Book Reviews

Ian Mortimer. *The dying and the doctors: the medical revolution in seventeenth-century England*, Royal Historical Society Studies in History, Woodbridge and New York, Boydell Press, 2009, pp. xiv, 232, £50.00, $95.00 (hardback 978-0-8619-3302-0).

Ian Mortimer’s *The dying and the doctors* is probably the most important book on the history of medicine published in recent years. He is not the first to identify a medical revolution in the seventeenth century, but his is the most substantial claim, and his findings should fundamentally change our narrative of the medicalization of English society. Mortimer’s methods and arguments deserve serious consideration by all historians of medicine.

Mortimer’s most important conclusion is that there was a “huge social shift towards medical solutions to life-threatening problems between 1610 and 1670” in southern England (pp. 39–40). This affected rich and poor, men and women, urbanites and rural folk. Demand for medical services grew dramatically—by around 400 per cent for the rich and 1000 per cent for the relatively poor. By the late seventeenth century, most of the dying who required medical assistance obtained it through the market. Mortimer’s work makes a concrete claim for a real “medical revolution” in the seventeenth century that should become the new orthodoxy.

Much earlier work on the consumption of health care has taken practitioner density as a proxy. Strikingly, Mortimer suggests that this increase in demand was not matched by an expansion in the number of practitioners. Rising demand was instead met by the ruralization of practitioners, shifts in the nature of medical assistance, and practitioners abandoning some parts of provision, such as astrological consultations. Practitioners’ medical identities—essentially the occupational labels they were given—fit loosely, with a few exceptions (apothecaries in particular). Moreover, practitioners were mostly licensed by the ecclesiastical authorities: this was no free market of irregulars.

Mortimer’s book offers much aside from this central argument. Rural England was, he concludes, not medically remote after 1660—distance was no longer a barrier to medical services. Unusually, nursing is given serious consideration: he shows that palliative services—nursing in kind if not in name—were widely used in the late sixteenth century, and demand for nursing increased with the rise in other medical services. Nursing perhaps became more clearly defined as an occupation, although it is hard to be sure that changes to the labels for palliative services reflected changes in the substance of nursing. By contrast women’s role in medical services was very limited. The clergy also played seemingly little part in health care. Only plague and smallpox can be isolated in the accounts, and Mortimer shows that they were treated differently to other diseases. Those afflicted by plague and smallpox largely relied on nursing rather than medical care; only latterly did smallpox attract increasing attention from doctors.

Some will debate the firm line Mortimer draws between medical and non-medical services. Others will no doubt question the lack of “theory”. But this would be to miss the point. This is a serious study of “revealed preferences”. While we can and should debate the motivations and meanings involved in purchasing medical goods and services, we should be convinced that people did purchase in increasing number and frequency.
Fundamental to Mortimer’s achievement is his use of Probate Accounts, essentially lists of debts compiled after death. Accounts survive in large numbers for a few counties: Mortimer uses around 18,000 accounts. As a source, accounts present numerous challenges, to which he pays close attention. To the extent that the limitations of accounts can be resolved, he has achieved this. However, they impose some serious limitations that cannot be overcome. Four deserve discussion because they set particular boundaries to his conclusions.

First, Mortimer’s study centres on east Kent, with supporting evidence from other southern English counties. As he notes, these are relatively wealthy lowland regions; east Kent has an unusual abundance of practitioners; their proximity to London exposed them to metropolitan developments; and they accommodated many continental refugees. Whether other regions saw a similar growth in medical consumption remains to be seen: England was not so well integrated that long lags are out of the question.

Second, probate accounts are primarily records of debts. Given the centrality of credit in the period, this is less of a problem than might appear, but it does mean that itinerant healers, who are less likely to offer credit and may have been particularly important in rural areas, are likely to be under-recorded. Third, probate accounts—as Mortimer emphasizes—over-represent the rich. He convincingly shows that some survive for relatively poor folk. Yet, as he notes, they may miss the very poor: did medical and nursing care feature in the makeshift budgets of those on the margins of society?

Fourth, probate accounts record engagements with the market. They exclude domestic, charity or neighbourly assistance. Mortimer is alert to this, and exploits gender differences to underline the significance of domestic care. The implications of this limitation are wider though. First, the increasing reliance on commerce to supply medical and nursing care marks a profound extension of the cash nexus into people’s lives and households. Services which had been aspects of neighbourly duty become paid employment. This has significant implications for our understanding of social and kin relations. Second, the non-commercial care which these new commercial agents supplemented or displaced was not necessarily different in concept or content to that which they supplied. Therapeutic advice and remedies are not made medical by the act of purchasing, and “medical” knowledge was widely diffused in lay settings.

Mortimer’s identification of the changes he identifies as medicalization therefore holds only if we use one definition of the term: a generalization of the use of medical practitioners during sickness. He is on shakier ground in concluding that a conceptual shift occurred, with people’s understanding of disease adopting a “medical” framework. Mortimer sees the rise in demand for medical services as initially fitting with existing spiritual strategies for death: medicine supplemented prayer. However, the repeated use of doctors and drugs “resulted in the focus shifting from God as the provider to the therapy itself…. The power to affect the fate of a sick individual had been relocated, from the exclusively divine to the largely physical” (p. 208). This is too heroic a conclusion. There is no proof here that doctors displaced divines, nor that people’s view of medicine became secularized. Exploring these hypotheses would require a different kind of source.

Medicalization is the effect of the changes Mortimer surveys. What was the cause? Mortimer focuses on the easing of supply constraints: practitioners moving outside towns, abandoning supplementary occupations, and changing the “nature of medical assistance itself” (p. 65). These are plausible partial explanations, but are they sufficient? Ruralization is clearly part of the story. However, the degree of rural development
seems too small to explain such a large change in consumption. The urban share of practitioners declined slowly until the 1690s: between 1590–1619 and 1660–89 it fell from 78 per cent to 73 per cent on one of Mortimer’s measures and 86 per cent to 81 per cent on another. Around two-thirds of practitioners are still living in towns at the close of the period. Ruralization is the only hypothesis that Mortimer’s data allow him to explore. We must look beyond probate accounts to identify changes in the nature of medicine, particularly the questionable move to chemical medicines that Mortimer suggests.

However, even if we explain practitioners’ ability to meet rising demand, we have not explained what drove this explosion in consumption. Two possible explanations, falling prices and shifting disease burdens, can be quickly dispatched. First, prices rose significantly. Second, consumption grew before plague and mortality declined. A fuller explanation will need to consider the wider consumer revolution, changes in taste, middle-class incomes and, I would add, the availability of imported medicines. Explaining demand stands as the major challenge left to us at the close of Mortimer’s groundbreaking project.

Patrick Wallis,
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John Harley Warner and James M Edmonson, *Dissection: photographs of a rite of passage in American medicine: 1880–1930*, New York, Blast Books, 2009, pp. 208, illus., $50.00 (hardback 978-0-922-33342).

Generously proportioned, sumptuously produced, replete with crisp photographic reproductions—at first glance, *Dissection* could be mistaken for an expensive exhibition catalogue. But this is not a book to leave lying around on a coffee table. Warner and Edmonson have brought together more than a hundred photographs taken in American medical schools between 1880 and 1930, photographs that capture the strange, complex relationship between medical students and the cadavers they dissected.

The images in *Dissection* are divided into six chapters—‘Teamwork’; ‘Epigraphs’; ‘Circulation’; ‘Skeleton’; ‘Dark Humor’; ‘Class Portraits’ and ‘The White Coat’—and bookended with excellent critical essays by Warner and Edmonson. Warner’s essay, on the relationship between photography, medicine and American culture, is typically lucid, accessible and smart. By the 1880s dissection was a well-established part of Western medical training, and acknowledged to be as much a moral education as a way of gaining knowledge about the inner structures of the human body. Warner argues that these images present dissection as a rite of passage for medical students, both an assertion of collective character and a focus of student camaraderie. But he also draws out a tension running through these images and our response to them, between the secrecy surrounding medical dissection (a taboo often made concrete in medical school regulations) and the decision to record, disseminate, even celebrate it in photographs.

Edmonson’s essay discusses the challenges of curating these images—taken from a growing collection held at the Dittrick Medical History Centre in Cleveland, Ohio—for a modern audience. He sees them not as an isolated clinical curiosity but as part of a long-established historical genre, one that drew inspiration from Renaissance anatomical atlases and Rembrandt’s *The anatomy lesson of Dr Tulp* (1632). He also highlights the ways in which photography was taken up in this period as a clinical tool, a seemingly objective way of capturing what is fleeting, what might escape
mere human attention, what might or might not actually be there. Photography is a technology that pretends to permanence and in doing so alludes to mortality, a point driven home by the unheimlich observation that all who appear in these photographs, the dissectors and the dissected, are now dead. Some photographs play with this irresistible ambiguity: in ‘A Student’s Dream’, a living dissector lies on the stainless steel table, with four or five cadavers in smocks propped around him.

Most striking, however, are the power relations frozen in these images. None of these cadavers chose, while living, to donate their bodies for dissection: all were snatched from graves or seized as paupers. “In all likelihood,” Warner notes, “every single instance required confiscation of the dead” (p. 15). The bodies are nameless, almost certainly unnameable, but the students seem desperate to identify themselves, with names chalked on blackboards, painted on aprons or scribbled on the backs and mounts of the photographs themselves. And the practices associated with the images are as arresting as the images themselves. Initially formal portraits taken by commercial firms (and occasionally by pioneer photographers like Eadweard Muybridge), later examples are more informal, taken by students themselves as cheaper cameras came on to the market. Though not for public display in the same way as certificates or diplomas, they were mounted in family albums, reproduced in college yearbooks, and—incredibly—used as greetings cards at Christmas and Easter.

Warner and Edmonson have produced a skilfully edited, beautifully presented volume, a disquieting contribution to medicine’s cultural history, and an excellent resource for teaching. It is hard not to read overtones of vanitas into these images of young men and women who (like the ‘Three Living and the Three Dead’ of medieval folklore) find themselves face to face with an incarnation of their own death. One or two students seem painfully aware of this; the majority are, or affect to be, indifferent.

Richard Barnett,
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Ilana Löwy. Preventive strikes: women, precancer, and prophylactic surgery, Baltimore, Johns Hopkins University Press, 2010, pp. xi, 328, illus., £26.00 (hardback 978-0-8018-9364-3).

Ilana Löwy’s splendid new book might have been given the banal subtitle ‘The problems of comparing like with like’. The volume is a deeply researched study of surgery (and radiotherapy) for “precancerous” conditions, mainly of the cervix and breast, in France, Britain and North America in the twentieth and twenty-first centuries. My quotation marks enclosing “precancerous” are inserted to indicate the problem: how do surgeons and pathologists know which (if any) clinical signs or histological changes indicate cancer will develop in a tissue? How can you compare lesions in different patients at different times and come up with a feasible natural history of cancer? Löwy offers a panoptical view of these questions and her comparative and temporal analysis enables her to put in perspective different approaches to diagnosis and preventative surgery. Her choice of female cancers is not determined by sexual politics interesting though her contribution is to that dimension. (“[G]ender produces differences in management of precancerous conditions and cancer risk, although the mechanisms that create such a difference cannot be reduced to the misogyny of the medical profession” [p. 13].) Her selection of subject has a considerable naturalistic input in so far as breast and cervical cancers are both common, may present at early stage as definite cancer, have “precancerous” phases, are easily accessible

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for biopsy and are relatively simple surgical targets.

Cancer was made into a “pathologists’ disease” in the early twentieth century as surgeons moved from extirpating hideous ulcerating tumours of the breast for palliative reasons to cutting out large tumours which produced no symptoms or less dramatic ones such as inversion of the nipple. Pathologists could usually pronounce with certainty on the cytological signs of breast cancer in such growths. But what about small lumps composed of slightly unusual cells? Would these develop into cancer? How could anyone know? Should they be removed prophylactically? Population studies and animal experiments said nothing about any particular case. The same phenomenon was observable later with cervical cancer and the use of the Papanicolaou smear; how could anyone be sure an “abnormal smear” would “progress” (odd word) to full-blown malignancy? It was into this area of uncertainty that culture could creep and it is this that Löwy explores in the first half of her book showing how individual, institutional and national differences produced a huge range of responses to “precancer” from conservative clinical observation to radical surgery and radiotherapy. Löwy shows that in many instances doctors only covered their ignorance by the use of inaccurate descriptive language which hid more than it revealed. This was apparent from the fact that agreement was never universally arrived at over what terms like “cancer in situ” meant. More interestingly this perception is not the result of Löwy’s historical hindsight; really smart surgeons and pathologists repeatedly recognized the problem. Where some pronounced science would resolve all uncertainties others were aware that the uncertainty was the human element in science. For me, some of the best pages in the book report the penetrating, witty analysis of cancer terminology by “Pierre Denoix, a central figure of French and international oncology”, who, for example, defined “early” as “an English term, that, contrary to what one might think does not mean ‘early in time’” and “in situ” as “a French term for a silly or tautological expression” (pp. 164–5). Framed by Löwy’s analysis these and other definitions are devastating criticisms of those who profess the opinion that prophylactic cancer therapy is or could be a practice based on certain science.

Much of the second part of the book is devoted to the study of heredity and its links to overt cancer development. In brief, Löwy shows that once again within the space of uncertainty—does having the two BRCA (BReast CAncer) genes mean a woman will develop breast cancer?—culture exercises its ineradicable influence. A consequence of these uncertainties has been that cancer specialists have turned deficiencies into virtues and dumped decision making on to the patient—the fully informed woman in possession of all the information can decide whether she wants a prophylactic mastectomy (which may of course prevent something that will never happen). It is clear from this book that those who practise medicine are like those who produce historical studies of science: there are some who think proper science will eventually eradicate culture from its domain and those who accept its social nature as essential. This is a major study for doctors and historians alike.

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Jacqueline H Wolf. Deliver me from pain: anesthesia and birth in America, Baltimore, Johns Hopkins Press, 2009, pp. xiii, 277, £26.00, $50.00 (hardback 978-0-8018-9110-6).

Using pain control as her focus and the myriad ways that both women and physicians
responded to it, Jacqueline H Wolf has written a fascinating overview of childbirth from the 1840s to the present day. In doing so she has used women’s voices to advantage, letting them tell their own experiences. In her introduction, Wolf introduces some of the underlying themes of her study. First is the binary interpretation of childbirth’s process, the disagreement between physicians as to whether childbirth is a natural experience and thus not needing significant intervention or a likely pathological event necessitating significant medical involvement to save either mother or child. Second is the contingent nature of childbirth practices and experiences. Physicians have long misinterpreted the latter, Wolf argues, leading to a disjuncture between the two. Third is the centrality of pain, how it is understood and responded to, and the cultural nature of both. Fourth is the drive of physicians to expand their area of control within medicine, including childbirth, even when seemingly responding to the demands of women. Overriding all is the cyclical nature of both physicians’ and women’s responses to childbirth and its pain. Unstated is the exceptionalism of American intervention in childbirth compared to other western countries.

The six chapters are chronologically divided. Chapter 1 (1840s to the end of the century) introduces the professional discussion over the nature of childbirth and its relationship to the use of anaesthesia. Chapter 2 (1890s–1930s) tells the often told story of twilight sleep and how some wealthy women pressured physicians to respond to their desire to be more involved in how their childbirth should proceed (painless). The medical debate itself over twilight sleep is a fascinating reminder that the medical profession seldom speaks with one voice. Chapter 3 (1900–1960s) and Chapter 4 (1940s–1960s) examine the issue of anaesthesia’s safety and the response of women and doctors to the baby boom respectively. The latter chapter begins the fascinating examination of more contemporary childbirth. Obstetricians beset by so many children being born develop a more “predictable” and “systematic” way of managing childbirth, at the same time that women are looking for one that is more “convenient” (p. 10). The next two chapters were my favourites, reading as they did as an almost narrative story of challenge, success, and eventual failure for those wanting to engage in childbirth as a natural and physiological process that worked on its own timetable. As Wolf points out, the irony is that the success and failure of that understanding were based on women’s right to choice. By the end of the century, the needs of women had changed. Instead of wanting to engage in a birthing experience that would be a central life experience, many women wanted and demanded childbirth that was planned, efficient, took as little time as possible, and could be experienced with little pain.

The contingent nature of pain and how to respond to it is the leitmotif underlying the book. Varying views of pain at particular times determined whether a birth was a good one or not. The amount of intervention that takes place in an American birth today, linked as it often is to limiting pain, is what is exceptional compared to other countries. What is also exceptional are the infant mortality rates that are higher in the United States than any developed country be it in North America or Western Europe. While infant mortality is linked to many factors, one of them is the nature of childbirth and the degree of intervention that takes place and, as Wolf has argued, pain control is central to that intervention. Why are there higher intervention rates in the United States compared to other developed countries? That is the unasked and unanswered question.

Wendy Mitchinson,
University of Waterloo
Christopher Hamlin, *Cholera: the biography*, Biographies of Disease Series, Oxford University Press, 2009, pp. 223, £12.99, $24.95 (hardback 978-0-19-954624-4).

This is a compelling book by one of the most trenchant historical writers of his generation. Hamlin’s central contention is that “in many ways cholera is what it was in 1830” (p. 268). This assertion is rooted in an overview of changes in scientific thought since the 1990s; research which asserts that the infection may never, contrary to orientalizing ideology, have been an “Asian” export; that, following remission, epidemic recrudescence may occur through the medium of unstable organisms living in warm sea (and river?) water; and that the disease, however defined, bears striking similarities to a bewildering range of anciently established diarrhoeal conditions. Finally, many contemporary specialists agree that epidemics are as likely to be triggered by seasonal and environmental change as the movement of disease-carrying individuals into infection-free communities. The centrality of the faecal-oral route is downplayed.

In places, Hamlin gives too little space to the fine detail of ongoing debate. Thus his overview would have been strengthened by reference to Paul W Ewald’s article in *Epidemiology and Infection* in 1991 and the same author’s comments in his *Evolution of infectious disease* (1994) on the appalling problems faced by Bangladesh, a country to which Hamlin himself gives brief mention (pp. 272–4). On balance, however, this is a superb survey of an exceptionally difficult body of knowledge and controversy, shaped by a move away from medical-cum-epidemiological modelling and towards ecological and global variables.

Does this radical shift in emphasis, which sub-textually dominates Hamlin’s book, invalidate the findings of the great wave of cholera studies produced between the early 1960s and the early 1990s, and those contained in the torrent of colonial and post-colonial research undertaken over the last twenty years? Probably not. The most impressive medico-demographic publications have scrutinized the ways in which nineteenth-century medical men and health officials used a wide range of categories and subcategories—diarrhoea, infant diarrhoea, choleraic diarrhoea, dysentery and cholera—to differentiate between the myriad gut diseases that lurked in their midst. Other authors creatively focused on the cholera phenomenon, as Asa Briggs urged them, to clarify social, political and urban power relations. Yet others concentrated on epidemic catastrophe to chart the development of public water supply systems and, in Britain, the rise of Chadwickian sanitarianism. (Hamlin, who has written with distinction about the great health dictator says little about him in this study. However, the main tenets of nineteenth-century sanitary science are expertly summarized and interrogated in a subsection on ‘Positions and paradigms’ [pp. 152–9].)

The new agenda demands that historians concentrate on “non-crisis” years in which medical men nevertheless recorded significant numbers of individuals perishing from cholera and choleraic diarrhoea. With European-centred work in this area at a low ebb, the task might rekindle the fire. Thirty years ago, the present reviewer urged historians to use under-exploited epidemiological sources retrospectively to diagnose localized patterns of cause-specific mortality from cholera, diarrhoea, dysentery, typhoid and typhus. Today that programme seems over-ambitious and over-positivistic: more rewarding, as Hamlin so powerfully implies, to trace continuities and discontinuities in archaeologies of cholera knowledge—regardless of what the condition indisputably “is” or may have “been”—from the humoral to the ecological.

This book undermines the linearity of “biography”, creatively deconstructs and
subverts its own subject-matter and asks fundamental questions about connections and disruptions between past and present. Hamlin’s study appears in a series designed to be read by the widest possible audience. Medical historians cannot afford to ignore so excellently written a provocative account of what needs to be done next.

Bill Luckin, University of Bolton

Michael Holland, Geoffrey Gill and Sean Burrell (eds), *Cholera and conflict: 19th century cholera in Britain and its social consequences*, Leeds, Medical Museum Publishing, 2009, pp. viii, 377, £10.00 (hardback 978-1-897849-09-5).

From the mid-twentieth century, studies on nineteenth-century cholera filled a niche in the arsenal of the social historian. Championed as the pre-eminent disease of the nineteenth century, cholera was used as a lens from which one could uniquely see cultural meanings, social changes, and hidden economic forces—a view solidified by Charles Rosenberg’s *Cholera years* (1962). New cholera studies have begun to push this historiographical boundary, including Pamela Gilbert’s *Cholera and nation* (2008) and Christopher Hamlin’s *Cholera: the biography* (2009). Also new is a project edited by Michael Holland, Geoffrey Gill, and Sean Burrell, titled *Cholera and conflict*.

Funded by the Thackray Medical Research Trust, *Cholera and conflict* grew out of research initiated by the Family and Community Historical Research Society. The collection is organized into twelve chapters, each exploring how local communities constructed the initial cholera outbreaks. Gill and Holland jointly provide brief introductory and concluding remarks, and two useful appendices end the volume.

We have long known that from the initial outbreak in Britain in 1831–2, cholera was inexorably linked to the contemporary themes of progress, providentialism, and citizenship. Cholera was spread by the material preconditions of an urban industrialized world, and in turn exacerbated those social and economic changes. The latter caused several social crises, from Luddism to the Corn Laws, and often the poorer classes responded by intense social disturbance, even rioting.

*Cholera and conflict* aims to situate the cholera riots of 1832 in the context of such social disturbances. Mike Zeelie, in chapter 1, shows how quarantine was contentious in Sunderland because cholera was equated with the victim’s uselessness to local industry, and John Brooke’s chapter about cholera in Leeds confirms how social fears of local doctors led to protest against the establishment of a cholera hospital. But why did local communities fear cholera? We learn that fear was largely directed towards doctors; working-class Leeds thought cholera to be a Malthusian plot aimed at population control (John Brooke, Chapter 2), and Bristolians feared that doctors were out to poison them (Sue Hardiman, Chapter 3). In general, local communities feared that doctors would use cholera to obtain bodies for anatomical dissection; fear of grave robbing, or “Burking” dominated the cultural landscape. The best example is Holland’s chapter on resurrectionists and child farming, which provides a compelling narrative of the Tooting Scandal of 1849, where several children of the Holborn Poor Law Union died of cholera while in residence at a local pauper asylum.

Chapters 4 and 10, by Laura McDuff and Sean Burrell, respectively, fill a needed historical gap by exploring how Ireland and Liverpool constructed cholera. There was, not surprisingly, fear of Burking, but the main concern revolved around traditional Irish burial.
practices. The pronouncement by Boards of Health that the bodies of cholera victims be buried quickly conflicted with the lengthy practice of the Irish wake. Although the Catholic Church tried to calm public fear (as the Anglican Church did in England), rioting often ensued.

*Cholera and conflict* provides us with a picture of the local response to the cholera outbreak of 1831–2. We are left with little information of subsequent outbreaks, however, and the title, then, misinforms the reader. The main problem of the volume is lack of a consistent framework from chapter to chapter, with basic information too often repeated. The final result is a collection of disparate, locally driven narratives without a frame. The consolidated bibliography is inadequate and incomplete, and demonstrates an unwillingness to engage with more recent historiography. Classic information about John Snow, William Budd, and William Farr is oddly thrown in at times, and the authors superficially accept an Ackerknechtian framework placing contagionism and anticontagionism directly opposed to one another. Typographical errors are all too frequent, and several of the illustrations are so poorly reproduced as to be distracting. *Cholera and conflict* might lead to new research questions, but overall I think we are better served by other recent works.

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Andrew Scull, *Hysteria: the biography*, Biographies of Disease Series, Oxford University Press, 2009, pp. 223, £12.99, $24.95 (hardback 978-0-19-956096-7).

The would-be historian of hysteria faces formidable methodological obstacles, issues that are, for the most part, of little concern to chroniclers of more concrete and tangible physical, and even mental diseases, conditions and syndromes. These obstacles go right to the core of the matter: should hysteria even be characterized as a disease? As a real phenomenon? And if so, how is the historian to account for its various outbreaks and epidemics, its mysterious appearances and equally mysterious disappearances over the last two centuries? Is a continuous history of hysteria even possible? How, finally, can we explain the malady’s mid-twentieth-century disappearance? Altered social conditions and gender roles? Changes in medical diagnoses? The increased self-awareness of post-Freudian subjects? No wonder no historian has attempted a comprehensive survey of hysteria in over four decades.

In the 1980s and 1990s, the study of hysteria became contested historical terrain for competing feminist, psychoanalytic, sociological and cultural-constructivist approaches. These debates seeped into the mainstream media following a series of highly publicized controversies about trauma and repressed memory, and in the aftermath of the first Gulf War, shell shock and traumatic hysteria became hot topics in academia and in the general public, especially after a noted scholar argued that Gulf War Syndrome represented a modern hysterical outbreak.

Andrew Scull, in his concise and highly readable “biography” of hysteria, judiciously avoids getting entangled in these thorny problems, and instead of trying to sort out hysteria’s true essence or definitively solve its mysteries, he “revels” in his subject’s ambiguities and uncertainties. This then is a history of what medical commentators interpreted or labelled as hysterical from the early modern period through the early twentieth century, enlivened by a sprinkling of vivid case histories, and which also provides memorable portrayals of larger-than-life medical personalities, from the obese and temperamental...
George Cheyne, author of the influential *English malady* (1733), to the Napoleon of the neuroses, Jean-Martin Charcot, the towering French neurologist of the nineteenth century, whose Salpêtrière clinic became a virtual hysterical circus, undermining his ambitions of conquering hysteria through science. In nine brisk yet comprehensive chapters, Scull sketches the history of hysteria and nervous illness, covering the major (and familiar) highlights. He justifiably pays considerable attention to gender and follows the identification of hysteria with women’s bodies and their allegedly fragile constitution, even after respectable science had abandoned belief in the pathological wandering of the uterus. Other chapters are devoted to the rise of neurasthenia in late-nineteenth-century America, the place of hysteria in Freud’s elaboration of psychoanalysis and the crisis of shell shock, or male hysteria, during and after the First World War.

Scull’s survey provides a welcome addition to the sizable historical literature on hysteria and nervous illness, and this slim volume manages to cover its topic well, placing outbreaks of hysteria in their social, cultural and medical-historical contexts, and highlighting major trends and turning points in the history of psychiatry, all in fewer than 200 pages. To be sure, most of the material presented will be familiar to historians of psychiatry or medicine, and specialists will recognize that Scull leans, at times quite heavily, on the approaches and findings of other scholars, such as Roy Porter, Elaine Showalter and even Edward Shorter. It would have been interesting if Scull had pushed this account beyond the familiar doctors and the famous hysterics, and perhaps ventured further out from the centres of London, Paris, Vienna and New York. But this book was not written for the specialist. Indeed, it offers an excellent introduction to the subject for a general audience, and its bibliography usefully guides interested readers on to more in-depth exploration of particular subjects. Finally, this work will provide a great service to teachers of undergraduate courses in the history of medicine and psychiatry, and students will appreciate that Scull writes with lucidity, grace and wit.

Paul Lerner,
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**Mariola Espinosa**, *Epidemic invasions: yellow fever and the limits of Cuban independence, 1878–1930*, University of Chicago Press, 2009, pp. x, 189, $22.50, £15.50 (paperback 978-0-226-21812-0).

For centuries yellow fever was the most dreaded disease in the Americas. Its mysterious origin, rapid course (death in a week), terrifying symptoms (black vomit), and high mortality rate (10 to 75 per cent) created mass panic and paralysed commerce. From 1702 to 1879, North America experienced more than 110 yellow fever epidemics, the most notorious of which decimated Philadelphia (1793), New Orleans (1853), and Memphis (1878). The Tennessee outbreak was part of a larger calamity, which started in New Orleans and spread by riverboats and railways to more than 200 towns throughout the Mississippi and Ohio Valleys. The enormous loss of life (20,000 fatalities) and sheer cost ($200 million) proved so unnerving to people that a Memphis newspaper dubbed yellow fever “The King of Terrors”.

What set yellow fever apart from other diseases was its staggering social impact—most noticeably in the subtropical climate of the US South. Once the disease became rooted in a community, people shunned one another and seemed driven only by the instinct of self-preservation. Those who could afford it, fled to safer locations. As corpses piled up, local governments and businesses came to a standstill, and acres of farmland lay fallow.
Most of the nineteenth-century yellow fever epidemics were traced to Cuba, where the disease was endemic. The 1878 epidemic, for example, originated aboard the Havana steamer Emily Souder. Within days of the ship’s arrival in New Orleans two crewmen, who were ill before disembarking, succumbed to yellow fever. The extensive contacts between Cuba and the United States were seen by American government officials, sanitarians, and newspaper editors as a threat to the health and economy of the southern states. They argued that the perpetually unsanitary conditions in Havana left them no choice but to intervene in Cuban affairs to end the Antillean menace. In reality, southerners themselves shouldered some blame, because they neglected sanitation and relied solely on quarantines to avoid yellow fever even after the mosquito-vector theory was established in 1900.

Epidemic invasions is a groundbreaking argument for the central role of yellow fever in US–Cuba relations during the late nineteenth and early twentieth centuries. Espinosa contends that a hitherto overlooked public health factor underlay the tensions between these two countries. “US sanitation efforts in Cuba . . . primarily served the interests of the United States, and Cubans resented this fact” (p. 123). Compelling evidence supports her eye-opening conclusions: first, the principal reason for Congress declaring war on Spain in 1898 was to alleviate unsanitary conditions in Cuba that threatened the US South. Second, the primary concern of the post-war US Army Yellow Fever Board, headed by Major Walter Reed, was to remove the danger yellow fever posed for the southern United States, not to protect occupation forces or help the Cuban people. Even though malaria was known to be a greater threat to US troops and tuberculosis was the major killer of Cubans, American scientists still focused on yellow fever. Third, the US justified its domination of Cuba by attributing success against yellow fever to Americans alone. The Cuban physician, Carlos Finlay, was never given due credit for originating the concept that the yellow fever pathogen was transmitted to humans by the bite of the female Culex (now Aedes aegypti) mosquito. Fourth, keeping the island free of yellow fever was essential to maintaining Cuba’s independence. The US could legally take control of the Cuban government—and did so in September 1906—if the country once again became a haven for yellow fever.

American historians, in general, and diplomatic historians have treated the Spanish-American War in terms of expansionism and the influence of yellow journalism, to cite just a few interpretations. The element of disease has been entirely absent. Espinosa, by contrast, has provided an entirely new dimension; namely, the influence of disease on foreign policy. It will be interesting to see if diplomatic scholars, most of whom have completely ignored the role of disease in international relations, are receptive to her novel interpretation.

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Teemu Sakari Ryymin, Smitte, språk og kultur: tuberkulosearbeidet i Finnmark, Oslo, Scandinavian Academic Press/Spartacus Forlag, 2009, pp. 368, Kr 298.00 (paperback 978-82-304-0044-9).

In simple terms, the history of tuberculosis in Norway, as in other western countries, is the whiggish tale of the reduction of the country’s most frequent killer in the late nineteenth century to a nearly insignificant affliction by the 1960s. This transformation was not achieved without effort. In 1900 the Norwegian parliament adopted the world’s first national tuberculosis law, and for the next half-century
the fight against tuberculosis dominated Norwegian public-health policy. Aspects of this campaign have been described before, but Teemu Ryymin’s well-informed work is the first comprehensive account and a valuable addition to the international literature. Its principal theme is that health-care policies in general are a function of their medical, political, administrative, and economic context. A second theme, embodied in Ryymin’s focus on Norway’s northernmost county of Finnmark, is the tension between national and regional contexts. Between 1900 and 1950 Finnmark had the country’s highest mortality rate from tuberculosis: roughly twice the state average. The county was poor, sparsely populated, and, most importantly, inhabited by considerable numbers of ethnic minorities whose language and culture differed greatly from those of ethnic Norwegians. Ryymin’s thematic concentration results in two parallel presentations that reflect the decentralized administrative reality of Norwegian public health down to c.1950: an analysis of the medico-political bases of national policies on the one hand, and an examination of local practices on the other.

The Norwegian anti-tuberculosis campaign followed a succession of four overlapping prophylactic strategies that reflected the development of national and international medical knowledge about the disease’s aetiology and epidemiology. The 1900 law was founded on the principle that tuberculosis was a highly contagious disease whose spread could be controlled only by a neo-quarantinist strategy of identifying infected persons and isolating them, by compulsion if necessary, in care-homes or sanatoria. In the early 1920s new research revealing widespread latent infection, especially among children, provoked a shift to a preventive strategy that focused on reducing individuals’ predisposition to the disease by strengthening their bodily resistance. The reorientation was reinforced by the general spread of social hygienic measures such as housing reform. In the 1930s doubts were increasingly cast on the theory of latent predisposition, while the international economic crisis reduced public finances and compelled a retreat from the social-hygienist approach. Following the tireless advocacy of a group of younger doctors, a third preventive strategy emerged. It focused on eliminating the sources of tubercular infection by early identification using radiology (from 1935), isolation, and active, even aggressive, surgical intervention. The strategy’s apogee came during the Nazi occupation: in 1942–43 the compulsory controls of the 1900 law were sharpened and extended to chest X-rays for adults and tuberculin tests for children. After 1945 a fourth prophylactic strategy developed that combined the three preceding approaches: legislation in 1947 essentially repeated the wartime laws and extended the compulsory principle to BCG vaccination; at the same time the new Norwegian welfare state generally emphasized the social-hygienist approach to “national health”. By 1963 the anti-tuberculosis campaign’s success was so complete that the venerable National Association against Tuberculosis changed its name to the National Association for Public Health.

The sections on Finnmark document how these different strategies played out in practice: the building and placement of care-homes and sanatoria, obligatory tuberculin testing of schoolchildren and the construction of boarding homes for pre-tubercular children, obligatory X-ray examinations, and BCG vaccination. Of particular interest is the changing relationship between public-health policy and ethnicity, or national identity. For decades the ethnicity of the Sami and the Kvens was regarded as a disruptive factor: their lifestyles, especially traditional Sami housing, were considered essentially unhygienic and their languages were ignored in public-health work. Since the 1950s, however, the Sami language has been increasingly adopted in programmes of health education, and public-health authorities have
made special efforts to bring Sami women into their activities. The incorporation of ethnicity in Norwegian health care came too late to have much effect in the struggle against tuberculosis, but the experience of this campaign in Finnmark played an important role in transforming Norwegian policy towards ethnic minorities.

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Claudia Stein. Negotiating the French pox in early modern Germany, The History of Medicine in Context series, Farnham, Surrey, and Burlington, VT, Ashgate, 2009, pp. xi, 241, illus., £60.00 (hardback 978-0-7546-6008-8).

During the last three decades or so the new social and cultural history of medicine has deeply renewed its gaze on human diseases in past societies and on the care given to the sufferers from them. This renewal has entirely transformed the views about pre-modern disease by releasing historians’ agendas from disciplinary concerns such as retrospective diagnosis of past conditions, and by expanding scholars’ scope towards new issues with the help of alternative research strategies and methodologies.

Claudia Stein’s Negotiating the French pox in early modern Germany falls entirely within this refreshing new wave. This monograph is a thoroughly revised English version of her original German doctoral thesis Behandlung der Franzosenkrankheit in der Frühen Neuzeit am Beispiel Augsburg (Stuttgart, Franz Steiner Verlag, 2000). She deals with the socio-cultural construction of the French pox in the early modern imperial city of Augsburg by claiming that the identity of the pox was flexible, temporary and locally defined. Stein has sought to represent “sixteenth-century pox as both ‘real’ and ‘constructed’ on the grounds that ‘reality’ itself is an ongoing negotiation”, and to capture—in accordance with Andrew Cunningham’s idea of “disease concepts in action”—what she defines as “the pox concept in action” by integrating two areas that have often been kept separate in historico-medical studies, namely “the world of medical semiotics and the daily practice of diagnosing and treating disease within a particular local context” (p. 176).

Stein’s documented and suggestive monograph is articulated through four broad chapters that successively deal with four areas. Firstly, she analyses how the early modern Germans understood the physical reality of the French pox from a core of ten pox treatises and pamphlets originally published in German between 1496 and 1620 (some of them at Augsburg itself), on the assumption that vernacular medical literature is close to laypeople’s knowledge. Secondly, she depicts the Germans’ socio-cultural reactions to the pox and, most particularly, Augsburg’s poor relief system and the treatment of the sufferers from this condition at the three hospitals there established for this purpose—the municipal Blatterhaus (its founding in 1495 makes it the first pox hospital in German lands), and the two Holzhäuser that the Fugger family of bankers founded there in 1523–24 and 1572—by mainly resorting to the rich historical archival records for the period 1495–1632 that have been preserved at these institutions. The third chapter reconstructs the negotiations over the identity of the pox among the different agents (medical doctors, barber-surgeons, patients, bath masters, municipal authorities, and so on) who were involved in defining it at Augsburg, by paying specific attention to patients’ narratives, the experts’ preceptive physical examination of patients asking for hospital admission, and medical practitioners’ possible diagnostic verdicts (unsuitable, suitable and dubious). Chapter 4 describes the different treatments for the inmates in the three Augsburg pox hospitals:
guaiacum (including the procedures for acquisition, preparation and administration to patients), mercury, surgery and the life regime based on the six non-naturals.

Stein’s focus on the relevant case study of the French pox in sixteenth-century Augsburg has led her to tackle a number of suggestive historical processes, such as the increasing power of local learned physicians during this period over diagnosis and treatment of the French pox, in parallel with their gradually dominant role over other kinds of health practitioners in Augsburg’s marketplace which reached its culmination in 1582 when the city council founded the health board (*Collegium Medicum*), on which they presided. Also investigated is the gradual transfer of Augsburg’s hospitals from the hands of benefactor citizens and the Catholic Church to the city council’s administration in parallel with their reorganization, all in the context of a city and a time that were central to the German Reformation. Additionally, she studies a temporal progression with regard to the French pox’s embodiment in the “diseased body” from the outer body (barber-surgeons’ competence) to the inner body (doctors’ authority), in parallel with a gradual change in its therapy from mercury to guaiacum. Last but not least, this study has allowed Stein to undo two well-established historical myths concerning the early history of the French pox, namely Karl Sudhoff’s view that the Fuggers secured for themselves a monopoly of the importation of guaiacum wood from the New World, and of its sale in Europe (pp. 101–4); and that the pox provoked the gradual collapse of public baths through the sixteenth century, which in the case of Augsburg she attributes mainly to a “dramatic increase in the price of firewood” (p. 139).

Stein’s book, which is solidly structured and very enjoyable—its translation, by the way, is splendid—is completed with a suggestive introductory historiographical review of German scholarship on venereal diseases (pp. 1–21), and an extensive bibliography (pp. 179–225), which, its usefulness aside, evidences the solidness of her study and the breadth of her intellectual concerns. Otherwise, this is an indispensable study to approach the highly relevant part of the early socio-cultural history of the French pox that took place in German lands and was played by German actors.

Jon Arrizabalaga,
CSIC-IMF, Barcelona

Helen King and Véronique Dasen, *La médecine dans l’Antiquité grecque et romaine*, Lausanne, BHMS, 2008, pp. ix, 126, €18.66, SwFr 28.00 (paperback 978-2-9700536-6-8).

This is a most welcome introduction to ancient medicine in French, written in collaboration by two renowned specialists in the field. The book comprises three sections: a historical outline of ancient medicine (pp. 1–78), supplemented by two intriguing sections on, respectively, material (pp. 79–108) and literary evidence (pp. 109–18).

Part of the first section, by Helen King, was published in English as a book in 2001 (*Greek and Roman medicine*, London, 2001), and translated into French by Véronique Dasen; the last two pieces are Dasen’s work. King’s account of Greek and Roman medicine combines both chronological and thematic chapters, which, at first sight, may look a bit odd, but covers most aspects of the question. King starts with the origins of Greek medicine, then moves to Hippocratic medicine, and devotes an entire chapter to the plague of Athens and the account given by Thucydides. The next three chapters deal with Hellenistic and Roman medicine, with (brief) emphasis on Galen in chapter 6. Finally, she devotes the last three chapters to therapeutics, women and the fate of
ancient medicine. King provides key insights into various aspects of ancient medicine, particularly about sex and gender. Another point of interest for modern readers is her constant attention to the continuing connections between ancient and modern medicine: King sheds light on the profound changes that started affecting medical theory from the Renaissance onwards, until the recent genetic “mapping out” of the human body (2003). She also explains how current medical practice is indebted to the Hippocratic approach to the patient. Readers, however, may feel slightly frustrated, as all these points are made *en passant*. Nevertheless, this will certainly encourage further reading on the issue of the survival and ongoing relevance of ancient medicine.

The second section, devoted to medicine and iconography, makes the book stand out among the handbooks on medicine: few are the volumes offering so many quality illustrations with insightful discussion of their significance. Véronique Dasen uses here some of her favourite material, like the medieval picture of Siamese twins separated by Byzantine doctors. Her comments reveal the interest of ancient pictures for our understanding of the ancients’ vision of the human body: pictures involving Greek sacrificial rituals, in particular, provide an interesting point of comparison with our early texts on anatomy. Religion, to some extent, shaped the classical medical approach to the human body. Dasen comments on Greek vases as well as votive objects and manuscript illuminations, in a clear and lively style. The last section of the book includes ten texts from ancient medical authors, five by Hippocrates, one by Celsus, one by Aretaeus, two by Galen and one by Gargilius Martialis. This part of the book is perhaps less convincing, as a selection of texts should include much more in order to provide a significant insight. Dasen, however, justifies her choices in a brief preliminary description of the selected items, regardless of the pre-eminence of a given author: it is, in a way, a brave decision to include only two short passages from Galen’s massive works. The point of this book, anyway, is not to be exhaustive, but to give a taste of ancient medicine to students and a lay audience. Overall, this very pedagogical introduction to medicine reflects rather well recent research tendencies in ancient medicine, and lays a welcome emphasis on the authors’ shared interest in representations of the body and gender in medical history. It will bridge a gap in the French-speaking literature on the subject, where considerations of this sort are rarely seen outside the pages of specialist articles.

Caroline Petit,
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Anna Akasoy, Charles Burnett and Ronit Yoeli-Tlalim (eds), *Astro-medicine: astrology and medicine, East and West*, Micrologus’ Library, 25, Florence, Sismel–Edizioni del Galluzzo, 2008, pp. xii, 280, €46.00 (paperback 978-88-8450-300-8).

This book contains eleven papers on the theme of the relationship between astrology and medicine in the ancient and early modern world, most of which were given at a Warburg Institute conference in 2005. For those unfamiliar with this field, it is important to know that ancient astrologies were significantly different from their modern counterpart, as were the ancient scientific frameworks they were situated in. This means that ancient astrologies could have a different and much more interesting relationship to medicine from that which we see today. So while I happily dismiss modern western astrology as utterly irrelevant to modern western medicine, there is a considerable fascination in seeing how different relations between astrology and medicine were mediated in the past. That we see astrology as, for example, magical or
irrational or unsupported by evidence does not mean that it has always been seen in this way. That there was a substantial body of thought concerning how the heavens related to health and to disease is something which is amply demonstrated by this book. In particular, there were thought to be significant astrological links to how a disease might progress in a specific case and what the best times to administer treatment might be, as several of the papers address. If we want a full understanding of medical theory and practice in the ancient and early modern world, we can no more dismiss astrology from the history of medicine than we can from the history of astronomy.

I have been careful so far to refer to astrologies in the plural, for there were many of them. One of the great strengths of this book is that some of the papers examine the relationship between astrology and medicine in the Babylonian, Arabic, Chinese, Indian and Tibetan cultures as well as dealing with the more familiar Greco-Roman tradition and its manifestations in the medieval and Renaissance west. Here it is interesting to see how ubiquitous astrology was, and how it took variant forms in different cultures. The same can be said for some conceptions of the human body and its health, either in terms of some form of the humoral theory or as a microcosm in some way related to the heavenly macrocosm. It is also interesting to see how theology plays a role here, particularly in respect to how strongly deterministic astrology was taken to be, notably less so in Christian contexts where free choice between good and evil was thought important.

The papers in this volume are very good at explaining not only the nature of astrological belief in various cultures and its relation to medicine; they are also good at placing those beliefs into the social contexts of those societies. Arguments against astrology are considered as they arose in those cultures, which allows a far more interesting insight into the nature of belief in astro-medicine than a blanket dismissal of such ideas from a modern standpoint. This book also demonstrates an excellent example of co-operation between scholars of different ancient cultures fostered by the Warburg Institute.

This book has been very well produced, and is well illustrated with useful and clearly reproduced figure and tables. If you are just starting out on investigating ancient astrology and its relation to ancient medicine, this is probably not the best place to begin—I would suggest Tamsyn Barton’s Ancient astrology and the first few chapters of Ptolemy’s Tetrabiblos for an introduction—but this is an excellent book for anyone wishing to further their knowledge about the relation of ancient astrology and medicine and in particular to broaden it to cultures outside the Greco-Roman tradition.

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Alex McKay, Their footprints remain: biomedical beginnings across the Indo-Tibetan frontier, International Institute for Asian Studies series, Amsterdam University Press, 2007, pp. 312, €47.00 (paperback 978-90-5356-518-6).

Alex McKay has written a useful and inspiring text on the arrival and reception of biomedicine in the Indo-Tibetan region—a topic that has no book-length precedent. His focus is not on any and all European medical practices in the region, but specifically on the form of biomedicine emerging primarily in the late nineteenth and early twentieth centuries. His geographic net is also extensive, focusing on the Tibetan regions of the Himalayas, including Tibet, Sikkim, Bhutan, but not exhaustive, excluding Nepal and Ladakh. Using British
source materials, McKay takes us on a wonderful journey into remote clinics filled with missionaries, British trade officers and Tibetan-speaking patients, and into an exploration of the rationale behind the uptake, and rejection, of this new medical repertoire. With sometimes breathtaking examples from accounts of practitioners who seemed to have in some cases kept exacting records of patients, ailments and even ethnographic analysis of their work, we are given an original illustration of a complex medically plural world. It is clear that from the beginning, biomedicine was enmeshed in local debates over not simply what treatments were useful but also over what these practitioners and practices might have meant to people on the verge of dramatic social transformation, especially in Tibet post-Youngusband expedition. The slowness of uptake of biomedicine in most of these regions in the early twentieth century stands in stark contrast to the rapid growth and extensive use of it by the end. Similarly, what appears to be some resistance to integration early on stands in contrast to the integration that flourished later, where lamas enter hospital wards for ritual services in order to accompany surgeries and other inpatient treatments.

The question of what rationale and logic explains local responses to and use of biomedicine runs throughout the book, and is explored comparatively and in a more analytically rigorous way at the end. Here, despite a subtle misreading of governmentality as state-funded health care and an insistence that “power relations” probably played a negligible role in the use patterns of biomedicine, in the penultimate chapter, McKay’s clear coverage of the historical record makes a strong case for a much more complicated analysis. The cases demonstrate that biomedicine was received in the Indo-Tibetan world sometimes as offering what appeared to be “miracle” cures, as in the case of treatments for smallpox, goitre, worms, injuries, and venereal diseases, and at other times as a practical alternative to ailments that lingered and found no cures through use of indigenous practitioners (but which it is not clear were treated any better with biomedicine). In other instances, McKay’s sleuthing illustrates that biomedicine was clearly also a tool for and even perhaps sometimes a key focus of diplomacy and political expansion for both missionary and imperial interests. The absence of colonial state funding for clinics or training practitioners does not, however, mean that modern state regimes were not involved in clinical decision-making on the part of patients or that they were not indirectly part of an apparatus that would generate new notions of subjectivity among these users. The wealth of materials describing the ways in which biomedicine was viewed as a route to upward social mobility and at other times rejected, by lamas, for example, because it was seen as a competitor for lucrative payment, makes the story of biomedical use patterns much more complicated than simple notions of pragmatism or availability.

Scholars of the region and of Asian medical systems, from history, anthropology, area studies and beyond, will enjoy this compilation of the historical record on this topic. The book’s complement would be in an extensive exploration of the available materials from non-English language sources and contemporary ethnographies, particularly surrounding questions of the local perception of these practices and their utility, or lack thereof, and thus a more thorough reading of how things like blessings from lamas might serve as more than “psychological” therapy for inpatients in biomedical clinics. However, these limitations are well known to the author and they do not undermine or lessen the significance of the materials presented herein. Their footprints remain will serve as a useful text for the long run, although one might guess from its content that the footprints do not simply “remain” but in
fact left the imprints for a path that is very large and very paved today.

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**A P Jenkins** (ed.), *The journal and official correspondence of Bernard Jean Bettelheim, 1845–54, Part I: 1845–51*, Okinawa Prefectural History Series, No. 21, subseries, 2, also on CD-ROM, Okinawa, Okinawa Prefectural Government Board of Education, 2005, pp. xxx, 640, yen 4,000 (orders to: Okinawa Prefectural Archives, Arakawa, 148-3, Haebaru, Okinawa 901–1105, Japan).

Anyone who suspects medical missionaries of being cultural imperialists will find plenty of grist for their mill in these writings of a missionary to the Ryukyu (or Liuqiu in Chinese) Islands in the period between the First Opium War (1839–40) and the “opening of Japan”. Bernard Jean Bettelheim (1811–70) was born a Jew in what is now Hungary, studied languages with the original intent of becoming a rabbi, earned a medical degree from Padua, Italy in 1836, and practised naval and military medicine until his conversion to Christianity in 1840. Denied ordination, Bettelheim joined the new “Loochoo [Liuqiu] Naval Mission” as a lay preacher and medical missionary, and continued in Ryukyu until 1854. The writings reproduced here represent the first half of what remains of the Bettelheim archive transcribed into print with helpful explanatory footnotes by Anthony P Jenkins. It makes fascinating reading.

Bettelheim, his wife and two infant children went first to Hong Kong, where they consulted with other missionaries, notably Rev. Karl Gützlaff, a colourful and controversial early Protestant missionary, and Dr Peter Parker, first medical missionary to China. There are interesting accounts of vaccination failures, including the contamination of one batch of vaccine with live smallpox (pp. 15, 68). In May 1846, the Bettelheims landed at Naha, the Ryukyuan capital, where local officials made the first of many attempts to get them to leave. They refused, and the official temple where they had been allowed temporary shelter became their permanent home. Bettelheim spent his time studying Chinese and the local language, and preaching at every public gathering he could find. His intercourse with the locals was supervised and increasingly obstructed, so that accounts of medical practice mostly concern his family and minders. For instance, he requested leeches to treat his daughter, and lectured officials on the importance of venesection in “paralysis, apoplexy, and other acute inflammatory diseases” (pp. 218–19). Sometimes his treatments were homoeopathic, sometimes heroic, as in the use of calomel and julep as purging therapy, or blistering and mustard plasters (“synapism”) on the shaved head for fever. Mrs Bettelheim suffered frequent headaches, for which she refused to allow him to bleed her, preferring purgatives instead.

Everywhere the Bettelheims went, guards ran ahead ordering all doors locked. So they took to entering homes through the back alleys, and delivering their evangelistic lectures to whomever they could find. Occasionally Bettelheim experienced evangelistic success—in one case, a young guard who began to confess belief in Jesus was declared mad by his family and kept shackled at home. Occasionally these same guards asked for treatments, as when Bettelheim sent one who had “anarsarca” (generalized oedema) a drastic purgative with calomel together with “a homeopathic sprinkle of cantharid [probably *Cantharis*, Spanish fly]” to good effect. But these requests were usually made with pleas for secrecy. On the other hand, one of the
interpreters, Ichirazichi, who was also an interpreter to the ruling regent of the Ryukyus and later a minister, asked for “an ointment for the itch”, which cleared his skin, and then complained that the native doctors had treated a malignant boil with moxa to no avail, so Bettelheim provided him with emplastrum vesicantia [blistering plaster]. This proved so effective that the patient asked for instruction in western materia medica.

In 1849 Bettelheim received a new supply of vaccine matter, and offered to vaccinate the Ryukyuans. This was refused, but during an 1851 smallpox epidemic, officials imported smallpox scabs from China to use in variolation, the deliberate inoculation of smallpox matter into healthy children. Bettelheim advised Ichirazichi in how to inoculate into the skin using a lancet—preferably with a drop of human milk!—instead of blowing the smallpox matter into the nose, and reported that the unusually mild course of the disease that year was attributed to the new methods he had taught.

This book gives rare insight into the methods and mindset of early Protestants in East Asia. Bettelheim was haughty and intolerant, but his attitude was far from atypical among missionaries, and he was unusually active in producing translations, dictionaries, and accounts of everything he saw. The book gives rare light on the day-to-day management of remarkably frequent diplomatic encounters in the years before Perry’s 1853–4 mission to Japan, and the next volume—if funded—will contain accounts of Bettelheim’s involvement in that mission. Anthony P Jenkins, as editor, has done a great service to historians in bringing this volume into print, and it is to be hoped that the project will be supported to completion.

Elizabeth Reis, *Bodies in doubt: an American history of intersex*, Baltimore, Johns Hopkins University Press, 2009, pp. xix, 216, £28.50, $55.00 (hardback 978-0-8018-9155-7).

“To be human is to be physically sexed and culturally gendered” (p. ix), writes Elizabeth Reis in *Bodies in doubt*, a much needed comprehensive history of intersex in the United States from the colonial period to the present. Reis’s long-term perspective allows her to show changing medical, legal and lay interventions around humans who do not fit this description. In colonial America, hermaphrodites were often considered examples of “monstrous births”. By the nineteenth century, physicians had replaced the older conception of hermaphrodites as monsters with a “newer emphasis on personhood” (p. 28) that combined anatomy and moral evaluations of a person’s life. Hermaphrodites were considered suspicious, and closely related to the other newly emerged figure, the “homosexual”—sometimes conceptualized as “mental hermaphrodite”. Nineteenth-century middle-class fears of deceit, fraud, and racial instability also structured the unease in dealing with ambiguously sexed persons. Medical experts claimed the expertise to find a person’s true sex in his or her gonads, though in practice uncertainty persisted. In the twentieth century, concepts of hormonal, chromosomal, and psychological sex were added to the mix. In the 1950s, the Hopkins protocol consolidated the diverse medical approaches under a new treatment regime: they recommended assigning sex early and operating on genitals to make them fit the chosen sex.

Reis’s long-term perspective allows her to make a set of claims regarding the periodization of American intersex. She shows that—contrary to Europe—in the US hermaphroditism was proclaimed to be “impossible” (p. 54) long before the late nineteenth century. But as in Europe, in America gonads ruled as the ultimate
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determiners of sex only in theory. In practice, cases of ambiguous sex were settled in the old way: by external anatomy and social and behavioural cues. Reis also shows that societal expectations of gender performance, thought to be an item of mid-twentieth-century intersex treatment protocols, were already part of nineteenth-century treatments. Finally, she argues that a diverse and seemingly random approach was typical for medical interventions on intersexed persons from the seventeenth century onward. Doctors chose a person’s sex on a case-to-case basis, weighing ethics, patients’ wishes, biological markers and social indicators of sex. When in the early 1950s, John Money, and Joan and John Hampson argued that sex of rearing was the determining factor in the development of a person’s gender role, they were building, as Reis shows, on a sense of the importance of psychological sex that had been rising since the 1920s.

With all the idiosyncrasies in the conception and treatment of intersexed persons, there are also constants. Reis argues convincingly that, right up to the present, most medical interventions have been framed by norms of heterosexuality; that is, the desired outcome would be clearly sexed and gendered heterosexual men and women. Treatment success was measured by fulfilment of social goals such as a heterosexual marriage, a desired happy ending that at times led physicians even before the mid-twentieth century to ignore what they perceived as biological evidence of sex. Reis dates interventionist surgery on genitals to the late nineteenth century and reveals how these corrections were already based on heterosexual norms: promote marriage, heterosexual intercourse and avoid homosexual acts.

Reis’s long-term approach allows for historical comparison as she excavates consistencies and changes in the conception, perception and medical management of intersex. At times, however, it also makes “intersex” a seemingly stable category, rather than an umbrella term for a wide array of divergence, variation and disorders that shared one symptom only—sexual ambiguity. One misses—especially in the twentieth-century chapters—a structured and critical engagement with what the physicians’ conceptualization of their patients’ pathology and physiology beyond their ambiguous sexuality was. Nevertheless, Bodies in doubt is a thoughtful contribution to the historical analysis of intersex in the US and provides valuable insights for contemporary debates on the ethics of modern medical management of intersex. This linkage makes it an important read for gender scholars, medical historians and health professionals alike.

Sandra Eder,
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Ivan Crozier (ed.), Sexual inversion: a critical edition: Havelock Ellis and John Addington Symonds (1897), Basingstoke, Palgrave Macmillan, 2008, pp. vii, 351, £60.00 (hardback 978-0-230-00803-8).

Ivan Crozier’s carefully researched and meticulously produced new critical edition of Sexual inversion (1897) will be welcomed not only by researchers in the histories of medicine, psychiatry, sexology and homosexuality, but also by those who teach courses touching on changing attitudes to sexuality in the nineteenth and early twentieth centuries.

The original text of Sexual inversion (1897) started as a collaboration between the classicist, poet, travel writer and literary critic John Addington Symonds and the medical writer and sexologist Henry Havelock Ellis. When it was published, Sexual inversion became not only the first medical textbook in English on the topic of same-sex sexuality, but also one of the first publications (along with works by
Edward Carpenter) to champion a more dispassionate and sympathetic approach to the legal, social and ethical aspects of the topic in late Victorian Britain. In the immediate aftermath of the trial and imprisonment of Oscar Wilde for acts of “gross indecency” in 1895, this was not an easy task. By the time Sexual inversion was published, Symonds had died. His literary executor, acting on the wishes of the Symonds family, bought up and destroyed all the unsold copies. A new edition with another publisher fared no better, being banned as an obscene publication in 1898, despite protestations by Ellis and others that it was a purely medical work. The text now published in this modern edition, therefore, with Symonds named on the title-page, had very few nineteenth-century readers. The book finally became more widely available, first in German, and then in twentieth-century American and British editions, as part of Havelock Ellis’s multi-volume Studies in the psychology of sex, with Ellis credited as sole author.

In a wide-ranging, 86-page introduction, Crozier uses Sexual inversion as a case study in the social production of scientific knowledge. Havelock Ellis is given more prominence than Symonds, and their text is situated primarily in relationship to continental sexological writings, and somewhat less so to literary and philosophical works. Crozier makes especially effective use of the correspondence between Ellis and Symonds (who never met in person), which reveals how an ambitious medical man and an aesthetic, philosophical Hellenist tried to negotiate their way towards an agreed line on controversial issues. These included questions about the relevance of ancient Greece to the modern debate; about whether sexual inversion was generally congenital or acquired; and the extent to which it should be treated as a morbid condition in itself or as one indirectly associated with pathological symptoms. The introduction also explains how individual case histories were collected by Ellis, Symonds, and Edward Carpenter through networks of correspondence. These cases of sexual inversion among sane, law-abiding and productive members of society were a crucial part not only of the sexological project, but also of the broader attempt to make a case against the severe legal penalties then in place in Britain for homosexual acts (which remained in place until 1967).

The fact that Symonds died before the text was published, and that his involvement was subsequently suppressed in line with the wishes of his family, has led some historians to blame Havelock Ellis for taking undue credit for Sexual inversion, and others to accuse him of having produced a medicalized and illiberal work which went against Symonds’ original intentions. Some of these criticisms have been unfair, but Crozier is excessively defensive on Ellis’s behalf, and sometimes veers too far in the opposite direction in portraying Ellis as a liberationist who thought homosexuality was as normal and natural as any other expression of sexual impulse.

It is true that Ellis thought sexual inversion was generally inborn, but that is not quite the same as suggesting he thought it either normal or healthy. Ellis referred to homosexuality as a “psychic abnormality”, a “sexual perversion”, and “an aberration from the usual course of nature” (p. 222). In the conclusion of the book Ellis explained how he thought homosexuality should be prevented in schools, how it might be treated or even removed by medical means in adults, and the extent to which the invert must be prevented from becoming a “cause of acquired perversity in others” (p. 213). On the subject of using marriage as a possible “cure” for inversion, and the offspring that might thus be produced, Ellis wrote: “Often, no doubt, the children turn out fairly well, but for the most part they bear witness that they belong to a neurotic and failing stock. Sometimes, indeed, the tendency to sexual inversion in eccentric and neurotic families seems merely to be Nature’s
merciful method of winding up a concern which, from her point of view, has ceased to be profitable” (p. 213).

Even if Ellis’s views were not quite as liberated, nor as liberating as Crozier would have us believe, Ellis was certainly a strong campaigner against severe social and legal penalties. Homosexuality, for Ellis, was a medical abnormality but not a crime. With reference to the recent Wilde trials, Ellis wrote that in the modern era the predominant negative reaction to homosexuality was based not on economics, theology, or even morality, but on an aesthetic reaction of disgust. Such a feeling might be understandable, Ellis wrote, but “it scarcely lends itself to legal purposes”. To eat excrement, Ellis noted, “is extremely disgusting, but it is not criminal” (p. 221). Crozier shows how the reception of Ellis’s own writings on homosexuality also bore out this point, with critics describing the subject matter as “disgusting”, “nauseous” and “revolting”.

We cannot know whether John Addington Symonds, if he had lived, would have approved of everything Havelock Ellis wrote in the published version of Sexual inversion, but Ivan Crozier’s excellent edition gives us ample scholarly materials with which to engage with this and many other questions about the interlocking histories of homosexuality, medicine and science.

Thomas Dixon, Queen Mary, University of London

Diane Mason, The secret vice: masturbation in Victorian fiction and medical culture, Manchester University Press, 2008, pp. viii, 184, £50.00 (hardback 978-0-7190-7714-2).

Diane Mason’s exploration into Victorian masturbatory discourses is an intriguing interpretation of the paranoia at the heart of the nineteenth century’s preoccupation with autoeroticism. From the outset she endeavours to release masturbation from the dominance of restrictive discursive frameworks centred upon the history and culture of medicine, and the privileging of material written for trained medical audiences, which have dominated discussions of sexuality. She examines the masturbatory content of widely available home medical guides and cyclopaedias by physicians such as J H Kellogg and E B Foote and from these extrapolates a symptomatology of masturbation; languor, sunken eyes and pallor are three of the highly visible signifiers of self-abuse familiar to Victorian society. An examination of the presentation of the masturbator in works of popular fiction produced by Bram Stoker, Charles Dickens and Oscar Wilde in light of such symptoms reveals the extent to which contemporary theories of autoeroticism pervaded Victorian literature. Only by casting it as a symptomological vice that could be “read” by those with an entry to the discourse does its presence become apparent. This in turn begs a reconsideration of whether masturbation had a greater cultural significance than has yet been considered.

What raises The secret vice above the recent slough of works dealing with autoeroticism and sexuality is Diane Mason’s adept interdisciplinary approach. By acknowledging the role of external signifiers in medical diagnosis and a reader’s initial assessment of a fiction character, she highlights the importance of understanding the fluidity of the boundaries that separate medical writing from fiction. The format of the chapters makes the process of textual analysis explicit by outlining how medical texts constructed masturbation within the framework of a particular social fear, such as male impotence, non-reproductive female sexual activity, or same-sex erotic encounters, which was then made visible in literary texts through bodily and linguistic signifiers, coded
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Lee-Ann Monk. Attending madness: at work in the Australian colonial asylum, Clio Medica 84, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2008, pp. 266, €55.00 (hardback 978-90-420-2419-9).

Lee-Ann Monk has chosen an intriguing and little studied topic from the history of madness. The lay attendants, who worked directly with those admitted to nineteenth-century lunatic asylums, are the focus of her research, which centres on the archives of the insane institutions set up in the Australian colony of Victoria. Whereas the educated medical elite, who ran the asylums, and the patients themselves, have received extensive attention from contemporary historians, the attendants have remained largely in the shadows. In her book, Attending madness: at work in the Australian colonial asylum, Monk attempts to revise the "popular mythology of the lunatic asylum" which has "repressed the memory of asylum workers’ occupation and their sense of themselves as attendants" (p. 8). Her overarching thesis is that, prior to the return of these institutions to medical control at the end of the nineteenth century, by the late 1870s and early 1880s the attendants had acquired an "occupational authority . . . sufficiently strong to rival that of asylum doctors" (p. 221).

On the surface this seems a commendable historical project, but in practice her specific aims, which speak to a contemporary obsession with “identity”, leave the reader feeling unsatisfied and unconvinced. The sections on gender are a case in point. Monk explains that “establishing an occupational status consistent with gender identity was difficult for [the attendants] because the gender definition of asylum work . . . was uncertain” (p. 61). And with this contention in mind she discusses, in chapter 8, a series of wage protests by the attendants at the Ararat Asylum, who claimed that their income was insufficient to support themselves and their families in the local area. Affordable accommodation was scarce and the

Diane Mason’s sheer tenacity in combing her texts for signifiers of autoerotic behaviour does at times give the impression that her arguments are somewhat overwrought, and it is possible to lose the thread of her argument in such detailed discussions of Victorian language and metaphor. Yet these minor quibbles are far outweighed by the issues she raises concerning the centrality of masturbation as a cultural phenomenon in the Victorian era. Too detailed for someone looking for an introduction to Victorian views of sexuality, the text would be an excellent point of reference for someone looking to continue work on the role of masturbation in cultural perceptions of sexuality. At a time when historians and practitioners of medicine are increasingly aware of the value of close textual readings, of case studies or fictional medical encounters, a work such as this is a striking example of what can be found if stories are examined thoroughly and with the right tools.

Victoria O’Callaghan, Wellcome Trust Centre for the History of Medicine at UCL

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Victoria O’Callaghan, Wellcome Trust Centre for the History of Medicine at UCL
cost of living high. The men insisted that it was “utterly impossible to put anything whatever . . . by for a rainy day”, and that they could only support their dependents “respectably” with “much struggle and difficulty”.

The interpretative line that is taken up by Monk, in response to these archival records, utilizes a gender analysis approach: “[T]he reduction in the wages was potentially more than an economic challenge”, she insists. “It was also a ‘psychic’ challenge to their masculine independence and ‘manly pride’ because it threatened their ability to support their families” (p. 181). Whilst this reading of the sources is not inconsistent in any way, there is no evidence that actively supports it. More generally, Monk never stops to interrogate the strengths and weaknesses of her chosen approach. In this specific section, for example, she does not question whether this group of historical actors were concerned about their identity, occupational, gender or otherwise, in and of itself or only as a means to a pragmatic end. Indeed, did their aspirations to live a “respectable” life indicate a concern with anything like a twenty-first-century concept of “identity”? On this occasion it feels as if the author has put the theoretical cart before the empirical horse.

Other portions of the book, where the sources are better suited to Monk’s chosen methodology, are stronger. In chapter 2, for example, she does make a persuasive case that the attendants at the Yarra Bend Asylum were concerned about separating themselves, as a certain “type” of person, from the patients. This section is built around the records pertaining to the employment of one particular co-worker who had originally been admitted to the institution as a patient before being taken onto the payroll. In this instance her decision to examine the notion of the attendants’ occupational identity is a potentially rewarding one. Only potentially, however, since the relentless narcissism, implied by her focus on the attendants’ own identity, is frustrating. Here she misses her chance to make a truly original contribution to the history of madness; she does not ask how this group of laypeople perceived the afflicted in their care. That they felt it necessary to work at distinguishing themselves from their patients is an insightful observation and begs the question as to how madness was defined within the community at this time. Its conceptualization, in the contemporary medical literature, has long been picked over by historians but here was the promise of a novel perspective on an important question. Instead we are offered a “fashionable” but ultimately disappointing study.

Emma Sutton,
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Erika Dyck. Psychedelic psychiatry: LSD from clinic to campus, Baltimore, Johns Hopkins University Press, 2008, pp. xiii, 199, £19.00 (hardback 978-0-8018-8994-3).

This book explores the history of early LSD experimentation in Saskatchewan, the unlikely birthplace of psychedelic psychiatry. In 1944, the small, primarily rural, province of Saskatchewan became the first province in Canada to elect a socialist government. The promise of health-care reform, including significant support for research, lured many medical researchers to the province. Dyck argues that the combination of progressive doctors, a high degree of professional autonomy and a supportive research environment allowed psychiatrists in Saskatchewan to innovate and take risks.

One of the people who came to Saskatchewan was Humphry Osmond, a British-trained psychiatrist, who had been working on the links between mescaline and hallucinations. Along
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with several colleagues, Osmond had theorized that schizophrenia might be the result of an error in the metabolism of adrenaline, which led the body to produce a substance similar to mescaline. In Saskatchewan, Osmond met a number of sympathetic researchers including Abram Hoffer, a Saskatchewan-born psychiatrist with a background in agricultural chemistry, who shared Osmond’s belief that much mental illness was caused by biochemical imbalances. Osmond, Hoffer and others began their research with mescaline but quickly changed to the more readily available and potent LSD. They began by using the drug themselves and cataloguing their reactions. Eventually, they tested it on friends, family members, health-care workers, students and members of a Mental Health committee at the Regina Chamber of Commerce. Their studies showed that LSD produced intense, but usually pleasurable hallucinations, a profound feeling of spiritual connection, even among non-believers, as well as difficulties with time perception and problems organizing and communicating thoughts.

They compared these experiences with autobiographical experiences of mental illness and were struck by the similarities. Eventually, they gave LSD to recovered schizophrenics and asked them to compare the experience of LSD and their illness. By the late 1950s, Osmond and Hoffer began presenting the results of their work, arguing their studies showed that schizophrenia was the result of a biochemical imbalance. Dyck concludes that their work achieved little recognition outside Saskatchewan, in part because of their opposition to controlled clinical trials, which were then becoming the gold standard in psychopharmacology. Their failure to get their research more widely noticed made me wonder if their relative isolation made it difficult for them to keep up with a rapidly developing field, and if their research was the weaker for it, but Dyck focuses her attention on Osmond and Hoffer’s belief that research which took into account subjective (and often spiritual) experiences could produce better results for patients.

Much of Osmond and Hoffer’s therapeutic work with LSD focused on alcoholism. They believed that LSD’s power to effect personal transformation, especially spiritual growth, made it an excellent treatment tool. Supported by the local Alcoholics Anonymous, which also stressed the importance of spiritual growth, they treated hundreds of patients. But by the late 1960s, the growing black market in LSD, widespread use of the drug by young people, and gruesome media tales of the dangers of LSD made it difficult to continue their research.

This book will be of interest to anyone in the history of psychiatry, the history of psychotropic drugs, and the history of medical research. The focus on Saskatchewan provides a valuable case study of how national and provincial politics affects research. That said, I wish that Dyck had more often broadened her focus beyond Osmond and Hoffer to explain what other researchers were doing with LSD at the same time. Hopefully, future scholars will take Dyck’s careful and insightful attention to the local and apply it to LSD research in other places.

Catherine Carstairs,
University of Guelph

Graham Mooney and Jonathan Reinarz (eds), Permeable walls: historical perspectives on hospital visiting, Wellcome Series in the History of Medicine, Clio Medica 86, Amsterdam and New York, Rodopi, 2009, pp. vi, 352, €70.00 (hardback 978-90-420-2599-8).

Most of our experiences of the hospital world come from visiting friends or relatives; not so “patient visitors” (p. 8) we awkwardly enter the
alien sick world, breathe its disinfected air, perch uncomfortably on the edge of its universe of medicalized order and control over bodies too sick to retain their own, and leave sooner rather than later, grateful that we still can. However, as the very title of this excellent and timely collection reminds us, so many other (overlapping) types of visitor have crossed this line—most similarly historiographically invisible—that the boundaries between the realms of sickness and health seem porous and fluid. In fact from c.1750 until c.1920s (arguably longer) the busy social relations between the outside community and the hospital reflected and shaped both the nature of society and of the institution. The articles here first cover charitable institutions: general, then specialist children’s hospitals. The emphasis then changes to state provision: infectious disease, and mental hospitals. All hospitals emerge as inextricably connected to their communities and wider societies in so many ways, sometimes to the point of co-constitutiveness. Visiting emerges as about governance, citizenship, and the nature of civil society; as such it partakes in, and contributes to, the same changes that that society goes through in the changing mixed economy of health care.

Extending Charles Rosenberg’s analysis, all types of visitors helped to make up a highly ordered and moralized community, which covered everyone in the building, and linked them with the socio-economic and moral order of the community and society in which they were embedded. Patient visitors were increasingly closely regulated and delimited as potential sources of moral and physical contamination, as the hospital became increasingly medicalized. Contributing governors with business backgrounds—“house visitors” (p. 8)—practised “deep philanthropy”, giving not only money but time. They inspected for economic efficiency and moral rectitude—a remit which included “medical” matters. These eminent gentlemen spun a surveillance web in which patients reported on staff, nurses on doctors and doctors on nurses. Meanwhile eminent Lady Visitors, as befitting their socially prescribed gender roles and public sphere contributions, became more involved in the patient experience—a limitation that again demonstrates the interlinking of hospital and wider community. These survivals of medieval and early-modern ecclesiastical visitations of charitable bodies remind us that the moral backbone of the hospital’s power/knowledge regime was upheld by strong lay support while voluntary hospitals remained plugged into donations from the philanthropic socio-economic system. House visitors helped to maintain the standards necessary to provide a steady stream of funding from “public visitors” taking part in the “gift-relationship” of conspicuous giving in the new public sphere of bourgeois civil society; and to make sure the hospital did not fall foul of “official visitors” from charitable or state bodies. Such official visits increased as the expanding state took on more social roles and as charities were co-opted into the greater web of governance.

In a large collection highlights include Jonathan Reinarz’s detailed investigation of these trends for hospitals in nineteenth-century Birmingham, and Andrea Tanner’s study of their relationship to the development of Great Ormond Street Children’s Hospital. Kevin Siena shows how especially careful stage-management of visiting was necessary to secure funding for the London Lock Hospital, since venereal disease was a far less attractive charitable funding opportunity than the foundlings, orphans, impoverished mothers and acutely ill respectable working people with whom the Lock vied in the highly competitive London charity market. Switching to local authority infectious disease isolation hospitals, Graham Mooney argues convincingly that visitors were seen as having compromised their status as respectable and healthy citizens. Visiting left them teetering on the precipice of
disease, and thus also vulnerable to strong public health regulation of their behaviours, both inside and outside the hospital, to recover full citizenship. Leonard Smith shows how the official visitations of the Lunacy Commissioners became the vehicle by which the central direction of insanity provision was gradually established, and how they succeeded in raising standards in both public and private asylums. The other chapters on mental hospitals finally dissolve any lingering impressions of such intuitions as socially isolated: entertainers visited, balls were held, and staff sports teams toured, while patient visits, though often (increasingly) closely regulated, were sometimes viewed sympathetically as having a therapeutic purpose.

The warmth of the welcome visitors received depended on the types of visitors and patients being visited, as well as the type and financial security of the hospital, and many other socio-economic variables. This very diversity, though strengthening the argument about the historiographical importance of attention to visitors, does make it hard to unify these essays. Arguably the most important conclusion—that these studies show that Foucault’s view of institutional power/knowledge regimes needs to be revised to incorporate more fluid relationships with civil society—is rather hidden under a bushel. In addition, inevitably some potentially fruitful new areas for investigation can only be touched upon: for example the roles of hospitals in knowledge transfer via administrative and medical staff educational visits.

Until direct participation of donors in hospital administration waned with increasing reliance on patient contributory schemes and local authority contracting of services, leading to a shift to professional administrators, visiting and visiting policy were integrally bound up with the socio-economic survival of hospitals. Official visitation regimes, though also becoming more formalized and professionalized, maintained the link between evolving patterns of social governance in hospital and civil society. Who came in, what they did and what they saw were key to securing funding and regulating social environments, and thus visiting was tightly controlled and often stage-managed to create the illusion of an idealized physical environment and moral universe. While there is some variation in quality and some contextual repetition between essays, and while the collection does not (as the editors acknowledge) cover military hospitals, these are very valuable contributions that develop the Porterian reorientation of medical history away from the profession and towards a wider social history of health care. As Catherine Coleborne’s final article argues, the institution needs to be historiographically decentred: the meanings of illness and its treatment are not fully captured in analyses of the institution and its staff, but also lie in the multiple points of contact and interaction among the hospital world and family, lay and official visitors.

Andrew J Hull, Swansea University

Lara Freidenfelds, The modern period: menstruation in twentieth-century America, Baltimore, Johns Hopkins University Press, 2009, pp. 242, £31.00, $60.00 (hardback 978-0-80189245-5).

Although American women (and men) may take contemporary menstrual knowledge, education, and products for granted, Lara Freidenfelds, in her book The modern period, reminds us that our current ideas concerning menstruation and its management are neither inevitable nor given. Rather, through a skilful weaving of archival and interview sources, Freidenfelds demonstrates how contemporary menstrual management was born from a
cooperative effort between “experts” and ordinary women operating within a particular nexus of modern beliefs and practices. Ultimately, Freidenfelds concludes that the modern way of managing menstruation allowed women to fashion and control their bodies in accordance with a particular set of class and racial standards, as well as in ways that enhanced comfort, lessened anxiety, and fostered feelings of liberation.

Organizing her book into five thematic chapters, as opposed to chronologically, Freidenfelds cleverly demonstrates how the transition from “old-fashioned” to “modern” menstrual management was far from “common sense”. Separately tracing the developments of menstrual education, health beliefs, and management, the author shows how intersecting advances and changing beliefs in science and technology, as well as the industrialization and urbanization of America, combined to create the need and desire for efficient, controlled bodies that could function to their full capacity each day of the month. Additionally, modern menstrual management could not have advanced without an emerging and expanding middle class, and the hygienic beliefs and appearances it espoused, as well as a burgeoning consumer culture that offered a wide range of products to help individuals attain a middle-class hygienic ideal. Key to this transition were progressive ideals, particularly faith in science as an explanatory power and a tool for the betterment of society. This faith fostered increased education efforts and lessened concerns about activities disturbing the menstrual flow. Moreover, it generated and supported the expectation that women could carry on with their normal activities all month long, aided, of course, by ever-improving menstrual technology, such as pads, tampons, deodorants, and medications. Freidenfelds shows that not one, but all of these factors were necessary in order to persuade women to switch from homemade cloth pads to disposable items, as well as participate in more open education, discussion, and display of menstruation and menstrual products.

Freidenfelds is careful to note, however, that this transition did not occur all at once. Rather, it was an ongoing negotiation between women and marketers, educators, and health professionals that crossed classes, races, and generations. A chapter on the medical and social controversies surrounding tampons shows that not all menstrual modernization was welcomed enthusiastically. This negotiation, however, is best illustrated by the author’s use of interview material from seventy-five women and men of different ages, class, and racial backgrounds. The words of these individuals demonstrate not only the piecemeal way in which modern menstrual practices were adopted, but also the struggles, joys, and humour both women and men found in making menstruation modern, adding a unique and engaging touch to the text.

Disappointing in this otherwise well-written and entertaining account, however, is Freidenfelds’ characterization of the march of menstrual progress as doing away with a substantial amount of menstrual shame. Although she notes that the increased menstrual “openness” of modernity is constrained to particular locations and discourses, she seems to insist that this circumscription is not necessarily problematic for women, both as individuals and as a gender construct. While it certainly is important to remember the positive, liberatory impact that new menstrual knowledges and management had on many women’s lives, it is equally important to acknowledge the utilization of these same knowledges and practices to shame, denigrate, and control women’s bodies by extension of their bodily processes.

Anna M Piechowski, University of Wisconsin-Madison
Derek J Oddy, Peter J Atkins and Virginia Amilien (eds), *The rise of obesity in Europe: a twentieth century food history*, Farnham, Surrey, and Burlington, VT, Ashgate, 2009, pp. xv, 246, £60.00 (hardback 978-0-7546-7696-6).

This book celebrates the twentieth birthday of the International Commission for Research into European Food History, an organization which operates on a membership-by-invitation-only basis, no doubt to keep out food cranks, and perhaps other dubious persons, such as historians of medicine. It holds biennial colloquia and publishes the proceedings, this volume, the tenth, being based on a conference in Oslo in 2007. In their introduction, Oddy and Atkins explain that their aim is to identify the chronology of body weight change and the “obesogenic factors” in Europe, and they claim to have provided a “major step towards a road map of the nutritional transition of Europe” (p. 3).

Divided into three sections, the book starts with food consumption and consumer choice. The first chapter addressing this theme shows that hunger was common in the Austrian Tyrol during the first half of the century, but the problem was alleviated by the development of transport and the tourist industry, obesity becoming common later. A brief chapter on Russia follows, which ignores the Tsarist period, describes intermittent famines during the Soviet era, and refers to an increase in obesity after the fall of communism. The next chapter characterizes dietary change in Slovenia as a transition, in the final decades of the twentieth century, from a restricted self-sufficient diet to greater affluence and hypermarket shopping—but makes no mention of obesity. The section ends with a more substantial piece about the UK after the Second World War by Oddy. Jam-packed with food and nutrient consumption data, Oddy notes that the observation of the wartime adviser Jack Drummond that with increasing affluence people eat less bread and flour and more sugar and meat, was broadly accurate in the post-war period. For data on obesity, he refers readers to his book *From plain fare to fusion food* (2003).

A section on industrial and commercial influences comes next, consisting of five chapters in which obesity is mentioned only twice. Two chapters, on food trademarks in Germany, and food regulation in Spain, hardly belong in a book about obesity, while one, on food labelling for health in Norway, is more relevant but lacking in focus. A chapter on sugar in France outlines the contrasting positions of the sugar industry association, which defends sugar as benign, and a government nutrition programme which advocates a 25 per cent reduction in added sugar consumption. But the most satisfying chapter in this section is by Unni Kjørnes and Runar Døving—on fat, sugar, and the Norwegian welfare state. They describe the regulation of fat consumption in Norway as a matter of “social discipline”—linked with long-standing social and political problems, connected to dominant national meal patterns in schools, the workplace, and the home. The control of sugar consumption, in contrast, is linked with leisure and snacking, and is a matter of self-discipline. Although uncommon, obesity is increasing in Norway, but this chapter suggests that the analysis of Norwegian food culture could usefully inform a policy response.

In the final section, on social and medical influences, some chapters provide introductions to topics and useful references, rather than profound analyses and conclusions. A chapter on popular discourses on body type and “proper nutrition” in Germany, ends with the remark that it is unlikely that modern obesity will be solved by “suggestions from state initiatives alone” (p. 157). A chapter on the medical discourse of obesity in France during 1850–1930 is full of excellent material, but does not really have a conclusion. The final papers, however, do offer new angles and insights. Ina Zweiniger-Bargielowska, writing on slimming
during the interwar Britain, casts new light upon the history of nutrition during the “hungry thirties”. Martin Franc shows that in Czechoslovakia the state was concerned about the rising incidence of obesity from the end of rationing in 1953. Finally, Ulrike Thoms presents an interesting comparison of obesity in East and West Germany, 1945–89.

In the last chapter, Oddy and Atkins discuss the problem of defining historical trends in obesity and comparing countries. But despite the Kjærnes and Døving chapter they conclude the book with the pessimistic assertion that because of vested interests such as food industries, policy makers have little to offer the modern obesity problem.

In conclusion, the quality of the papers in this book is uneven, but it remains a useful volume for anyone interested in the history of obesity, or European food history in the twentieth century.

David F Smith,
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Alun Roberts. The Welsh National School of Medicine 1893–1931: the Cardiff years, Cardiff, University of Wales Press, 2008, pp. xxiv, 389, illus., £55.00 (hardback 978-0-7083-2174-4).

Welsh medical education has been poorly served by historians, something which was partly rectified in the three volumes on the history of Welsh universities published by Williams and Morgan in the 1990s. While Alun Roberts claims that these gave proper treatment to the history of the medical school, Williams suggested that the Welsh School of Medicine deserved a separate history. Roberts, a former registrar of the school and a trained historian, took up the challenge.

The Cardiff Medical School, as it was originally known, was established in 1893, ten years after the creation of the University College of South Wales and Monmouthshire. Arguments put forward in support of this included the economic, linguistic and moral advantages of providing medical education for Welsh students at home. In the early years the school offered pre-clinical training only. It was shaped by advice from Sir Donald MacAlister, principal of Glasgow University and chairman of the GMC, and Sir William Osler, with the latter advocating a clinical unit structure modelled on that adopted at Johns Hopkins. While this led to Rockefeller Foundation support in the 1920s, it also exacerbated tensions within the medical and university communities.

One of the strengths of the book is the way in which it analyses these clashes. As the Western Mail observed in 1927, “Complication follows complication in the efforts to lift the Welsh National School of Medicine from the arena of controversy.” As happened elsewhere, there were bitter disputes over the threat to private practice posed by part-time academic appointments, and the struggle for clinical control between professors and hospital clinicians. The 1920s were also marked by constitutional wrangles between the school and local hospital managers. A further complication came with the territorial disputes between Cardiff and North Wales, and the debates as to what constituted a national school. Roberts tackles all of these issues with clarity and balance.

At the same time, he never loses sight of the individuals for whom the school was established. Chapter 9 examines the family, educational and social backgrounds of the students and outlines the subsequent careers of sixty of the sixty-four who graduated between 1916 and 1931. One of the most interesting statistics is the fact that only 3 per cent of the students were domiciled in North Wales; rather than journey to Cardiff, it seems that they preferred to study in Liverpool.

Alun Roberts has written an unashamedly old-fashioned narrative history, a “biography of
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Shifra Shvarts, Health and Zionism: the Israeli health care system, 1948–60, Rochester Studies in Medical History, Rochester, NY, University of Rochester Press, and Woodbridge, Suffolk, Boydell and Brewer, 2009, pp. xxi, 322, illus., £45.00, $80.00 (hardback 978-1-58046-279-2).

In this major new contribution to health systems history Shifra Shvarts sets the making of health services in Israel against the coming of statehood. The time frame of the book is short, but of fundamental significance to the form the Israeli health system was to take. Her earlier work has already laid the foundations, with a study of Kupat Holim, the workers’ health insurance fund which dominated the financing and provision of Eretz Israel’s health care in the interwar period. In the introduction she recapitulates these findings before proceeding to an account which charts the failure of policy-makers to push through their preferred model of health service organization. The result, she stresses, was to leave Israel with its pluralist structure, which satisfied some interest groups but delayed universal coverage and instilled enduring “performance problems” (p. xii).

By necessity health care before 1948 had been the remit of civil society organizations, Kupat Holim, the minor sick funds and Hadassah, a provider financed by American philanthropy. However, statehood, war and mass immigration pushed the government into the field, with a military medical service and a new Ministry of Health. The policy question was therefore whether to nationalize the pre-existing services, as was done with education, or to embrace a mixed economy combining public and third sectors. The champion of the state as principal agent was Chaim Sheba, who, as director general of the Ministry of Health in 1950, advocated a service “based on the British system” (p. 148). David Ben-Gurion was also supportive, regarding pluralism as financially wasteful and inefficient, in that it separated preventive and curative efforts.

In explaining why the mixed economy persisted, Shvarts begins by outlining a bitter dispute between doctors and managers of Kupat Holim over pay and conditions. The personal animosities this inspired then carried over into the early involvement of the state, when dissatisfied doctors abandoned the sick fund for public sector employment, and on into the nationalization debate. The central section of the book details the politicking following the Kanev Plan, a loose blueprint which could have been the basis of a comprehensive service. This was opposed by Kupat Holim, which exploited its affiliation to the Federation of Labour to marshal support from the Left, arguing that its demise would undermine the broader labour movement. Thus in alliance with the middle-class Progressive Party, representing hostile doctors, the plan was scotched. The
closing sections detail the consolidation of Kupat Holim’s position, and by extension, of the pluralist structure. The crucial issue was the insufficiency of the state in tackling the medical needs of new immigrants, many of whom, including Holocaust survivors, were in desperately poor health. In describing the response of the various agencies Shvarts provides an essential context for the insights into early public health in Palestine/Israel which scholars like Nadav Davidovich and Rakefet Zalashik have recently begun to produce.

The method is principally documentary analysis of material from government, professional associations and the insurance funds. This is presented as detailed narrative, with only occasional pause for conceptual discussion. However, in a key analytical passage Shvarts argues that the heightened conflict between the different players was essentially a legacy of abrupt colonial withdrawal and the power vacuum which ensued, generally at odds with “a Jewish political culture . . . remarkably free of violence” (p. 168).

Despite this reading, comparative health systems historians will find much which is familiar. For labour mobilization theorists who stress the role of the organized working class in encouraging social democratic welfare states, Israel provides a particularly interesting variant. Here labour’s fissure, between the centrists and socialists, actually impeded the adoption of a comprehensive, universal system. Israel also adds a classic case study for those whose explanatory framework foregrounds the power of the medical profession, the capacity of governance structures to facilitate or frustrate change, and the scope at key junctures for forging solidaristic alliances favouring reform. From this perspective the obstructionism of the doctors’ lobby seems less exceptional, despite Shvarts’ emphasis on the importance of personalities. Similarly the polity-based analysis would surely predict that the odds of major reform were never good: Israel’s political system accommodated diverse parties founded on political or religious beliefs and its coalition governments depended on fragile compromises between them. Indeed in the pivotal phase, 1950–55, government changed hands six times, with the turmoil providing plenty of veto opportunities for opponents.

The broader health systems perspective also directs attention to issues Shvarts raises but leaves unresolved. Kupat Holim had envisaged coverage for all citizens regardless of race and creed, and the Kanev plan would also have included Arab citizens (p. 112), but what was the result for non-Jews in practice? This question is not addressed, despite the presentation of data on differential health outcomes according to religious background (p. 160), which show that during the 1960s from a poor start Jewish mortality indicators became markedly better than those of Moslems and others. Similarly, the focus on “health and Zionism” by necessity excludes the larger regional context. This is frustrating, since Shvarts’ “decolonization” observations beg the question of how services developed in the West Bank and Gaza, especially given that under the mandate Britain had concentrated on Arab needs (p. 16). The impact on Palestinian health provision of the political and military pressures described in the book thus remains a pressing historical problem.

Finally, the publishers may note the slapdash quality of the copy-editing. “Pommel” for Rommel (p. 72) and “public hearth” (p. 183) are two egregious examples. This reader would also have preferred a copy whose binding did not shed black ink all over his fingers!

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Stanley Joel Reiser. Technological medicine: the changing world of doctors and patients, Cambridge University Press, 2009, pp. 229, £20.00, $30.00 (hardback 978-0-521-83569-5).

It seems almost unfair to review Technological medicine in Medical History, despite Stanley Reiser’s impressive track record in the history of medicine. The author’s preface makes it clear that the book has been written, not for a scholarly audience, but for a “public, health professional . . . readership”. It is intended to show how knowledge of the historical background can shed light on pressing, contemporary issues in medicine and health care. Technological medicine is thus an exercise in what in Britain would be called “public engagement”. But these activities are, of course, very important for all historians nowadays. So, to what extent does the book succeed in its chosen task?

In a discussion that will be familiar to those who have read Reiser’s earlier monograph, Medicine and the reign of technology, the invention of the stethoscope is identified as a key event in the process whereby the doctor’s understanding of disease became independent of the subjective experience of the patient. Reiser argues persuasively that this epistemological separation between the worlds of practitioner and sufferer was not an act of bad faith on the part of the medical profession but was regarded by doctors, paradoxically, as improving their ability to understand and help their patients. On the other hand, he provides interesting examples of eighteenth- and early-nineteenth-century practitioners expressing impatience with the limitations of diagnoses based upon the patient’s verbal testimony. William Cullen advised his fellow practitioners not to wholly disregard laypeople’s accounts, “however fallacious” they might be, whereas Laennec, thirty years later, urged the complete dismissal of reports made by the patients themselves, “as we are almost always sure of being misled by their prejudice and ignorance”. Thus a tension was set up between the sufferer’s experience and the attendant’s analysis that, Reiser asserts, has not yet been resolved, and indeed may be getting worse. Hence the urgent need for a historical understanding of the factors which determine the character of the consultative encounter.

Reiser explores the degrees of separation between doctor and patient in a number of well-crafted case studies. A broad definition of technology is employed—one of the fullest and most interesting chapters is on medical record keeping. The keeping of accurate records is clearly centrally important to the efficient delivery of modern medicine, yet many commentators have serious and legitimate concerns about privacy, surveillance and personal agency. Other chapters focus on the impact of X-ray imaging, the artificial respirator, antibiotic treatment, and reproductive technologies. All are clear and authoritative. Perhaps the most intriguing essay explores the history of the kidney dialysis machine, which is taken as an exemplar of the impact, positive and negative, of the technological revolution in medicine. The invention of the artificial kidney is a fascinating story of brilliant technical innovation, of lives being saved, but also of the creation of major ethical and funding dilemmas. Dialysis therapy turned out to be very resource intensive. Access to the machines had to be rationed, which led to selection of patients by committee, and eventually to kidney failure becoming the first illness the diagnosis of which triggered federal entitlement to health care in the United States.

Reiser’s account of the longer-term impact of the kidney machine evinces the extent to which Technological medicine reflects upon the American experience of health care. This, to some extent, limits the general relevance of the book to a British popular audience. It would seem, for instance, that the problems surrounding the adequate maintenance of an
individual’s medical record are less complex within the United Kingdom’s more or less unitary, state-funded system as compared with the more diverse private/public hybrid of the United States. But, on the other hand, it is always instructive for a British reader to learn more about the health-care systems of other countries, particularly that of the USA. It was a revelation to me, for instance, that such a florid tension existed between clinical medicine and public health medicine in the United States.

If *Technological medicine* is not of central interest to the readership of *Medical History* for its original scholarship, it should, however, be of interest to us as teachers. Many of the topics that regularly crop up in undergraduate courses in the history and sociology of medicine are here effectively explored. Reiser investigates, for instance, the difficulty in defining health, noting that persons with significant biological impairment can often be as productive, if not more so, than their able-bodied counterparts. The role of the Internet and the creation of the expert patient is another theme. It is clear that how to bring the technological and humanistic features of medicine into a relationship that best serves the effective and satisfactory delivery of health care is as much a problem for Britain as it is for America. Reiser has provided an accessible and sympathetic exploration of this issue. I certainly intend to try out his chapter on kidney dialysis, and the rationing of health-care resources, on my undergraduate class.

One reason that it is important to bear the author’s intention in mind is to excuse the text’s lack of engagement with the secondary literature, even when, as in the case of the assessment of Joseph Lister’s achievement, recent scholarship has been determinedly revisionist. Such issues are not relevant to the task that the author has set himself. Nor would it be fair to quibble over the odd technical detail—thus when Reiser describes the x-ray image as a “photograph”, he does so to make the point that the interpretations of such images in the years immediately following the invention of the modality were structured by Victorian conventions as to how to read photographs. However, despite my no-quibble resolution, I cannot refrain from remarking that, contra Reiser, neither James Young Simpson nor James Young, distinguished obstetricians both, was English.

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