rise of a more emphatic, psychological approach did not proceed at the expense of other, biomedical and social, approaches. Already in the inter-war period, there were in academic psychiatry advocates of social psychiatry and psycho-hygiene, such as K H Bouman (City University, Amsterdam) and W M van der Scheer (University of Groningen). By and large, Dutch psychiatrists were no quibblers: both university psychiatry and psychiatric practice in general were strongly marked by pragmatism and eclecticism. Yet, in contrast to Germany in particular, eugenics made hardly any inroads in Dutch psychiatry.

Although Dutch academic psychiatry did not renounce medical-scientific approaches, from the First World War into the 1980s it was strongly influenced by psychological and humanities approaches. Until the 1960s phenomenology prevailed, while in the period 1960–1985, when European-continental philosophies were replaced more and more with American views, psychoanalysis set the tone. Together with the highly philosophic-contemplative nature of the work of several leading professors, this shift caused the distance between university psychiatry and clinical practice in psychiatric institutions to widen. For the most part, university psychiatry was increasingly geared
toward approachable neurotic patients rather than the insane. This changed in the 1980s and 1990s with the burgeoning influence of biological psychiatry, which, despite earlier advocates in academic circles, had been largely decried in the 1970s, mainly as a result of the continued effect of critical anti-psychiatry. The founder of bio-psychiatry in the Netherlands, H M van Praag, left in the early 1980s for the United States, only to return after some ten years. The quick rise of biological psychiatry did not mean the end of psychological and social approaches, which continued to have a strong presence. The critical voices of psychotherapists and social psychiatrists could still be heard and even leading proponents of biological psychiatry warned against its one-sidedness and biological reductionism. If the emphasis in Dutch university psychiatry had shifted in a medical-biological direction, its heterogeneous tradition remained in place.

All these developments are addressed in this accessible and very readable study by De Waardt. Unfortunately, however, his account largely concentrates on the centrally located universities of Amsterdam, Utrecht, and Leiden, while other universities receive but slight attention. This leads to a rather unbalanced picture of Dutch academic psychiatry. Thematically, too, De Waardt’s study is somewhat one-sided: while psychoanalysis and child psychiatry are given ample space, the reader searches in vain for accounts of the significance of, for example, social psychiatry, epidemiology, or forensic psychiatry in academic psychiatric practice. A complete overview of all psychiatry chairs and sub-specialties is absent (with many factual data randomly scattered through footnotes), while also the information provided on curricula and scientific research, based for instance on dissertations, leaves much to be desired.

As an angle for his account of the history of Dutch university psychiatry, De Waardt puts much emphasis on personal elements: the actual experiences of leading professors and their views on the field. Such an approach can certainly be justified inasmuch as it applies to the period until the 1960s, in which university psychiatry was still quite small-scale and few professors had much influence on the field’s content. This same perspective, however, seems less suitable for mapping the past four decades, during which the number of chairs and academic staff strongly increased, psychiatry and neurology each went their own ways (a topic the author does not address systematically), and academic psychiatry became differentiated in sub-specialties. This comes to light in particular in the final chapter that concentrates on bio-psychiatry. Although De Waardt stresses that it did not marginalize social psychiatry and psychotherapy, he subsequently ignores recent developments and changes in the content of these two areas.

De Waardt sets aside much space for conflicts and skirmishes, affairs and scandals, as well as for mutual rivalry and envy among professors. Such focus may well provide a basis for a systematic analysis of the content of academic psychiatry and the social field of force in which it developed. Especially in the first chapters, the author does indeed succeed in realizing this, but more than once anecdotes prevail over analysis, while the book’s style also gives one the impression that it was written hastily. To justify calling the study a cultural history of Dutch academic psychiatry, as the subtitle has it, much more attention should have been devoted to broader social developments. In this respect this study lives up to its promise only in some episodes, notably the period of the Second World War.

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Christopher M Callahan and German E Berrios, Reinventing depression: a history of the treatment of depression in primary care, 1940–2004, Oxford University Press, 2005, pp. xvii, 214, £30.50 (hardback 0-19-516523-3).

Over the last ten years, according to the WHO, depression has emerged as the leading cause of disability amongst young adults in developed countries. It is estimated that 3 per cent of the
global population now suffer from the disease and over twenty million take Prozac. The apparent growth of this illness and the appearance of new treatments (especially the SSRIs) has attracted widespread critical comment. Sceptical psychiatrists, such as David Healey and Elliot Valenstein, have traced the role of the major pharmaceutical companies in the identification and marketing of psychiatric conditions and pharmaceutical solutions; bioethicists and therapists, such as Carl Elliott and Peter Kramer, have argued that we are entering an era of cosmetic pharmacology as new pharmaceutical treatments make possible new conceptions of identity and agency. Yet despite the considerable critical and philosophical comment that the rise of the new anti-depressant treatments has attracted, few have engaged in any serious examination of the actual coalface of depression treatment—the frontline prescribing work of general practitioners and family doctors in Britain and the USA. Reinventing depression does just this. It provides a welcome and necessary intervention in both the debate over anti-depressant use and the historiography of late-twentieth-century psychiatry.

Callahan and Berrios argue that the persistence of depression in industrialized countries can be attributed to the ongoing attempt to treat mental illness as a clinical rather than a public health problem. The appearance of new pharmaceutical treatments has moved in tandem with the development of materialist models of the disease. This faith in neurobiological aetiologies has led, the authors argue, to our under-estimation of the social and psychological factors that contribute to the illness and to the under-recognition of the burden of depression in the wider community. The failure of our current approach to depression does not arise from any particular inadequacy in the newer forms of drug treatments or clinical investigation, rather it is an artefact of wider political changes in the status and organization of general practice and primary care psychiatry.

In their exploration of the connections between our changing conceptions of depressive illness and the changing practice of primary care, Callahan and Berrios have produced an exemplary and deeply nuanced piece of medical history. They begin their case contesting the myths of the “old time doctor” and the idea (advanced by Edward Shorter) of a traditional empathic doctor–patient relationship. Instead they draw on early post-war surveys of primary care by J S Collings and Stephen Taylor to argue for a long tradition of overworked and under-funded local practitioners prescribing non-specific sedatives and hypnotics to patients presenting for psychological distress. They claim that levels of psychiatric morbidity in the community have remained fairly constant although they recognise that the clinical profiles of certain mental diseases are mutable and reflect wider social and environmental transformations. Callahan and Berrios make perceptive connections between the changing clinical profile of depression, new developments in pharmacology and epidemiology and the political organization of general practice. They demonstrate the limited impact of the new anti-depressants of the 1950s (chlorpromazine, imipramine and the monoamine oxidase inhibitors) outside asylum psychiatry, arguing that it was market driven promotion of the non-specific minor tranquillizers that established the treatment regime for emotional disorders in primary care. Likewise the development of new gradualist models of morbidity in cardiology (notably Pickering’s work on hypertension) led to new measurements of the severity of depression, which in turn supported new epidemiological investigations into the under-reporting of emotional distress in the wider community.

My only minor cavil with this sophisticated reading is that it tends to under-estimate the role of general practitioners themselves in the development of new psychiatric treatment regimes. Certainly many of the authors’ arguments for the unique opportunities afforded to the general practitioner for longitudinal studies of the history and context of emotional disorder were made by visionary general practitioners like C A H Watts back in the early 1950s. Similarly the role of the Royal College of General Practitioners in fostering
primary care research into psychiatric epidemiology is not acknowledged, which is surprising given that this contributed in part to the new assessment of psychiatric morbidity described in the volume. These are, however, very minor quibbles in what is an extremely thoughtful and impressive piece of work.

Rhodri Hayward, University of Exeter

**Jérôme Pedroletti**, La formation des infirmiers en psychiatrie: histoire de l’École Cantonale Vaudoise d’Infirmières et d’Infirmiers en Psychiatrie, 1961–1996 (ECVIP), Bibliothèque d’Histoire de la Médecine et de la Santé, Geneva, Georg Editeur, 2004, pp. viii, 232, €24.00 (paperback 2-8257-0884-4).

The introduction to this book indicates that it is not quite the work of an historian. This is true. Nevertheless, the author has produced a history of a subject barely explored by historians, at least French speaking ones—nurses and their training—and this is its first merit. Pedroletti, a nurse himself, has had access to many archives, which made it possible for him to embark on an historical investigation. The result is a book which contrasts sharply with those mostly based on published testimonies. This is its second merit.

The study relates the history of a Swiss cantonal nursing school near Lausanne. It investigates how training for psychiatric nurses was thought through and subsequently managed. The school was founded in 1961. From the start, debates revolved around the question of a specially designed curriculum for psychiatric nurses as opposed to a common syllabus for all nurses. These debates caused some discord and the institution experienced three major crises in 1967, 1978, 1991, each leading to the resignation of the director and failing to produce any permanent solution. The reader gets the feeling of an institution constantly questioning and not immune to commotion within psychiatry itself. The author concentrates on the conflicts inside the school, but it is not clear whether these are conflicts of personalities or diverging conceptions of what a nurse should be.

The author claims that working on this subject involves going back to the conception of the organization of care in hospitals and the definition of psychiatry. Indeed, the backdrop of the debates around the psychiatric nurse is the larger debate on the specificity of psychiatry within medicine and therefore the specificity of psychiatric cures in comparison to other types of cure. In other words, the discussions on the relationship between the mental and the moral form the setting for the discussions concerning the need for psychiatric nurses.

Pedroletti has done his work thoroughly. Although at least partly involved in this history, he has abstained from any comment too closely linked to his own professional experience. The interest and the benefit of this study lie in the author’s good knowledge of scientific material and his use of largely unpublished documents. However, he does not always make the best use of these, and facts are delivered without the analysis which would enlighten the reader. Nevertheless, a chronology and a sociological presentation of the nursing profession usefully complete the book, thus offering an exhaustive illustration of the Swiss situation. The author’s approach can be explained by his desire to differentiate the role of the historian from that of the practitioner. Who could see anything wrong with such careful forethought?

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**David F Smith** and **H Lesley Diack** with **T Hugh Pennington** and **Elizabeth M Russell**, Food poisoning, policy and politics: corned beef and typhoid in Britain in the 1960s, Woodbridge, Boydell Press, 2005, pp. xiv, 334, illus., £50.00, $90.00 (hardback 1-84383-138-4).

This handsome book—admirably including bottom-of-the-page footnotes rather than chapter endnotes—is the major published outcome of a Wellcome Trust-funded project on the Aberdeen
typhoid outbreak of 1964. This last significant typhoid episode to date in Britain was caused by an ineffectively sealed can of corned beef from Rosario in Argentina, contaminated by the sewage-ridden river water in which it was cooled. In an Aberdeen supermarket the Rosario corned beef passed through a slicer and so infected many other cooked meats. More than 500 people were diagnosed with typhoid, although only three elderly or already very sick patients died. In examining the antecedents and immediate origins of this episode, along with the outbreak itself and some of its consequences, this book makes an important contribution to debates about evolving approaches to food safety. The method involves a close reading of policy on corned beef and other cooked meats in the 1960s, with meticulous archival work in the PRO and the National Archives of Scotland leavened intermittently by oral testimonies of civil servants, medical practitioners, traders, journalists and patients.

Various issues and interests are outlined, each contributing to the Aberdeen outbreak: professional rivalries between veterinary inspectors and medical practitioners; government departmental rivalries, principally between MAFF and the Ministry of Health; territorial differences between Whitehall ministries and the Scottish Office; privileging of commercial and economic imperatives over safety concerns, particularly the importance of maintaining supply at stable prices, and the worry that British manufacturing exports could be lost if additional controls on South American meat imports were adopted. The principal follies identified are the secrecy of policy making, and the extremely slow and partial response to three smaller typhoid outbreaks in 1963, affecting Harlow, South Shields and Bedford, which clearly highlighted the dangerous use of contaminated water in the cooling of canned Argentine meat. Regulatory shortcomings are additionally explained by the “atomic meat” factor, with civil servants protecting the public integrity of the government’s large stockpile of corned beef kept in the event of nuclear warfare. This was being released onto the market in rolling instalments as it aged, so civil servants were also protecting the government’s commercial interest when downplaying its tangible connections with the plants implicated in the 1963 and 1964 outbreaks. Meanwhile civil servants in all departments, including the Scottish Office, deflected criticism of central government by encouraging the scapegoating of the Aberdeen medical authorities, and especially the medical officer of health, Ian MacQueen, whose conduct was criticized—unfairly, it is convincingly argued here—by the Milne inquiry that investigated the episode.

There are perhaps three ways in which the book’s analysis might have been developed. First, typhoid and the 1960s might have been positioned more strongly within the longer history of regulatory prevarication over food, with the submission to business interests and privileging of supply and price questions over safety and quality, a well established feature of the approach of MAFF, the Ministry of Health and even the short-lived Ministry of Food in the 1940s and 1950s. Second, the focus on the permanent governors, the civil servants, tends to obscure changing political priorities. In the conclusion, the propinquity of the Aberdeen outbreak to the 1964 election is noted. Given the parallels with the 1996 Lanarkshire E. coli tragedy, more might have been made of a fading Tory regime confronting a major social and political problem, harried by a Labour opposition that gained electoral capital but may have exaggerated the crisis in doing so. Third, the oral reminiscences could have been used more extensively, allowing a stronger juxtaposition of the outbreak’s dramatic social and human dimensions with the low-key official manipulation of its origins and meaning. Yet overall this thoroughly researched and carefully written book helpfully extends our understanding of food policy, and raises the historical profile of an episode that remains a strong feature of the collective memory of north-east Scotland.

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**Reginald Passmore, Fellows of Edinburgh’s College of Physicians during the Scottish Enlightenment**, Edinburgh, Royal College of Physicians, 2001, pp. viii, 132, illus., £10.00 (paperback 0–85405–057–4). Orders to: Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ, Scotland.

The Scottish Enlightenment was a remarkable era, during which individuals such as the philosopher David Hume, the economist Adam Smith and others such as the geologist James Hutton and the moral philosopher Adam Ferguson made important and original contributions to the intellectual life of their time. It was also a period when the newly founded Medical School in Edinburgh inherited, after its foundation in 1726, the position of Leiden as the leading centre for medical education in Europe.

In this volume, the late Reginald Passmore has described the lives of sixteen Fellows of the College of Physicians in Edinburgh who made important contributions to the teaching and practice of medicine during that period. All have been accorded their place in the Oxford Dictionary of National Biography, so that one has to ask why the need for further biographies. The answer is that these biographical vignettes have a particularly Edinburgh flavour, which illustrate the importance of their specifically medical contribution to the Scottish Enlightenment. The first is John Rutherford (1695–1779), pioneering teacher of medicine at the Medical School, and the last James Gregory (1753–1821), remembered today for his famous powder. Nine of the sixteen were Presidents of the College. Most practised or taught in Edinburgh, some like William Cullen (1710–1790) and Joseph Black (1728–1799) after moving from Glasgow. Others, for example James Lind (1716–1794) and Sir John Pringle (1707–1782), made their major contributions whilst working in England. The piece on William Cullen is particularly perceptive, and those on Black and Daniel Rutherford (1749–1819) illustrate the importance of Edinburgh in the development of chemistry and the knowledge of the new gases. William Buchan (1729–1805) merits an entry for his highly successful Domestic medicine.

The book, however, is not content with biography. There are also chapters on clinical teaching in the Royal Infirmary, the Edinburgh pharmacopoeia, new understanding of chemistry and the nervous system and nervous disorders. In addition, there is Enlightenment advice to teenage girls, as illustrated by the letters of John Gregory in his Legacy to his daughters and the letters of Alexander Mono primus to his daughter Margaret, previously published by the College in 1995 under the title The professor’s daughter: an essay on female conduct. There is also a brief piece on nepotism, in view of the remarkable dynasty of Monros who taught anatomy at Edinburgh and the successive generations of Rutherfords and Gregories.

The Edinburgh College continues to make important contributions to medical history. The volume is entertaining to read and a valuable addition to the literature of the Scottish Enlightenment. It should be recommended to all who are interested in that remarkable period of Edinburgh history.

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Christopher Lawrence, Rockefeller money, the laboratory, and medicine in Edinburgh 1919–1930: new science in an old country, University of Rochester Press, 2005, pp. ix, 373, £60.00, $85.00 (hardback 1-58046-195-6).

Amongst Canadian historians, the “Laurentian thesis” (named for the St Laurence river) is an argument for master narratives rooted in a purportedly national experience. Amongst medical historians, the writings of Christopher Lawrence add up to a “Lawrentian thesis” of their own, but one that debunks national and master narratives. Lawrence’s earlier, much-cited works identify a group of “patrician” London consultants who resisted scientific specialization in medicine. While Lawrence provided brilliant insight into these groups, he
did not tell us much about how modernity actually occurred. This new book carries the story a little further. It brings the debunking spirit of the “Edinburgh strong programme” of science studies to Edinburgh medicine.

Rockefeller money, the laboratory, and medicine in Edinburgh 1919–1930 examines the impact that American philanthropic money earmarked for scientific research had upon a very old and distinguished Scottish university. The juxtaposition of “new science” and “old country” lets Lawrence explore the larger cultural confrontation between British, and more especially Scottish, ways and those of an expansionist America. Rockefeller men and their allies in Britain (usually from Cambridge) found extant British medical institutions primitive, like those of the United States three decades earlier, and exclaimed, “we can completely revolutionize the teaching of medicine and surgery at very little cost” (pp. 95, 119). They tried to lure British medical schools to hire scientists with good research credentials to work as full-time salaried scholars, rather than as honorary consultants with private incomes (the status quo). The results were mixed across Britain and especially mixed in Edinburgh, as Lawrence shows. The Rockefeller funded a research chair in therapeutic medicine because the Canadian in that position, J C Meakins, was a serious scientist working on oxygen intake. Meakins wrote co-authored papers, brought in keen young researchers himself, and founded a good research school. But he soon left for McGill, his alma mater, and the modernization project stuttered to a not-quite halt. His replacement, David Murray Lyon, was more interested in clinical than laboratory observations, and so the keen young men left. The reorganization of the rest of the medical departments was blocked by rivalries and by the obstacle of Murray Lyon himself, until he reverted to an honorary consultant position in 1929. In surgery, the chair was filled only because the incumbent was permitted a private practice, a concession made, according to the university president, by a “hard and fast plan” to “wise and progressive change” (p. 146).

The first half of the book describes, sometimes in excessive detail, administrative rivalries and cultural distrust. The second half describes the new laboratory practices. Lawrence can show how quickly or slowly some “modern” techniques were taken up. Under Meakins, investigations into blood gases and especially oxygen saturation and alkali reserves proliferated but they lapsed after his departure. Edwin Bramwell, a patrician consultant appointed in 1908, never ordered an alkali reserve or a Wassermann. Lawrence has good clinical records for Bramwell and shows that the consultant—or perhaps his junior staff—did order an increasing number and variety of laboratory tests for patients. Every one of his diabetic patients had at least one blood-sugar reading, though not the serial readings that some specialists demanded. There was movement, but no “complete revolution”.

Lawrence sometimes overplays the argument for the sake of narrative neatness and drama. This was as much a conversation amongst Britons as it was a confrontation between Britain and America. The Rockefeller’s mouthpiece, Richard Pearce, virtually disappears from the story as British modernizers become the key intermediaries. Other influences like German practices and practitioners, are neglected. Moreover, the spectre of American medicine remains a hollow spectre—there is almost no information about how modern the modernizers had managed to make it and one suspects that the British were not alone in their local resistances.

But Lawrence knows all this. He introduces enough backdrop to the local story to make his substantial point, which he does splendidly. Scientific development was not linear: it advanced and it regressed. Moreover, it is wrong to insist on polar oppositions between science and non-science. Departmental rivalries are part of the picture, not its antithesis. Bramwell too participated in the whole modernizing enterprise. Science was not a monolithic juggernaut. The review began with a Canadian geographical metaphor and will finish with a geological one. Lawrence’s Edinburgh resembles the Burgess Shale: it reveals the wonderful diversity around
the early development of modern scientific medicine.

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Christopher Gradmann, *Krankheit im Labor. Robert Koch und die medizinische Bakteriologie*, Wissenschaftsgeschichte, Göttingen, Wallstein, 2005, pp. 376, €38.00 (paperback 3-89244-922-8).

Robert Koch was awarded the Nobel Prize for medicine in 1905 thanks to his identification of the bacillus associated with tuberculosis. Christoph Gradmann’s intellectual biography of Koch, is not, however, the typical celebratory work that one might expect to mark this centenary. Indeed, *Disease in the laboratory* is a paradoxical book, being a biography of Robert Koch without really being a biography at all. What it offers is a new look at the history of microbiology from the perspective of this trail-blazing figure in the field, using various episodes from Koch’s life to illustrate different features of this sphere of scientific research. Thus, Gradmann sets out to place Koch’s scientific work in its historical context, underlining two important points; first, the radical novelty of medical bacteriology as a field of research, and second, its rapid growth during this period. Indeed, by abandoning medical practice to dedicate himself to microbiological research, Koch was taking a considerable professional risk in the 1870s. Nevertheless, Gradmann hypothesizes that the field of medical microbiology had become so crowded a few decades later, that one of the likely motives for Koch’s scientific expedition to East Africa in 1905–7 was to escape the overly competitive research atmosphere of Berlin (and particularly his least favourite disciple, and fellow Nobel laureate, Emil Behring) for the fresh colonial fields of exotic disease.

The book is constructed around Koch’s work on tuberculosis (for which he received his Nobel Prize), and more specifically the development and use of tuberculine, the unsuccessful treatment for the disease, launched by Koch in 1890. Here, Gradmann raises a number of interesting practical and ethical questions with respect to Koch’s research and his publications. What Koch’s contemporaries held against him was not so much his medical experiments on human subjects (on himself and his colleagues in the first instance), but rather his leading the scientific world to believe that tuberculine came out of his research into the curative use of antiseptics, while in reality it was an attenuated strain of the tuberculosis bacillus. Indeed, Koch held out for weeks before revealing the secret, exposing himself to numerous criticisms in the wake of the treatment’s rejection by a growing portion of the medical profession. There are, of course, interesting parallels to be drawn with Pasteur’s “private science” that Geison has described in his study of Koch’s great rival (*The private science of Louis Pasteur*, 1995).

The treatment of Berthold Schmidt (supposedly infected with sleeping sickness by a laboratory rat in 1906) provides an interesting continuation of the theme of the ethics of human experimentation in the early days of medical microbiology. This unfortunate laboratory assistant received an experimental treatment with atoxyl (developed by Ehrlich and tested by Koch in Africa). This treatment and the subsequent doses of mercury medicine illustrate not only the faith in the potential of chemical medicines at this time but also the acceptance of what would come to be regarded as excessively toxic interventions by prestigious doctors such as Dönhitz, Wasserman, Ehrlich, and Koch himself.

The closing section of the book deals with Koch’s scientific voyages. It starts with Koch’s expedition to Egypt and India in 1883 that produced another famous discovery—that of the cholera bacillus. This is followed by an account of Koch’s trips to East Africa towards the end of his career to investigate sleeping sickness. While it is necessary to make organizational choices, Gradmann’s decision to treat these voyages together despite the fact that they were separated by over twenty years might be a source of confusion to the unwary reader. Nevertheless, there are ample rewards for the careful reader in the form of stimulating reflections on the
interrelations between empire, conquest, war and disease that have been explored in some of Gradmann’s earlier publications.

In conclusion, therefore, Disease in the laboratorty uses Koch as a means to investigate several features of the nascent field of medical microbiology. Thus, a reader who wants the details of Koch’s life, including an account of his scandalous second marriage will have to look elsewhere, as will the non-German-reading public. What Gradmann does offer, however, is a serious, thoroughly documented account of Koch’s major areas of research placed in context. This contextualization consists at the same time in framing the issues in terms of contemporary research in history of science, and placing Koch’s science in the context of nineteenth-century laboratory and clinical experimental practice. Thus, while it may not be appropriate for the uninitiated, Gradmann’s “biography” offers a fascinating account for those who want a sophisticated intellectual history of Koch informed by recent approaches in the history of science.

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Alexandra Minna Stern, Eugenic nation: faults and frontiers of better breeding in modern America, Berkeley and London, University of California Press, 2005, pp. xiv, 347 illus., £38.95, US$60.00 (hardback 0-520-24443-5); £15.95, US$24.95 (paperback 0-520-24444-3).

Alexandra Minna Stern’s Eugenic nation: faults and frontiers of better breeding in modern America takes on a number of important and previously neglected tasks: the description and analysis of American eugenics away from the Eastern seaboard (principally in California); during and after the Nazi era; and beyond those movements and debates that were self-consciously “eugenic”. She seeks to embed historical understandings of this broader and more diffuse eugenic impulse firmly in the mainstream of American culture and politics, and to disperse any remaining fond illusions that eugenics was a fringe movement, or one that disappeared with the revelations of Nazi atrocities committed in the name of race-improvement and racial purity. In Eugenic nation’s six chapters, Stern offers an innovative approach to eugenics, broadly defined. Some chapters work better than others. The book’s opening chapter, ‘Race betterment and tropical medicine in imperial San Francisco’ explores the San Francisco Panama–Pacific International Exposition of 1914 as a text integrating eugenics with tropical medicine in the service of American expansionism. It usefully delineates the intersection of scientific definitions of “race” and racial hygiene with public health and germ theory-based notions of public hygiene and sanitation. This well chosen case study allows Stern to argue that San Francisco was an imperial, as well as a western city, and that its medical and eugenic establishments were fundamentally parallel to and modelled upon those of colonial medicine—a fine contribution to the colonial medicine literature as well as to understandings of eugenics per se. Chapter 5, examining the relationship between eugenics and the 1950s’ apotheosis of rigidly separate male and female familial roles, also works well. It will be a nice addition to courses on gender and sexuality. Here, moreover, Stern’s treatment of self-assessment tests as hegemonic technologies usefully extends existing studies of such tools. On the other hand, Stern’s second chapter ‘Quarantine and eugenics: gate-keeping on the US–Mexican border’—though a substantial addition to the literature on medicine and immigration—is less successful as a discussion of the eugenic motivations of those gate-keepers. Similarly in Chapter 4, Stern’s discussion of linkages between the eugenics and environmental movements in California offers fascinating insights into both, and into a common sense of the fragility of “purity”—but it sketches and suggests, rather than explicating the connection. On a purely mechanical level, her extensive use of abbreviations throughout the volume sometimes leaves the reader floundering in an alphabet soup of capital letters, armed only with a cumbersome ‘List of abbreviations’.
Although intellectually a very minor flaw, practically, this is an unnecessary distraction from a complex and important set of cases.

Stern’s decision to include a diversity of approaches to “better breeding” (p. 11) within her definition of eugenics contributes much to the book’s value as a teaching text. It allows her to tackle a wide range of new case studies and to make connections between topics that have rarely been treated together—if historians have addressed them at all. However, that big-tent definition is also the source of the book’s sole significant weakness: by incorporating such multifarious topics under the eugenic banner, Stern’s overall argument sometimes loses focus. Her concluding chapter, ‘Contesting hereditarianism: reassessing the 1960s’, exemplifies both the strengths and weaknesses of her approach. For example, Stern convincingly details what are at least clear intellectual compatibilities between eugenic pronatalism and Freudianism, and equally clear similarities between critiques of each. On the other hand, she offers little conclusive evidence for a stronger or more direct connection; as she herself notes, eugenic pronatalists were only the “unacknowledged accomplice[s]” (p. 193) of Freud, on whom feminists focused their rage.

In this book, Stern is trying to read through and around the silences that have surrounded the pervasiveness and persistence—especially after the Second World War—of American eugenic thinking. Necessarily, therefore, some sections are speculative, and some evidence is suggestive rather than definitive; by no means does this diminish the value of Stern’s work. Her cases are provocative and insightful individually, even when their diversity renders them somewhat intractable to straightforward argument.

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George Weisz, *Divide and conquer: a comparative history of medical specialization*, Oxford University Press, 2006, pp. xxx, 359, £29.99 (hardback 0-19-17969-2).

Many studies of the emergence of medical specialties now exist. Commonly these focus on developments in a single country and are restricted to major urban centres. Though few comparative histories analysing national differences in how medical specialization proceeded are available, the need for such a synoptic study has been great, especially as recent trends in social sciences and history have tended towards uncritically assuming the process’s ubiquity and similarity in all national contexts. Theoretically the subject has also been rather stagnant. Other than occasional challenges to its determinist language, theories of specialization in medicine have not moved much beyond George Rosen’s synoptic treatment of the subject in the 1940s. The understanding and language of specialization used by historians remains similar to the macroscopic narrative style Rosemary Stevens used in her landmark studies in the 1960s and 1970s. Divide and conquer: a comparative history of medical specialization addresses and builds upon many of these points. Without exaggeration, it can be said that this rich book is an important landmark and will become a standard reference in historical research and curriculum.

Weisz explores and contrasts the origins and development of specialization in France, Germany, the United States, and Britain over two centuries. Although he acknowledges earlier forms of occupational specialism, Weisz considers medical specialization to be a unique nineteenth- and twentieth-century phenomenon. He argues that the specialization of medicine was part of wider, on-going changes occurring in the early nineteenth century that promoted new disciplinary communities and identities. Building upon work he published in earlier articles, Weisz argues that the unification of surgery and medicine occurred contemporaneously—setting the stage for the creation of sub-divisions (specialties) of medicine. He notes that specialization was useful for institutions and governments to micromanage rationally small groups of physicians and researchers. Weisz additionally asserts that specialization was adopted because restriction of interests to smaller arenas of medicine proved
effective for producing new knowledge. Like many authors, he contests the usual parsimonious explanation offered for specialization, i.e. that the accumulation of knowledge forced physicians to become specialists. Weisz instead develops the historical discussion around geographic, political, social, and cultural themes.

Specialization made its first appearance in nineteenth-century France, which was then the centre of medical knowledge production in Europe. The new model soon gained momentum in Germany, and then the United States. It was in Germany that specialist certification was first introduced. This was a method for recognizing and legitimating specialist medical work, which was eventually adopted by the medical profession in other countries. In the United States, antipathy to specialization by the American Medical Association initially impeded developments among the medical profession there. Weisz observes this opposition was not against medical specialties per se but derived from the fear that specialization would decentralize the Association’s power. In sharp contrast to these other countries, British medicine proved resistant to specialties and sought to maintain unity in medicine. When divisions in medicine did occur, these tended then to be on an ad hoc basis, reflecting institutional needs rather than exclusive practitioner groups. As a result, specialization in Britain, even in the post-National Health Service era, remained more ambiguous than it did in other contexts.

Weisz’s book is an exemplar of analytical description and historical argument, and it is richly speckled with examples. Not surprisingly, however, any ambitious book spanning two centuries leaves some unanswered questions. Divide and conquer is no exception. Weisz argues that specialization “gained its initial and primary justification as a form of knowledge production and dissemination rather than as a type of skill or form of practice” (p. 12). Comprehensive exploration of participants’ views of their work often demonstrates that reality was even more fluid than Weisz’s argument suggests. To be sure, many physicians claimed a specialty, but many others engaged in what would now be described as specialized research did not make such a claim. Weisz’s account under-estimates the intellectual eclecticism which often appears in nineteenth- and twentieth-century sources.

Detailed prosopographic research often reveals small contradictions to the narrative of specialization by highlighting this eclecticism. Many physicians, for example, held membership in multiple specialist societies. Weisz avoids this issue by arguing about a general picture of specialization. Yet by drawing our attention to sources such as memberships in specialist societies or listings in specialist registers, he reveals small but none the less troublesome inconsistencies that are not explained. In his own appendices, Weisz is twice forced to admit, “individuals with more than one listing [of a specialty] are included in each specialist category” (pp. 258–9). Ignoring or explaining away these small contradictions may be avoiding the very point worthy of our attention.

These problems are only compounded further when the problem of memory and commemoration is considered. Many primary and secondary sources on specialization have claimed great men as founders of specialties. As an unsubtle example, Thomas Willis (1621–1675) has been described as the founder of British neurology—such a claim would require enormous caveats. Because Weisz seems determined (he does not precisely clarify) to see specialization as inevitable, he never considers how medical specialization might be externally (and retrospectively) imposed upon the past. The appropriation of a past luminary is a common way for a medical specialty to assert both a tradition and its legitimacy. It is a pity that Weisz does not offer an assessment of these issues.

These evaluative remarks do not in any way diminish the many achievements of this book. Divide and conquer reveals rich, uncharted
territory. It is a great pleasure to read, evocative, and splendidly detailed.

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Jeanne Daly. Evidence-based medicine and the search for a science of clinical care, Berkeley and London, University of California Press, 2005, pp. xv, 275, £41.95, $65.00 (hardback 0-520-24316-1).

One of the main transformations of medical practice in the last quarter of a century is the meteoric growth of evidence-based medicine (EBM). The name of this new movement, may sound like a provocation, since it implies that before the advent of EBM in the 1980s medical decisions, especially those related to therapy, were not based on sound evidence. However, from the mid-nineteenth century, doctors repeatedly claimed that medicine had become a scientific discipline, a claim reiterated and reinforced in the twentieth century. Moreover, the main tool employed by EBM, the randomized controlled trial (RCT), is not a recent invention: it was developed in the 1940s, and became increasingly popular in the post-Second World War era, partly because regulatory agencies increasingly required that the efficacy of a new drug should be proved in an RCT, before issuing a marketing permit. On the other hand, the growing accumulation of results of controlled clinical trials did not seem to affect standards of routine clinical care. Left to their own devices, few doctors relied on the critical evaluation of RCT’s in their clinical decisions. Physicians continued to gather information in a haphazard way, to draw general conclusions from personal experience, and to listen to representatives of the pharmaceutical industry.

The founders of the EBM movement—a group of clinical epidemiologists from McMaster University in Canada under the charismatic leadership of David Sackett—decided to make reliable information on therapies available to all clinicians, a task facilitated by the development of computers and of the Web. The McMaster initiative was exceptionally successful. Today we have numerous EBM publications, internet sites, and decision tools. EBM courses are included in the curriculum of the majority of medical schools, and the new generation of physicians will probably “talk EBM” as naturally as Molière’s Mr Jourdain spoke prose. In parallel, EBM generated strong opposition and provoked heated debates. The latter are, however, confined to a specialized press: the growing importance of EBM has low visibility beyond the esoteric circles of experts. Daly’s book, the first comprehensive history of EBM, therefore, fills an important gap.

Daly started by writing the history of clinical epidemiology (one of the domains that led to the development of EBM), then enlarged her project to include the history of evidence-based medicine, and of a similar initiative, the Cochrane Collaboration, developed in Great Britain by Iain Chalmers. She produced a detailed and thorough study, grounded in numerous interviews and observations. One of her key findings is the great heterogeneity of uses of EBM. The sociologists Stephan Timmermans and Mark Berg investigated the variety of these in a single clinical setting. Daly focuses on the role of local and national variables in modulating the uses of clinical evidence in different sites. She illustrates her point through a detailed study of Cochrane Collaboration in South Africa. Daly’s book also provides a critical perspective on EBM and shows the limitations of approaches that focus on RCT’s and fail to incorporate contributions of disciplines such as classical epidemiology or public health.

Evidence-based medicine and the search for a science of clinical care does not cover all aspects of the history and present development of EBM. Some areas—such as the role of state policies—are mentioned only briefly, while others—such as the impact of the pharmaceutical industry—are, regrettably, absent. Daly’s pioneering work is, nevertheless, an important contribution to the understanding of EBM and thus of recent changes in clinical practice. It is highly recommended to all those who want
to understand what is truly new in today’s medicine.

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Jonathan M Metzl and Suzanne Poirier (eds), Difference and identity, a special issue of Literature and Medicine, Baltimore, Johns Hopkins University Press, 2005, pp. xiii, 207, £13.50 (paperback 0-8018-8205-2).

This special edition of the journal Literature and Medicine focuses on a wide-ranging cross-section of subjects focusing on difference and identity through the context of disability and disease. The volume highlights the role of medical humanities as a way to understand the cross-cultural aspects of medicine both in the historical and the contemporary construct.

In the first section on ‘Dis-ability’, the question of identity, cultural constructions of the body and the self are raised. Tobin Siebers examines disability as a masquerade, using queer theory to illustrate the ways in which the “passing” of disabled people as non-disabled is both similar and different to “passing” in homosexuality. Susan Squier discusses the role of meditation in the lives of disabled people. The paper focuses on the identity of the depressed person, and questions whether or not they should have distinction as disabled, or remain behind a façade, or “pass” as a non-disabled person. Sander L Gilman explores whether or not obesity is a disability, and considers the cultural construction of different bodies, including what is healthy and what is sick over time, using the association of Jewishness and fat as an example. The trenchant response by Thomas W Laqueur highlights some of the difficulties for researchers in disability studies.

In the second section entitled ‘Dis-sexuality’, the subjects range from venereal disease to AIDS and traumatic remembering. Sue Sun Yom’s discussion of the management of venereal disease by the US Forces in Vietnam, points out that despite its educative agenda, the film Where the girls are—VD in Southeast Asia, stigmatizes different cultural sites as those of contagion and disease. In his article on “bare backing” and “bug chasing”, Gregory Tomso discusses the ways that science and popular discourse represent this “dangerous” sexual behaviour, and the ways in which the gay community view this medicalized version. In the third paper, Lisa Diedrich focuses on witnessing narratives to discuss the works of Paul Monette, his observation of the death of both his partner and himself from AIDS. In the response paper that follows, Sidonie Smith provides a very good précis and discussion of the papers and then goes on to present the difficulty that “trauma stories” can present in differing cultural constructs.

In the third section on ‘Dis-embodiment’, the historical time span ranges from the early nineteenth to the latter stages of the twentieth century. The primary focus of this section is the image of the body, whether it is the diseased Chinese body portrayed in oil paintings, the disabled veteran’s body captured in time and space by the new technology of photography, or the genetically modified body as depicted in film. Stephen Rachman provides an account of the artistic work of Lam Qua and the medical work of Dr Peter Parker. The paintings of the diseased bodies that Lam Qua produced for Parker, provided an important example of a “cross-cultural collaboration”. In a thoughtful essay, drawing on and identifying sources rarely used, and using many interpretations, Robert I Goler presents the fictional case of Civil War quadruple amputee George Dedlow. Created by physician S Weir Mitchell, Dedlow represents the exposed, measured and categorized disabled war veteran. Finally, David Kirby’s interesting exploration of the film Gattaca juxtaposes the notions of a society where the genetically modified are the dominant power, with current ideas of other types of inequality, including race. Kirby goes on to discuss the acceptability of the “new” eugenics in contemporary discourse and in reproductive technologies. In his response, Joel Howell suggests that despite the medicalized display of the body in a multitude of forms, it can hide as much it reveals.

In this ambitious work, the editors provide a forum where the authors can explore their subject
in a myriad of ways. The result is an eclectic collection that informs, raises issues and creates discussion in the medical humanities and across a range of sub-disciplines.

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Randall M Packard, Peter J Brown, Ruth L Berkelman and Howard Frumkin (eds), *Emerging illnesses and society: negotiating the public health agenda*, Baltimore and London, Johns Hopkins University Press, 2004, pp. ix, 420, £35.50 (hardback 0-8018-7942-6).

Given the West’s preoccupation with biomedical approaches to health, it is refreshing to read a book where the overarching premise examines health issues through a socio-political lens. *Emerging illness and society: negotiating the public health agenda* skilfully explores how diseases and illnesses become public health priorities and trigger responses by public health institutions. This ambitious volume merges a collection of thirteen case studies—predominantly born out of a series of seminars between 1998 and 2000 at Emory University—into a unified picture of the overlapping processes that researchers, activists, courts, politicians, and communities of suffering employ to gain disease recognition and public health action.

The editors Randall Packard, Peter Brown, Ruth Berkelman, and Howard Frumkin set the stage by proposing two loose models through which health conditions garner legitimization and a place on public health agendas. The models, as recognized by the editors, are too simplistic to be applied to all diseases and illnesses. As such, they highlight the fact that the socio-political processes surrounding different health problems are not universal and, therefore, a strict roadmap to public health acceptance/action cannot be fashioned. The utility of the models, therefore, rests only in their enumeration of the broad categories of factors that push emerging illnesses and diseases into the limelight and onto public health agendas.

The first half of this two-part book focuses on the discourse of ‘Making illnesses visible’. The editors effectively organize seven case studies to illustrate how different combinations of their models’ elements—advocacy, media attention, epidemiology, and social class—can produce medical recognition of a wide assortment of unrelated ailments. Strong activism is the common thread that binds these studies. Media attention and epidemiological variables proved important in the papers by Colin Talley and Howard Kushner, where activists successfully used media coverage to raise awareness for multiple sclerosis and Tourette syndrome, despite unclear aetiologies, case definitions, and diagnostic tests. Additionally, social composition established its import in numerous case studies. Steven Epstein and Diane Goldstein show how affluence empowered AIDS treatment activists and menopause Internet communities. Similarly, Ellen Griffith Spears documents how poverty among Newtown inhabitants hindered their ability to gain public recognition of environmental illnesses. A theme I would have liked to see integrated into the introductory models, which emerged from the chapters, is the contrast between soliciting versus rejecting biomedicine for increasing disease visibility.

Talley, Kushner, Epstein, and Deborah Barrett (fibromyalgia) all highlight cases where activists sought to gain recognition by working in tandem with the medical community, or by becoming biomedical experts themselves. Conversely, Goldstein and Griffith Spears, Barrett (chronic fatigue syndrome), and Michelle Murphy (sick building syndrome) all give primacy to lived experiences in lieu of more traditional biomedical substantiation.

The crux of the tome’s second half, ‘Institutional Response to Emerging Illnesses’, concentrates on the political, economic, and cultural factors that shape public health institutional response to disease. The influence of political factors is felt throughout the case studies, exemplified in Christian Warren’s demonstration of how changes in national political agendas decreased support for childhood lead poisoning and in Lydia Ogden’s commentary on political tensions between the
CDC and Capitol Hill in the case of blinded HIV testing. Economics often overlapped with political factors in terms of changes in political processes for funding. Sandy Smith-Nonini underscores this intersection in her discussion of the pressure of foreign and national political reforms on tuberculosis control funding, while Ruth Berkelman and Phyllis Freeman provide insights into the political culture of the CDC and the legislative process through which illnesses are funded. The impact of cultural factors on institutional response is viewed from several standpoints, such as through Lawrence Mass’s observations on the media’s slow response to hepatitis C or Spielman et al.’s examination of the US culture of multiple agencies focusing on one problem (Lyme disease).

The book provides ample opportunity for future research, from refining the initial models to examining these themes across countries. Overall, the chapters are scholarly and well-written, although a few are distractingly mired in details. Despite this minor criticism, the volume should be of great interest to both historians and modern researchers interested in the overlap between social processes and public health, and is deserving of critical attention.

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Ole Peter Grell, Andrew Cunningham and Bernd Roec (eds), Health care and poor relief in 18th and 19th century southern Europe, History of Medicine in Context, Aldershot, Ashgate, 2005, pp. viii, 326, £49.50 (hardback 0-7546-5156-8).

This is the last in a series of four books, edited by Grell and Cunningham—with third partners in most cases—on the general subject of Health care and poor relief in Europe 1500–1900. The scope of the books—issued in 1997, 1999, 2002 and 2005—presents a twofold divide, chronological and religious (this “southern Europe” is made up of the Catholic countries of western Europe: Portugal, Spain, Italy, and Austria; France being included in northern Europe). The series is a most welcome attempt to produce a comprehensive European history of a problem—the provision of health care to the mass of the population—which has lost none of its prominence, its evolution being the origin of some of the common features of today’s medical care. At the same time, issues regarding the meaning of poverty, its management and solutions, have only slightly changed, mainly in terms of the subjects involved, but are still pressing in post-industrialized societies. A timely effort, then, worthy of praise, although affected by the fact that the series has been published by several different publishers.

This particular volume is composed of an introduction, eleven chapters that discuss care and relief in eighteenth- to nineteenth-century Austria (Martin Scheutz), Spain (Castile and Madrid—Pedro Carasa, and Barcelona—Alfons Zarzoso), Portugal (Maria Anto´nia Lopes), and Italy (Rome—Martin Papenheim, Parma—David Gentilcore, Naples—Brigitte Marin, Bologna—Gianna Pomata, and Piedmont—Giovanna Farrell-Vinay), and the European travels of John Howard (Ole Peter Grell), plus index. The customary introduction by Andrew Cunningham links this to the general purpose of the editors of the series, as a farewell to the whole enterprise.

The first two chapters are analytical in nature, first there is an overview by John Davies aiming to underscore the common historical features of the diverse national processes studied; second, an ideological summary of the main questions on poverty and its relief—causes, interventions and responsibilities—by Nicholas Davidson. Certainly, these are probably the most difficult parts to write, as they require uncommon scholarship; both are overtly slanted towards Italian examples as well as to an English-language critical bibliography. There are slight differences of scope and perspective among chapters dedicated to national contexts, ranging from the driest of analysis for Castile, where hardly any empirical data are given, through full descriptions of social actors and events for Austria and Rome; to the beautiful account of Howard’s journeys “of body and
The chapter on Bologna deals only with the history of health care, while that on Parma is limited to the eighteenth century (precisely, 1740 to 1820). A disturbing lack of uniformity is found in the name of institutions: Carasa’s “county councils” are Zarzoso’s “diputaciones provinciales”, while common Italian “congregazione di carità” in several chapters are “congregations of charity” in Farrel-Vinay’s Piedmont, so that the last does not feature in the index. The index is particularly weak. It does not include a number of institutions that appear within the text (i.e. diputaciones, the Portuguese General Council for Benefaction, Commissione di Sanità, etc.) and the control of language is careless; “insane” is not listed, but “mental health, asylums” and “lunatic asylums” are given separate entries; the page numbers for “beggars” in the Austrian and the Neapolitan chapters are missing; and the cities visited by Howard are not included.

Despite these minor shortcomings, the book is generally a solid work, and is enjoyable to read. These studies show brilliantly the lasting activity of institutions created for religious reasons (in the mid-nineteenth century around two-thirds of the charitable institutions active in cities such as Naples had been founded before 1700), as well as the return of medieval agencies, when state development under Liberal rule broke the centralist approach to empower once again intermediate public agents such as communes and provinces. The concept of a single narrative of a progressive takeover of charities by the state is completely shattered. As both Davies and Davidson show, the burden of insufficient financial resources and the priority of urban charities are common traits in modern Catholic Europe. In the different local/national contexts—not to mention the unusual civil tradition in Portugal—debates on poverty were entangled with debates on the place of the Church in social life.

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Florian Steger and Kay Peter Jankrift (eds), Gesundheit – Krankheit. Kulturtransfer medizinischen Wissens von der Spätantike bis in die Frühe Neuzeit, Cologne, Böhla Verlag, 2004, pp. vi, 270, €34.90 (hardback 3-412-13803-7).

The scope of this volume is ambitious, spanning a millennium, covering both western Europe and the east, and including topics as diverse as surgery in the Frankish states and “paleness” as an illness in early modern poetry. Three papers are in English (Peregrine Horden, John Henderson, Piers Mitchell), with German summaries, but unfortunately English summaries are not given for the German contributions, something which would have broadened the appeal of this volume for those with a phobia for German. Nevertheless, it is worth venturing in, as there is much of interest here.

The volume is organized chronologically, and divides into three sections: late antique, medieval, and early modern. Mischa Meier’s paper centres around the intriguing hypothesis that the writing of history altered in response to the experience of plague in the late antique world. She focuses principally on eastern authors but concludes with Pope Gregory the Great and Gregory of Tours in the west. Gernot Kirchner picks up where Meier ends, discussing Gregory of Tours’ concept of healing, the literary models he draws on, and his attitudes towards doctors. As with Meier’s paper, the principal emphasis is on the literary representation of illness and healing rather than medical practice. Peregrine Horden, in contrast, starts with the development in late antiquity in the east of the physical space designated as a “hospital”, but argues that it was brought into existence—and gained its symbolic force—as part of the theological and political power struggle between groupings within Christianity (“Arian” and “Catholic”).

There is then a slightly uncomfortable jump in chronology from late antiquity to the Crusades, perhaps inevitable in a single volume attempting such a large chronological sweep. However, with three papers on late antiquity, one could have covered at least part of the seventh to tenth centuries, perhaps focusing on the manuscript transmission and use of medical texts from antiquity to the middle ages. What is good in this
volume, however, is the balance between east and west, and this is exemplified by Johannes Pahlitzsch’s fascinating exploration of the mobility of Christian, Jewish and Samaritan doctors in the east across political and religious borders.

Jewish doctors, this time in the west, are also the focus of Peter Kay Jankrift’s contribution. The mobility of these doctors in the west, however, means that evidence about their activities is sparse and Jankrift persuasively argues that historians should respond to this by taking a broad comparative approach between regions. Piers Mitchell also grapples with a lack of direct evidence for types of elective surgery performed in the Frankish states and instead he mines court records, chronicles and Arab sources to infer the types of elective surgical procedures (such as cauterization, treatment of haemorrhoids and possibly also cutting of gums for scurvy) that patients expected surgeons to perform successfully.

The early modern section of the volume opens with John Henderson’s paper on early modern hospitals. In a welcome departure from the overwhelmingly literary source base of the volume as a whole, he draws on iconographic as well as textual evidence in order to attempt to reconstruct a patient’s experience from entry to discharge (or death) in Renaissance hospitals in Florence. This is followed by a timely look by Renate Wittern at the contemporary reception of Andreas Vesalius’ famous anatomical work De fabrica, not least by Vesalius’ own former teacher, Jacobus Sylvius. Florian Steger focuses on a perhaps less universally famous, but nevertheless important, figure of the medical Renaissance, Georgius Agricola, and specifically his 1528 dialogue ‘Bermanus sive de re metallica’. Steger argues that Agricola’s dialogue should be viewed as part of the ongoing contemporary debate on what constituted “true” or “right” anatomy or medicine.

Daniel Schäfer’s paper is the most closely focused in the collection on the concrete transmission of medical texts from antiquity to the Renaissance. Sensibly, rather than attempting a complete survey, he focuses on a single theme which is now receiving increasing attention from historians, namely texts relating to ageing and prolonging life. Sandra Pott, in contrast, considers poetry about the plague and “paleness”. She argues that not only did a “medicalization” of poetry take place in the early modern period, but that in turn medical discourse was influenced by poetry.

Overall, this collection has some strong contributions and although few contributors discuss it explicitly, they collectively deal with the concept of “transmission” in a creative way, considering the transmission not just of medical texts but also of medical personnel, medical knowledge and language across linguistic, chronological, political and religious boundaries.

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Philip J van der Eijk (ed.), Hippocrates in context: papers read at the XIth International Hippocrates Colloquium, University of Newcastle upon Tyne 27–31 August 2002, Studies in Ancient Medicine, vol. 31, Leiden and Boston, Brill, 2005, pp. xvi, 521, €149.00, US$199.00 (hardback 90-04-14430-7).

The XIth International Hippocrates Colloquium focused on the contexts in which the Hippocratic texts were written and read. The organiser, Philip van der Eijk, chose this broad theme in order to encourage contributions from a wide range of disciplines. The proceedings, divided into five sections, open with a study of the notion of cause in the contemporary works of historians (Thucydides and Herodotus) and medical writers by Jacques Jouanna, who usefully reminds the reader that comparisons across genres should not always be conceived in simplistic terms of influences. The remainder of the first section, devoted to the epistemological context of Hippocratic medicine, is heavily centred on the much-studied treatise On ancient medicine, although Daniela Fausti examines some more neglected texts in her study of the use of signs in prognostication.

The second section, exploring the social context of Hippocratic medicine, includes some
Maria Elena Gorrini offers an impressive study of the archaeological evidence for healing cults in Attica. She stresses that these cults developed contemporaneously with ‘Hippocratic medicine’, often used the same methods of healing, and were not in strict opposition—she shows how medical doctors made dedications to the God Asclepius. Julie Laskaris also investigates the links between religious and Hippocratic medicine, focusing on the use of excrements and kourotrophic milk (the milk of a woman who has borne a male child) in the Hippocratic gynaecological recipes. She suggests that the use of kourotrophic milk shows the influence of Egyptian medicine, which made use of the milk of the Goddess Isis feeding her son Horus. In incorporating that ingredient in their pharmacopoeia, the Greeks misunderstood or ignored the Egyptian ritual connotations of kourotrophic milk. Finally, in her contribution on the largely unknown treatise On the organ of sight, Elizabeth Craik ventures the hypothesis that this text was composed by someone whose first language was not Greek, maybe someone from Egypt.

The third section explores the links between “Hippocratic” and “non-Hippocratic” medicine, that is, the medicine expounded in the writings of inter alia Aristotle (Frédéric le Blay), the Anonymus Londinensis (Daniela Manetti), and Theophrastus (Armelle Debru).

The fourth section, devoted to the linguistic and rhetorical context of Hippocratic medicine, is—unfortunately—the shortest. Detailed linguistic and literary studies can yield important information on the socio-cultural context in which the Hippocratic texts were produced, as shown most prominently by Tim Stover’s study of discursive practices and structural features exploited in Prorrhetic 2. Through the use of particular rhetorical features, the author of Prorrhetic 2 produced a protreptic text destined to win over a clientele of pupils in the context of competition between medical practitioners.

The final section, focusing on the later reception of Hippocratic medicine, opens with a study of the medical papyri from the Egyptian village of Tebtunis by Ann Hanson, and is followed by essays on the reception of Hippocratic theories by later medical authors, such as Celsus (Muriel Pardon), Aretaeus (Amneris Roselli), and Galen (Ivan Garofalo).

The division of the proceedings into sections is at times artificial, and it is regrettable that the section on the epistemological context is so centred on On ancient medicine; but altogether this volume testifies to the very positive evolution of Hippocratic scholarship in recent years. Hippocratic scholars are no longer afraid to use archaeological and papyrological evidence; they study linguistic features in innovative ways; they do not shy away from neglected texts such as Prorrhetic 2, Internal affections and On the organ of sight (as shown by the index of passages cited); and they fully embrace the possibility that Greek medicine was influenced by Egyptian medicine. In short, Hippocratic scholarship has truly become interdisciplinary.

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Pedanius Dioscorides of Anazarbus,
De materia medica, transl. Lily Y Beck, introduction by John Scarborough, Altertumswissenschaftliche Texte und Studien, Band 38, Hildesheim, Olms-Weidmann, 2005, pp. xxviii, 540, €78.00, US$90.00 (paperback 3-487-12881-0).

Finally we Anglophones have a reliable, competent translation of Dioscorides, called by G E R Lloyd perhaps the most important scientist in classical antiquity. In five books, Dioscorides’ Materia medica summarizes more than 1,000 drugs of which at least 700 are botanicals. Over the last half century of delving into ancient and medieval medical lore, I often cringed when a modern writer quoted “Dioscorides” from the only previous English translation, that produced by John Goodyer some time between 1652 and 1655, but not published until 1934 (Oxford University Press), lightly edited by Robert T Gunther (reprinted in 1959 and 1971). Goodyer based his translation on a woeful edition.
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(Frankfurt, 1598), which incorporated chapters not in Dioscorides’ Greek text, adding the notha (synonym-lists) that had descended into the Renaissance alongside the text itself. Goodyer quite frequently replicated the Latin transliterations of Greek names for plants, thereby increasing confusion, in striking contrast to Dioscorides’ careful precision. Now Lily Beck, a professional classicist who also knows her botany, has rendered Dioscorides accessible to anyone who reads good English. John Scarborough’s introduction gathers the few biographical data on the talented author of the De materia medica, and is a valuable guide to contents, the history of the text, and Dioscorides’ sources of information.

Dioscorides’ writing style employs a paucity of words and is similar to modern science articles. He tells his readers to disregard style and pay attention to the content. He explains that, for each plant, he first read what the previous authorities had reported (often citing by name), then he travelled widely in a “military-like life”, observing the plants in their habitats, talking with the people about their experiences with drugs, and finally “testing” their actions himself. Only then did he have a fact he trusted, which could be related. Beck observes in her introduction that the text is mostly devoid of what we call magic and superstition. Where there were uses that he would not endorse, he prefaced them with words to distance himself, such as, “it is reported”, “they say”, and “it seems”. Even so, occasionally Dioscorides slipped, such as with the plant scilla: “ward[s] off evil when hung whole on front doors”. Beck’s point withstanding, Dioscorides’ keen talents were remarkable in observing the effect of natural drugs on humans (and occasionally animals). In our time when alternative medicine is receiving renewed interest, one should keep in mind that natural product drugs are the result of human experiences, mostly intelligent ones.

Each chapter begins with the Greek term in the Greek alphabet and, in the case of plants, followed by the binominal scientific name with the English term. For identifications, Beck used the standard authorities; when authorities disagree, she has notes, although modest in discussion. Translating ancient Greek medical terms is perilous: for example, is podagra exactly our gout? is asthma our asthma? The list is extensive and, for this reason, medical researchers are still advised to consult the Greek terms’ lexical ranges. Particularly difficult are Greek terms for dermal lesions. (Beck should be excused from the publisher’s unfortunate spelling of “Anarzarbus” on the cover.)

Lily Beck employed Max Wellmann’s critical text in three volumes published between 1906 and 1914 (reprinted 1958). Having seen most of the Greek manuscripts, I am of the opinion that, despite Wellmann’s erudite scholarship, a new Greek text should be made, but even after it is, Beck will survive as the standard English translation. Before publication, Beck asked me to read her translation but, alas, I was unable to do so at the time and instead gave her a very small modicum of advice. Beck’s translation embodies sensitivity to Dioscorides’ meaning that even a classicist, who is reading the Greek, would want to consult. So, now the medical historians can toast Beck’s work with a cup of herbal tea.

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Bruce T Moran. Distilling knowledge: alchemy, chemistry, and the scientific revolution, New Histories of Science, Technology, and Medicine, Cambridge, MA, and London, Harvard University Press, 2005, pp. 210, $24.95, £16.95 (hardback 0-674-01495-2).

Moran begins this short, introductory book by asking how alchemy, a seemingly disordered and irrational pseudo-science, fits into a discussion of the scientific revolution. His answer, like that also offered elsewhere by William Newman and Lawrence Principe, is that alchemy is—or rather was—chemistry. Moran points out that sixteenth- and seventeenth-century alchemy, “although motivated by assumptions about nature not shared by many today, still occasioned an intense practical involvement with minerals, metals, and the making of medicines” (p. 2). Moran, however, is less interested in the precise nature of this practical involvement than in what its
development and the changing contemporary discourse around it tell us about “the creation of new learning” during this crucial historical period.

Moran’s account of this process begins with the tradition of what he calls “distillation alchemy”, and it is this tradition that leads us in to what is so relevant and important about early modern “chemistry” for the history of medicine. In the late thirteenth and early fourteenth centuries, John of Rupescissa, Raymond Lull and Roger Bacon all sought “a super-medicine, an elixir or *aqua vitae* that could purify physical bodies of their impurities, rid the human body of disease, and prolong life” (p. 11). All looked back to the works of the Arabic writer, Jabir ibn Hayyan. Through distillation, Geber (as his name was Latinized) believed it would be possible to separate the essential parts of nature into the purest substance of all. This ultimate substance became known as the quintessence or fifth essence, and, using (and sometimes discovering along the way) oils, alcohol, salts, minerals, metals, acids, alkalis and the dividing effects of fire, it was in the rarefied, secluded space of the laboratory that alchemists sought the inner essence of all nature.

This search, along with the processes and substances that might facilitate it, preoccupied the minds of many important Renaissance and early modern philosophers, from Paracelsus in the mid-sixteenth century to Boyle and Newton in the late seventeenth. As Moran points out, this pursuit was not isolated from other intellectual practices. Alchemy could and did join forces with mathematics, medicine and other experimental sciences, with the lofty career of Robert Boyle being an obvious case in point. Thus when Jean Beguin came to define alchemy—or as he also called it, chemistry—in 1669, it was to him “the art of dissolving natural mixed bodies, and of coagulating the same when dissolved, and of reducing them into salubrious, safe, and grateful medicaments” (p. 113). For his contemporary, Christofle Glaser, apothecaries “relied on chemistry to teach them how to make compositions, how to preserve the virtues of their ingredients, and how to separate the pure from the impure parts of mixtures” (p. 118). Put like this, it is clear to see how alchemy possessed a methodology and purpose aligned to what is considered the emergent modern scientific method of observation and experimentation.

Its emergence as modern pharmacy, however, was only part of the process by which alchemy gradually shed its skin and became something else. It also had to lose its (more infamous) association with transmutation—the process by which it was believed that with this same elixir, medicine or Philosophers’ Stone, base metals could be turned into silver and gold. The medieval Church’s condemnation that “They promise that which they do not produce” haunted alchemists down the centuries: theirs was a suspicious, specious, and even perhaps heretical, claim to knowledge.

Thus Moran suggests that “if we are looking for a place where ‘alchemy’ was redefined and discarded in favour of ‘chemistry’” we could do worse than look to the French royal apothecary Nicholas Lemery’s *Course of chemistry* (1675) (p. 119). For Lemery was amongst those philosophers who, like Descartes, sought a clean break with previous interpretations of nature: “Lemery cast alchemists into the ranks of frauds and impostors who were (all of them) solely concerned with making gold. Redefining alchemy in this way allowed chemistry to shed any connection to dubious alchemical practices. Chemistry was laundered so as to have an untraceable history. By virtue of its shared methods and types of inquiry, it claimed to be a distinct and unprecedented form of knowledge possessing its own rational mode of discovery. The new perception of chemical experience excised perceived alchemical lies and deceits and turned what had been practical alchemical wisdom into new chemical facts” (p. 119).

Moran writes of sometimes complex philosophical ideas with an easy, approachable style. As well as offering an interesting account of alchemy and chemistry in early modern Europe, he presents a good exercise in scholarly historiography that will be of value to many students new to this subject.

**David Boyd Haycock,**

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That few figures in early eighteenth-century Madrid were as unconventional as the physician Diego Mateo Zapata makes his professional and social success all the more remarkable. He was, to begin with, of Jewish background. What is more, the Inquisition tried him twice, in 1691 and 1721, for secret observance of rites such as Purim. Despite the weighty evidence against him, he nevertheless managed to get off lightly and eventually returned to practice medicine close to court circles. (These episodes of persecution would not be forgotten; a century later one of Francisco Goya’s drawings sympathetically depicted Zapata as a prisoner in chains.) The physician’s marrano background and occasional crypto-Judaism were so far from being a secret that they gave rise to another source of public embarrassment. Madrid’s rumour mill assured that it was known about town that a botched circumcision had left him virtually castrated. The delight that his many enemies took in taunting him as a ‘capon’ was merely part of the rougher side of early modern medical polemics. And in this no holds barred context, Zapata gave as good as he got.

It was indeed thanks to such exchanges that Zapata forged his reputation. He arrived in Madrid around 1686 as a licentiate in medicine—his lack of ‘pure blood’ ensured that he would never receive a higher degree, nor certification by the Protomedicato (royal licensing board). Thanks to help from fellow ‘New Christians’, he found work at the city’s general hospital. He quickly began to make a name for himself by publishing attacks on several senior physicians, including prominent figures at court. His early work defended Galenist physiology, and roundly opposed belief in the circulation of blood, a doctrine that was slowly making headway in Spanish medical circles.

By 1701, however, Zapata had gone over to the opposite side. Lauding the ‘new medicine’, including the circulationist theories he had previously rejected, his works now trumpeted “practical studies of diseases” through recourse to “experience” (viz. anatomical and “chemical” experiments). At the same time they promoted a vaguely Baconian programme critical of the Galenist and Aristotelian syllabus then taught in the universities. The rest of his career—he was active until his death in 1745—was marked by further controversies. In addition to his struggles with the Inquisition, he also tangled with his fellow physicians over a host of practical and theoretical problems, ranging from the protocol of consultations among medical personnel to the theological dilemmas posed by caesarean sections.

Pardo highlights numerous general lessons that one can learn from this admittedly singular case. First, his careful reconstruction of the intricacies of the debates in which Zapata participated shows how hard it is to draw clear lines separating different schools of medical opinion. Earlier interpretations that pitted a handful of quixotic novatores against the traditionalists overseeing the windmills of the academic establishment are here revealed to be at best an over-simplification of a much more complex situation. Specific public arguments—including Zapata’s own shifts of opinion—often disguised bids for favour and protection from equally voluble patrons. The more important among these included not just the heads of leading aristocratic families, but also the coterie of royal physicians that controlled licensing as well as most of the major medical posts. The monarchy’s role in promoting the “new” science is another myth that Pardo takes on. The arrival in 1700 of the new French dynasty did indeed introduce some fresh air into the brackish backwaters of Spanish medicine. However, this book provides fresh evidence in favour of the growing consensus that this change was well under way before the Bourbons reached Madrid, and that Italy was just as important as France as a source for the innovative currents with which Zapata eventually cast his lot.

Finally, the author has especially illuminating things to say about the nature of medical practice during this period of transition. Of particular
interest is his analysis of the consultas, or formal opinions, whose abundant circulation in manuscript or print form constituted the most important form of debate among physicians in larger cities such as Madrid or Seville.

This is a thoroughly researched and highly suggestive study of a wide range of significant issues. It deserves a wide readership.

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Christopher Booth, John Haygarth FRS: a physician of the Enlightenment (1740–1827), Memoirs of the American Philosophical Society, vol. 254, Philadelphia, American Philosophical Society, 2005, pp. xv, 169, illus., $60.00 (hardback 0-87169-254-6).

Biography of the so-called “great men” of medicine has frequently been disparaged by academic historians—especially when the author is a retired clinician. This has often been justified, as some of the works are mere collections of readily available facts with no synthesis and little understanding. Whiggish hagiography is easy to write. But good biography is important. Those who would try to understand the fundamental trends of the past and interpret them for today must know about the protagonists and be able to rely on accurate scholarship about them. The skills that the experienced clinician biographer brings to the work are very similar to those he used with his patients. The collection of primary source material (clinical examination, x-rays and pathology results), formulating the hypothesis (diagnosis) and then testing it (the treatment and follow up) is little different to the technique of a trained historian.

Haygarth was a “great man”. A true child of the Enlightenment, he had a wide circle of correspondents and friends including William Cullen, John Fothergill, Sir Joseph Banks, William Heberden and, across the Atlantic, Benjamin Waterhouse. He became an extremely busy physician in Chester, where he demonstrated that it was easier to put ideas into practice than in London. Thus he formulated a plan, which was in a great measure successful, to eradicate smallpox in the town by inoculation. Later, he wanted to extend the plan nationwide, but nothing came of it, and shortly afterwards vaccination was promoted. On the basis of his own experiments, he believed that fever was contagious. He set up fever wards for the poor in the local infirmary, and this work laid the conceptual foundations for isolation hospitals.

At the age of fifty-eight he retired from clinical practice and went to Bath, the city of Jane Austen, Edward Jenner and Caleb Hiller Parry. For some years the Bath Philosophical Society met in his house. He turned his attention to literary work based on the mass of clinical notes he had made. This led to further publications on fever, rheumatism, and, possibly unwisely, he entered into the virulent controversy in Philadelphia as to whether what we now call yellow fever was endemic or imported from the Caribbean.

Perkins’ Tractors had become the fashionable cure-all among the valetudinarians in the town, and Haygarth exposed Perkins as a fraud and made sure that the deception was widely exposed.

True to the spirit of the age, he engaged in philanthropy. A devout Anglican, he was always interested in education for the poor and, having been a governor of the Blue Coat School in Chester, he proposed that a similar scheme could be introduced in every parish in England at very little cost. In his later years his other great interest was in devising and setting up the Bath Provident Institution as a savings bank for the benefit of the thrifty and industrious.

This study is not only a delight to read, but it will be of great value to many researchers. Anybody looking at the genesis of the understanding of fever, medicine in small town Georgian England, the history of smallpox, the transatlantic passage of medical knowledge, education for the poor and the start of the Friendly Society Movement will find something of value. Those interested in Booth’s previous work on the medical connections of the Yorkshire Dales will not be disappointed.

The book is well produced and impeccably referenced. Booth, a true clinical historian, has made his case that Haygarth’s name should be
placed “alongside the great pioneering philanthropists of the age”.

John Ford,
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Charles Darwin. *The descent of man, and selection in relation to sex*, edited and with an introduction by James Moore and Adrian Desmond, London, Penguin Books, 2004, pp. lxvi, 791, illus. £9.99 (paperback 0-140-43631-6).

Adrian Desmond and James Moore have teamed up once more to write an introduction to the Penguin edition of Charles Darwin’s *The descent of man*. This is a book with a confusing history. Darwin expected it to raise a storm of clerical protest, but it elicited in the main, as Desmond and Moore put it, only “muffled growls”. It is acknowledged to be among Darwin’s most important works, not least because it saw him come clean on human evolution, yet few have read it with the close attention lavished on *The origin of species*. And even many of those who have read *The descent* have done so in an egregiously selective fashion, discovering in it justifications for everything from brutal imperialism, unrestrained capitalism and state-mandated eugenics, to socialism, birth control and the enlightened rule of a secular-scientific clerisy.

Part of the difficulty with *The descent* has been that it seems to lack the prescience and cool neutrality of *The origin of species*. It appears to be far more rooted in a particular time and place, sadly lacking in the Olympian social and political detachment of Darwin’s greatest and best-read book. As readers of their splendidly atmospheric Darwin biography might expect, Desmond and Moore beg to differ. They argue that *The origin of species* is very nearly as “social” as *The descent*. Accordingly, they insist that the mechanism of natural selection was underpinned by the same Whig-Malthusianism that ushered in the calculated horrors of the post-1834 workhouses and the Victorian cult of economic individualism. Moreover, only because Darwin self-consciously avoided the subject of humans in 1859 (aside from his famous aside) has it been possible to see it as a work of biology in becoming contrast to *The descent*’s impure anthropology. Wherever one stands on this debate, few would demur from Desmond and Moore’s account of how prevailing racial, sexual and social prejudices infused *The descent*’s account of the evolution of civilized society and the relative roles of males and females in selecting mates. Desmond and Moore do an excellent job of contextualizing Darwin’s ideas about human evolution and the role of sexual selection. With their customary élan, the authors also rightly emphasize the dangerousness of Darwin’s idea in a theistic society in which science remained, in the minds of many, a mere handmaiden to revealed religion.

But Desmond and Moore go further. They assert that previous attempts to restore Darwin to his proper historical context have not gone far enough. Most scholars accept that Darwin’s arguments in *The descent* inadvertently injured the advocates of welfarism and female emancipation. The prevailing social and sexual prejudices that Darwin imbibed are easy to identify since the same ideas resonate today. However, there is one aspect of Darwin’s upbringing and context that has been attended to far less: the anti-slavery movement. Desmond and Moore argue that we have failed to see how profoundly Darwin’s mindset was shaped by the abolitionism of his grandfathers, reinforced by his personal revulsion at the brutality he witnessed being meted out to slaves (and other subject peoples) during the *Beagle* voyage. In later life, Darwin’s abolitionist views may have burned at a lower intensity, but Desmond and Moore point out that his disgust at the Confederacy during the American Civil War demonstrates that slavery remained always a live issue for Charles Darwin. Abolitionism was still a touchstone of his political beliefs. And in their introduction, Desmond and Moore seek to trace, from Darwin’s letters, marginalia, jottings and *The descent* itself, evidence that this passionate distaste for slavery played a major role in his biological work.
They arrive at a radical thesis: that a single humanitarian objective—the condemnation of slavery—energized Darwin’s evolutionism. They propose that his thinking about evolution derived in large part from an urge to prove that all races of mankind were joined genealogically and therefore had equal ethical status; that consanguinity demanded common decency. Darwin’s main interest, almost obsession, was to explain racial variation in a way that confounded the polygenist’s assertion of separate creations. And in so doing, it is claimed, he arrived at the idea of sexual selection as a means of explaining the racial characteristics (such as skin colour) so important to the polygenists. For Darwin, these reflected local aesthetic preferences that predominated due to the force of sexual selection. They were emphatically not evidence of distinct origins.

This hypothesis, say Desmond and Moore, explains many of the oddities of *The descent*, in particular its failure to say much about the fossil evidence for human evolution. Only if we see the book as inspired by abolitionist sensibilities can we account for why the discussion of human evolution from bestial progenitors was so half-heartedly compiled. Desmond and Moore also use Darwin’s hatred of slavery to help explain his delay in publishing *The origin*, his omission from it of his own species, and the vehemence with which he defended sexual selection. *The descent*, then, was in essence a contribution to a debate that James Cowles Prichard would have fully understood back in the 1830s. And for all his negative remarks about “savages”, in writing *The descent* Darwin drew upon a deep reservoir of radical humanitarianism which, for pragmatic reasons, he elected mostly to conceal from the reader.

Evaluating Desmond and Moore’s thesis is no easy matter; not least because—as indicated early in the piece—the authors provide just a summary of the claims and evidence which they plan to develop in more detail elsewhere. Even so, the point is well taken that we may have been too quick to dismiss the importance of Darwin’s horror at slavery in the genesis of his evolutionary theory. And it might well be that the second part of the book, *Selection in relation to sex*, originated in Darwin’s attempt to find a means of explaining racial variation more congenial to his humanitarian beliefs. After all, few sights during the *Beagle* voyage affected him as deeply as seeing slaves in South America savagely flogged. And few issues so galvanized ethnological debate in the years of Darwin’s scientific coming of age than the relative status of “primitive” and “civilised” peoples. Yet on the evidence presented here, Desmond and Moore have not proved their case. That Darwin loathed slavery is certain. But in *The descent* and elsewhere he does not always write as a card-carrying humanitarian. Thus he could adopt a tone of near-indifference when talking of the extinction of some “primitive” races, and he was perfectly willing to employ standard tropes of the savage’s lack of reason when striving to fill the gap between apes and white Europeans. To be fair, Desmond and Moore argue that by the 1860s Darwin had lost some of his youthful egalitarianism. Still, it is not yet established that slavery was significantly more important than dozens of other factors in his earlier ruminations.

Nevertheless, this introduction presents the essence of a fascinating and (at the very least) plausible thesis. Darwin scholars should look forward to its presentation in full. And, even as it stands, Desmond and Moore have provided an exceptionally rich and evocative introduction to one of Darwin’s most under-read books.

John C Waller,
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John C. Burnham, *What is medical history?* Cambridge, Polity Press, 2005, pp. vii, 163, £45.00 (hardback 0-7456-3224-6), £17.99 (paperback 0-7456-3225-4).

Having pursued my medical studies via the diversion of a history of medicine degree, I am frequently asked to justify and explain my interest in the subject. I was intrigued, therefore, to discover John Burnham’s work, which details in part the author’s theories as to the importance of medical history, and provides an explanation of what it is about the subject that attracts such
extensive scholarship. Studying medical history, according to Burnham, is useful in that it leads one to a more general inquiry into the past and the history of society, and prompts the consideration of a broader range of ideas, such as the quality of the information we examine. Moreover, it is the ubiquity of disease, its cures and its healers that ensures a receptive audience for the study of the history of health.

Burnham’s work is structured around his theory that the history of medicine is analogous to five intertwining dramas, each of which is represented by a separate chapter. The first three dramas are the Hippocratic triad of doctor, patient, and disease, with the remaining two chapters of the book describing the discovery and communication of knowledge, and medicine and society. The metaphor of drama is used to explain another aspect of the appeal of medical history: “one simply gets drawn into the continuing story” (p. 80).

Burnham’s other focus amounts essentially to a history of the history of medicine. In other words, this book does not detail the specific events and ideas of the past, though these are used as examples, but rather why and how the history was written. For example, the reader learns how medical history changed from being written by and for physicians to becoming the domain of social historians. The outlook and ideas of the historians, as influenced by their socio-political context, are described far more than the history itself.

This is a densely written book, covering a wide chronology and introducing an abundance of topics in a fairly slim volume. As such it can be difficult to follow in places and the style is often confusing. However, this is an enjoyable read and although the drama metaphor becomes a little overstretched by the end, it does give the work a lively and original tone.

Although the author intends his book for the history of medicine novice, I would recommend it more as a supplement to the study of the subject, rather than as an introduction. A number of important concepts are introduced, such as the idea of framing disease and the question of when discoveries become real, but these are notions perhaps best understood alongside a study of the history itself. In other words, Burnham’s work does not particularly add anything new to the historiography, but it does provide an excellent summary of information.

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Johann Ritter, Karlfried Fründ and Gottfried Gabriel (eds), Historisches Wörterbuch der Philosophie, band 12: W–Z, Basel, Schwabe, 2005, pp. 1555, SFr 368.00, €257.50 (hardback 3-7965-0703-4).

After more than forty years, the Historisches Wörterbuch reaches its end with Zynismus. Some might consider this appropriate, for cynics might view the whole enterprise as outdated, old-fashioned, and, in the age of the internet, irrelevant to historians and philosophers alike. They would be wrong, for this is a monument of scholarship that provides far more than a summary of past results. Not only do the authors survey the development of philosophy over the centuries, but they frequently provide starting points for further reflection about future directions of research. For those with German, there are inexhaustible riches here, and even those without German may benefit from the considerable bibliographies that accompany each article.

For the historian of medicine, this is perhaps the most valuable volume of all, for it surveys growth (Wachstum) and development (Wirkungsgeschichte and cognate words), time (Zeit), change (Wechsel) and interaction (Wechselwirkung), in man and woman (Weiblich). The world (Welt), from its (non-)generation to its future (Zukunft/Weltende), is here for the contemplation of the cosmopolite (Weltgesellschaft), who might be interested in the ways in which the West has defined itself and been defined. One can follow philosophers as they have attempted to define essence (Wesen) according to their various understandings of truth (Wahrheit). A desire for pleasure (Wollust) outstripping well-being

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(Wohlwollen) might bring down the wrath of God (Zorn Gottes), the object of trust (Zuversicht) as well as an actor in a universe (Wirken Gottes) filled with objects of wonderment (Wunderbare). One can find here information on theories of the welfare state (Wohlfahrt) and on the civil polity (Zivilgesellschaft), both valuable for pointing to differences between British, American and Continental attitudes. A substantial section is devoted to knowledge (Wissenschaft) and its cognates, and reminds us that an abundance of learning or science does not necessarily equate with wisdom (Weisheit), let alone with worldly wisdom (Weltweisheit). Logicians may deny this (Widerspruchsfreiheit).

The whole encyclopaedia is a resource for historians as well as philosophers, and should be on the shelves of every major library. Although aimed at a German-speaking audience, its entries range much wider, and show the insular just how varied many of the terms and concepts that we use today have been and are. The editors and the publishers deserve heartfelt thanks.

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Jeffery Burley and Kristina Plenderleith (eds), A history of the Radcliffe Observatory, Oxford: a biography of a building, Oxford, Green College at the Radcliffe Observatory, 2005, pp. viii, 186, illus, £14.50, US$28.00 (hardback 0-9509394). Orders to: The Development Office, Green College at the Radcliffe Observatory, Woodstock Road, Oxford OX2 6HG; e-mail: development.office@green.ox.ac.uk

The Radcliffe Observatory has been described by some as the finest eighteenth-century building in Oxford, and by Nikolaus Pevsner as architecturally the “finest observatory in Europe”. However, there is so much more to the Radcliffe Observatory than the architecture, and this book uses multiple authors and a biographical approach to reveal a fascinating story.

There are three quite different occupations in the 225 years of the Observatory: firstly astronomy and meteorology, secondly medical research, and finally as the centrepiece of an Oxford college. In 1681 Christopher Wren, previously Savilian Professor of Astronomy, advised that an observatory need only be a “little house of boards 12 foot square and 7 foot high with a detachable roof”. Edmund Halley built such a structure in 1705.

When Thomas Hornsby became Professor of Astronomy he petitioned the Radcliffe Trustees for money to build an observatory, requesting that there should be a single storey building aligned on an east-west axis. In addition he asked for a large room for experimental philosophy above his residence and a third storey for refractory telescopes, which general plan of the Observatory we see today. Henry Keene produced plans and the foundation stone was laid in June 1772. But, after the ground floor had been built, Keene was replaced by James Wyatt. Wyatt’s design for the tower is magnificent. The top floor is based on the Tower of The Winds in Athens but with large windows. Beautiful sculptures of the eight winds encircle its top with Heracles and Atlas supporting a copper globe on the roof. These and the Coade stone signs of the zodiac greatly enhance the neo-classical appearance of the building. The allegorical figures are explained and beautifully illustrated before a chapter on the gardens and grounds leads naturally to a history of the Observers.

Thomas Hornsby started meteorological observations in 1774 and these are part of the longest continuous series of temperature and rainfall records from any one site in the British Isles. As a result, the chapter on meteorological observations makes interesting reading in view of recent controversy about climate change.

By 1928, light and atmospheric pollution was so bad that the Observatory moved to South Africa using funds from the sale of the building to Lord Nuffield, who then donated it to the hospital authorities.

There had been a little teaching of clinical medicine in Oxford before the 1930s but the
school included the Nuffield Institute of Medical Research housed in the Observatory. Initially the research was in x-ray cinematography and experimental therapeutics. There followed research into neonatal physiology but the inconvenience of a building with no lifts can be gauged by sheep having to be carried up the elliptical staircase. The Nuffield Institute moved to Headington in 1970 and various departments used the building until 1979 when Green College was founded.

The Regius Professor of Medicine, Sir Richard Doll conceived the idea of a postgraduate college mainly for medical tutors, scientists and students. Dr and Mrs Cecil Green endowed the college, which opened in 1979 with Sir Richard Doll as the first warden. The college expanded to include a wide range of disciplines in pure and applied subjects related to human health and welfare with the Observatory as its focal point.

The last chapter is a fascinating exposition of the range and the techniques used in the first part of the (expensive) conservation of the exterior of the Observatory. The book has numerous illustrations and references and is well worth reading as a series of interconnected short stories.

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M J van Lieburg, The history of the Sophia Children’s Hospital in Rotterdam, transl. Ko Hagoort, Rotterdam, Erasmus Publishing, 2004, pp. 232, illus., €27.50 (hardback 90-5235-174-0).

This celebration of a much-loved Dutch institution is old-fashioned in concept and execution. Published to celebrate the integration of the hospital with the Medical Faculty and the University of Rotterdam Hospital, it is a revision and update of the author’s history of the hospital, Het Sophia Kinderziekenhuis 1863–1975, published over thirty years ago.

The hospital’s foundation represents the familiar story of the growth of children’s hospitals from the mid-nineteenth century: rapid expansion of urban population and stubborn high infant and child mortality rates causing concern among medical and philanthropic circles and the establishment of an institution specifically aimed at the urban child from the impoverished family. The story of the meteoric growth of this mercantile and industrial city, and the health penalty paid by its most vulnerable residents has been necessarily truncated to allow the continuation of the story of the Sophia Children’s Hospital from 1975.

The construction of the work follows a familiar path, in that it is chronological, and there is a strong emphasis on the organizational structure, finances and buildings of the hospital. This children’s hospital, like so many in North America, Britain and mainland Europe, had a constant struggle to stave off bankruptcy, and to justify its existence in a world where larger general hospitals were increasingly opening up children’s departments. The thread of the hospital’s difficult relationship with the local council is particularly intriguing, especially given that the hospital board boasted so many influential local business figures from its inception. Almost in spite of the council, a large new hospital was opened in 1937 (at virtually the same time as a similar building opened at Great Ormond Street in London), to give Rotterdam’s children the opportunity to experience many of the recent developments in paediatric medicine.

The construction of the work is partly dictated by the lack of archival material, and results in the patients meriting just eight pages from the hospital’s foundation until the middle of the Second World War. In many respects, the story of the hospital is more interesting post 1937, when the author (speaking from personal experience, private papers, and his own recollections of conversations with long-dead colleagues) deals with the development of the single institution into a centre for paediatric research and out-patient clinic-based childcare, involving the agreement and participation of patients and their families. Disappointing is the manner in which he covers what one might have expected to
be the traumatic effect of German occupation during the Second World War on the work of the hospital and the health of Rotterdam’s children, especially given the well-documented nutritional deprivation experienced by Netherlands town dwellers during that period, and the extensive destruction by the bombing of Rotterdam in 1940. What is clear from the period in the hospital’s life is that individual supporter assistance, and continued good relations with local industries, allowed the hospital to survive. The dependence of the hospital on philanthropy, even today, attests to the limitations of state-funded hospital healthcare.

The work is published in English, in the usual generous manner of the Dutch, whose linguistic skills put the English-speaking world to shame. This initiative is to be applauded, in that it will ensure that what is valuable in the work will reach a wider audience than if it had been published in any of the Low Countries languages. The translator is named as Ko Hagoort. His prose is often charmingly idiosyncratic, but his attempts at idiomatic English do not make for an easy read. Space and financial restrictions excluded the possibility of footnotes, a proper bibliography, or an index of more than principal personalities. This is a pity, for the work could have added much to the developing historiography of the institutional provision for the sick child. Having said that, the list of doctoral theses in an appendix could prove invaluable, and the book—although a very local product—demonstrates admirably the international nature of co-operative development of what the author calls “Caritas” for the sick child.

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